

(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 late 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: (___ ___ ___) ___ ___ ___ - ___ ___ ___

Employer Health Benefits in California, 2007

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.

(Note: If Respondent indicates he is ready to begin the interview immediately, please say "Would you like a moment to collect any written information on your health plans, such as the summary plan descriptions?")

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

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

A4. Does your firm have any unionized workers?

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

A6. Does your company offer or contribute to a health insurance program as a benefit to your employees? **READ ALL RESPONSE OPTIONS**

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

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

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

	<u>VERY</u> <u>IMPORTANT</u>	<u>SOMEWHAT</u> <u>IMPORTANT</u>	<u>NOT TOO</u> <u>IMPORTANT</u>	<u>NOT AT ALL</u> <u>IMPORTANT</u>	<u>(VOL) DON'T</u> <u>KNOW</u>
a. Premiums are too high.	1	2	3	4	5
b. Employee turnover is too great.	1	2	3	4	5
c. Employees are generally covered under another plan,	1	2	3	4	5

	such as a spouse's or parent's policy.					
d.	The administrative hassle of providing health benefits is too great.	1	2	3	4	5
e.	The firm can attract good employees without having to offer insurance.	1	2	3	4	5
f.	The firm is too small.	1	2	3	4	5
g.	The firm is too newly established.	1	2	3	4	5
h.	The firm has a seriously ill employee.	1	2	3	4	5

A8. Has your firm offered health insurance to your employees within the past five years?
 1 – Yes
 2 – No
 3 – Don't know

A9. Has your firm shopped for health insurance in the past year?
 1 – Yes
 2 – No
 3 – Don't know

A10. If your firm were to offer health insurance, about how much do you think your firm could afford to pay for health insurance coverage **PER MONTH** for an employee with single coverage? **(If necessary: Just give me your best estimate in dollars, a 'ballpark' number will do.)**

_____ (enter dollar amount)
 9999=DK/Refused

A11. If your firm were to offer health insurance, what is the most you think your typical employee could afford to pay towards health insurance coverage **PER MONTH** to cover just himself? **(If necessary: Just give me your best estimate in dollars, a 'ballpark' number will do.)**

_____ (enter dollar amount)
 9999=DK/Refused

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

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

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

SECTION B - GENERAL CHARACTERISTICS OF FIRMS, PLAN OFFERINGS AND ENROLLMENT

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 employees eligible for health benefits? **(Note: a part-time employee works less than what your firm considers full time.)**

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

B3. Are any temporary employees eligible for health benefits? **(Note: a temporary employee is one who is employed by your firm for a designated period of time.)**

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

B4. Does your firm offer health benefits to unmarried opposite sex couples who are domestic partners?

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

B5. Does your firm offer health benefits to unmarried same sex couples who are domestic partners?

- 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 B7f, REGARDLESS OF WHETHER FIRM OFFERS HEALTH BENEFITS)

B7a_per. Of your full time employees in California, about what percentage makes \$21,000 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, about how many make \$21,000 or less per year? This translates to an hourly wage of approximately \$10 per hour.
 _____ # (NUMBER OF EMPLOYEES)

B7d_per. Of your employees in California, about what percentage works full-time?
 _____% (PERCENTAGE OF EMPLOYEES) (If not known, go to B7d_num)

Answer only if B7d_per is not known.

B7d_num. Of your employees in California, about how many work full-time?
 _____ # (NUMBER OF EMPLOYEES)

B7b_per. Of your employees in California, about what percentage works part-time? (Note: a part-time employee works less than what your firm considers full 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, about how many work part time? (Note: a part-time employee works less than what your firm considers full time.)
 _____ # (NUMBER OF EMPLOYEES)

B7e_per. Of your employees in California, about what percentage is temporary employees? (Note: a temporary employee is one who is employed by your firm for a designated period of time.)
 _____% (PERCENTAGE OF EMPLOYEES) (If not known, go to B7e_num)

Answer only if B7e_per is not known.

B7e_num. Of your employees in California, about how many are temporary employees? (Note: a temporary employee is one who is employed by your firm for a designated period of time.)
 _____ # (NUMBER OF EMPLOYEES)

FIRMS THAT DO NOT OFFER HEALTH BENEFITS (A6=2) SKIP TO K6.

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 B8b)**
 - 3 - Don't know **(skip to B8b)**
- B8f. Do your employees have an opportunity to participate in a health reimbursement arrangement or HRA along with **ANY** of the high deductible plans that your firm offers? An HRA is **NOT** the same thing as a flexible spending account or FSA—an HRA is a medical care reimbursement arrangement sponsored by an employer. HRAs are funded on a pre-tax basis **ONLY** by an employer, not the worker. The funds are **NOT** portable from job to job. (Employees use the funds for medical care or services, and unused fund balances may be carried over by the employee into the next year.)
- 1 - 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 or FSA—an HSA permits a member of the plan to establish a health savings account to pay for medical expenses. **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 \$1,100** for single coverage and \$2,200 for family coverage for 2007. (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 \$5,500 for single coverage and \$11,000 for family coverage in 2007.)
- 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)**

B8h. Do you offer an exclusive provider organization or EPO **anywhere 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

(If B8a, b, c, d, e, & h=2 (no), read the following: You indicated that your firm offers health benefits, but said "no" to each of the major types of health plans we just discussed. To the best of your ability, could you please try to classify your health plan as either an HMO, PPO, point-of-service, conventional, or EPO plan? Your best guess is acceptable.

(IF NEEDED: For example, if your firm offers an HRA, but the single deductible is **less than \$1,000**, please think of the plan structure after an employee has met the deductible - is it closest to an HMO, EPO, PPO, POS or conventional plan?)

