

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
  
2013 Medical Expenditure Panel Survey  
Insurance Component

**HEALTH INSURANCE COST STUDY  
PLAN INFORMATION QUESTIONNAIRE**

**INSTRUCTIONS**

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2013 AT THE LOCATION LISTED ABOVE.**

**Please use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.**

**GENERAL PLAN INFORMATION**

*If a plan name is preprinted in the Question 1 answer box below, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.*

**1. For 2013, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?**

- Examples:
- Blue Cross Blue Shield, High Option
  - Company Plan A
  - Aetna HMO

012 Name of plan

**2. Which type of health care provider arrangement was available through this plan?**

**Exclusive providers** - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

**Any providers** - Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

**Mixture of preferred and any providers** - Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

- 103
- 1  Exclusive providers  
(Examples: Most HMO, IPA, and EPO-type plans)
  - 2  Any providers  
(Examples: Most fee-for-service plans)
  - 3  Mixture of preferred and any providers  
(Examples: Most PPO and POS-type plans)

**3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?**

*For plans with multiple options, answer for the "in-network" option.*

- 104
- 1  Yes
  - 2  No
  - 3  Don't know

**4. Was this plan offered through a union or a trade association?**

- 113
- 1  Union
  - 2  Trade association
  - 3  Neither

**Continue with Page 2, Question 5**

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## GENERAL PLAN INFORMATION - Continued

**5. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter -** (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for the enrollees' medical expenses.

**Self-insured -** Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1  Purchased - **SKIP to Question 7a**
- 2  Self-insured - *Continue with Question 6a*
- 3  Don't know - **SKIP to Question 7a**

## SELF-INSURED PLAN INFORMATION

*Complete Questions 6a-c if this plan was self-insured.*

**6a. Did your organization employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?**

713

- 1  Yes - Used a TPA or ASO
- 2  No - Self-administered the plan

**b. Did your organization purchase stop-loss coverage for this plan?**

107

- 1  Yes
- 2  No - **SKIP to Question 7a**

**c. What was the specific stop-loss amount per employee?**

732

\$  .00

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**7a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2013?**

125

Active employees enrolled in plan

*Include full-time, part-time, temporary and seasonal employees.*

*Exclude former employees, leased or contract workers and retirees.*

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2013?**

129

Active employees enrolled in single coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2013?**

571

Active employees enrolled in employee-plus-one coverage

*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

**d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2013?**

705

Active employees enrolled in family coverage

**Continue with Page 3, Question 8**

## COBRA ENROLLMENT

**8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or state continuation-of-benefits laws during a typical pay period in 2013?**

126

**Former** employees enrolled in plan, excluding retirees

## PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.

If this was a self-insured plan, report the premium equivalent.

Report employer/employee contributions and total premium for the same period during 2013.

If there is an HSA or HRA associated with this plan, include any employer contributions to an HSA or HRA account in the employer contribution to the premium.

### SINGLE COVERAGE

552

1  Yes - Continue with Question 9b

2  No - **SKIP to Question 10a**

**9a. Was SINGLE coverage offered under this plan?**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?**

131

**Employer** contribution for **single** premium

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132

**Employee** contribution for **single** premium

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130

**Total single** premium

**e. The amounts reported in Questions 9b-d are based on which one of the following time periods?**

Mark (X) only one.

133

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

### EMPLOYEE-PLUS-ONE COVERAGE

If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

570

1  Yes - Continue with Question 10b

2  No - **SKIP to Page 4, Question 11a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636

**Employer** contribution for **employee-plus-one** premium

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637

**Employee** contribution for **employee-plus-one** premium

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635

**Total** **employee-plus-one** premium

**e. The amounts reported in Questions 10b-d are based on which one of the following time periods?**

Mark (X) only one.

