

MINNESOTA DEPARTMENT OF HEALTH
2002 EMPLOYER HEALTH INSURANCE SURVEY

Survey Instrument
Based on RTI/RAND 1997 EHIS
July 2002

Revised 6/03

SCREENER

S0A

Company Name : _____

INTERVIEWER: IF NAME OF THE COMPANY IS DIFFERENT FROM THE INFORMATION PROVIDED ON THE INFORMATION SHEET, COMPLETE THE FOLLOWING SECTION, OTHERWISE SKIP TO COMPANY INFORMATION SECTION

S0B

- 1 NAME IS THE SAME ->GO TO COMPANY INFORMATION [i.e. S1C]
- 2 NAME IS DIFFERENT
- 7 Don't know -[QUIT]

S1 Is <company name> still in business, was it purchased by you, or is it closed? [closed]

- 1 Still in business -> GO TO S2
- 2 Purchased -> GO TO S1B
- 3 Closed -> GO TO S1A

S1A Do you happen to know where the business is located now?

- 1 YES -> Go to S1A1
- 2 NO ->terminate. Thank you for your time.

S1A1 Could you provide me with the new address and telephone number?

_____ ADDRESS
_____ PHONE

INSTRUCTIONS: Attempt to make contact with firm at new location

S1B Is your business essentially the same as <company name>? [sameas]

- 1 YES -> S1B1
- 2 NO ->terminate. Thank you for your time.

S1B1 What is the name of your business? [sameas1]

_____ NEW COMPANY NAME

S1C Now I have some questions about this company and its employees, such as the number of people who work for the business, their employment status, health benefits, etc. Do you know who the best person to answer these questions would be?

RECORD NAME AND TELEPHONE NUMBER OF THE PERSON PROVIDED ON FACE SHEET. INDICATE WHETHER IDENTIFIED PERSON IS LOCATED AT THE SAME BRANCH OR LOCATION. ALL "AT THIS LOCATION" QUESTIONS (STARTING WITH QUESTION 3) APPLY TO THE COMPANY AT THE ADDRESS REFERENCED ABOVE.

S2 First, I need to know what kind of business this is, are you a [scr1]

- 1 Private Company -> go to S2A
- 2 Nonprofit Organization -> go to S2A
- 3 Public School/Government Agency -> Terminate [Program doesn't exit, just locks]
- 4 Union -> Go to S2a
- 5 Health insurance purchasing cooperative or alliance ->Go to S2a
- 6 Association -> Go to S2a
- 7 Other: _____ Go to S2a

S2A For this study we are interested in the insurance offered to your employees, not members of your organization. Does <company> have more than one paid employee at this location? [s2]

- 1 Yes -> Go to S3
- 2 No, Only One -> Go to S2A1
- 3 No Employees -> Terminate [Program doesn't exit, just locks]

S2A1 Is that the owner? [s2a]

- 1 Yes ->Terminate [Program doesn't exit, just locks]
- 2 No -> S2A1a

S2A1a Does the owner also work at this location? [s2b]

- 1 YES -> Go to S2A1b
- 2 NO -> Go to S3

S2A1b Is the owner self-employed [s2bb]

- 1 YES ->Go to S2A1c
- 2 NO -> Go to S3

S2A1c Based on the research we are doing, the owner of this company would count as an employee. For the rest of the survey when we talk about 'employees' please count the employer as an employee.

**S2A1c: should read 'please count the owner as an employee.' **

S3 Does your company provide a health insurance program for your employees? [s3]

- 1 YES -> GO TO S3A
- 2 NO -> GO TO S4
- 7 DK
- 9 RE

DK/RE -> IS THERE SOMEONE ELSE I COULD TALK TO WHO WOULD KNOW?
RECORD INFORMATION ON CALL SHEET

S3A Does your company contribute to the health insurance program that is offered to your employees? [s3_add]

- 1 YES
- 2 NO
- 7 DK
- 9 REFUSE

DON'T KNOW/REFUSE -> IS THERE SOMEONE ELSE I COULD TALK TO
WHO WOULD KNOW? RECORD INFORMATION
ON CALL SHEET

S4 Do any of your employees receive health insurance through a union? (Do not count employees that have health insurance because of other jobs or through a spouse that is a member of a union.) [s4]

- 1 YES -> GO TO S4A
- 2 NO -> SKIP TO S5
- 3 NO UNION EMPLOYEES -> SKIP TO S5
- 7 DK
- 9 REFUSE

DON'T KNOW/REFUSE -> IS THERE SOMEONE ELSE I COULD TALK TO
WHO WOULD KNOW? RECORD INFORMATION
ON CALL SHEET

S4A Does your company contribute to this coverage? [s4a]

- 1 YES
- 2 NO

S5 Do any of your employees receive health coverage through a professional or trade association? (For example, an automobile dealer's trade group, or a physicians' association.) Do not count any employees who receive health insurance because their spouse is a member. [s5]

- 1 YES -> GO TO S5A
- 2 NO
- 7 DK
- 9 REFUSE

IF DK/RE -> IS THERE SOMEONE ELSE I COULD TALK TO WHO
 WOULD KNOW? RECORD INFORMATION ON CALL
 SHEET

S5A Does your company contribute to this coverage? [s5a]

- 1 YES
- 2 NO

 ** Note: s3a = 1 or s4a = 1 or s5a = 1 in order to be considered as contributing to insurance **
 ** other pertinent variables to eligibility/enrollment include a10a, a10a4,a10b , c7, c10 **

SECTION A Company Information

A1 Does this company have business locations outside of the state of Minnesota?

- 1 Yes -> A1a
- 2 No -> A2

A1a Now I am going to ask some general questions about your company. How many different locations, in total, does your company have in the United States? [q5]

- 1 _____ (N) *****
- 7 DK -> go to A1a1 ** A1a: number must be greater than 1 **
- IF ONLY 1 GO TO A3 *****

A1a1 Although you don't know the exact number perhaps you can estimate the range. Would you say that the total number of locations is... [q5a]

- 1 1 -> GO TO A3
- 2 2 to 5
- 3 6 to 10
- 4 11 to 20
- 5 21 to 50
- 6 More than 50?
- 7 Don't know
- 9 Refused

A1B How many total employees does your company currently have on the payroll NATIONWIDE, including all temporary and seasonal employees? [Provide definition of temporary/seasonal if asked. Definition: a temporary or seasonal employee is an employee whose employment is scheduled to end by a specific date, not including staff who are employed through temporary agencies.] [q6]

- 1 _____ (N)
- 7 DK -> A1B1

A1B1 Although you don't know the exact number perhaps you can estimate the range. Would you say that the total number of employees nationwide is... [q6a]

- 1 less than 25
- 2 25 to 50
- 3 51 - 99
- 4 100 to 999
- 5 1,000 or more?
- 7 Don't know
- 9 Refused

A2 Does this company have business locations inside the state of Minnesota, besides this one?

- 1 Yes -> A2a
- 2 No -> A3

A2a How many total employees does your company currently have on the payroll in MINNESOTA, including temporary and seasonal employees? [q7]

- 1 _____ (N)
- 7 DK – go to A2a1

A2a1 While you may not know the exact number of who work in MINNESOTA, perhaps you can tell us in general, if it falls into one of the following categories. [q7a]

- 1 less than 25
- 2 25 to 50
- 3 51 to 99
- 4 100 to 999
- 5 1,000 or more
- 7 Don't know
- 9 Refused

***** A2: not asked if answer to A1a1 is not > 1 *****
CHECK → A2a OR A2a1 SHOULD BE LESS THAN A1B OR A1B1

A3 Now I want to ask you some questions about all people who currently work AT THIS PARTICULAR LOCATION. If the owner works here please include the owner in the number of employees. First are there people who work here who you consider to be:

A3a Permanent employees:

- 1 Yes
- 2 No
- 7 Don't know – Asks for someone else
- 9 Refused – Asks for someone else

Next, are there people who work here who you consider to be :

A3b Temporary Employees:

- 1 Yes
- 2 No
- 7 Don't know – Asks for someone else
- 9 Refused – Asks for someone else

If Answer to both Permanent and temporary =2 (No)—Go to A3_CHK

A3_CHK You have just indicated that there are no permanent and no temporary employees (including the owner) who work at this location.

Does this company have any paid employees at this location?

- 1 Yes --- Go back and correct information
2 No employees--- Terminate the interview

A3a1 I would like to get some additional information about the permanent employees currently working AT THIS LOCATION. First how many permanent employees at this location work full-time?

A3a1a Permanent full-time
1 Number: _____
7 Don't know

Next, how many permanent employees work part-time?

A3a1b Permanent part-time
1 Number: _____
7 Don't know

A3b1 Now I would like to get the same information for temporary employees currently working AT THIS LOCATION. How many of these employees work full-time?

A3b1a Temporary full-time
1 Number: _____
7 Don't know

Next, how many temporary employees work part-time?

A3b1b Temporary part-time
1 Number: _____
7 Don't know

** Note: if one or more of A3a1a, A3a1b, A3b1a, and
** A3b1b is/are DK, CATI asks for someone else **

A5 How many of your company's current employees, AT THIS LOCATION are union members? [q13]

- 1 NO UNION EMPLOYEES -> GO TO A6 [if no insurance go to B1]
2 Number: _____ ->GO TO A5B [if no insurance go to B1]
7 DK -> GO TO A5A

** Note: if A5 = 1, verify s4 **

A5A If you do not have the exact number available, could you estimate what percent of your company's current employees are union members?

- 1 Percent: ___ %
- 7 Don't Know

 Note: There is a check here comparing in-state employment (A2)
 ** to the sum of the permanent/temporary employed (A3) series. **

A5B Do these employees (union members) receive health insurance through your company or through the union? [q13a]

PROBE AS NEEDED: Are they enrolled in your plan or in a union-sponsored plan?

- 1 COMPANY PLAN
- 2 UNION PLAN
- 3 BOTH
- 7 Don't Know
- 9 Refused

Skip pattern:

IF S3A, S4A, AND S5A = 2 GO TO SECTION B

A6 Now, I have some questions about your company's health insurance program for employees AT THIS LOCATION. How long has your company provided and contributed to a health insurance program? [q19a]

- 1 YEARS (xxx): _____ (1 -200)
- 2 MONTHS: _____ (1-12)
- 7 Don't know

A7 Does your company require new employees to work for a certain length of time before they are eligible for health insurance? [q27]

- 1 YES -> GO TO A7A
- 2 NO -> GO TO A8
- 7 DK
- 9 RE

IF DK/RE: IS THERE SOMEONE ELSE I COULD TALK TO WHO WOULD KNOW?
RECORD INFORMATION ON CALL SHEET

A7A How long is the typical waiting period? [q28]

IF IT VARIES, PROBE: (For most employees)

- 1 Days: _____
- 2 Weeks: _____
- 3 Months: _____
- 4 Years: _____
- 7 DK
- 9 RE

A8 Do employees have to work a minimum number of hours per week to be eligible for health insurance? [q30]

- 1 YES -> GO TO A8A
- 2 NO -> GO TO A10a
- 7 DK
- 9 RE

IF DK/RE: IS THERE SOMEONE ELSE I COULD TALK TO WHO WOULD KNOW?
RECORD INFORMATION ON CALL SHEET

A8A How many hours per week is that? [q31]

IF VARIES PROBE: (For most employees)

- 1 Number: _____(0-40)
- 7 DK
- 9 RE

A10a: Now I want to get some detail about which employees AT THIS LOCATION are eligible for insurance.

First, are any of the permanent employees eligible for insurance?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

Next, are any of the temporary employees eligible for insurance?

- 1 Yes
- 2 No
- 7 Don't know [go to A11]
- 9 Refused [go to A11]

A10a1: How many of the [d_perm] permanent employees are eligible?

- 1 Number: _____
- 7 Don't know [go to A10b1]

A10a2: How many of these [number] employees are full time?

- 1 Number : _____
- 2 Percent: _____
- 7 Don't know
- 9 Refused

A10a3: That would mean that [difference] of the permanent employees eligible for benefits work part-time. Does that sound right?

- 1 Yes [go to A10A4]
- 2 No → got to A10a3a
- 7 Don't know → got o A10a3a

A10a3a: How many permanent part time employees are eligible ?

- 1 Number : _____
- 2 Percent: _____
- 7 Don't know
- 9 Refused

A10a3_CHK: The number of full-time eligible employees and part time eligible employees does not add to the total number of eligible employees.