(IF NEEDED: For the purposes of the survey, we will reclassify it as another type of plan.) **[NOTE:** Go back through the plan types (read definitions if necessary) and try to categorize as conventional, HMO, PPO, POS, or EPO.]

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 CALIFORNIA) (Note: response cannot be zero. If greater than 5, verify response.)**

(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.

B9b. **(Ask if firm offers HMO)** How many different HMO plans?

_____ **(# IN CALIFORNIA) (Note: response cannot be zero. If greater than 5, verify response.)**

B9c. **(Ask if firm offers PPO)** How many different PPO plans?

_____ **(# IN CALIFORNIA) (Note: response cannot be zero. If greater than 5, verify response.)**

B9d. **(Ask if firm offers POS)** How many different point-of-service plans?

_____ **(# IN CALIFORNIA) (Note: response cannot be zero. If greater than 5, verify response.)**

B9a. **(Ask if firm offers conventional plan)** How many different conventional plans?

_____ **(# IN CALIFORNIA) (Note: response cannot be zero. If greater than 5, verify response.)**

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

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

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

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

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

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

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

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

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

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

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

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

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

- a. The wage level of the worker? That is, do employees with higher salaries pay more for their health insurance?
 - 1 – yes
 - 2 – no
 - 3 – don't know

- b. Whether the worker participates in wellness programs? That is, do employees who participate in wellness programs pay less for their health insurance?
- 1 – yes
 - 2 – no
 - 3 – don't know

(ASK ONLY IF FIRM OFFERS MORE THAN ONE HEALTH PLAN; ELSE SKIP TO END OF SECTION)

- B17. When your company contributes towards the premium for a worker's health coverage, how is the contribution determined?
- 1 - The company contributes the same dollar amount regardless of the plan chosen.
 - 2 - The worker contributes the same dollar amount regardless of the plan chosen.
 - 3 - The company contributes the same percentage of the total premium regardless of the plan chosen.
 - 4 - The worker's contribution varies based on other factors
 - 5 - Don't Know

ASK IF B17=1; ELSE SKIP TO B19

- B18. Is the employer contribution set at the cost of the lowest cost plan that you offer?
- 1 - Yes
 - 2 - No
 - 3- Don't Know

- B19. Does your firm offer your employees a choice among two or more separate health insurance carriers, as opposed to one carrier offering two or more plan designs (such as one HMO and one PPO)?
- 1 - Yes (includes some)
 - 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.

- C1. 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, even just up to a certain dollar amount.)**
- 1 - Coverage is underwritten by an insurer
 - 2 - You are self-insured (includes partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage)
 - 3 - (VOL) Don't know

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, even just up to a certain dollar amount.)**
 1 - Coverage is underwritten by an insurer
 2 - You are self-insured (includes partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage)
 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?
 1 – Yes, single response
 2 – Yes, multiple responses **(skip to D2a)**
 3 – Don't Know **(skip to D20)**
 4 – No, plan doesn't have a general annual deductible **(skip to D20)**

D2r. What is the general 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 general annual deductible apply to **ALL** services?
 1 – Yes **(skip to D20)**
 2 – No
 3 – Don't know **(skip to D20)**

D3. Does the general annual deductible have to be met before _____ are covered?

- D3c. physician office visits for primary care
 1 – Yes
 2 – No
 3 – Don't know

- D3e. preventive care
 1 – Yes

- 2 – No
- 3 – Don't know

D3f. prescription drugs

- 1 – Yes
- 2 – No
- 3 – Don't know
- 4 – don't cover prescription drugs

D20. In addition to any overall deductible this plan might have, does this plan have a **SEPARATE** deductible for hospital admissions?

- 1 – yes
- 2 – no (**skip to D21**)
- 3 – don't know (**skip to D21**)

D20a. What is the deductible for hospital admissions in this plan?
 _____ (**range \$100-\$1000, if out of range, CONFIRM**)
 9999 – Don't know

(IF D3f=4, SKIP TO D4)

D21. In addition to any overall deductible your plan might have, does this plan have a **SEPARATE** deductible for prescription drugs? (**Interviewer note: If deductible only applies to certain types of drugs, code that as a "yes."**)

- 1 – yes
- 2 – no (**skip to D4**)
- 3 – don't know (**skip to D4**)

D21a. What is the deductible for prescription drugs in this plan?
 _____ (**range \$100-\$500, if out of range, CONFIRM**)
 9999 – Don't know

D21b. Does this deductible apply to all classes of drugs or are some drugs, such as generic drugs, exempt from the deductible?
 1 – yes, applies to all drugs
 2 – no, does not apply to all drugs
 3 – don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO D6.

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 D6**)
 4 – No, plan doesn't have deductible (**skip to D6**)

(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 D6)

(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 \$ _____

D6. In addition to any deductible this plan might have, does this plan have any of the following 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 D7)**
- 6 -- Don't Know **(SKIP TO QUESTION D7)**

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

(Ask only if D6=2, 3, or 4)

D6b. What is the coinsurance rate for an office visit with a primary care physician 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

D7. In addition to any deductible this plan might have, does this plan have any of the following for an outpatient surgery episode? **(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 D7a)**
- 2 – coinsurance only **(skip to D7a)**
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(continue to D7a)**
- 4 – either co-payment or coinsurance, whichever is greater **(continue to D7a)**
- 5 – no (or none of the above) **(skip to D8)**
- 6 – don't know **(skip to D8)**

D7a. What is the co-payment for an outpatient surgery episode in this plan? **(Note: if more than \$200, confirm response.)**

9999 – Don't know

(Answer only if D7a=2, 3, or 4)

D7b. What is the coinsurance rate for an outpatient surgery episode in this plan? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share. The coinsurance can never exceed 100%)**

9999 – Don't know

D8. In addition to any deductible this plan might have, does this plan have any of the following for a hospital admission? **(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 D8a)**
- 2 – coinsurance only **(skip to D8b)**

- 3 – both, such as a \$500 co-payment followed by 10% coinsurance (**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 D9**)
- 7 – don't know (**skip to D9**)

D8a. What is the co-payment for a hospital admission in this plan? (**Note: if more than \$200, confirm response.**)

 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? (**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?