638

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

**Continue with Page 4, Question 11a**

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**PLAN PREMIUMS - Continued**

**FAMILY COVERAGE**

**11a. Was FAMILY coverage offered under this plan?**  
*If premium varied by family size, report for a family of four.*

- 137 1  Yes - Continue with Question 11b  
 2  No - **SKIP to Question 12a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?**

135  ,  .00 **Employer contribution for family premium**

**c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?**

136  ,  .00 **Employee contribution for family premium**

**d. What was the TOTAL premium for this typical employee with FAMILY coverage?**

134  ,  .00 **Total family premium**

**e. The amounts reported in Questions 11b-d are based on which one of the following time periods?**

*Mark (X) only one.*

- 553 1  Weekly      5  Quarterly  
 2  Every 2 weeks      4  Yearly  
 3  Monthly

**GENERAL PREMIUM INFORMATION**

**12a. Did the PREMIUMS for this insurance plan vary by any of these characteristics?**

	Yes (1)	No (2)	Don't know (3)
138 Age . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Gender . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
733 Smoker/Non-smoker status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

*Do not include incentive programs that do not impact contributions.*

	Yes (1)	No (2)	Don't know (3)
641 Hours worked . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
642 Union status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
643 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
644 Occupation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
706 Length of employment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
734 Participation in a fitness/weight loss program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
735 Participation in a smoking cessation program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
645 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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### INDIVIDUAL DEDUCTIBLES

**13a. Did this plan have a deductible?**

**Deductible** - Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

- 151
- 1  Yes - Continue with Question 13b
  - 2  No - **SKIP to Question 16a**

**b. What was the annual deductible an individual paid?**

Report "IN-NETWORK" deductibles (if applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under Question 16b on Page 6.

DO NOT report COPAYMENTS or individual or family out-of-pocket maximums here.

146  ,  .00 Individual annual deductible

**OR**

Separate deductibles for:

147  ,  .00 Physician care

148  ,  .00 Hospital care

### FAMILY DEDUCTIBLES

**14a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?**

- 224
- 1  Yes - Continue with Question 14b
  - 2  No - **SKIP to Question 14c**
  - 3  Family coverage not offered - **SKIP to Question 15**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

Report for a family of four.

150  Number of family members

**c. What was the total annual deductible a family paid?**

Report for a family of four.

149  ,  .00 Total annual family deductible

### HEALTH SAVINGS ACCOUNT (HSA)

**15. If the deductibles you reported in Questions 13 and 14 were \$1,250 or higher for single coverage and \$2,500 or higher for family coverage, did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2013?**

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

### PAYMENTS

**16a. Was hospital care covered under this plan?**

- 155
- 1  Yes - Continue with Page 6, Question 16b
  - 2  No - **SKIP to Page 6, Question 16c**

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**PLAN CHARACTERISTICS**

**20. Could this plan have refused to cover persons with pre-existing medical or health conditions?**

- 183
- 1  Yes
- 2  No

**21. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

- 185
- 1  Yes
- 2  No

**22. Which of the services listed were covered by this plan?**

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
736 Routine vision care for children .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care for adults . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
737 Routine dental care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care for adults . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
738 Mental health care. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Substance abuse treatment . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. Was this a grandfathered health plan as defined by the Affordable Care Act?**

*See the definition sheet included with this package for an explanation.*

- 739
- 1  Yes
- 2  No
- 3  Don't know

**\*\*\* PLEASE NOTE \*\*\***

**If your organization offered only one health insurance plan, you have completed your response to this survey.**

**If your organization offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.**

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AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey  
Insurance Component

**HEALTH INSURANCE COST STUDY  
PLAN INFORMATION QUESTIONNAIRE**

**INSTRUCTIONS**

**The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered in 2013 AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.**

**Section B - GENERAL PLAN INFORMATION**

*Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.*

*Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.*

**1. For 2013, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?**

- Examples:
- Blue Cross Blue Shield, High Option
  - Option A
  - Aetna HMO

012 Name of plan

**2. Which type of health care provider arrangement was available through this plan?**

**Exclusive providers** - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

**Any providers** - Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

**Mixture of preferred and any providers** - Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

- 103
- 1  Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)
  - 2  Any providers (Examples: Most fee-for-service plans)
  - 3  Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)

**3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?**

*For plans with multiple options, answer for the "in-network" option.*

- 104
- 1  Yes
  - 2  No
  - 3  Don't know

**Continue with Page 2, Question 4**

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## GENERAL PLAN INFORMATION - Continued

**4. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter -** (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for the enrollees' medical expenses.