A10A4: Now I would like to ask you about your companies' contribution to the premium costs for your permanent workers. First I would like to ask about the full-time workers. Does your company contribute to the payment of the premiums or do the workers pay the total premium themselves?

A10A4a Permanent Full-time

- 1 COMPANY CONTRIBUTES
- 2 WORKER PAYS TOTAL SELF
- 7 Don't know

A10A4b Permanent Part-time

- 1 COMPANY CONTRIBUTES
- 2 WORKER PAYS TOTAL SELF
- 7 Don't know

A10A5a Of the [number] permanent, full time, eligible employees how many are enrolled?

- 1 Number: _____
- 7 Don't know

A10A5b Of the [number] permanent, part time, eligible employees how many are enrolled?

- 1 Number: _____
- 7 Don't know

A10b1: How many of the [d_temp] temporary employees are eligible?

- 1 Number: _____
- 7 Don't know [go to A11]

A10b2: How many of these [number] employees are full time?

- 1 Number : _____
- 2 Percent: _____
- 7 Don't know
- 9 Refused

A10b3: That would mean that [difference] of the temporary employees eligible for benefits work part-time. Does that sound right?

- 1 Yes
- 2 No → got to A10b3a
- 7 Don't know → got o A10b3a

A10b3a: How many temporary part time employees are eligible ?

- 1 Number : _____
- 2 Percent: _____
- 7 Don't know
- 9 Refused

A10b3_CHK: The number of full-time eligible employees and part time eligible employees does not add to the total number of eligible employees.

A10B4: Now I would like to ask you about your companies' contribution to the premium costs for your temporary workers. First I would like to ask about the full-time workers. Does your company contribute to the payment of the premiums or does the workers pay the total premium themselves?

A10B4a Temporary Full-time

- 1 COMPANY CONTRIBUTES
- 2 WORKER PAYS TOTAL SELF
- 7 Don't know

A10B4b Temporary Part-time

- 1 COMPANY CONTRIBUTES
- 2 WORKER PAYS TOTAL SELF
- 7 Don't know

A10B5a Of the [number] temporary, full time, eligible employees how many are enrolled?
1 Number: _____
7 Don't know

A10B5b Of the [number] temporary, part time, eligible employees how many are enrolled?
1 Number: _____
7 Don't know

A11 Some employers obtain insurance through pools or groups of employers. Does your company purchase or provide health insurance through any type of pool or business coalition? [q39]

- 1 YES GO TO A11A
- 2 NO GO TO A12
- 7 DK
- 9 RE

A11A What is the name of this [business coalition or pool]? [q39n]

NAME:

Next I have some questions about your medical and single service plans. By medical plans, I mean plans that cover physician and hospital care and might also cover other services. On the other hand, single service plans usually cover only one or two special services like dental or vision. It might be helpful if you can refer to your plan booklets.

A12 How many different medical (that is those covering hospital or physician services) plans do you offer your employees [AT THIS LOCATION]? [q41]

[IF EMPLOYEES RECEIVED INSURANCE THROUGH A UNION PLAN (4a = 1), then also say "Please include the union sponsored plans if you contribute to the union for health insurance."]

PROBE: "When an employee enrolls, how many plans do they get to choose from?"

- 1 Number: _____ (1-10)
- 7 DK
- 9 REFUSED

A12A Do any of the plans you just told me about include the option to choose different benefit levels, such as a high and low option or the opportunity to choose different levels of annual deductibles? [a41_add1]

- 1 YES, GO TO A12A1
- 2 NO

A12A1 Counting each high/low option separately, how many different levels can your employees choose from?

- 1 Number: __ (N)
- 7 Don't Know

A13 In addition to the plan(s) just mentioned how many different single service plans, like dental or vision, do you offer your employees [AT THIS LOCATION]? [q41a]

- 1 Number: _____
- 7 Don't Know

A14 Now I would like to ask the names of the health plans you offer to your employees AT THIS LOCATION.

For those plans that include different levels (high and low options, or plans with different deductibles), I'd like to count these different coverage options as separate plans.

First I would like to know the name of the plan and insurance company for each plan you offer. [plan_name]

PLAN NAME _____

INSURANCE COMPANY NAME: _____

- A14A - PLAN A
- A14B - PLAN B
- A14C - PLAN C
- A14D - PLAN D
- A14E - PLAN E
- A14F - PLAN F
- A14G - PLAN G
- A14H - PLAN H

IF A6=1 SKIP A15

A15 Is the choice of plan(s) currently offered to employees the same as those offered last year?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

A16: ONLY IF NUMBER OF PLANS >1

A16 Are all of the plans offered by your company administered by the same company?
(PROBE: Does the same company process the claims for all the plans?)

- 1 YES THE SAME [GO TO A16A]
- 2 NO DIFFERENT
- 3 SELF-ADMINISTERED
- 7 DK
- 9 RE

[ELSE, GO TO A17]

A16a Does the company administering the plans require your company to offer only its health insurance plans to your employees? [q43c]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

A17 In what month did your plan year begin? [q43e]

[IF MORE THAN ONE PLAN, SHOW: (IF IT VARIES BECAUSE OF MULTIPLE PLANS AND DIFFERENT PLAN YEAR STARTING MONTHS, ASK: In what month did the plan year begin for the plan with the largest enrollment?]

PROBE: This would be the month each year when the premiums could change.

MONTH (1-12) _____

- 97 DK
- 99 RE

A18 Does your company have a fixed time each year when employees who are not enrolled can begin coverage? [q43f]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

** A19: Only ask if A12 or A12a1 is greater than 1 **
** This looks at financial incentives for low cost plans.**

A19 Which of the following best describes the way your company sets the employer's contribution for health insurance across health plans. Please answer for employee-only coverage (by employee-only coverage we mean single coverage, NOT family or dependent coverage). [q50]

- 1 The employer pays the full amount (100%)
- 2 The employer pays the same dollar amount for each plan, (the employee pays the difference)
- 3 The employer pays the same percent for each plan, (the employee pays the difference)
- 4 The employee pays the same amount for each plan; (the employer pays the difference)
- 7 DK
- 9 RE

A20 Did your company have the same policy (for setting its contribution) last year? [q50b]

- 1 YES
 - 2 NO
 - 7 DK
 - 9 RE
- *****
** Reminder: ehealth questions are also asked in B **

A21 When one of your employees is eligible for health insurance through a spouse's employer, would your company pay for any of the cost of that insurance? [q52]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

A22 Instead of paying for health insurance directly, does your company ever offer employees a voucher or money to purchase health insurance? [voucher]

- 1 YES [GO TO A22A]
- 2 NO
- 7 DK
- 9 RE

[ELSE, GO TO A23]

A22A Can this be used only for health insurance, or can it also be used for other purposes?
[voucher1]

- 1 HEALTH INSURANCE/HEALTH CARE ONLY
- 2 OTHER PURPOSES AS WELL
- 7 DK
- 9 RE

A22B Does the value of the voucher vary by employee (for example, for employee-only vs family insurance coverage)? [voucher2]

- 1 yes
- 2 no
- 7 dk
- 9 re

A22C What is the average value of the voucher per employee? [voucher3]

- 1 Dollars: \$_____
- 7 Don't know

A22D Is that the average amount per week, month or year.

- 1 Weekly
- 2 Bi-Weekly
- 3 Monthly
- 4 Yearly
- 7 Don't Know
- 9 Refused

A23 Have you ever heard about any internet-based companies that contract with employers to offer their employees individually-designed health insurance services; examples of this are Vivius or Definity? [heard_ehealth]

- 1 yes ->GO TO A23A
- 2 no (go to A24)
- 7 dk
- 9 ref (go to A24)

A23A Have you requested any information from one of these companies? [info_ehealth]

- 1 yes
- 2 no (go to A24)
- 7 dk
- 9 ref (go to A24)

A23B Do you currently offer this option to your employees? [offer_ehealth]

- 1 yes -> GO TO A23C
 - 2 no -> GO TO A23D
 - 7 DK
 - 9 RE
- [ELSE, GO TO A24]

A23C How many of your total eligible employees make use of this option? [count_ehealth]

- 1 Number: (0-[tot_emp]) _____ -> GO TO A24
- 7 DK → GO TO A24
- 9 RE → GO TO A24

A23D Have you seriously considered offering this option to your employees?
[consider_ehealth]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

A24 Do eligible employees who turn down health insurance coverage receive any additional compensation or benefits? [q54b]

- 1 yes
- 2 no
- 7 dk
- 9 re

A25 How much did your company spend in total on health insurance [including single service plans] for enrolled employees AT THIS LOCATION during your most recently completed plan year? (Please report the total premium cost that is the employer and employee shares, or the total costs of paid claims, administrative costs, and re-insurance.) [q50e]

- 1 _____ (1,000 to 1,000,000,000 one billion) -> GO TO A26
- 7 DK -> GO TO A25A
- 9 RE

[CONSISTENCY CHECK: AMOUNT MUST FALL INTO RANGES: ([tot_prem] / [tot_enr] >1000 and [tot_prem] / [tot_enr] < 15,000) IF NOT, GO TO q50e_err. ELSE GO TO q50g.]

**Note: A25 Consistency Check: Not implemented in CATI **

A25A Do you happen to know the amount of the total premium cost per month? [q50e_add1]

- 1 AMOUNT PER MONTH: \$ _____
- 7 Don't know
- 9 Refused

A25a_n2a HOW MANY MONTHS? _____
 1 Number: _____ -> GO TO A26
 -7 Don't know -> GO TO A25b
 -9 Refused

[REPOPULATE tot_prem AND DO CONSISTENCY CHECK.]

IF DK TO A25A AND A14 > 1, THEN GO TO A26

A25B If it helps, you can tell me the premium costs associated with each plan and I will read off the names of the plans you provided? [q50e_add]

SHOW PLAN NAMES IN A14
 {assign tot_prem_sum and re-populate tot_prem}
 ENTER THE TOTAL COST FOR EACH PLAN

1 AMOUNT PER MONTH: \$ _____ <a25b_1a> to <a25b_4a>
 -7 Don't know
 -9 Refused

HOW MANY MONTHS? _____ <a25b_1c> to <a25b_4c>
 1 Number: _____
 -7 Don't know
 -9 Refused

PLAN 1: prem1
 PLAN 2: prem2
 PLAN 3: prem3
 PLAN 4: prem4
 PLAN 5: prem5
 PLAN 6: prem6
 PLAN 7: prem7
 PLAN 8: prem8

[CONSISTENCY CHECK: TOTAL AMOUNT FOR ALL PLANS DIVIDED BY tot_enr MUST BE BETWEEN 500 AND 10,000. IF NOT, GO TO q50e_err. ELSE GO TO q50g.]

 **Note: A25b consistency check and q50e_err not implemented in CATI **

[q50e_err]
 INTERVIEWER THE AVERAGE COST PER SUBSCRIBER PER YEAR IS
 \$[tot_prem] WHICH IS EITHER VERY HIGH OR VERY LOW

What Do You Need To Correct?

- 1 Total Insurance Cost = [Tot_Prem]
- 2 Total Employees Enrolled [Enr_Perm]
- 9 No Correction [Enr_Temp] → EXPLANATION

[ONLY ASK A26 IF HAVE PROVIDED INSURANCE FOR 1 YEAR OR MORE [6], ELSE GO TO A27]

A26 In the current plan year, is the total health insurance cost per enrollee more or less than it was in the last plan year? [q50g]

- 1 MORE [GO TO A26A]
- 2 LESS [GO TO A26A]
- 3 SAME
- 4 DID NOT OFFER INSURANCE LAST YEAR
- 7 DK
- 9 RE

[ELSE, GO TO A27]

A26A By what percent would you say it has [increased/decreased]? [q50gg]

- 1 PERCENT (1-xx)
- 7 DK
- 9 RE

A26B In the past year, has the amount of required deductibles and co-payments increased in any of the health insurance plans you offer to your employees? [q50gg_add1]

- 1 yes
- 2 no
- 7 dk
- 9 re

A27 Are you able to use any information on quality of the health plan to make a decision on the plans you offer to your employees? [q50k]

- 1 yes (go to A27A)
 - 2 no
 - 7 dk
 - 9 re
- [else go to section C]

A27A Do you provide any information on the quality of health plans or providers to your employees? [q50]

- 1 yes
- 2 no
- 7 dk
- 9 re

[GO TO SECTION D.]