 9999 – Don't know

D9. What is the out-of-pocket limit in one year for an individual with single coverage in this plan? This limit is sometimes referred to as the coinsurance maximum. (**Interviewer note: 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, skip to D10)

(If D9=9999, skip to D10)

(Skip if D2=3 or 4)

D9a. Does spending on the general plan deductible count towards the out of pocket limit?
 1 - Yes
 2 - No
 3 - Don't know

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 in this plan compare with the level of benefits in last year's largest HMO, not including changes in cost sharing? (**READ 1-4**)

- 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 – Did not offer HMO last year
- 5 – 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

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

D29. In addition to any general plan deductible or separate prescription drug deductible, which of the following cost-sharing formulas does this plan use for prescription drugs?

(Interviewer note: do not read definitions unless asked by respondent. We are interested in retail drugs, not mail order.)

- 1 – a four-tier or more cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
- 2 – a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
- 3 – a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
- 4 – the cost-sharing is the same regardless of the type of drug chosen
- 5 – no cost sharing; the plan pays for 100% of drug costs after any deductibles are met (**skip to D31**)
- 6 – none of the above/some other formula [**Ask to describe**] (**skip to D31**)
- 7 – Don't know (**skip to D31**)

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

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

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

D30. In addition to any general plan deductible or separate prescription drug deductible, which of the following does this plan use 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 – either a co-pay or coinsurance, whichever is greater **(continue to D30aa)**
 - 4 – the plan pays for the entire cost after any deductibles are reached **(skip to D30b)**
 - 5 – some other amount **[Ask to describe] (skip to D30b)**
 - 6 – don't know **(skip to D30b)**

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

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

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

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

IF D29=4 SKIP TO D31. RESPONSES TO D30b/c/d ARE THE SAME AS D30a.

- D30b. preferred drugs? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to D30ba)**
 - 2 – coinsurance **(skip to D30bb)**
 - 3 – either a co-pay or coinsurance, whichever is greater **(continue to D30ba)**
 - 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to D30c)**
 - 5 – some other amount **[Ask to describe] (skip to D30c)**
 - 6 – don't know **(skip to D30c)**

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

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

ANSWER ONLY IF D30b=2, 3, or 4.

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

IF D29=3 SKIP TO D31. RESPONSE TO D30c/d IS THE SAME AS D30b.

- D30c. non-preferred drugs? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to D30ca)**
 - 2 – coinsurance **(skip to D30cb)**
 - 3 – either co-payment or coinsurance, whichever is greater **(continue to D30ca)**
 - 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to D30d)**
 - 5 – some other amount **[Ask to describe] (skip to D30d)**
 - 6 – don't know **(skip to D30d)**

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

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

ANSWER ONLY IF D30c=2, 3, or 4.

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

IF D29=2 SKIP TO D31. RESPONSE TO D30d IS THE SAME AS D30c.

D30d. tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs? **(Note: we are interested in retail drugs, not mail order.)**

- 1 – co-pay (**continue to D30da**)
- 2 – coinsurance (**skip to D30db**)
- 3 – either co-payment or coinsurance, whichever is greater (**continue to D30da**)
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic (**skip to D31**)
- 5 – some other amount [**Ask to describe**] (**skip to D31**)
- 6 – don't know (**skip to D31**)

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

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

ANSWER ONLY IF D30d=2, 3, or 4.

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

(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, even just up to a certain dollar amount.)**
- 1 - Coverage is underwritten by an insurer
 - 2 - You are self-insured (includes partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage)
 - 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 E20)**
 - 4 - No, plan doesn't have a general annual deductible **(skip to E20)**

E2r. What is the general 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:)

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 general annual deductible apply to **ALL** services? **(Note: If it varies, the deductible for in-network services).**
- 1 - Yes **(skip to E20)**
 - 2 - No
 - 3 - Don't know **(skip to E20)**

E3. Does the general annual deductible have to be met before _____ are covered?

- E3c. physician office visits for primary care **(Note: If it varies, the deductible for in-network services).**
- 1 - Yes
 - 2 - No
 - 3 - Don't know

- E3e. preventive care **(Note: If it varies, the deductible for in-network services).**
- 1 - Yes
 - 2 - No
 - 3 - Don't know

- E3f. prescription drugs
- 1 - Yes
 - 2 - No
 - 3 - Don't know
 - 4 - don't cover prescription drugs

- E20. In addition to any overall deductible this plan might have, does this plan have a **SEPARATE** deductible for hospital admissions? **(Interviewer note: If it varies, the deductible for in-network services.)**
- 1 – yes
 - 2 – no **(skip to E21)**
 - 3 – don't know **(skip to E21)**

E20a. What is the deductible for hospital admissions in this plan? **(Interviewer note: If it varies, the deductible for in-network services.)**
 _____ **(range \$100-\$1000, if out of range, CONFIRM)**
 9999 – Don't know

(IF E3f=4, SKIP TO E4)

- E21. In addition to any overall deductible this plan might have, does this plan have a **SEPARATE** deductible for prescription drugs? **(Interviewer note: If deductible only applies to certain types of drugs, code that as a "yes.")**
- 1 – yes
 - 2 – no **(skip to E4)**
 - 3 – don't know **(skip to E4)**

E21a. What is the deductible for prescription drugs in this plan?
 _____ **(range \$100-\$500, if out of range, CONFIRM)**
 9999 – Don't know

- E21b. Does this deductible apply to all classes of drugs or are some drugs, such as generic drugs, exempt from the deductible?
- 1 – yes, applies to all drugs
 - 2 – no, does not apply to all drugs
 - 3 – don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO E6.