**Self-insured -** Your government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1  Purchased - **SKIP to Question 6a**
- 2  Self-insured - *Continue with Question 5a*
- 3  Don't know - **SKIP to Question 6a**

## SELF-INSURED PLAN INFORMATION

*Complete Questions 6a-c if this plan was self-insured.*

**5a. 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

- 1  Yes - Used a TPA or ASO
- 2  No - Self-administered the plan

**b. Did your government unit purchase stop-loss coverage for this plan?**

107

- 1  Yes
- 2  No - **SKIP to Question 6a**

**c. What was the specific stop-loss amount per employee?**

732

\$  .00

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**6a. How many ACTIVE employees were ENROLLED in this plan at this government unit during a typical pay period in 2013?**

125

**Active employees enrolled** in plan at this government unit

*Include full-time, part-time, temporary and seasonal employees.*

*Exclude retirees, former employees, leased or contract workers.*

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2013?**

129

**Active employees enrolled** in **single** coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2013?**

571

**Active employees enrolled** in **employee-plus-one** coverage

*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

**d. How many of these ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2013?**

705

**Active employees enrolled** in **family** coverage

**Continue with Page 3, Question 7**



## PHSA (COBRA) ENROLLMENT

**7. How many FORMER employees were ENROLLED in this plan, excluding retirees, through PHSA (COBRA) or state continuation-of-benefits laws during a typical pay period in 2013?**

126

**Former** employees enrolled in plan, excluding retirees

### PLAN PREMIUMS

*Report for TYPICAL situations and enrollees.*

*If this was a self-insured plan, report the premium equivalent.*

*If premium varied, report for a TYPICAL employee.*

*Report government unit/employee contributions and total premium for the same period in 2013.*

*Include any employer contributions to an HSA account in the employer contribution for premiums.*

#### SINGLE COVERAGE

552

1  Yes - Continue with Question 8b

2  No - **SKIP to Question 9a**

**8a. Was SINGLE coverage offered under this plan?**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with SINGLE coverage?**

131

**Government unit** contribution for **single** premium

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132

**Employee** contribution for **single** premium

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130

**Total single** premium

**e. The amounts reported in Questions 9b-d are based on which one of the following time periods?**

*Mark (X) only one.*

133

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

#### EMPLOYEE-PLUS-ONE COVERAGE

*If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.*

**9a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

570

1  Yes - Continue with Question 9b

2  No - **SKIP to Page 4, Question 10a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636

**Government unit** contribution for **employee-plus-one** premium

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637

**Employee** contribution for **employee-plus-one** premium

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635

**Total** **employee-plus-one** premium

**e. The amounts reported in Questions 10b-d are based on which one of the following time periods?**

*Mark (X) only one.*

638

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

**Continue with Page 4, Question 10a**

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**PLAN PREMIUMS - Continued**

**FAMILY COVERAGE**

*If premium varied by family size, report for a family of four.*

**10a. Was FAMILY coverage offered under this plan?**

- 137 1  Yes - Continue with Question 10b  
 2  No - **SKIP to Question 11a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?**

135 \$  ,  .00 **Government unit contribution for family premium**

**c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?**

136 \$  ,  .00 **Employee contribution for family premium**

**d. What was the TOTAL premium for this typical employee with FAMILY coverage?**

134 \$  ,  .00 **Total family premium**

**e. The amounts reported in Questions 10b-d are based on which one of the following time periods?**

*Mark (X) only one.*

- 553 1  Weekly      5  Quarterly  
 2  Every 2 weeks      4  Yearly  
 3  Monthly

**GENERAL PREMIUM INFORMATION**

**11a. Did the PREMIUMS for this insurance plan vary by any of these characteristics?**

	Yes (1)	No (2)	Don't know (3)
138 Age . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Gender . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
733 Smoker/Non-smoker status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

*Do not include internal incentive programs that do not impact contributions.*

	Yes (1)	No (2)	Don't know (3)
641 Hours worked . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
642 Union status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
643 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
644 Occupation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
706 Length of employment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
734 Participation in a fitness/weight loss program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
735 Participation in a smoking cessation program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
645 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29043049







### PLAN CHARACTERISTICS

**19. Could this plan have refused to cover persons with pre-existing medical or health conditions?**

- 183
- 1  Yes
- 2  No

**20. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

- 185
- 1  Yes
- 2  No

**21. Which of the services listed were covered by this plan?**

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
736 Routine vision care for children .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care for adults . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
737 Routine dental care for children .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care for adults . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
738 Mental health care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Substance abuse treatment . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Was this a grandfathered health plan as defined by the Affordable Care Act?**

*See the definition sheet included with this package for an explanation.*

- 739
- 1  Yes
- 2  No
- 3  Don't know

**\*\*\* PLEASE NOTE \*\*\***

**If your government unit offered MORE THAN ONE health insurance plan, please fill out a MEPS-11(S) for each plan that was offered. Then continue with the form MEPS-11(R), at the back of this package.**

**If this is your last health insurance plan, please continue with the form MEPS-11(R), Section C.**

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**Section B – GENERAL PLAN INFORMATION**

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 2013.

