

# ERRP

## Instructions for Completing Early Retiree Reinsurance Program Survey of Plan Sponsors



### Centers for Medicare & Medicaid Services

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is -----.. The time required to complete this information collection is estimated to average 11 hours, including the time to review instructions, search existing data resources, gather the data needed, and complete the survey. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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## Instructions

### **I. Plan Sponsor Information**

#### **Question 4**

The ERRP definition of “early retiree” can be found in the definition section of the ERRP regulations at 45 CFR 149.2. A copy of the regulations can be found at [www.errp.gov](http://www.errp.gov). There is additional information on the definition of early retiree in the set of Common Questions designated “Early Retirees” which are also published on [www.errp.gov](http://www.errp.gov)

### **II. Use of ERRP Reimbursements**

All references to “plan year” in this survey refer to the sponsor’s 12-month plan year based on the cycle provided in the sponsor’s ERRP application, which may not necessarily reflect a calendar year. For purposes of this survey, a sponsor’s 2010, 2011, 2012, 2013, or 2014 plan year refers to its plan year that ends in that year. For example, a sponsor’s plan year that starts on January 1, 2011, and ends on December 31, 2011, would be considered its 2011 plan year. A sponsor’s plan year that starts on July 1, 2011, and ends on June 30, 2012, would be considered its 2012 plan year.

#### **Questions 7, 12**

The reference to “overall deductibles” refers to single deductibles that apply across all a plan’s benefits, as opposed to deductibles for a discrete type or category of benefits. However, if a plan has a single deductible that applies across all a plan’s medical benefits, and a separate deductible that applies to prescription drugs, the reference to “overall deductibles” refers to the single deductible that applies across all the plan’s medical benefits.

#### **Questions 10, 15**

To the extent that the impact of ERRP funds varies across plan participants, your answer should reflect a weighted average. For example, consider a plan with 100 participants. Assume that premium contributions paid by plan participants remained constant for 30 participants, increased by 5% for 30 participants and increased by 10% for the remaining 40 participants. In this case, the weighted average of the premium

increase would be calculated as follows:  $\{(0 \times 30) + (.05 \times 30) + (.10 \times 40)\} / (30 + 30 + 40) = 5.5\%$ .

### **Questions 11, 16**

The reference to “overall deductibles” refers to single deductibles that apply across all a plan’s benefits, as opposed to deductibles for a discrete type or category of benefits. However, if a plan has a single deductible that applies across all a plan’s medical benefits, and a separate deductible that applies to prescription drugs, the reference to “overall deductibles” refers to the single deductible that applies across all the plan’s medical benefits.

To the extent that overall deductibles are or will be reduced, or increases to deductibles are or will be offset, but not for all plan participants, and/or not equally for all plan participants, your answer should reflect a weighted average. See sample weighted average calculation in the Instruction for Questions 10 and 15.