- 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 E6)**
 - 4 – No, firm doesn't have deductible **(skip to E6)**

(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	\$ _____	_____

- E6. In addition to any deductible this plan might have, does this plan have any of the following 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

(Ask only if E6=2, 3, or 4)

E6b. What is the coinsurance rate for an office visit with a primary care physician 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. In addition to any deductible this plan might have, does this plan have any of the following for an office visit when employees use **out-of-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 E6d**)
- 2 -- Coinsurance rate only (**SKIP TO QUESTION E6f**)
- 3 -- Both (**CONTINUE TO QUESTION E6d**)
- 4 -- Either co-pay or coinsurance, whichever is greater (**CONTINUE TO E6d**)
- 5 -- No (or none of the above) (**SKIP TO QUESTION E7**)
- 6 -- Don't Know (**SKIP TO QUESTION E7**)

E6d. What is the co-payment for an office visit with a primary care physician when employees use **out-of-network** providers? (**Note: if more than \$100, confirm response.**)

_____ (**E6d SHOULD NOT BE LESS THAN E6a**)
 9999 – Don't know

E6e. What is the co-payment for an office visit with a specialist physician when employees use **out-of-network** providers? (**Note: if more than \$100, confirm response.**)

_____ (**E6e SHOULD NOT BE LESS THAN E6aa**)
 9999 – Don't know

(Ask only if E6c=2, 3, or 4)

E6f. What is the coinsurance rate for an office visit with a primary care physician 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%**)

_____ (**E6f SHOULD NOT BE LESS THAN E6b**)
 9999 – Don't know

E7. In addition to any deductible this plan might have, does this plan have any of the following for an outpatient surgery episode? (**Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.**) (**Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.**)

- 1 –co-payment only (**continue to E7a**)
- 2 – coinsurance only (**skip to E7a**)
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance (**continue to E7a**)
- 4 – either co-payment or coinsurance, whichever is greater (**continue to E7a**)

- 5 – no (or one of the above) **(skip to E8)**
- 6 – don't know **(skip to E8)**

E7a. What is the co-payment for an outpatient surgery episode in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

9999 – Don't know

(Answer only if E7a=2, 3, or 4)

E7b. What is the coinsurance rate for an outpatient surgery episode in this plan? **(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

E8. In addition to any deductible this plan might have, does this plan have any of the following for a hospital admission? **(Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – co-payment only **(continue to E8a)**
- 2 – coinsurance only **(skip to E8b)**
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(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 E9)**
- 7 – don't know **(skip to E9)**

E8a. What is the co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

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? **(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 per diem for in-network providers.)**

9999 – Don't know

E9. What is the out-of-pocket limit in one year for an individual with single coverage using in-network providers in this plan? This limit is sometimes referred to as the coinsurance maximum. **(Interviewer note: 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, skip to E10)

(If E9=9999, skip to E10)

(Skip if E2=3 or 4)

E9a. Does spending on the general plan deductible count towards the out of pocket limit?

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

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO E12.

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 - _____ **(\$100- \$700, if out of range, CONFIRM)**
- 2 - Multiple responses **(\$100- \$700, if out of range, CONFIRM)**
- 3 - DK

(If Multiple Responses, Ask:)

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

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

E13L. How much do you deduct from active employees' monthly paycheck for single coverage in this PPO plan? 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 in this plan compare with the level of benefits in last year's largest PPO, not including changes in cost sharing? **(READ 1-4)**
- 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 – Did not offer PPO last year
 - 5 – 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

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

E29. In addition to any general plan deductible or separate prescription drug deductible, which of the following cost-sharing formulas does this plan use for prescription drugs?

(Interviewer note: do not read definitions unless asked by respondent. We are interested in retail drugs, not mail order.)

- 1 – a four-tier or more cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
- 2 – a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
- 3 – a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
- 4 – the cost-sharing is the same regardless of the type of drug chosen
- 5 – no cost sharing; the plan pays for 100% of drug costs after any deductibles are met **(skip to E31)**
- 6 – none of the above/some other formula **[Ask to describe] (skip to E31)**
- 7 – Don't know **(skip to E31)**

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

E29a. Does the price of the drug to employees vary by:

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

E30. In addition to any general plan deductible or separate prescription drug deductible, which of the following does this plan use 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 D30aa)**
- 2 – coinsurance **(skip to D30ab)**
- 3 – either a co-pay or coinsurance, whichever is greater **(continue to E30aa)**
- 4 – the plan pays for the entire cost after any deductibles are reached **(skip to E30b)**
- 5 – some other amount **[Ask to describe] (skip to E30b)**
- 6 – don't know **(skip to E30b)**

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

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

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

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

IF E29=4 SKIP TO E31. RESPONSES TO E30b/c/d ARE THE SAME AS E30a.

E30b. preferred drugs? **(Note: we are interested in retail drugs, not mail order.)**

- 1 – co-pay **(continue to E30ba)**
- 2 – coinsurance **(skip to E30bb)**
- 3 – either a co-pay or coinsurance, whichever is greater **(continue to E30ba)**
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to E30c)**
- 5 – some other amount **[Ask to describe] (skip to E30c)**
- 6 – don't know **(skip to E30c)**

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

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

ANSWER ONLY IF E30b=2, 3, or 4.

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

IF E29=3 SKIP TO E31. RESPONSE TO E30c/d IS THE SAME AS E30b.

E30c. non-preferred drugs? (Note: we are interested in retail drugs, not mail order.)