THIS IS FOR ANYONE SAYING DK OR RE FOR CRITICAL QUESTIONS.

Is there someone else who can answer my questions?

- 1 YES
- 2 NO

[IF NO, ENTER 2 IN NAME FIELD TO RETURN TO SURVEY WHEREVER LEFT OFF]

IF YES PROBE: (What is his/her name, address, and telephone number?)

NAME:

COMPANY:

CITY:

ST:

PHONE:

**Note: this is probably not in CATI, but not able to be **
** tested because the 'critical questions' are unknown **

SECTION D

Characteristics of Establishment and Employees

Next, I have a few more general questions about your company.

D1 How long has your company been in business? [q68]
Please answer this question for the company as a whole, not just this specific location

- 1 Years: _____ <d1b>
- 2 Since the date : __mm__ <d1c> __yyyy__ <d1d>
- 7 DK
- 9 RE

D2 According to my information, your company is classified as being in the [fill two-digit SIC code translation] industry. Is that correct? [q68aa]

- 1 YES [GO TO D5]
- 2 NO
- 7 DK
- 9 RE

D3 Are you in the...[q68a]

- 1 Service industry [GO TO D5]
- 2 Retail Trade [GO TO D5]
- 3 Wholesale Trade [GO TO D5]
- 4 Financial, Insurance, and Real Estate Industry [GO TO D5]
- 5 Construction Industry, [GO TO D5]
- 6 Manufacturing business, [GO TO D5]
- 7 Mineral Industry, [GO TO D5]
- 8 Transportation, Communication, Utilities, or [GO TO D5]
- 9 Something else? [GO TO D4]
- 7 DK
- 9 RE

D4 What kind of business or industry is this? What do you make or do? [q69]

RECORD VERBATIM – 60 characters

D5 I'd like you to think for a minute about your closest competitor in your business. Is this competitor in Minnesota or in another state? [compete1]

- 1 in Minnesota
- 2 another state
- 3 no competitor [go to D6]
- 7 DK
- 9 RE

[ELSE go to D5A]

D5A Does this closest competitor in your business offer health benefits?

- 1 Yes
- 2 No
- 7 DK
- 9 RE

D6 I'd also like to ask about the local businesses with whom you compete for staff. Do these businesses mostly offer health benefits, or mostly not? [compete2]

- 1 mostly offer health benefits
- 2 mostly don't offer
- 3 don't compete for staff
- 7 DK
- 9 RE

D7 (Now) I have a few general questions about your employees [at this location], such as the number of hours they work per week, their age and gender. [q75]

Are you the person to answer these types of questions?

- 1 YES [GO TO D9]
- 2 NO [GO TO D7A]

D7A Who should I contact for this type of information? [d_new]

NAME:
COMPANY:
CITY:
ST:
PHONE:

[IF NEW RESPONDENT, GO TO D8. ELSE GO TO D9]

D9 Earlier you mentioned that you had [tot_emp] employees, and that [tot_perm] [are] permanent employees.

** Note: D9 is not a question, just a show **

The next set of questions refer to these permanent employees. [q70b_pr]

D9A In the past 12 months, how many new full- and part-time permanent employees have been added to your company's payroll AT THIS LOCATION [q71]

1 _____ (0-125) [GO TO D9C]
[IF NO PERMANENT EMPLOYEES, GO TO D9C]

-7 DK [GO TO D9B]
-9 RE [GO TO D9B]

D9B Would you say it was, [q72]

1 five or fewer
2 six to ten
3 eleven to 24,
4 25 or more?
-7 DK
-9 RE

D9C In the past 12 months, how many permanent employees were removed from your company's payroll AT THIS LOCATION? [q73]

1 _____ (0-125) [GO TO D10]

-7 DK [GO TO D9D]
-9 RE [GO TO D9D]

D9D Would you say it was, [q74]

1 five or fewer
2 six to ten
3 eleven to 24,
4 25 or more?
-7 DK
-9 RE

[IF NO PERMANENT EMPLOYEES, GO TO D20]

D10 This question is about the working hours for permanent employees AT THIS LOCATION. How many of your [tot_perm] permanent employees work... [q76]

IF DK NUMBER ASK FOR PERCENTS

TOTAL PERMANENT EMPLOYEES	NUMBER	PERCENT
A 40 hours a week or more?	<d10a>	
B 35 to 39 hours a week?	<d10b>	
C 20 to 34 hours a week?	<d10c>	
D less than 20 hours a week?	<d10d>	
-7 DK		
-9 RE		

 D10: Consistency check not implemented

[CONSISTENCY CHECKS:

SUM OF NUMBER COLUMN MUST EQ d_perm. IF NOT, GO TO D10A
 SUM OF PERCENT COLUMN MUST EQ 100. IF NOT, THEN GO TO D10B]

[ELSE GO TO D11]

D10A INTERVIEWER THE NUMBERS DON'T ADD TO THE TOTAL [q67_err]
 PLEASE MAKE THE APPROPRIATE CORRECTIONS

 D10A and D10B Checks not implemented

D10B INTERVIEWER THE PERCENTS DON'T TOTAL 100. [q67_err2]
 PLEASE MAKE APPROPRIATE CORRECTIONS

D11 Now I would like to ask you about the age of permanent employees AT THIS LOCATION. Counting only your [d_perm] permanent employees, how many employees are, [q78]

IF DK NUMBER ASK FOR PERCENTS

TOTAL PERMANENT EMPLOYEES	NUMBER	PERCENT
A under 30 years of age?	<d11a>	
B between 30 and 39 years of age?	<d11b>	
C between 40 and 49 years of age?	<d11c>	
D 50 years or older?	<d11d>	
-7 DK		
-9 RE		

[CONSISTENCY CHECKS:

SUM OF NUMBER COLUMN MUST EQ d_perm. IF NOT, GO TO D11A
SUM OF PERCENT COLUMN MUST EQ 100. IF NOT, THEN GO TO D11B]

**Note: Warning does appear if totals do not match. Can continue to D12 by pressing 1 **

[ELSE GO TO D12]

D11A INTERVIEWER THE NUMBERS DON'T ADD TO THE TOTAL [q78_err]
PLEASE MAKE THE APPROPRIATE CORRECTIONS

D11A and D11B Checks not implemented

D11B INTERVIEWER THE PERCENTS DON'T TOTAL 100 [q78_err2]
PLEASE MAKE APPROPRIATE CORRECTIONS

[ELSE GO TO D12]

D12 What percent of your permanent employees are female? [q78a]

1 _____ NUMBER (0-[d_perm]) OR _____ PERCENT (0- 100)

-7 DK
-9 RE

D13 The next items are about the wage and salary levels of your permanent employees AT THIS LOCATION. Do you have only hourly, only salaried, or both hourly and salaried permanent employees? [q79]

INCLUDE EMPLOYEES WHO WORK FOR COMMISSIONS AS SALARIED

1 HOURLY ONLY [GO TO D15]
2 SALARIED ONLY [GO TO D17]
3 BOTH HOURLY AND SALARIED [GO TO D14]
-7 DK
-9 RE

[ELSE GO TO D20]

D14 How many of your company's [d_perm] permanent employees AT THIS LOCATION work for hourly wages? [q80]

[IF DK or RE, ASK: "What percent of your permanent employees are hourly?"]

1 _____ NUMBER (1-[d_perm]) OR _____ PERCENT (0- 100)

-7 DK

-9 RE

[ONLY ASK IF D13 = 1 or 3. ELSE, GO TO D17.]

D15 To classify your permanent hourly workers at different wage rates, would it be easier for you to tell me about hourly, daily, weekly, or monthly wages? [q80b]

1 HOURLY

2 DAILY

3 WEEKLY

4 MONTHLY

-7 DK

-9 RE

D16 How many of the total permanent hourly employees AT THIS LOCATION earn... [q81]
SELECT FILL BASED ON ANSWER TO D15

	NUMBER	PERCENT
A Less than [\$7.00 per hour?/ \$56 per day?/\$280 per week?/ \$1,120 per month?]	<d16a>	
B Between [\$7.00 and \$10.00 per hour?/\$56 and \$80 per day?/\$280 and \$400 per week?/\$1,120 and \$1,600 per month?]	<d16b>	
C Between [\$10.00 and \$15.00 per hour?/\$80 and \$120 per day?/\$400 and \$600 per week?/\$1,600 and \$2,400 per month?]	<d16c>	
D Between [\$15.00 and \$20.00 per hour?/\$120 and \$160 per day?/\$600 and \$800 per week?/\$2,400 and \$3,200 per month?]	<d16d>	
E More than [\$20.00 per hour?/ \$160 per day?/\$800 per week?/\$3,200 per month?]	<d16e>	
SUM		
-7 DK		
-9 RE		

[CONSISTENCY CHECK:

SUM OF D16 NUMBER COLUMN MUST EQ D14. IF NOT, GO TO D16A
SUM OF D16 PERCENT COLUMN MUST EQ 100. IF NOT, GO TO D16B]

Note: Warning does appear if totals do not match. Can continue to D17 by pressing 1

[ELSE GO TO D17]

D16A THE SUM MUST EQUAL THE TOTAL HOURLY EMPLOYEES WHICH IS D14
[q81_err]
PLEASE MAKE THE APPROPRIATE CORRECTIONS

D16A and D16B Checks not implemented

D16B INTERVIEWER THE PERCENTAGES DON'T TOTAL 100 [q18_err2]
PLEASE MAKE APPROPRIATE CORRECTIONS

[ONLY ASK IF D13 = 3. ELSE, GO TO D18]

D17 Next, I would like to ask about the salaried employees AT THIS LOCATION [q82]
How many of your company's [d_perm] permanent employees AT THIS LOCAITON work for salaries?

IF DK or RE, ASK: "What percent of your permanent employees are hourly?"

1 _____ NUMBER (1-[d_perm]) OR _____ PERCENT (0- 100)

-7 DK
-9 RE

[ONLY ASK IF D13 = 2 or 3. ELSE, GO TO q85]

D18 To classify your permanent salaried workers at different salary rates, would it be easier for you to tell me about weekly, biweekly, monthly, or yearly salaries? [q83]

1 WEEKLY
2 BIWEEKLY
3 MONTHLY
4 YEARLY
-7 DK
-9 RE

D19 How many salaried employees [at this location] earn, [q84]
 IF SOME EMPLOYEES WORK FOR COMMISSION ASK THE RESP TO ESTIMATE A
 SALARY

SELECT FILL BASED ON ANSWER TO D18

	NUMBER	PERCENT
A Less than [\$280 per week?/\$560 biweekly/\$1,120 per month?/\$14,000 per year?]	<d19a>	
B Between [\$280 and \$400 per week?/\$560 and \$800 biweekly/\$1,120 and \$1,600 per month?/\$ 14,000 and \$20,000 per year?]	<d19b>	
C Between [\$400 and \$600 per week?/\$800 and \$1,200 biweekly/\$1,600 and \$2,400 per month?/\$20,000 and \$30,000 per year?]	<d19c>	
D Between [\$600 and \$800 per week?/\$1,200 and \$1,600 biweekly/\$2,400 and \$3,200 per month?/\$30,000 and \$40,000 per year?]	<d19d>	
E More than [\$800 per week?/\$1,600 biweekly/\$3,200 per month?/ \$40,000 per year?]	<d19e>	
SUM		
-7 DK		
-9 RE		

[CONSISTENCY CHECKS:

SUM OF D19 NUMBER COLUMN MUST EQ D17. IF NOT, GO TO q84_err.
 SUM OF D19 PERCENT COLUMN MUST EQ 100. IF NOT, GO TO q84_err2.]

 **Note: Warning does appear if totals do not match. Can continue to D20 by pressing 1 **

[ELSE GO TO D20)

D19A THE SUM MUST EQUAL THE TOTAL HOURLY EMPLOYEES WHICH IS D17
 [q84_err]
 PLEASE MAKE THE APPROPRIATE CORRECTIONS

 **D19A and D19B Checks not implemented **

D19B INTERVIEWER THE PERCENTAGES DON'T TOTAL 100 [q84_err2]
 PLEASE MAKE APPROPRIATE CORRECTIONS

D20 I have a couple of questions about your company's most recent payroll AT THIS LOCATION.
Was this payroll for a week, two weeks, a month, or some other period? [q85]

- 1 WEEK
- 2 TWO WEEKS
- 3 HALF MONTH
- 4 MONTH
- 5 OTHER (SPECIFY)
- 7 DK
- 9 RE

D20A What was the gross amount of this payroll? [q86]

_____ (100 - 25,000,000)
-7 DK
-9 RE

[IF DK or RE, GO TO D22 IF DON'T OFFER COVERAGE OTHERWISE SECTION C]

D20B How many total labor hours were included in this payroll?