**FOR CENSUS USE ONLY**

**FOR CENSUS USE ONLY**

100

100

012 Name of plan

012 Name of plan

**2013 ENROLLMENTS**

**1a. Total ACTIVE employees ENROLLED** in plan

125

Total

125

Total

**b. ACTIVE employees ENROLLED** in SINGLE coverage

129

Single

129

Single

**c. ACTIVE employees ENROLLED** in **EMPLOYEE-PLUS-ONE** coverage

571

Employee + 1

571

Employee + 1

Include both employee + spouse and employee + child(ren).

See definition sheet for more information.

**d. ACTIVE employees ENROLLED** in **FAMILY** coverage

705

Family

705

Family

**2. FORMER employees ENROLLED** through PHSA (COBRA) or state continuation-of-benefits laws, excluding retirees

126

Former PHSA (COBRA)

126

Former PHSA (COBRA)

**2013 PREMIUMS**

**3a. Single Coverage**

552

2

Not offered - Skip to Question 4a

552

2

Not offered - Skip to Question 4a

**b. Government/Employer contribution** for single premium

131

131

**c. Employee contribution** for single premium

132

132

**d. Total single premium**

130

130

**4a. Employee-plus-one Coverage**

570

2

Not offered - Skip to Question 5a

570

2

Not offered - Skip to Question 5a

**b. Government/Employer contribution** for employee-plus-one premium

636

636

**c. Employee contribution** for employee-plus-one premium

637

637

**d. Total employee-plus-one premium**

635

635

29073012



**Section B – GENERAL PLAN INFORMATION – Continued**

	<b>FOR CENSUS USE ONLY</b>	<b>FOR CENSUS USE ONLY</b>
	100	100
	Name of plan	Name of plan

**2013 PREMIUMS - Continued**

<b>5a. Family Coverage</b>	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>b. Government/Employer contribution for family premium</b>	135 \$ <input type="text"/> , <input type="text"/> .00	135 \$ <input type="text"/> , <input type="text"/> .00
<b>c. Employee contribution for family premium</b>	136 \$ <input type="text"/> , <input type="text"/> .00	136 \$ <input type="text"/> , <input type="text"/> .00
<b>d. Total family premium</b>	134 \$ <input type="text"/> , <input type="text"/> .00	134 \$ <input type="text"/> , <input type="text"/> .00
<b>6. The amounts reported in the premium questions are based on which of the following time periods?</b> <i>Mark (X) ONLY one.</i>	133 <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly	133 <input type="checkbox"/> Weekly <input type="checkbox"/> Quarterly <input type="checkbox"/> Every 2 weeks <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly

**SELF-INSURED PLAN INFORMATION**

<b>7. Was this plan purchased from an insurance underwriter or was it self-insured?</b> <b>Coverage was underwritten by an insurer</b> and the insurer paid the enrollee's claim. <b>The plan was self-insured</b> if government paid enrollee's claim directly or through a third party administrator (TPA).	105 <input type="checkbox"/> Coverage was underwritten by an insurer - <b>Skip to Question 9</b> <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> <input type="checkbox"/> Don't know - <b>Skip to Question 9</b>	105 <input type="checkbox"/> Coverage was underwritten by an insurer - <b>Skip to Question 9</b> <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> <input type="checkbox"/> Don't know - <b>Skip to Question 9</b>
<i>Complete Questions 8a-c if this plan was self-insured.</i> <b>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?</b>	713 <input type="checkbox"/> Yes - Used TPA or ASO <input type="checkbox"/> No - Self-administered the plan	713 <input type="checkbox"/> Yes - Used TPA or ASO <input type="checkbox"/> No - Self-administered the plan
<b>b. Did your government unit purchase stop-loss coverage for this plan?</b>	107 <input type="checkbox"/> Yes - Continue with Question 8c <input type="checkbox"/> No - <b>Skip to Question 9</b>	107 <input type="checkbox"/> Yes - Continue with Question 8c <input type="checkbox"/> No - <b>Skip to Question 9</b>
<b>c. What was the specific stop-loss amount per employee?</b>	732 \$ <input type="text"/> , <input type="text"/> .00	732 \$ <input type="text"/> , <input type="text"/> .00