- 1 – co-pay (continue to E30ca)
- 2 – coinsurance (skip to E30cb)
- 3 – either co-payment or coinsurance, whichever is greater (continue to E30ca)
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic (skip to E30d)
- 5 – some other amount [Ask to describe] (skip to E30d)
- 6 – don't know (skip to E30d)

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

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

ANSWER ONLY IF E30c=2, 3, or 4.

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

IF E29=2 SKIP TO E31. RESPONSE TO E30d IS THE SAME AS E30c.

E30d. tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs? (Note: we are interested in retail drugs, not mail order.)

- 1 – co-pay (continue to E30da)
- 2 – coinsurance (skip to E30db)
- 3 – either co-payment or coinsurance, whichever is greater (continue to E30da)
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic (skip to E31)
- 5 – some other amount [Ask to describe] (skip to E31)
- 6 – don't know (skip to E31)

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

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

ANSWER ONLY IF E30d=2, 3, or 4.

E30db. _____ (Enter % for coinsurance. If greater than 50% VERIFY. D30db 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, even just up to a certain dollar amount.)**
- 1 - Coverage is underwritten by an insurer
 - 2 - You are self-insured (includes partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage)
 - 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 F20)**
 - 4 - No, plan doesn't have a general annual deductible **(skip to F20)**

F2r. What is the general 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:)

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 general annual deductible apply to **ALL** services? **(Note: If it varies, the deductible for in-network services).**

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

F3. Does the general annual deductible have to be met before _____ are covered?

F3c. physician office visits for primary care **(Note: If it varies, the deductible for in-network services).**

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

F3e. preventive care **(Note: If it varies, the deductible for in-network services).**

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

F3f. prescription drugs

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

4 – don't cover prescription drugs

F20. In addition to any overall deductible this plan might have, does this plan have a **SEPARATE** deductible for hospital admissions? **(Interviewer note: If it varies, the deductible for in-network services.)**

- 1 – yes
- 2 – no **(skip to F21)**
- 3 – don't know **(skip to F21)**

F20a. What is the deductible for hospital admissions in this plan? **(Interviewer note: If it varies, the deductible for in-network services.)**

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

(IF F3f=4, SKIP TO F4)

F21. In addition to any overall deductible this plan might have, does this plan have a **SEPARATE** deductible for prescription drugs? **(Interviewer note: If deductible only applies to certain types of drugs, code that as a "yes.")**

- 1 – yes
- 2 – no **(skip to F4)**
- 3 – don't know **(skip to F4)**

F21a. What is the deductible for prescription drugs in this plan?

_____ **(range \$100-\$500, if out of range, CONFIRM)**
 9999 – Don't know

F21b. Does this deductible apply to all classes of drugs or are some drugs, such as generic drugs, exempt from the deductible?

- 1 – yes, applies to all drugs
- 2 – no, does not apply to all drugs
- 3 – don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO F6.

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 F6)**
- 4 – No, firm doesn't have deductible **(skip to F6)**

(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	\$ _____	_____

F6. In addition to any deductible this plan might have, does this plan have any of the following 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

(Ask only if F6=2, 3, or 4)

F6b. What is the coinsurance rate for an office visit with a primary care physician 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. In addition to any deductible this plan might have, does this plan have any of the following for an office visit when employees use **out-of-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 F6d)**
- 2 -- Coinsurance rate only **(SKIP TO QUESTION F6f)**
- 3 -- Both **(CONTINUE TO QUESTION F6d)**
- 4 -- Either co-pay or coinsurance, whichever is greater **(CONTINUE TO F6d)**
- 5 -- No (or none of the above) **(SKIP TO QUESTION F7)**
- 6 -- Don't Know **(SKIP TO QUESTION F7)**

F6d. What is the co-payment for an office visit with a primary care physician when employees use **out-of-network** providers? **(Note: if more than \$100, confirm response.)**

_____ **(F6d SHOULD NOT BE LESS THAN F6a)**
 9999 – Don't know

F6e. What is the co-payment for an office visit with a specialist physician when employees use **out-of-network** providers? **(Note: if more than \$100, confirm response.)**

_____ **(F6e SHOULD NOT BE LESS THAN F6aa)**
 9999 – Don't know

(Ask only if F6c=2, 3, or 4)

F6f. What is the coinsurance rate for an office visit with a primary care physician 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%)**

_____ **(F6f SHOULD NOT BE LESS THAN F6b)**
 9999 – Don't know

F7. In addition to any deductible this plan might have, does this plan have any of the following for an outpatient surgery episode? **(Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – co-payment only **(continue to F7a)**
- 2 – coinsurance only **(skip to F7a)**

- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(continue to F7a)**
- 4 – either co-payment or coinsurance, whichever is greater **(continue to F7a)**
- 5 – no (or none of the above) **(skip to F8)**
- 6 – don't know **(skip to F8)**

F7a. What is the co-payment for an outpatient surgery episode in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

9999 – Don't know

(Answer only if F7a=2, 3, or 4)

F7b. What is the coinsurance rate for an outpatient surgery episode in this plan? **(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

F8. In addition to any deductible this plan might have, does this plan have any of the following for a hospital admission? **(Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – co-payment only **(continue to F8a)**
- 2 – coinsurance only **(skip to F8b)**
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(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 F9)**
- 7 – don't know **(skip to F9)**

F8a. What is the co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

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? **(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 per diem for in-network providers.)**

9999 – Don't know

F9. What is the out-of-pocket limit in one year for an individual with single coverage using in-network providers in this plan? This limit is sometimes referred to as the coinsurance maximum. **(Interviewer note: 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, skip to F10)

(If F9=9999, skip to F10)

(Skip if F2=3 or 4)

- F9a. Does spending on the general plan deductible count towards the out of pocket limit?
 1 - Yes
 2 - No
 3 - Don't know

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 in this plan compare with the level of benefits in last year's largest point of service plan, not including changes in cost sharing? **(READ 1-4)**

- 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 -- Did not offer point of service plan last year
- 5 -- 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

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

F29. In addition to any general plan deductible or separate prescription drug deductible, which of the following cost-sharing formulas does this plan use for prescription drugs?