_____ (1 to 999,999)
-7 DK
-9 RE

[IF DK or RE, GO TO D22 IF DON'T OFFER COVERAGE OTHERWISE SECTION C]

**Note: if 1 insurance plan offered (A12=1) then go to C8 **

D20C [IF HAVE BOTH HOURLY AND SALARIED (IF D13 = 30), ASK: Are these
hours only for hourly employees, only for salaried employees, or both?

- 1 HOURLY
- 2 SALARIED
- 3 BOTH
- 7 DK
- 9 RE

[ONLY ASK IF CALCULATED NUMBER OF HOURS PER EMPLOYEE PER WEEK IS LT 10 or GT
70. ELSE GO TO D22 IF DON'T OFFER COVERAGE OTHERWISE SECTION C]

D21 Based on my calculations, your employees worked an average of [computed value] hours per week during that pay period. Is that correct? [q86cc]

- 1 YES [go to C1]
- 2 NO CORRECT PAYHOURS [q86] [go to D20B]
- 3 NO CORRECT PAY PERIOD [WEEK/2 WEEKS/1/2 MONTH/MONTH] [go to D20]
- 7 DK [go to C1]
- 9 RE [go to C1]

** Note: If insurance, then D21 responses GO TO C1 **
** if no insurance, then D21 responses GOTO D22 **

D22 In closing, I would like to confirm your name, address, and telephone number. VERIFY OR ENTER INFORMATION BELOW [final]

- NAME:
- TITLE:
- COMPANY:
- STREET ADDRESS:
- CITY:
- STATE:
- ZIP CODE:
- TELEPHONE NUMBER:

Thank you very much for your time and cooperation. Have a nice day.

SECTION B

Employers Who Do Not Offer Health Insurance

B1 When one of your employees is eligible for health insurance through a spouse's employer, would your company pay for any of the cost of that insurance? [q52]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

B2 Instead of paying for health insurance directly, does your company ever offer employees a voucher or money to purchase health insurance? [voucher]

- 1 YES -> GO TO B2A
- 2 NO -> GO TO B3
- 7 DK -> GO TO B3
- 9 RE -> GO TO B3

B2A Can this be used only for health insurance, or can it also be used for other purposes? [voucher1]

- 1 HEALTH INSURANCE/HEALTH CARE ONLY
- 2 OTHER PURPOSES AS WELL
- 7 DK
- 9 RE

B2B Does the value of the voucher vary by employee (for example, for employee-only vs family insurance coverage)? [voucher2]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

B2C What is the average value of the voucher per employee? [voucher3]

\$_____

B2D Is that weekly, bi-weekly, monthly or yearly

- 1 Weekly
- 2 Bi-Weekly
- 3 Monthly
- 4 Yearly
- 5 Don't know
- 6 Refused

B3 Have you ever heard about any internet-based companies that contract with employers to offer their employees individually designed health insurance services; examples of this are Vivius or Definity? [heard_ehealth]

- 1 YES ->GO TO B3A
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO B4]

B3A Have you requested any information from one of these companies? [info_ehealth]

- 1 YES ->GO TO B3B
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO B4]

B3B Do you currently offer this option to your employees? [offer_ehealth]

- 1 YES ->GO TO B3C
- 2 NO ->GO TO B3D
- 7 DK
- 9 RE

[ELSE GO TO B4]

B3C How many of your total eligible employees make use of this option? [count_ehealth]

(1-[tot_emp]) _____ -> GO TO B4

- 7 DK
- 9 RE

B3D Have you seriously considered offering this option to your employees?
[consider_ehealth]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

B4 Does your company sometimes pay employees' medical bills directly? (Not including worker's compensation and job related injuries.) [q56]
1 YES
2 NO
-7 DK
-9 RE

B5 Has your company ever been denied health insurance coverage for its employees? [q57]
1 YES
2 NO
-7 DK
-9 RE

B6 Has your company offered health insurance as a benefit to employees within the past two years? [q58]
1 YES -> GO TO B6A
2 NO
-7 DK
-9 RE

[ELSE GO TO B7]

B6A Why did your company stop offering health insurance benefits? [q61a]
1 too expensive/premium increases
2 employees not interested/enrollment not high enough
3 switched to voucher/defined contribution plan
4 other (specify)

[GO TO SECTION D]

B7 In the past two years, has your company looked into purchasing health insurance for employees? [q60]
1 YES -> GO TO B8
2 NO
-7 DK
-9 RE

[ELSE, GO TO SECTION D]

B8 Did your company get a premium quote from an agent, broker or health plan within the past two years? [q61]
1 YES -> GO TO B8A
2 NO
-7 DK
-9 RE
[ELSE, GO TO SECTION D]

B8A What was the lowest quote per employee that you received for employee-only coverage? [q62]

- \$ _____
7 DK [goes to B8B]
9 RE [goes to B8B]

B8B Was that quote monthly, quarterly, semiannually, or for the entire year? [q62_add1]

- 1 per month
2 quarterly (every three months)
3 semiannually (every six months)
4 entire year (annual)
5 DK [go to section D]
6 RE [go to section D]

B8C What was the lowest quote per employee that you received for family coverage? [q62_add2]

- \$ _____
7 DK [goes to B8D]
9 RE [goes to B8D]

B8D Was that quote monthly, quarterly, semiannually, or for the entire year? [q62_add3]

- 1 per month
2 quarterly (every three months)
3 semiannually (every six months)
4 entire year (annual)
-7 DK
-9 RE

[GO TO SECTION D]

D22_1 In closing, I would like to confirm your name, address, and telephone number. VERIFY OR ENTER INFORMATION BELOW [final]

NAME:
TITLE:
COMPANY:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:
TELEPHONE NUMBER:

Thank you very much for your time and cooperation. Have a nice day.

SECTION C

Info on Each Health Plan Offered by Employer

Notes from MDH: In this section, there are key items that need to be answered. If the respondent cannot answer 3 or more of these key items, interviewer should be prompted to get another name. If there is no other name, you will return back to the interview until 5 of these key items are unanswered (i.e. DK or RE). On the fifth unanswered question, the interview will be restarted with another informant if one is available; otherwise go to section D.

KEY ITEMS: C8, C10, C16, C17, C19, C21, C31

Show plan(s) provided in A14. branching will depend on # in A14 being = 1 or > 1

In addition to the KEY ITEMS above, questions about each plan such as plan type (e.g., HMO, PPO...), the distinction between (1) self-insured vs (2) fully-insured or MMP, and within each whether it is a general medical vs single service plan are critical contingency questions: C2, C3 & C3A, C5D and C10.

- CONTENT LEVEL QUESTIONS -

C1 Now, I am going to ask some questions about [each of the health insurance plans/the (plan name) that] your company offers to employees who work AT THIS LOCATION.

Starting with [plan name].....

If only one plan skip to question C7

[IF ONLY ONE HEALTH PLAN (A14), GO TO C1B]

For each plan name:

C1A Is this insurance option made available to all employees who are eligible for insurance or only some of them?

- 1 All
- 2 Only Some
- 7 DK
- 9 RE

IF ANY "ONLY SOME" GO TO C1A ELSE SKIP TO C7

For some of the plans you indicated that only some of the employees eligible for insurance had access to this plan. For each of these I would like to know if eligibility is dependent on the type of job that the employee has.

C1A_1a Is access to [plan_name] based on the type of job a person has?

- 1 Yes →go to C1A_1b
- 2 No
- 7 DK
- 9 Refused

C1A_1b Which job class (es) are eligible for this insurance?

- 1 union <c1a_1b_1>
- 2 management <c1a_1b_2>
- 3 salary <c1a_1b_3>
- 4 other <c1a_1b_4>
- 7 DK <c1a_1b_5>
- 9 RE <c1a_1b_6>

 ** C7: KEY VARIABLE **
 ** Only ask if P_Total > 1. If P_Total = 1, then C7 is assumed = e_total, but not populated**

C7 Now I would like to ask about the number of employees that are enrolled in each of the different plans. Earlier you have indicated that [number] employees at this location are enrolled in health insurance

I would like to know how many of these are covered by each of the health plans offered at this location.

FOR EACH PLAN: (C7_1A.....C7_numA)
How many employees are enrolled in [plan_A]?

- 1 Number: _____ < c7_1b >
- 2 Percent: _____
- 7 Don't Know
- 9 Refused

 ** No consistency check or **
 ** warning if totals are **
 ** inappropriate. **

 ** C8: KEY VARIABLE **

C8 Now I would like to know if the plans offered at this location provide the option of covering spouses and dependent children.

FOR EACH PLAN:
First, I would like to ask about [plan_A]

Does it offer employees the option of coverage for spouses and dependent children?

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

C9 FOR EACH PLAN:

How many active employees in this plan [at this location] have policies that include their spouse or dependent children? [a11]

If you do not have the exact number, can you estimate the percent of active employees in [plan name] that have policies that include their spouse or dependent children?

- 1 Number: _____ (1-[a11_fill])
- 2 Percent: _____
- 7 DK GO TO C1B
- 9 RE GO TO C1B

- PLAN LEVEL QUESTIONS -

C1B [ONLY ASK IF A11=1, ELSE GO TO C1C]

Is [plan name] purchased through a business coalition or employer pool? [a61]

- 1 YES
- 2 NO [GO TO C2]
- 7 DK [GO TO C2]
- 9 RE [GO TO C2]

C1C [ONLY ASK IF S4 = 1 or S5 = 1, ELSE GO TO C1D]

Is this plan sponsored by a union, a trade or professional association or other membership organization? [a63]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

 **C1D: only ask if C1C = 1 **

C1D Are you familiar enough with the benefits structure of this plan to know the covered services, the amount of any deductible, and copayment or coinsurance? [a1]

- 1 YES -> GO TO C2
- 2 NO -> ASK FOR ANOTHER CONTACT AT UNION/ORG/TRADE ASSOC
- 7 DK -> ASK FOR ANOTHER CONTACT AT UNION/ORG/TRADE ASSOC
- 9 RE -> ASK FOR ANOTHER CONTACT AT UNION/ORG/TRADE ASSOC

 ** Note: all responses go to C2 **

C2 Now I would like to ask you about the type of coverage offered by this plan.

Is {plan_name} a general medical plan or a single service plan?

- 1 General Medical Plans Cover Physician And Hospital Services [GO TO C4]
- 2 Single service plans only cover specialized services [GO TO C3]
- 7 DK ->GO TO C10
- 9 RE ->GO TO C10

*examples include prescription drugs, dental, vision or mental health services.

[IF NOT FAMILIAR ENOUGH WITH BENEFITS (C1C <>1 GO TO C8)]

C3 Now I would like to follow up with some additional information on the single service plans your company offers at this location.

First which of the following best describes the single service offered by [plan_name]?

What kind of single service plan is this? [a2a]

- 1 A plan combining multiple services? [GO TO C3A]
- 2 A dental plan only? [GO TO C10]
- 3 A vision plan only? [GO TO C10]
- 4 A plan for prescription drugs only? [GO TO C10]
- 5 A plan for mental health or substance abuse treatment only? [GO TO C10]
- 6 A long term care plan only? [GO TO C3A]
- 7 A disability, dread disease, or extra cash plan? [GO TO C3A]
- 8 Some other kind of plan? (SPECIFY) [GO TO C3A]
- 7 DK
- 9 RE

C3A For some single service plans you indicated that multiple services were covered. I would like to know which of the following services are covered for the multiple service plans?