29073020





**Section B – GENERAL PLAN INFORMATION – Continued**

	<b>FOR CENSUS USE ONLY</b>	<b>FOR CENSUS USE ONLY</b>
	100	100
	Name of plan	Name of plan

**PLAN INFORMATION**

<p><b>9. In what month did the plan year begin?</b></p>	<p><i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i></p> <p>123 <input type="text"/> <input type="text"/> Month</p>	<p><i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i></p> <p>123 <input type="text"/> <input type="text"/> Month</p>
<p><b>10. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b></p>	<p>183 <sub>1</sub> <input type="checkbox"/> Yes    <sub>2</sub> <input type="checkbox"/> No</p>	<p>183 <sub>1</sub> <input type="checkbox"/> Yes    <sub>2</sub> <input type="checkbox"/> No</p>
<p><b>11. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b></p>	<p>185 <sub>1</sub> <input type="checkbox"/> Yes    <sub>2</sub> <input type="checkbox"/> No</p>	<p>185 <sub>1</sub> <input type="checkbox"/> Yes    <sub>2</sub> <input type="checkbox"/> No</p>
<p><b>12. Did the PREMIUMS for this plan vary by any of these employee characteristics?</b></p> <p><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 levels</p> <p>733 <input type="checkbox"/> Smoker/Non-smoker status</p> <p>142 <input type="checkbox"/> Other</p> <p><b>OR</b></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 levels</p> <p>733 <input type="checkbox"/> Smoker/Non-smoker status</p> <p>142 <input type="checkbox"/> Other</p> <p><b>OR</b></p> <p>640 <input type="checkbox"/> Premiums did not vary</p>
<p><b>13. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?</b></p> <p><i>Do not include internal incentive programs that do not impact contributions.</i></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 levels</p> <p>644 <input type="checkbox"/> Occupation</p> <p>706 <input type="checkbox"/> Length of employment</p> <p>734 <input type="checkbox"/> Participation in a fitness/weight loss program</p> <p>735 <input type="checkbox"/> Participation in a smoking cessation program</p> <p>645 <input type="checkbox"/> Other</p> <p><b>OR</b></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 levels</p> <p>644 <input type="checkbox"/> Occupation</p> <p>706 <input type="checkbox"/> Length of employment</p> <p>734 <input type="checkbox"/> Participation in a fitness/weight loss program</p> <p>735 <input type="checkbox"/> Participation in a smoking cessation program</p> <p>645 <input type="checkbox"/> Other</p> <p><b>OR</b></p> <p>646 <input type="checkbox"/> Employee contribution did not vary</p>

29073038



**GENERAL PLAN INFORMATION – Continued**

	<b>FOR CENSUS USE ONLY</b>	<b>FOR CENSUS USE ONLY</b>
	100	100
	Name of plan	Name of plan

**PLAN INFORMATION - Continued**

<b>14. Was this a grandfathered health plan as defined by the Affordable Care Act?</b>	739 1 <input type="checkbox"/> Yes	739 1 <input type="checkbox"/> Yes
	2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
	3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know

**HEALTH SAVINGS ACCOUNT (HSA)**

<b>15. If the deductibles for this plan were \$1,250 or higher for single coverage and \$2,500 or higher for family coverage, did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2013?</b>	714 1 <input type="checkbox"/> Yes, contributed to an HSA	714 1 <input type="checkbox"/> Yes, contributed to an HSA
	2 <input type="checkbox"/> No, did not contribute to an HSA	2 <input type="checkbox"/> No, did not contribute to an HSA
	4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> 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.**



To:  
Government:  
ID:

From:  
U.S. Census Bureau  
Toll Free: (888) 206-5068

Please complete and either  
Fax to: (888) 288-0305  
or  
Email:

1 of 3

Subject: **2013 Health Insurance Cost Study (critical items for 2013 plan year)**

Thank you for agreeing to complete the following summary charts for the 2013 plan year.

Please note: **EE = EMPLOYEE**-paid portion of the monthly premium.  
**TOT = TOTAL** monthly premium (Census will calculate employer portion.)