(Interviewer note: do not read definitions unless asked by respondent. We are interested in retail drugs, not mail order.)

- 1 – a four-tier or more cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
- 2 – a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
- 3 – a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
- 4 – the cost-sharing is the same regardless of the type of drug chosen
- 5 – no cost sharing; the plan pays for 100% of drug costs after any deductibles are met **(skip to F31)**
- 6 – none of the above/some other formula **[Ask to describe] (skip to F31)**
- 7 – Don't know **(skip to F31)**

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

F29a. Does the price of the drug to employees vary by:

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

F30. In addition to any general plan deductible or separate prescription drug deductible, which of the following does this plan use 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-pay **(continue to F30aa)**
- 2 – coinsurance **(skip to F30ab)**
- 3 – either a co-pay or coinsurance, whichever is greater **(continue to F30aa)**
- 4 – the plan pays for the entire cost after any deductibles are reached **(skip to F30b)**
- 5 – some other amount **[Ask to describe] (skip to F30b)**
- 6 – don't know **(skip to F30b)**

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

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

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

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

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

F30b. preferred drugs? **(Note: we are interested in retail drugs, not mail order.)**

- 1 – co-pay **(continue to F30ba)**
- 2 – coinsurance **(skip to F30bb)**
- 3 – either a co-pay or coinsurance, whichever is greater **(continue to F30ba)**
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to F30c)**
- 5 – some other amount **[Ask to describe] (skip to F30c)**
- 6 – don't know **(skip to F30c)**

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

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

ANSWER ONLY IF F30b=2, 3, or 4.

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

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

F30c. non-preferred drugs? (Note: we are interested in retail drugs, not mail order.)

- 1 – co-pay (continue to F30ca)
- 2 – coinsurance (skip to F30cb)
- 3 – either co-payment or coinsurance, whichever is greater (continue to F30ca)
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic (skip to F30d)
- 5 – some other amount [Ask to describe] (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. D30cb must not be less than F30bb or F30ab.)

IF F29=2 SKIP TO F31. RESPONSE TO F30d IS THE SAME AS F30c.

F30d. tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs? (Note: we are interested in retail drugs, not mail order.)

- 1 – co-pay (continue to F30da)
- 2 – coinsurance (skip to F30db)
- 3 – either co-payment or coinsurance, whichever is greater (continue to F30da)
- 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic (skip to end of section)
- 5 – some other amount [Ask to describe] (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. D30db 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, a health reimbursement arrangement or HRA is a medical care reimbursement arrangement sponsored by an employer and funded on a pre-tax basis **ONLY** by an employer, not the worker. Employees use the funds for medical care, and unused fund balances may be carried over by the employee into the next year, 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 an HSA 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 medical expenses. **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** \$1,100 for single coverage and \$2,200 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)
- 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, even just up to a certain dollar amount.)**
- 1 - Coverage is underwritten by an insurer
 - 2 - You are self-insured (includes partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage)
 - 3 - (VOL) Don't know
- G1a. Does this plan use a preferred provider network? **(Note: 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
 - 2 – No
 - 3 – 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=1)

(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 G6.

- 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

- G6. After the employee has met the full deductible, does this plan have any of the following 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 G6c)**
 - 6 -- Don't Know **(SKIP TO QUESTION G6c)**

- 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.) (Note: If it varies, the co-payment for in-network providers.)**

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.) (Note: If it varies, the co-payment for in-network providers.)**

9999 – Don't know

(Ask only if G6=2, 3, or 4)

- G6b. What is the coinsurance rate for an office visit with a primary care physician 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

(Ask if G1a=1; else skip to G7)

- G6c. After the employee has met the full deductible, does this plan have any of the following for an office visit when employees use **out-of-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 G6d)**
- 2 -- Coinsurance rate only **(SKIP TO QUESTION G6f)**
- 3 -- Both **(CONTINUE TO QUESTION G6d)**
- 4 -- Either co-pay or coinsurance, whichever is greater **(CONTINUE TO G6d)**
- 5 – No (or none of the above) **(SKIP TO QUESTION G7)**
- 6 -- Don't Know **(SKIP TO QUESTION G7)**

G6d. What is the co-payment for an office visit with a primary care physician when employees use **out-of-network** providers? **(Note: if more than \$100, confirm response.)**
 _____ **(G6d SHOULD NOT BE LESS THAN G6a)**
 9999 – Don't know

G6e. What is the co-payment for an office visit with a specialist physician when employees use **out-of-network** providers? **(Note: if more than \$100, confirm response.)**
 _____ **(G6e SHOULD NOT BE LESS THAN G6aa)**
 9999 – Don't know

(Ask only if G6c=2, 3, or 4)

G6f. What is the coinsurance rate for an office visit with a primary care physician 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%)**
 _____ **(G6f SHOULD NOT BE LESS THAN G6b)**
 9999 – Don't know

G7. After the employee has met the full deductible, does this plan have any of the following for an outpatient surgery episode? **(Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – co-payment only **(continue to G7a)**
- 2 – coinsurance only **(skip to G7a)**
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(continue to G7a)**
- 4 – either co-payment or coinsurance, whichever is greater **(continue to G7a)**
- 5 – no (or none of the above) **(skip to G8)**
- 6 – don't know **(skip to G8)**

G7a. What is the co-payment for an outpatient surgery episode in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