CODE ALL THAT APPLY

- 1 DENTAL < c3a_1_2>
- 2 VISION < c3a_1_3>
- 3 DRUGS < c3a_1_4>
- 4 MENTAL HEALTH < c3a_1_5>
- 5 LONG TERM CARE < c3a_1_6>
- 6 OTHER < c3a_1_8>
- 7 DK
- 9 RE

[GOT TO C10]

- C4 What kind of health plan is this? Is it: [a2]
 READ FULL DEFINITION ONLY IF ASKED FOR CLARIFICATION
- 1 **A health maintenance organization plan, or HMO?** (which only pays for care when members received it from a specified list or network of physicians and hospitals? This includes IPA, network staff, and group models.)
 - 2 **A point of service plan, or POS,** (which uses a primary care physician, sometimes called a "gatekeeper", to control access to a specified network of physicians and hospitals, but leaves members free to use physicians or hospitals not in the network at a higher cost).
 - 3 **A preferred provider organization plan, or PPO?** (This is a plan in which patients receive a list of "preferred" providers. Patients pay less when they use physicians or hospitals on the list. They remain free to seek care from a physician or hospital not on the list but they pay more).
 - 4 **A traditional indemnity or fee-for-service health plan?** (This is a plan with no list of physicians or hospitals and no restrictions on choice of physicians or hospitals)
 - 7 DK
 - 9 RE

- C5 Do employees receive a list of physicians or hospitals when they join the plan? [a3a]
- 1 YES, PHYSICIANS ONLY [GO TO C5A]
 - 2 YES, HOSPITALS ONLY [GO TO C5A]
 - 3 YES, BOTH [GO TO C5A]
 - 4 NO
 - 7 DK
 - 9 RE

[ELSE, GO TO C6]

 ** Comment: Fill "physicians" and "hospitals" in C5a and C5b are based on answer to C5 **

C5A If enrollees decide to use [physicians] [or] [hospitals] not in the plan list (or in the network), must they pay the full cost of those visits (EXCLUDING EMERGENCIES OR WHILE TRAVELING)? [a3b]

- 1 YES
 - 2 NO [GO TO C5B]
 - 7 DK
 - 9 RE
- [ELSE, GO TO C5C]

C5B Do plan enrollees pay less for visits to [physicians] [or] [hospitals] on the plan list (or in the network)? [a3c]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C5C [ONLY ASK C5C IF C5 = 1 or C5=3, ELSE GO TO C5D]
Are plan enrollees required to select a primary care physician who is responsible for making referrals to most specialists? (A "gatekeeper") [a3d]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C5D THIS IS A COMPUTED VARIABLE DEFINING ACTUAL PLAN TYPE
DETERMINED BY RESPONSES TO QUESTIONS C5 THRU C5C. [a2_type]

if C5 = 4, then C5D= 4 (**TRADITIONAL INDEMNITY**)
if C5 < 4 and C5A=1, then C5D = 1 (**HMO**)
if C5 < 4 and C5A=2 and C5C=1, then C5D = 2 (**POS**)
if C5 < 4 and C5A=2 and C5C<> 1 and C5B=1, then C5D = 3 (**PPO**)
if C5 thru C5C items = DK or RE, then C5D = C4
if C5B = DK or RE and C5 < 4 and C5A=1, then C5D = 4
if C5 < 4 and C5A=2 and C5C<> 1 and C5B >1 and C5D=3, then change C5D=4
if C5D <1, GO TO RESTART.

[ELSE GO TO C6]

C6 Now I am going to read a short list of benefits that may be covered under this plan. Does [plan name] cover: [a4]

C6A Outpatient Prescription Drugs?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C6B Mental Health?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C6C Vision Care?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C6D Dental Care?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

** C10: Key Variable **

C10 Is this a plan that is purchased from an insurance company or HMO, or is it a self-insured or self-funded plan? [a14]

READ ONLY IF NEEDED: With a **purchased plan**, the employer purchases a policy from an insurance company or HMO that bears responsibility for paying claims whereas with a **self-insured or self-funded** plan your company bears financial responsibility for medical claims. (With a **minimum premium or split premium** plan that responsibility is split between the insurer and your company.) ACCEPT DK OR RE IF DOESN'T UNDERSTAND THE DEFINITIONS

- 1 PURCHASED FROM INS COMPANY OR HMO [GO TO C11]
- 2 MINIMUM OR SPLIT PREMIUM [GO TO C11]
- 3 SELF-INSURED/SELF-FUNDED (GO TO C10A)
- 7 DK
- 9 RE

** Note for GM plans C10 = 3 goes to C12, C10<>3 goes to C14 **
** for SS plans C10 = 3 goes to C12, C10<>3 goes to C12 **

[IF NUMBER OF EMPLOYEES AT THIS LOCATION IS GT 50 (section A, e_total), GO TO C12]

C10A Let me make sure I entered your answer correctly. Self-funding of plans is usually done by large employers, whereas smaller employers usually buy insurance from an insurance company. Did you buy a policy or have you set up a special fund to pay employee claims? [a14_probe]

- 1 BUYS [GO TO C11]
 - 2 SET UP FUND
 - 3 PAY AS YOU GO
 - 7 DK
 - 9 RE
- [ELSE GO TO C12]

** Note: C10a = 2 or 3 qualifies **
** as self-insured **

C11 What is the name of the insurance company that offers [plan name] [a14a]
INTERVIEWER CODE THE NAME OF THE INSURANCE COMPANY OR ASK IF YOU
CAN'T TELL FROM THE PLAN NAME.

- 1 Blue Cross Blue Shield of Minnesota
- 2 Medica
- 3 HealthPartners
- 4 A health Maintenance Organization other than Medica or Health Partners
- 5 A commercial Insurance company
- 6 A third Party administrator
- 7 Your own Firm
- 8 Some other arrangement _____
- 77 Don't Know
- 99 Refused

C12 [ONLY ASK IF SELF-INSURED PLAN (C10=3 or (C10=3 and C10A = 2 or3)), ELSE GO TO C13]
Does your company have a separate stop loss or "reinsurance" policy for [plan name]? [a15]

PROBE AS NEEDED: A stop loss policy pays when the total claims for the plan reaches a
specific dollar amount.

- 1 YES [GO TO C12A]
- 2 NO
- 7 DK
- 9 RE

[ELSE, GO TO C13]

FILL PATTERN for C12A through C12F.

**FILL "PRESCRIPTION DRUGS" IF C2=2 (single service) and C3=4 or (C3=1 and C3A=3)
(prescription drugs only).**

**FILL "MENTAL HEALTH" IF C2=2 (single service) and C3=5 or (C3=1 and C3A=4)
(mental health only).**

FILL "MEDICAL" IF C2=1 (general medical).

C12A Does [plan name] include "aggregate" stop loss or reinsurance that pays after this
plan's total [prescription drugs/mental health/medical] claims payments reach a
particular amount? [a15a]

- 1 YES [GO TO C12B]
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C13]

C12B At what dollar amount does the stop loss or reinsurance begin to pay for this plan's total aggregate [prescription drug/mental health/medical] claims kick in? [a15b]

- 1 Dollar: \$_____ (\$5000-999,999,999,999)
- 7 DK
- 9 RE

C12B_1C Is that per month or per year?

- 1 Month
- 2 Year
- 7 Don't know
- 9 Refused

C12C At what percent of total expected claims does the stop loss or reinsurance begin to pay for this plan's total aggregate (prescription drug/mental health/medical) claims? [a15c]

- _____%
- 7 DK
 - 9 RE

C12D Does [plan name] have "specific" stop loss or reinsurance that limits the amount that your company must pay for an individual's [prescription drug/mental health/medical] claims? [a15e]

- 1 YES [GO TO C12D1]
- 2 NO
- 7 DK
- 9 RE

[IF PURCHASE AGGREGATE STOP LOSS (C12A=1) and NOT SPECIFIC STOP LOSS (C12D<>1) GO TO C13]

C12D1 What is the amount? [a15f]

- 1 Dollar:\$_____ (\$500-500,000)
- 7 DK
- 9 RE

[EDIT CHECK: IF SPECIFIC STOP LOSS AMOUNT IS LT 20,000 OR GT 100,000, GO TO C12D2. ELSE, GO TO C13].

C12D2 Let me make sure I entered your response correctly. You have a stop loss policy for [plan name] that pays after the plan has paid [FILL IN C12D1] for an individual's claims. Is that correct? [a15f_err]

- 1 NO, AMOUNT OF STOP LOSS IS WRONG; CORRECTION: _____
- 2 NO, DOESN'T HAVE STOP LOSS
- 3 YES, AMOUNTS ARE CORRECT

C13 Who administers [plan name], that is, who processes the claims? Is it: [a4b]

- 1 Blue Cross Blue Shield of Minnesota,
- 2 Medica
- 3 HealthPartners
- 4 a Health Maintenance Organization, other than Medica or HealthPartners
- 5 a commercial insurance company,
- 6 a third party administrator,
- 7 your own firm, or
- 8 some other arrangement? (SPECIFY)
- 7 DK
- 9 RE

[IF SINGLE SERVICE PLAN (C2=2), GO TO C16]

C14 [IF PURCHASE STOP LOSS (C12=1), SHOW: "Now, I have some questions about different aspects of this plan"]

ELSE: Can [plan name] exclude coverage for employees who have certain health problems or conditions? [a16]

- 1 YES [GO TO C14A]
- 2 NO
- 7 DK
- 9 RE

[ELSE, GO TO C14B]

[IF NUMBER OF ACTIVE EMPLOYEES ENROLLED IN PLAN (a5) EQUALS THE NUMBER OF EMPLOYEES (q1) OR IF 100% OF ACTIVE EMPLOYEES ARE ENROLLED IN THE PLAN (a5), GO TO a16_add1]

C14A Are any of the active employees AT THIS LOCATION excluded because of a certain health problem or condition? [a16a]

- 1 YES -> GO TO C14B
- 2 NO
- 7 DK
- 9 RE

C14B Have you made special arrangements to provide alternative coverage for any employees with particularly high health care costs, such as paying for medical bills directly or contributing towards the purchase of an individual policy?
[a16_add1]

- 1 YES [GO TO C15A]
- 2 NO
- 7 DK
- 9 RE

C15A Since some plans have a waiting period, I would like to know which ones in particular have a waiting period for pre-existing conditions?

Does [plan name] have a waiting period for pre-existing conditions? [a17]

- 1 YES [GO TO C15B]
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C16]

C15B How long must a person wait to be covered for such problems? [a17a]
FILL IN ACCORDING TO RESPONSE PROVIDED: Is that days, weeks, months or years?

- 1 DAYS _____ (1-720)
- 2 WEEKS _____ (1-104)
- 3 MONTHS _____ (1-24)
- 4 YEARS _____ (1-2)
- 7 DK
- 9 RE

FILLS FOR QUESTIONS C16 through C18.

FILL "in and out of plan" IF C5D = 2 or 3 (PPO or POS plan).

FILL "prescription drug" IF C2=2 (single service) and C3=4 or (C3=1 and C3A=2) (prescription drugs only).

FILL "mental health" IF C2=2 (single service) and C3=5 or (C3=1 and C3A=4) (mental health only).

FILL "medical" IF C2=1 (general medical).

[IF C2=2 (single service) and C3=1 or (C3=1 and C3A=2) (dental) or C3=2 or (C3=1 and C3A=2) (vision), GO TO C19]

Skip to C17 if C2=2 and C3=2 or 3

** C16 series: Key Variables **

C16 Does [plan name] have an annual individual deductible for the use of services [from in or out of plan providers], that is a dollar amount that plan members must pay before their [prescription drug/mental health/medical] expenses are paid? [a20]

- 1 YES [GO TO C16A]
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C17]

C16A How much is the individual deductible [for in plan providers] [for prescription drugs/mental health] [(for physician services)] [hospital] for employee-only coverage? [a20a@an1]

IF IT VARIES OBTAIN THE ONE THAT APPLIES TO MOST EMPLOYEES/MEMBERS

\$_____ (acceptable ranges for firms with < 50 employees: 0, > \$50)
(acceptable ranges for firms with > 50 employees; 0, > \$50)

- 7 DK
- 9 RE

C16B [ONLY ASK IF PPO OR POS (C5D = 2 or 3)]

How much is the deductible for out-of-plan providers? [a20a@an2]

\$_____ (acceptable ranges for firms with < 50 employees: 0, >\$100)
(acceptable ranges for firms with > 50 employees; 0, >\$100)

- 7 DK
- 9 RE

** Note: "acceptable ranges" for C16A and C16B are not implemented **
** Consistency Checks not implemented **

CONSISTENCY CHECKS:

IF DEDUCTIBLE IN PLAN IS LESS THAN \$50, GO TO C16A1.
IF DEDUCTIBLE OUT-OF-PLAN IS LESS THAN \$100, GO TO C16B1.
ELSE GO TO C16C.

