

Section B – GENERAL PLAN INFORMATION

<p><i>Answer Questions 1-16 for each plan offered. Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees. Report for a typical pay period in 2012.</i></p>	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY
	100	100
	012 Name of plan	012 Name of plan

2012 ENROLLMENTS

1a. Total ACTIVE employees ENROLLED in plan	125 <input style="width: 100px; height: 20px;" type="text"/> Total	125 <input style="width: 100px; height: 20px;" type="text"/> Total
b. ACTIVE employees ENROLLED in SINGLE coverage	129 <input style="width: 100px; height: 20px;" type="text"/> Single	129 <input style="width: 100px; height: 20px;" type="text"/> Single
c. ACTIVE employees ENROLLED in EMPLOYEE-PLUS-ONE coverage <i>Include both employee + spouse and employee + child(ren). See definition sheet for more information.</i>	571 <input style="width: 100px; height: 20px;" type="text"/> Employee + 1	571 <input style="width: 100px; height: 20px;" type="text"/> Employee + 1
d. ACTIVE employees ENROLLED in FAMILY coverage	705 <input style="width: 100px; height: 20px;" type="text"/> Family	705 <input style="width: 100px; height: 20px;" type="text"/> Family
2. FORMER employees ENROLLED through PHSA (COBRA) or state continuation-of-benefits laws, excluding retirees	126 <input style="width: 100px; height: 20px;" type="text"/> Former PHSA (COBRA)	126 <input style="width: 100px; height: 20px;" type="text"/> Former PHSA (COBRA)

2012 PREMIUMS

3a. Single Coverage	552 <input type="checkbox"/> Not offered - Skip to Question 4a	552 <input type="checkbox"/> Not offered - Skip to Question 4a
b. Government/Employer contribution for single premium	131 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	131 \$ <input style="width: 100px; height: 20px;" type="text"/> .00
c. Employee contribution for single premium	132 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	132 \$ <input style="width: 100px; height: 20px;" type="text"/> .00
d. Total single premium	130 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	130 \$ <input style="width: 100px; height: 20px;" type="text"/> .00
4a. Employee-plus-one Coverage	570 <input type="checkbox"/> Not offered - Skip to Question 5a	570 <input type="checkbox"/> Not offered - Skip to Question 5a
b. Government/Employer contribution for employee-plus-one premium	636 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	636 \$ <input style="width: 100px; height: 20px;" type="text"/> .00
c. Employee contribution for employee-plus-one premium	637 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	637 \$ <input style="width: 100px; height: 20px;" type="text"/> .00
d. Total employee-plus-one premium	635 \$ <input style="width: 100px; height: 20px;" type="text"/> .00	635 \$ <input style="width: 100px; height: 20px;" type="text"/> .00

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Section B – GENERAL PLAN INFORMATION – Continued

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	100	100
	Name of plan	Name of plan
2012 PREMIUMS - Continued		
5a. Family Coverage	137 <input type="checkbox"/> Not offered - <i>Skip to Question 6</i>	137 <input type="checkbox"/> Not offered - <i>Skip to Question 6</i>
b. Government/Employer contribution for family premium	135 \$ <input style="width: 100px;" type="text"/> .00	135 \$ <input style="width: 100px;" type="text"/> .00
c. Employee contribution for family premium	136 \$ <input style="width: 100px;" type="text"/> .00	136 \$ <input style="width: 100px;" type="text"/> .00
d. Total family premium	134 \$ <input style="width: 100px;" type="text"/> .00	134 \$ <input style="width: 100px;" type="text"/> .00
6. The amounts reported in the premium questions are based on which of the following time periods? <i>Mark (X) ONLY one.</i>	133 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Quarterly 2 <input type="checkbox"/> Every 2 weeks 4 <input type="checkbox"/> Yearly 3 <input type="checkbox"/> Monthly	133 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Quarterly 2 <input type="checkbox"/> Every 2 weeks 4 <input type="checkbox"/> Yearly 3 <input type="checkbox"/> Monthly
SELF-INSURED PLAN INFORMATION		
7. Was this plan purchased from an insurance underwriter or was it self-insured? Coverage was underwritten by an insurer and the insurer paid the enrollee's claim. The plan was self-insured if government paid enrollee's claim directly or through a third party administrator (TPA).	105 <input type="checkbox"/> Coverage was underwritten by an insurer - Skip to Question 9 2 <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know - Skip to Question 9	105 <input type="checkbox"/> Coverage was underwritten by an insurer - Skip to Question 9 2 <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know - Skip to Question 9
<i>Complete Questions 8a-b if this plan was self-insured.</i> 8a. Did your government unit employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?	713 <input type="checkbox"/> Yes - Used TPA or ASO 2 <input type="checkbox"/> No - Self-administered the plan	713 <input type="checkbox"/> Yes - Used TPA or ASO 2 <input type="checkbox"/> No - Self-administered the plan
b. Did your government unit purchase stop-loss coverage for this plan?	107 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	107 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
PLAN AFFILIATION		
9. Was this plan offered through a union or a trade association? A trade association is a group of individuals or companies in a specific business or industry organized to promote a common interest.	113 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade Association 3 <input type="checkbox"/> Neither	113 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade Association 3 <input type="checkbox"/> Neither