 9999 – Don't know

(Answer only if G7a=2, 3, or 4)

G7b. What is the coinsurance rate for an outpatient surgery episode in this plan? **(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

G8. After the employee has met the full deductible, does this plan have any of the following for a hospital admission? **(Interviewer note: If it varies, the co-payment or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – co-payment only **(continue to G8a)**
- 2 – coinsurance only **(skip to G8b)**
- 3 – both, such as a \$500 co-payment followed by 10% coinsurance **(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 G9)**
- 7 – don't know **(skip to G9)**

G8a. What is the co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the co-payment for in-network providers.) (Note: if more than \$200, confirm response.)**

 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? **(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 per diem 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? **This limit is sometimes referred to as the coinsurance maximum. (Note: If it varies, the out-of-pocket limit for in-network providers.)**

_____ **(range \$500-\$5500, if out of range, CONFIRM)**

9999 – Don't know

0 – No out of pocket maximum/ no limit

(If G9=0, skip to G10)

G9a. Does spending on the general plan deductible count towards the out of pocket limit?

1 - Yes

2 - No

3 - Don't know

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 in this plan compare with the level of benefits in last year's largest high deductible plan with a savings account, not including changes in cost sharing? **(READ 1-4)**
- 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 -- Did not offer high deductible plan with a savings account last year
 - 5 -- 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

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

- G29. After the employee has met the full deductible, which of the following cost-sharing formulas does this plan use for prescription drugs?
- (Interviewer note: do not read definitions unless asked by respondent. We are interested in retail drugs, not mail order.)**
- 1 – a four-tier or more cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
 - 2 – a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
 - 3 – a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
 - 4 – the cost-sharing is the same regardless of the type of drug chosen
 - 5 – no cost sharing; the plan pays for 100% of drug costs after any deductibles are met **(skip to G33)**
 - 6 – none of the above/some other formula **[Ask to describe] (skip to G33)**
 - 7 – 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, which of the following does this plan use 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-pay **(continue to G30aa)**
 - 2 – coinsurance **(skip to G30ab)**
 - 3 – either a co-pay or coinsurance, whichever is greater **(continue to G30aa)**
 - 4 – the plan pays for the entire cost after any deductibles are reached **(skip to G30b)**
 - 5 – some other amount **[Ask to describe] (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? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to G30ba)**
 - 2 – coinsurance **(skip to G30bb)**
 - 3 – either a co-pay or coinsurance, whichever is greater **(continue to G30ba)**
 - 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to G30c)**
 - 5 – some other amount **[Ask to describe] (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? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to G30ca)**
 - 2 – coinsurance **(skip to G30cb)**
 - 3 – either co-payment or coinsurance, whichever is greater **(continue to G30ca)**
 - 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to G30d)**
 - 5 – some other amount **[Ask to describe] (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? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to G30da)**
 - 2 – coinsurance **(skip to G30db)**
 - 3 – either co-payment or coinsurance, whichever is greater **(continue to G30da)**
 - 4 – co-pay or coinsurance PLUS the difference between the cost of the prescription and the cost of a comparable generic **(skip to G33)**
 - 5 – some other amount **[Ask to describe] (skip to G33)**
 - 6 – don't know **(skip to G33)**

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 I3)**
- 3 - Yes, but we don't have any retirees

11a. Do your retiree health benefits cover:

11aa. Early retirees--retirees under the age of 65?

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

11ab. Medicare-age retirees--retirees 65 or older?

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

END OF SECTION I.

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

(Ask of firms with 200 or more workers that offer health benefits; else skip to K6)

K1. Does your firm's largest health plan include any of the following disease management programs?

- a. asthma/COPD
 - 1 – yes
 - 2 – no
 - 3 – don't know

- b. lower back pain
 - 1 – yes
 - 2 – no
 - 3 – don't know

- c. cancer
 - 1 – yes
 - 2 – no
 - 3 – don't know

- d. diabetes
 - 1 – yes
 - 2 – no
 - 3 – don't know

- e. depression
 - 1 – yes
 - 2 – no
 - 3 – don't know

- f. heart disease/hypertension
 - 1 – yes
 - 2 – no
 - 3 – don't know

- g. kidney disease
 - 1 – yes
 - 2 – no
 - 3 – don't know

- h. obesity
 - 1 – yes
 - 2 – no
 - 3 – don't know

(Ask if yes to any in K1)

K2. Has your firm attempted to measure the return on investment from any of these disease management programs?

- 1 – yes
- 2 – no
- 3 – don't know

(Ask if firm has 200 or more workers and offers health benefits)

K3. Does your firm offer any of the following care management programs, either through a health plan or through an independent vendor?

- a. health risk assessment
 - 1 – yes
 - 2 – no
 - 3 – don't know

- b. targeted behavior modification
 - 1 – yes
 - 2 – no
 - 3 – don't know

- c. catastrophic case management
 - 1 – yes
 - 2 – no
 - 3 – don't know

- d. health advocate services
 - 1 – yes
 - 2 – no
 - 3 – don't know

- e. nurse advice line
 - 1 – yes
 - 2 – no
 - 3 – don't know

- f. health website
 - 1 – yes
 - 2 – no
 - 3 – don't know

(Ask if firm has 200 or more workers and offers health benefits)

- K4. If your firm offers any disease management programs, how are they provided?
- 1 – don't offer any disease management programs
 - 2 – through a health plan
 - 3 – contract with one specialty vendor outside the health plans
 - 4 – contract with two or more specialty vendors outside the health plans
 - 5 – don't know

(Ask if yes to any in K1 or yes to any in K3)

- K5. Does your firm use any of the following incentives to encourage employees to participate in disease or care management programs?
- a. financial contribution to an HRA, FSA, or HSA
 - 1 – yes
 - 2 – no
 - 3 – don't know