[IF SINGLE SERVICE PLAN (C2=2), GO TO C17]
[ELSE GO TO C16C]

C16A1 Let me make sure I entered the amount correctly. That was a [fill C16A] annual in plan deductible. Is that correct? [a20a_err]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C16B1 Let me make sure I entered the amount correctly. That was a [fill C16B] annual out-of-plan deductible. Is that correct? [a20b_err]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

** Note: Consistency Checks C16A1 and C16B1 not implemented **

C16C Does the deductible apply to all services or are there different deductibles for some services? [a20b]

- 1 ALL SERVICES
- 2 DIFFERENT DEDUCTIBLES FOR SOME SERVICES [GO TO C16D]
- 7 DK
- 9 RE

[ELSE, GO TO C17]
[ONLY ASK C16C1 IF COVERS MENTAL HEALTH SERVICES: HMO and traditional (C5D = 1 or 4 and C6B = 1). ELSE GO TO C17]

C16D I would like to ask you about which services there is a different deductible and the amount of that deductible?

[IF PPO OR POS (C5D= 2 or 3 and C6B=1) ADD FILL]

C16D_A1 Does [Plan_name]'s mental health services have a deductible? [a20c]

- 1 YES -> GO TO C16D_A2
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C16C2]

IF C16 = 1 START WITH "after meeting their deductible..." employees
IF C16 <> 1 START WITH "Do employees..."

** C17 series: Key Variables **

C17 [After meeting their deductible do/Do] employees have to pay anything, when they receive [prescription drugs/mental health/medical] services (referred to as a co-payment or coinsurance)? [a22]

- 1 YES -> GO TO C17A
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C18]

C17A Is this a specified dollar amount, a percentage, or both? [a22_add]

- 1 DOLLAR AMOUNT ONLY [GO TO C17B]
- 2 PERCENT ONLY [GO TO C17C]
- 3 BOTH [GO TO C17B]
- 7 DK [GO TO C18]
- 9 RE [GO TO C18]

C17B What is the dollar amount that employees pay for [prescription drugs/mental health/physician/hospital] services [from in plan providers]? [a22a]

- 1 Amount: \$ _____ [IN PLAN] COPAY
- 7 DK
- 9 RE

C17C What is the percent employees pay (for in-plan services)? [a2aa]

- 1 Amount: \$ _____ COINSURANCE
- 7 DK
- 9 RE

FILLS FOR C17D through C17D3A.

FILL copay wording [dollar amount/amount] if HAVE COPAYMENT (C17A =1).

FILL coinsurance wording [percent] IF HAVE COINSURANCE (C17A=2).

FILL "and" IF HAVE BOTH COPAY AND COINSURANCE (C17A=3).

[IF SINGLE SERVICE PLAN (C2=2), GO TO C18]

[ONLY ASK IF THERE IS A COPAYMENT OR COINSURANCE (C17=1), ELSE GO TO C18]

C17D Do employees pay the same [dollar amount] [and] [percent] for all services or is there a different [amount] [or] [percent] for some services? [a22b]

- 1 SAME AMOUNT/PERCENT FOR ALL SERVICES
- 2 DIFFERENT AMOUNT/PERCENT FOR SOME SERVICES [GO TO 17D1]
- 7 DK
- 9 RE

[ELSE GO TO C18]

[ONLY ASK C17D1 IF COVER MENTAL HEALTH SERVICES (C6B=1), ELSE GO TO C17D2]

C17D1 Now I would like to ask about mental health services. Does the [dollar amount] [and] [percent] differ for mental health services? [a2bb]

- 1 YES -> GO TO C17D1A
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C17D2]

C17D1A Is that a fixed dollar amount or a percent of the charge?

- 1 FIXED
- 2 PERCENT
- 7 DK
- 9 RE

C17D1B How much do employees pay for [in network] mental health services? [a22c]

- 1 Amount/percent: \$ _____ or _____%
- 7 DK
- 9 RE

[ONLY ASK IF COVER PRESCRIPTION DRUGS (C6A=1), ELSE GO TO C17D3]

C17D2 Does the amount differ for prescription drugs? [a22d]

- 1 YES -> GO TO C17D2A
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C17D3]

C17D2A Does the amount the employee pays vary depending on the type or cost of the drug, for example generic vs. brand name drugs?
[a22d_add1]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C17D2B Is the amount the employee pays based on a fixed dollar amount or a percent of the charge? [a22e]

- 1 FIXED
- 2 PERCENT
- 7 DK -> GO TO C17D3
- 9 RE -> GO TO C17D3

C17D2C How much does the employee pay per prescription [IF C17D2A=1, ADD "for the lowest cost category of drugs"]?

- \$ _____ or _____ %
- 7 DK
 - 9 RE

C17D3 Does the amount differ for inpatient hospital stays? [a22f]

- 1 YES -> GO TO C17D3B
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C18]

C17D3B Is that a fixed dollar amount or a percent of the charge?

- 1 Fixed Amount
- 2 Percent
- 7 DK
- 9 RE

C17D3A How much do employees pay for [in network] inpatient hospital stays?
[a22g]

- 1 Amount/Percent: \$ _____ or _____ %
- 7 DK
- 9 RE

[IF C17D3A= 0, GO TO C18. ELSE GO TO C17D3C]

C17D3C Is this amount per day, per hospital stay or per plan year? [a24]

- 1 PER DAY
- 2 PER STAY
- 3 PER PLAN YEAR
- 7 DK
- 9 RE

[IF ENROLLEE PAYS NOTHING AFTER DEDUCTIBLE (C17=2), GO TO C19]

** Note: C18 incorrectly not being asked when C17= DK or RE **

C18 If an employees uses only in plan providers, what is the annual individual out-of-pocket limit for an employee? [a25]

PROBE: What is the most an (employee/member) has to spend in a year?

- 1 \$_____ IF NONE ENTER 0 (range: 0,50 - 9,999)
- 2 VARIES -> GO TO C18B
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF LESS THAN DEDUCTIBLE (C16A) GO TO C18A, ELSE GO TO C19]

C18A I must have entered something incorrectly. I have a deductible of \$[C16A] which is more than the \$[18] that I entered for the out of pocket limit. [a25_err]

[NOTE: the amount of the deductible is included in total out of pocket spending and should be smaller.] Which one is incorrect?

- 1 DEDUCTIBLE -> GO TO C18A1
- 2 ANNUAL OUT OF POCKET -> GO TO C18A1
- 7 DK -> GO TO C18A1
- 9 RE -> GO TO C18A1

C18A1 What is the correct amount?

- \$_____
- 7 DK
- 9 RE

C18B What is it for the majority of employees in this plan with employee-only coverage? [a25a]

- \$_____ AMOUNT: (100-2000)
- 7 DK
- 9 RE

[ONLY ASK IF SELF INSURED PLAN (C10=3 or C10=3 and C10A = 3). ELSE, GO TO C21]

** C19 series: key variables **
** Note: C19 series is being asked of at least some self-insured plans **

C19 Now, I have some questions about the cost of this plan in terms of COBRA coverage. First, can former employees continue coverage through COBRA under [plan name]?

- 1 YES -> GO TO C19A
- 2 NO
- 7 DK
- 9 RE

[ELSE GO TO C20]

C19A How much do you charge an eligible **former** employee to continue employee-only coverage in this plan under COBRA or state continuation of benefit laws? [a26]

- _____AMOUNT: (0, 50-5000) IF > 0 GO TO C19B
- 7 DK
 - 9 RE

[ELSE GO TO C20]

C19B Is that amount paid weekly, every other week, monthly, semi-annually, annually?

- 1 WEEKLY
- 2 BI-WEEKLY/EVERY OTHER WEEK
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY
- 7 DK
- 9 RE

CONSISTENCY CHECK: IF ANNUAL CHARGE IS \$5000 OR MORE, GO TO C19C, ELSE GO TO C19D]

C19C Let me verify my entry. I calculated that the charge comes to \$[charge] per year which is unusually high. Is that correct? [a26_err]

- 1 YES
- 2 NO - FIX ENTRY -> GO TO C19A
- 7 DK
- 9 RE

[IF EMPLOYEE CANNOT COVER SPOUSE AND CHILDREN (C8=2), GO TO C19H]

C19D How much do you charge an eligible former employee to continue coverage for a family of four including a spouse and two children in this plan under COBRA or state continuation of benefit laws? [a26b]

_____AMOUNT: (0, 50-9000) IF > 0 GO TO C19E

- 2 NO COBRA REQUIRED
- 7 DK
- 9 RE

[ELSE GO TO C20]

C19E Is that amount paid weekly, every other week, monthly, semi-annually, annually?

- 1 WEEKLY
- 2 BI-WEEKLY/EVERY OTHER WEEK
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY
- 7 DK
- 9 RE

 ** CONSISTENCY CHECK: IF ANNUAL CHARGE IS \$9000 OR MORE, **
 ** GO TO C19F; IF COBRA PREMIUM FOR FAMILY COVERAGE IS **
 ** LESS THAN SINGLE COVERAGE, GO TO C19G; ELSE GO TO C20 **

C19F Let me verify my entry. I calculated that the charge comes to \$[charge] per year which is unusually high. Is that correct? [a26bb_err]

- 1 YES
- 2 NO - FIX ENTRY -> GO TO C19D
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF COBRA PREMIUM FOR FAMILY COVERAGE IS LESS THAN SINGLE COVERAGE, GO TO C19G]

[ELSE GO TO C19H]

C19G I must have entered something incorrectly. I calculated that the family charge comes to \$[famcharge—C19D series] per year which is smaller than the employee charge of \$[empcharge—C19A series]. Which one do I need to correct? [a26b_err]

- 1 SINGLE – ANNUAL COST -> GO TO C19G1
- 3 FAMILY -- ANNUAL COST -> GO TO C19G1
- 7 Don't know
- 9 Refused

C19G1 What is the correct annual amount?

\$ _____

[IF DK or RE COST FOR EMPLOYEE-ONLY COBRA COVERAGE (C19A) AND DK or RE COST FOR FAMILY COBRA COVERAGE (C19D), GOTO C20]

C19H In addition to expected claims, does the calculation of the COBRA "premium" include (a26d):

C19H1 Administrative Costs? (Such as claims processing)

- 1 YES
- 2 NO
- 7 DK
- 9 RE

[ASK C19H2 IF HAVE STOP LOSS (C12=1), ELSE GO TO C19H3]

C19H2 Stop Loss or Reinsurance Premium Costs?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C19H3 The extra 2% COBRA Surcharge?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

** C20: Key Variable **

C20 Does your company calculate a "premium equivalent" or a cost per covered employee?
[a27]

- 1 YES (GO TO C20A)
 - 2 NO
 - 7 DK
 - 9 RE
- [ELSE, GO TO C21]

C20A In addition to expected claims, does the calculation of the premium equivalent include: [a27a]

C20A1 Administrative Costs? (such as claims processing costs)

- 1 YES
- 2 NO
- 7 DK
- 9 RE

[ONLY ASK C20A2 IF PURCHASE STOP LOSS (C12=1):

C20A2 Stop loss or Reinsurance Premium Costs?]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

FILL "premium" IF FULLY INSURED PLAN (C10<>3 and C10a = 2 or 3), ELSE FILL (C10=3 and C10a = 2 or 3) "premium equivalent"]

THE C21- C23 QUESTION SEQUENCE IS ASKED OF THE FOLLOWING GROUPS:
("ACTIVE" is already defined in Section A—"currently on payroll")

- A-ACTIVE FULL TIME
- B-ACTIVE PART TIME

** C21: Key Variable **

C21 [IF SELF-INSURED PLAN (C10 = 3 and C10a = 2 or 3) THAT DOES NOT CALCULATE PREMIUM EQUIVALENT (C20 <> 1), GO TO C22]

Now, I have some questions about the amount of the [premium/premium equivalent] for **ACTIVE FULL-TIME EMPLOYEES** covered by this plan. What is the total [premium/premium equivalent] for employee-only coverage - is this a fixed amount or does it vary? [a32 for fixed—a34 in original survey asks for range]

- 1 Varies (range) : _____ <c21_n1a1> to _____ <c21_n1b1> [GO TO C21A]
- 2 Fixed amount: _____ <c21_n2_a> [GO TO C21A]
- 7 Don't know
- 9 Refused

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO' – DOES THIS VARY OR IS IT FIXED?

IF "0" IN FROM AND TO, GO TO C21B

C21A Is that per week, biweekly, monthly, semi-annually or annually? [this is listed as a33]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMI-ANNUALLY
- 6 ANNUALLY

ALL GO TO C21

[ASK C21B ONLY IF C21=0]

C21B I must have misunderstood your answers earlier in the interview. I thought that your company contributed to the cost of health insurance for your employees. [a32_no]

(IF MORE THAN ONE PLAN: Do your company contribute to any of the plans I listed or are employees responsible for paying the full amount FOR ALL PLANS?)