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Section B – GENERAL PLAN INFORMATION – Continued

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	Name of plan	Name of plan
PLAN INFORMATION		
10. In what month did the plan year begin?	<p>Enter a two-digit numeric response. Example: January=01; May=05</p> <p>123 <input type="text"/> <input type="text"/> Month</p>	<p>Enter a two-digit numeric response. Example: January=01; May=05</p> <p>123 <input type="text"/> <input type="text"/> Month</p>
11. Could this plan have refused to cover persons with pre-existing medical or health conditions?	<p>183 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>	<p>183 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>
12. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	<p>185 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>	<p>185 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>
<p>13. Did the PREMIUMS CHARGED by the insurance company or carrier vary by any of these employee characteristics?</p> <p><i>If self-insured, mark (X) premiums did not vary.</i> <i>Mark (X) all that apply.</i></p>	<p>138 <input type="checkbox"/> Age</p> <p>139 <input type="checkbox"/> Gender</p> <p>141 <input type="checkbox"/> Wage or salary level</p> <p>142 <input type="checkbox"/> Other</p> <p>OR</p> <p>640 <input type="checkbox"/> Premiums did not vary</p>	<p>138 <input type="checkbox"/> Age</p> <p>139 <input type="checkbox"/> Gender</p> <p>141 <input type="checkbox"/> Wage or salary level</p> <p>142 <input type="checkbox"/> Other</p> <p>OR</p> <p>640 <input type="checkbox"/> Premiums did not vary</p>
<p>14. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?</p> <p><i>Mark (X) all that apply.</i></p>	<p>641 <input type="checkbox"/> Hours worked</p> <p>642 <input type="checkbox"/> Union status</p> <p>643 <input type="checkbox"/> Wage or salary level</p> <p>644 <input type="checkbox"/> Occupation</p> <p>706 <input type="checkbox"/> Length of Employment</p> <p>645 <input type="checkbox"/> Other</p> <p>OR</p> <p>646 <input type="checkbox"/> Employee contribution did not vary</p>	<p>641 <input type="checkbox"/> Hours worked</p> <p>642 <input type="checkbox"/> Union status</p> <p>643 <input type="checkbox"/> Wage or salary level</p> <p>644 <input type="checkbox"/> Occupation</p> <p>706 <input type="checkbox"/> Length of Employment</p> <p>645 <input type="checkbox"/> Other</p> <p>OR</p> <p>646 <input type="checkbox"/> Employee contribution did not vary</p>

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GENERAL PLAN INFORMATION – Continued

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	100	100
	Name of plan	Name of plan

HEALTH SAVINGS ACCOUNT (HSA)

15. If the deductibles for this plan were \$1,200 or higher for single coverage and \$2,400 or higher for family coverage, did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2012?

- 714
- 1 Yes, contributed to an HSA
- 2 No, did not contribute to an HSA
- 4 Don't know

- 714
- 1 Yes, contributed to an HSA
- 2 No, did not contribute to an HSA
- 4 Don't know

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

16. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your government unit offer an HRA associated with this plan in 2012?

HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs).

See definition sheet for more information.

- 710
- 1 Yes
- 2 No
- 3 Don't know

- 710
- 1 Yes
- 2 No
- 3 Don't know

***** PLEASE NOTE *****

Complete a MEPS-11C(S) column for each plan that was offered.

If you have completed your last health insurance plan, continue with form MEPS-11C(R), Section C.

REMEMBER TO ENCLOSE A COPY OF EACH PLAN BROCHURE OR PROVIDE THE BROCHURE WEBSITE ADDRESS WITH YOUR CONTACT INFORMATION ON THE MEPS-11C(F). PLEASE PROVIDE THE GENERAL USER INFORMATION IN THE REMARKS SECTION.

If you have any questions concerning this survey, please call 1-888-206-5068.