 - b. lower co-payments or deductibles for participants
 - 1 – yes
 - 2 – no
 - 3 – don't know

 - c. lower premium contributions for participants
 - 1 – yes
 - 2 – no
 - 3 – don't know

 - d. health plan eligibility is dependent on completing a health risk assessment
 - 1 – yes
 - 2 – no
 - 3 – don't know

- e. other (specify)

(Ask of all firms)

- K6. Several proposals being debated in the California legislature would require firms to either provide health care benefits directly to their workers or pay a fee for workers to receive coverage from a state-run pool (also known as "pay or play.") To the best of your knowledge, would your firm support or oppose such legislation?
- 1 – strongly support
 - 2 – somewhat support
 - 3 – somewhat oppose
 - 4 – strongly oppose
 - 5 – don't know

(Ask of all firms)

- K7. To the best of your knowledge, to what extent does your firm agree or disagree with the following statements?
- a. All employers bear some responsibility for providing health benefits to their workers
 - 1 – strongly agree
 - 2 – somewhat agree
 - 3 – somewhat disagree
 - 4 – strongly disagree
 - 5 – don't know
 - b. All individuals bear some responsibility for buying health insurance, if their income is above the poverty level
 - 1 – strongly agree
 - 2 – somewhat agree
 - 3 – somewhat disagree
 - 4 – strongly disagree
 - 5 – don't know

(Ask if A6=1; else skip to K9)

- K8. Which of the following best describes your firm's attitude about providing health benefits:

1 -- It is important that the firm to pay a significant portion of the cost of health benefits for our workers AND THEIR FAMILIES, or

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

(Ask of all firms)

- K9. To the best of your knowledge and experience, how effective do you think each of the following would be in controlling the cost of health insurance: very effective, somewhat effective, not too effective, or not at all effective:
- a. Tighter managed care restrictions & smaller provider networks
 - 1 – very effective
 - 2 – somewhat effective
 - 3 – not too effective
 - 4 – not at all affective
 - 5 – don't know
 - b. Consumer driven health plans, such as a high deductible plan combined with a health savings account 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 K11)

K10. 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? These networks group providers into the network based on quality, cost, and/or efficiency of care they deliver. They encourage patients to visit the most efficient doctors by either restricting networks to efficient providers, or by having different co-pays or coinsurance for providers in different tiers in the network.
- 1 – Very likely
 - 2 – Somewhat likely
 - 3 – Not too likely
 - 4 – Not at all likely
 - 5 – Don't know

(If G2a=1, skip to K10i)

- h. Offer a high deductible plan with a health reimbursement arrangement in the next year? A high deductible plan is defined as one with at least \$1,000 for single coverage and \$2,000 for family coverage annually. An HRA is **NOT** the same thing as a flexible spending account or FSA—an HRA is a medical care reimbursement arrangement sponsored by an employer. HRAs are funded on a pre-tax basis **ONLY** by an employer, not the worker. The funds are **NOT** portable from job to job. (Employees use the funds for medical care or services, and unused fund balances may be carried over by the employee into the next year.)
- 1 – Very likely
 - 2 – Somewhat likely
 - 3 – Not too likely
 - 4 – Not at all likely
 - 5 – Don't know

(If G2b=1, skip to K11)

- 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—an HSA permits a member of the plan to establish a health savings account to pay for medical expenses. **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** \$1,100 for single coverage and \$2,200 for family coverage for 2007. (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 \$5,500 for single coverage and \$11,000 for family coverage in 2007.)
- 1 – Very likely
 - 2 – Somewhat likely
 - 3 – Not too likely
 - 4 – Not at all likely
 - 5 – Don't know

(Ask of all firms)

K11. To the best of your knowledge, how much do you think each of the following factors is contributing to increases in health insurance premiums?

- a. Higher insurance company profits
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know
- b. Higher spending for hospital care
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know
- c. Higher spending for physician services

- 1 – a lot
- 2 – somewhat
- 3 – not too much
- 4 – not at all
- 5 – don't know

- d. Higher spending for prescription drugs
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know

- e. Better medical technology
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know

- f. An aging population
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know

- g. Workers using more services because they only pay a small share of the total cost of services
 - 1 – a lot
 - 2 – somewhat
 - 3 – not too much
 - 4 – not at all
 - 5 – don't know

(IF A6=2 SKIP TO K14)

K12. Does your firm's largest health plan include a high performance or tiered provider network? **(Note: a high performance network is one that groups providers into the network based on quality, cost, and/or efficiency of care they deliver. These networks encourage patients to visit the most efficient doctors by either restricting networks to efficient providers, or by having different co-pays or coinsurance for providers in different tiers in the network.)**

- 1 – Yes
- 2 – No
- 3 – Don't know

K13. Does your firm offer employees a financial incentive to enroll in a spouse's health plan?

- 1 – Yes
- 2 – No
- 3 – Don't know

(Ask of all firms)

K14. Does your firm allow employees to use pre-tax dollars to pay for health insurance premiums as allowable under section 125 of the Internal Revenue Service Code? No employer contribution to health insurance is required for workers to be able to do this.

- 1 – yes
- 2 – no
- 3 – don't know

(Ask of all firms)

K15. Does your firm offer a flexible spending account or FSA? **(Note: An FSA allows employees to set aside funds on a pre-tax basis to pay for medical expenses not covered by health insurance. Typically, employees decide at the beginning of the year how much to set aside in an FSA, and their employer deducts that amount of the employee's paycheck over the year. Funds set aside in an FSA must be used by the end of the year or are forfeited by the employee. FSA's are different from HRAs and HSAs.)**

- 1 – yes
- 2 – no
- 3 – don't know

END OF SECTION

**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.