- 1 EMPLOYER CONTRIBUTES TO THIS PLAN - GO BACK AND FIX C21
- 2 EMPLOYER CONTRIBUTES TO OTHER PLANS [START SECTION C AGAIN WITH NEXT PLAN]
- 3 NO EMPLOYER CONTRIBUTION TO ANY PLANS FOR FULL-TIME EMPLOYEES [GO TO C21C]

C21C Then for purposes of our study we want to consider your company as not offering insurance. Is that correct (your company does not contribute to cost of health insurance for its employees)? [a1_stop]

- 1 YES (GO TO SECTION B THEN SECTION D)
- 2 NO (GO BACK AND FIX C21, CONTINUE INTERVIEW)
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF GENERAL MEDICAL PLAN (C2 = 1) AND ANNUAL PREMIUM (C21 AND C21A) IS LT 1200 OR GT 5000 THEN C21D]

C21D Let me make sure I entered the numbers correctly. I entered [C21 FILL IF C21A = 6] dollars for the total annual premium.

[IF NOT REPORTED ANNUALLY:

If that amount is paid [weekly/bi-weekly/twice a month/ monthly/twice a year in C21A] then the total annual premium comes to (NEED TO CALCULATE ANNUAL PREMIUM FROM C21 AND C21A)] Is that correct? [a32_prob]

- 1 YES
- 2 NO ->GO BACK AND FIX C21
- 7 Don't know
- 9 Refused

[IF TOTAL PREMIUM = DK or RE, GO TO C22]

C21E-C21F ONLY ASK IF C21 VARIES – “TO <> 0”

C21E Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a33]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C21F By the employee's sex [this is also listed as a33]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C22 Now I have some questions about what an employee pays for coverage. How much does an ACTIVE FULL-TIME EMPLOYEE CONTRIBUTE for employee-only coverage - is this a fixed amount or does it vary? ? [a32 - NOTE C21 IS SPECIFIED AS a32 ALSO; a35 in original survey was listed as question about range for employee contribution]

- 1 Varies (range) : _____ <c22_n1a1> to _____ <c22_n1b1> [GO TO C22A]
- 2 Fixed amount: _____ < c22_n2_1> [GO TO C22A]
- 7 Don't know
- 9 Refused

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO'

[IF EMPLOYER PAYS FULL AMOUNT (C22=0), GO TO C24]

C22A Is that per week, biweekly, monthly, or annually? [this is also listed as a35]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY

C22B That would mean that your company contributes [C21D-C22] annually- Is that correct?

- 1 YES
- 2 NO -> program locks up
- 7 DK
- 9 RE

IF NO - THEN PROBE - WHICH VALUE IS INCORRECT: TOTAL OR EMP. CONTRIBUTION - CORRECT VALUES - THEN PRESS 1 TO CONTINUE...

C22C-C22D ONLY ASK IF C22 VARIES – “TO < 0”

C22C Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a35]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C22D By the employee's earnings [this is also listed as a35]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C24 [IF SELF-INSURED PLAN (C10 = 3 and C10a = 2 or 3) THAT DOES NOT CALCULATE PREMIUM EQUIVALENT (C24 <> 1), GO TO C25]

** Note: only ask if there are eligible part-time employees (a10a3a > 0 or a10b3a > 0) **

Now, I have some questions about the amount of the [premium/premium equivalent] for **ACTIVE PART-TIME EMPLOYEES** covered by this plan. What is the total [premium/premium equivalent] for employee-only coverage - is this a fixed amount or does it vary? [a32 for fixed—a34 in original survey asks for range]

- 1 Varies (range) : _____ <c24_n1a1> to _____ <c24_n1b1> [GO TO C24A]
- 2 Fixed amount: _____ <c24_n2_1> [GO TO C24A]
- 7 Don't know
- 9 Refused

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO' – DOES THIS VARY OR IS IT FIXED?

IF "0" IN FROM AND TO, GO TO C24B

C24A Is that per week, biweekly, monthly, semi-annually or annually? [this is listed as a33]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMI-ANNUALLY
- 6 ANNUALLY

ALL GO TO C24D

ASK ONLY IF C24=0

C24B I must have misunderstood your answers earlier in the interview. I thought that your company contributed to the cost of health insurance for your employees. [a32_no]

(IF MORE THAN ONE PLAN: Do your company contribute to any of the plans I listed or are employees responsible for paying the full amount FOR ALL PLANS?)

- 1 EMPLOYER CONTRIBUTES TO THIS PLAN - GO BACK AND FIX C24
- 2 EMPLOYER CONTRIBUTES TO OTHER PLANS [START SECTION C AGAIN WITH NEXT PLAN]
- 3 NO EMPLOYER CONTRIBUTION TO ANY PLANS FOR PART-TIME EMPLOYEES [GO TO C24C]

C24C Then for purposes of our study we want to consider your company as not offering insurance. Is that correct (your company does not contribute to cost of health insurance for its employees)? [al_stop]

- 1 YES (GO TO SECTION B THEN SECTION D)
- 2 NO (GO BACK AND FIX C24, CONTINUE INTERVIEW)
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF GENERAL MEDICAL PLAN (C2 = 1) AND ANNUAL PREMIUM (C24 AND C24A) IS LT 1200 OR GT 5000 THEN C24D]

C24D Let me make sure I entered the numbers correctly. I entered [C24 FILL IF C24A = 6] dollars for the total annual premium.

[IF NOT REPORTED ANNUALLY:

If that amount is paid [weekly/bi-weekly/twice a month/ monthly/twice a year in C24A] then the total annual premium comes to (NEED TO CALCULATE ANNUAL PREMIUM FROM C24 AND C24A)] Is that correct? [a32_prob]

- 1 YES
- 2 NO ->GO BACK AND FIX C21
- 7 Don't know
- 9 Refused

[IF TOTAL PREMIUM = DK or RE, GO TO C25]

C24E-C24F ONLY ASK IF C24 VARIES – “TO < 0”

C24E Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a33]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C24F By the employee's sex [this is also listed as a33]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C25 [ONLY ASK IF SELF-INSURED (C10=3) and (DON'T CALCULATE PREMIUM EQUIVALENT or DK or RE (C20<>1))]

Now I have some questions about what an employee pays for coverage.-How much does an ACTIVE PART-TIME EMPLOYEE CONTRIBUTE for employee-only coverage - is this a fixed amount or does it vary? ? [a32 - NOTE C24 IS SPECIFIED AS a32 ALSO; a35 in original survey was listed as question about range for employee contribution]

- 1 Varies (range) : _____ <c25_n1a1> to _____ <c25_n1b1>
 - 2 Fixed amount: _____ <c25_n2_1>
 - 7 Don't know *****
 - 9 Refused **Note: all responses go to C25A**
- *****

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO'

[IF EMPLOYER PAYS FULL AMOUNT (C25=0), GO TO C26 or if C8 <> 1 GO TO next plan]

C25A Is that per week, biweekly, monthly, or annually? [this is also listed as a35]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY

C25B That would mean that your company contributes [C24D-C25] annually- Is that correct?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

IF NO - THEN PROBE - WHICH VALUE IS INCORRECT: TOTAL OR EMP.
CONTRIBUTION - CORRECT VALUES - THEN PRESS 1 TO CONTINUE.

C25C-C25D ONLY ASK IF C25 VARIES – “TO <> 0”

C25C Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a35]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C25D By the employee's earnings [this is also listed as a35]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

IF NO EMPLOYER CONTRIBUTION TO PART-TIME (C21 = 0), GO TO C22 RATHER THAN C21B.

(In original survey, employer contribution to part-time employees = [a32_add1] and employee contribution = [a_32_add2] and range for premium = [a34_part-time])

[ONLY ASK IF PLAN OFFERS OPTION TO COVER SPOUSE AND CHILDREN (c8 <> 2) and THERE ARE ACTIVE EMPLOYEES USING THIS OPTION (c9 = 1 or 2). ELSE, GO TO a58.]

[ASK 1st FILL IF DON'T CALC PREM EQUIV or DK or RE. ELSE ASK 2nd FILL.]

C26 Is the employee's contribution/Is the total [premium/premium equivalent] the same regardless of whether the employee has employee-only coverage or enrolls a spouse and dependents? [a37]

- 1 YES, SAME [GO TO C31]
- 2 NO, DIFFERENT [GO TO C27]
- 7 DK [GO TO C38]
- 9 RE [GO TO C38]

[ELSE GO TO a58a.]

** If C26 = 2, then ask total premium (C31) **
** If C26 = 2 and C27 = 2, ask total premium (C31) **

C27 Are there different premiums for different family sizes or compositions? [a38]

- 1 YES (DIFFERENT PREMIUMS)
- 2 NO (SAME PREMIUM FOR FAMILIES REGARDLESS OF SIZE OR COMPOSITION.)-→GOT TO C31
- 7 DK
- 9 RE

[Else go to C28
ELSE GO TO a58.]

C28 Are the different premiums based on the number of people in the family, for example a two person rate, or based on family relationships, for example, an employee and children rate? [a39]

- 1 NUMBER OF PEOPLE [GO TO C29.]
 - 2 RELATIONSHIPS
 - 7 DK
 - 9 RE
- [ELSE GO TO C30.]

C29 What groups have different premiums? [a40]

READ LIST ONLY AS A PROBE

- 1 TWO PERSONS OR MORE (INCLUDING EMPLOYEE)
 - 2 TWO PERSONS,
THREE PERSONS, OR MORE (INCLUDING EMPLOYEE)
 - 3 TWO PERSONS,
THREE PERSONS,
FOUR PERSONS OR MORE (INCLUDING THE EMPLOYEE)
 - 4 FAMILY COVERAGE
 - 5 OTHER -> GO TO C30
 - 7 Don't know
 - 9 Refused
- [GO TO C31.]

Note: these are mutually exclusive options, 4 is offered
** in case respondent incorrectly reported c27 = 1**

C30 What groups have different premiums? [a41]

READ LIST ONLY AS A PROBE

- 1 employee and spouse
employee and children
employee spouse and children
- 2 employee and spouse
employee and one child only
employee and children
employee spouse and children
- 3 family
- 4 OTHER
- 7 Don't know
- 9 Refused

3 different family rates

4 different family rates

** 3 is offered in case respondent**
** incorrectly reported c27 = 1 **

REPEAT C21 SEQUENCE WITH THE FOLLOWING MODIFICATIONS:

FILLS:

FILLS FOR a43 through a46. FILL "premium" IF FULLY INSURED PLAN (a14=1), ELSE FILL "premium equivalent". FILL [family] WITH WORDS FROM a43_fill. a43_fill is stored with largest family coverage size given by the respondent.

[ALL QUESTIONS ARE ASKED OF FULLY INSURED PLANS UNLESS INDICATED THAT IT IS FOR SELF-INSURED PLANS ONLY-] WHAT QUESTION IS THIS?

C31 [IF SELF-INSURED PLAN (C10 = 3 AND C10a = 2 or 3) THAT DOES NOT CALCULATE PREMIUM EQUIVALENT (C31 <> 1), GO TO C32]

Now, I have some questions about the amount of the [premium/premium equivalent] for **ACTIVE FULL-TIME that have FAMILY COVERAGE** by this plan. What is the total [premium/premium equivalent] for employee-only coverage - is this a fixed amount or does it vary? [a32 for fixed—a34 in original survey asks for range]

- 1. Varies FROM: _____ <c31_n1a1> to _____ <c31_n1b1> (10-5000)
- 2. Fixed Amount _____ <c31_n2_1>
- 7. DK
- 9. RE

 ** C31: should read 'What is the total [premium/premium equivalent]**
 ** for family coverage – is this ... **

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO' – DOES THIS VARY OR IS IT FIXED?

IF "0" IN FROM AND TO, GO TO C31B

C31A Is that per week, biweekly, monthly, semi-annually or annually? [this is listed as a33]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMI-ANNUALLY
- 6 ANNUALLY

ALL GO TO C3

ASK ONLY IF C31=0

C31B I must have misunderstood your answers earlier in the interview. I thought that your company contributed to the cost of health insurance for your employees. [a32_no]

(IF MORE THAN ONE PLAN: Does your company contribute to any of the plans I listed or are employees responsible for paying the full amount FOR ALL PLANS?)

- 1 EMPLOYER CONTRIBUTES TO THIS PLAN - GO BACK AND FIX C31
- 2 EMPLOYER CONTRIBUTES TO OTHER PLANS [START SECTION C AGAIN WITH NEXT PLAN]
- 3 NO EMPLOYER CONTRIBUTION TO ANY PLANS FOR FULL-TIME FAMILY COVERAGE EMPLOYEES [GO TO C31C]

C31C Then for purposes of our study we want to consider your company as not offering insurance. Is that correct (your company does not contribute to cost of health insurance for its employees)? [al_stop]

- 1 YES (GO TO SECTION B THEN SECTION D)
- 2 NO (GO BACK AND FIX C31, CONTINUE INTERVIEW)
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF GENERAL MEDICAL PLAN (C2 = 1) AND ANNUAL PREMIUM (C31 AND C31A) IS LT 1200 OR GT 10000 THEN C31D]

C31D Let me make sure I entered the numbers correctly. I entered [C31 FILL IF C31A = 6] dollars for the total annual premium.

[IF NOT REPORTED ANNUALLY:

If that amount is paid [weekly/bi-weekly/twice a month/ monthly/twice a year in C31A] then the total annual premium comes to (NEED TO CALCULATE ANNUAL PREMIUM FROM C31 AND C31A)] Is that correct? [a32_prob]

- 1 YES
- 2 NO

[IF TOTAL PREMIUM = DK or RE, GO TO C32]

C31E-C31F ONLY ASK IF C31 VARIES – “TO <> 0”

C31E Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a33]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C31F By the employee's sex [this is also listed as a33]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C32 Now I have some questions about what an employee pays for coverage.-How much does an ACTIVE FULL-TIME employee contribute to FAMILY COVERAGE - is this a fixed amount or does it vary? ? [a32 - NOTE C31 IS SPECIFIED AS a32 ALSO; a35 in original survey was listed as question about range for employee contribution]

- 1. Varies FROM: _____ <c32_n1a1> to _____ <c32_n1b1> (10-5000)
- 2. Fixed Amount _____ <c32_n2_1>
- 7 DK
- 9 RE

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO'

[IF EMPLOYER PAYS FULL AMOUNT (C32=0), GO TO C33 if A10b5b >0 or GO TO next plan]

C32A Is that per week, biweekly, monthly, or annually? [this is also listed as a35]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY

C32B That would mean that your company contributes [C31D-C32] annually- Is that correct?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

IF NO - THEN PROBE - WHICH VALUE IS INCORRECT: TOTAL OR EMP. CONTRIBUTION - CORRECT VALUES - THEN PRESS 1 TO CONTINUE..

C32C-C32D ONLY ASK IF C32 VARIES – “TO <> 0”

C32C Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a35]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C32D By the employee's earnings [this is also listed as a35]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C33 [IF SELF-INSURED PLAN (C10 = 3 AND C10a = 2 or 3) THAT DOES NOT CALCULATE PREMIUM EQUIVALENT (C33 <> 1), GO TO C34]

Now, I have some questions about the amount of the [premium/premium equivalent] for **ACTIVE PART-TIME FAMILY COVERAGE EMPLOYEES** covered by this plan. What is the total [premium/premium equivalent] for family coverage - is this a fixed amount or does it vary? [a32 for fixed—a34 in original survey asks for range]

FROM: ___ to _____ (10-5000)

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR ‘FROM’ AND ENTER 0 FOR ‘TO’ – DOES THIS VARY OR IS IT FIXED?

IF “0” IN FROM AND TO, GO TO C33B

C33A Is that per week, biweekly, monthly, semi-annually or annually? [this is listed as a33]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMI-ANNUALLY
- 6 ANNUALLY

ALL GO TO C33D

ASK ONLY IF C33=0

C33B I must have misunderstood your answers earlier in the interview. I thought that your company contributed to the cost of health insurance for your employees. [a32_no]

(IF MORE THAN ONE PLAN: Does your company contribute to any of the plans I listed or are employees responsible for paying the full amount FOR ALL PLANS?)

- 1 EMPLOYER CONTRIBUTES TO THIS PLAN - GO BACK AND FIX C33
- 2 EMPLOYER CONTRIBUTES TO OTHER PLANS [START SECTION C AGAIN WITH NEXT PLAN]
- 3 NO EMPLOYER CONTRIBUTION TO ANY PLANS FOR PART-TIME FAMILY COVERAGE EMPLOYEES [GO TO C33C]

C33C Then for purposes of our study we want to consider your company as not offering insurance. Is that correct (your company does not contribute to cost of health insurance for its employees)? [al_stop]

- 1 YES (GO TO SECTION B THEN SECTION D)
- 2 NO (GO BACK AND FIX C33, CONTINUE INTERVIEW)
- 7 DK
- 9 RE

[CONSISTENCY CHECK: IF GENERAL MEDICAL PLAN (C2 = 1) AND ANNUAL PREMIUM (C33 AND C33A) IS LT 1200 OR GT 10000 THEN C33D]

C33D Let me make sure I entered the numbers correctly. I entered [C33 FILL IF C33A = 6] dollars for the total annual premium.

[IF NOT REPORTED ANNUALLY:

If that amount is paid [weekly/bi-weekly/twice a month/ monthly/twice a year in C33A] then the total annual premium comes to (NEED TO CALCULATE ANNUAL PREMIUM FROM C33 AND C33A)] Is that correct? [a32_prob]

- 1 YES
- 2 NO

[IF TOTAL PREMIUM = DK or RE, GO TO C34]

C33E-C33F ONLY ASK IF C33 VARIES – “TO \diamond 0”

C33E Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a33]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C33F By the employee's sex [this is also listed as a33]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C34 [ONLY ASK IF SELF-INSURED (C10 = 3 AND C10a = 2 or 3) and (DON'T CALCULATE PREMIUM EQUIVALENT or DK or RE (C20<>1))]

Now I have some questions about what an employee pays for coverage.-How much does an ACTIVE PART-TIME employee contribute to FAMILY COVERAGE - is this a fixed amount or does it vary? ? [a32 - NOTE C33 IS SPECIFIED AS a32 ALSO; a35 in original survey was listed as question about range for employee contribution]

- 1. Varies FROM: _____ <c34_n1a1> to _____ <c34_n1b1> (10-5000)
- 2. Fixed Amount: _____ <c34_n2_1>
- 7 DK
- 9 RE

INTERVIEWER: IF A FIXED AMOUNT ENTER THE VALUE FOR 'FROM' AND ENTER 0 FOR 'TO'

[IF EMPLOYER PAYS FULL AMOUNT (C34=0), GO TO next plan]

C34A Is that per week, biweekly, monthly, or annually? [this is also listed as a35]

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY
- 7 DK
- 9 RE

C34B That would mean that your company contributes [C33D-C34] annually- Is that correct?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

IF NO - THEN PROBE - WHICH VALUE IS INCORRECT: TOTAL OR EMP.
CONTRIBUTION - CORRECT VALUES - THEN PRESS 1 TO CONTINUE..

C34C-C34D ONLY ASK IF C34 VARIES – “TO <> 0”

C34C Does the [premium/premium equivalent] vary by the employee's age [this is also listed as a35]?

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C34D By the employee's earnings [this is also listed as a35]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C35 Now I have some questions about what an employee pays for coverage.

How much does an active part-time employee contribute for family coverage- is this a fixed amount or does it vary? [a32_err]

- 1 Varies -> GO TO C35A
- 2 Fixed Amount
- 7 DK
- 9 RE

C35A Is that per week, biweekly, monthly, or annually?

- 1 WEEK
- 2 BI-WEEKLY
- 3 TWICE A MONTH
- 4 MONTHLY
- 5 SEMIANNUALLY
- 6 ANNUALLY
- 7 DK
- 9 RE

INTERVIEWER THE PREMIUM FOR THE FAMILY COVERAGE IS NOT MORE THAN FOR THE EMPLOYEE-ONLY COVERAGE. WHICH DO YOU WANT TO FIX?

- 1 EMPLOYEE-ONLY = [a32] – CAN’T GO BACKWARDS
- 2 EMPLOYEE-ONLY RANGE = [a33@an1] TO [a33@an2]
- 3 FAMILY = [a43]
- 4 FAMILY RANGE = [a44@an 1] TO [a44@an2]

[IF VALUE GIVEN FOR TOTAL PREMIUM (SEEMS THAT THERE SHOULD BE AN IS... HERE, ASK ABOUT TIME PERIOD. CONSISTENCY CHECK: IF GENERAL MEDICAL PLAN AND ANNUAL PREMIUM IS LT 1200 OR GT 9000, go to a43_prob. THEN ASK ABOUT EMPLOYER CONTRIBUTION.]

consistency check not implemented

SEQUENCE (C21 to C35 as appropriate) IS REPEATED FOR FULL AND PART TIME EMPLOYEES

DATA CHECKS

[CONSISTENCY CHECK: IF PREMIUM FOR FAMILY COVERAGE IS LESS THAN EMPLOYEE-ONLY COVERAGE, GO TO a32_err.]

consistency check not implemented

C36 Let me make sure I entered the numbers correctly. I entered [a43] dollars for the total premium. [a43_prob]

[IF NOT REPORTED ANNUALLY: If that amount is paid [weekly/bi-weekly/twice a month/ monthly/twice a year] then the total annual premium comes to [a43_tot]] Is that correct?

- 1 YES
- 2 NO

IF NO - THEN FIX VALUE OR RANGE

** C36 has been replaced by a ‘summary of problems’ page that forces a change **

UNDERLYING LOGIC FOR PREMIUM QUESTIONS

[IF TOTAL PREMIUM = DK or RE, GO TO EMPLOYEE CONTRIBUTION.]

[IF VALUE GIVEN FOR EMPLOYEE CONTRIBUTION, ASK ABOUT EMPLOYER CONTRIBUTION.]

C37

** Not implemented **

INTERVIEWER THE PREMIUM FOR THE FAMILY COVERAGE IS NOT MORE THAN FOR THE EMPLOYEE-ONLY COVERAGE. WHICH DO YOU WANT TO FIX? [a32_err]

- 1 EMPLOYEE-ONLY = [a32] CAN'T GO BACKWARDS
- 2 EMPLOYEE-ONLY RANGE = [a33@an1] TO [a33@an2]
- 3 FAMILY = [a43]
- 4 FAMILY RANGE = [a44@an 1] TO [a44@an2]

C38 [IF SELF INSURED (a14), GO TO END]
 [IF MORE THAN 50 EMPLOYEES (tot_emp) and SINGLE LOCATION (q5), GO TO END.]
 [IF MORE THAN 50 EMPLOYEES IN STATE (q7, q7a), GO TO END].

 **Note: Only firms with fewer than 50 employees **

Does the contract for this plan include a minimum percent of the premium, or a minimum dollar amount that the employer must contribute? [a59]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C39 Does the contract for this plan require that a minimum percent of your employees enroll? [a70]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

C40 [ONLY ASK IF MEDICAL PLAN (al_a), ELSE GO TO END]
 Were employees required to report on their prior medical history when your company applied for this coverage? [a70a]

- 1 YES
- 2 NO
- 7 DK
- 9 RE

(GO TO END.)

C44 This variable does enrollment checks across multiple plans to make sure that
There are not more enrollees in plans than the total reported covered by plans
(tot_cov). [n61]

If n61 is less than number of active employees enrolled, go to n64. If not, go to n61_err.

C45 Now that we have talked about all your plans. Let me check my figures. I seem to have entered
something incorrectly since I have more employees enrolled in medical plans than I had for the
total number covered. [n61_err]

I have [tot_cov] as the total number of enrollees and when I add the enrollments in each
medical plan I get a total of [n61]

Which did I enter incorrectly?
HIT ENTER TO CONTINUE

- 1 TOTAL ENROLLED [tot_cov]
- 2 [plan name a] [a5]
- 3 [plan name b] [b5]
- 4 [plan name c] [c5]
- 5 [plan name d] [d5]
- 6 [plan name e] [e5]
- 7 [plan name f] [f5]

D22_2 In closing, I would like to confirm your name, address, and telephone number. VERIFY OR
ENTER INFORMATION BELOW [final]

NAME:
TITLE:
COMPANY:
STREET ADDRESS:
CITY:
STATE:
ZIP CODE:
TELEPHONE NUMBER:

Thank you very much for your time and cooperation. Have a nice day.