Estimates are acceptable.

2013 Active Employees	ENROLLMENT					MONTHLY PREMIUMS			
	Plan Name(s)	Single Coverage	EE + 1 Coverage (All tiers)	Family Coverage (Family of 4)	Total Coverage (All tiers)	COBRA Coverage (All tiers)	Single Coverage	EE + 1 Coverage (EE + Child(ren)/ Spouse)	Family Coverage (Family of 4)
1)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
2)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
3)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
4)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
5)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT

**Paperwork Reduction Act and Burden Statements.** We expect that it will take 45 minutes, on average, to complete the basic questionnaire. If you offered more than one plan, we expect it will take an additional 10 minutes per plan, on average. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please **do not** mail questionnaires to this address as it will delay data processing. If the enclosed envelope has been misplaced, please use address on front page of form to return questionnaire.

To:  
Government:  
ID:

From:  
U.S. Census Bureau  
Toll Free: (888) 206-5068

Please complete and either  
Fax to: (888) 288-0305  
or  
Email:

2013 Active Employees	ENROLLMENT					MONTHLY PREMIUMS			
	Plan Name(s)	Single Coverage	EE + 1 Coverage (All tiers)	Family Coverage (Family of 4)	Total Coverage (All tiers)	COBRA Coverage (All tiers)	Single Coverage	EE + 1 Coverage EE + Child(ren)/Spouse	Family Coverage (Family of 4)
6)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
7)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
8)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
9)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
10)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT

Estimates are acceptable.

Please include a comparison chart or summary of benefits for all 2013 medical plans when returning this grid. Thank you.

To:  
Government:  
ID:

From:  
U.S. Census Bureau  
Toll Free: (888) 206-5068

Please complete and either  
Fax to: (888) 288-0305  
or  
Email:

Estimates are acceptable.

2013 Retirees	ENROLLMENT		MONTHLY PREMIUMS**	
	Total Retirees in all plans	Percent Retirees in Single coverage	Single Coverage	Family Coverage (Family of 2)
Retirees UNDER 65		%	EE	EE
			TOT	TOT
Retirees 65 + OVER		%	EE	EE
			TOT	TOT

\*\* List premiums for plan with highest enrollment.

1. How many hours per week must an employee work to be eligible for health insurance?

2. In 2013, did you offer any of the following fringe benefits?
- Paid Vacation  Yes  No
  - Paid Sick Leave  Yes  No
  - Life Insurance  Yes  No
  - Disability Insurance  Yes  No
  - Retirement/Pension plans  Yes  No

3. In 2013, did you offer any of these tax-advantaged benefits?
- Pre-tax contribution for Health Insurance  Yes  No
  - Flexible Spending Account  Yes  No

4. In 2013, did you offer any of these optional coverage services to active employees at a premium SEPARATE from the comprehensive health plan premium?
- Dental  Yes  No
  - Vision  Yes  No
  - Prescription Drugs  Yes  No
  - Long-term Care  Yes  No

5. What was the total amount paid for optional coverage for all ACTIVE employees during a TYPICAL MONTH at this government unit in 2013? (Include both employer and employee contributions.)

\$  .00

Please include a comparison chart or summary of benefits for all 2013 medical plans when returning this grid. Thank you.



U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY  
  
2013 Medical Expenditure Panel Survey  
Insurance Component

**HEALTH INSURANCE COST STUDY  
PLAN INFORMATION QUESTIONNAIRE**

**INSTRUCTIONS**

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2013 AT YOUR COMPANY.**

**Please use photocopies of this MEPS-15(S) form if sufficient copies were not included in this reporting package.**

**GENERAL PLAN INFORMATION**

*Please complete this Plan Information Questionnaire for the representative plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.*

**1. For 2013, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?**

- Examples:
- Blue Cross Blue Shield, High Option
  - Company Plan A
  - Aetna, HMO

012 Name of plan

**2. Which type of health care provider arrangement was available through this plan?**

**Exclusive providers** - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

**Any providers** - Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

**Mixture of preferred and any providers** - Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

- 103
- 1  Exclusive providers  
(Examples: Most HMO, IPA, and EPO-type plans)
  - 2  Any providers  
(Examples: Most fee-for-service plans)
  - 3  Mixture of preferred and any providers  
(Examples: Most PPO and POS-type plans)

**3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?**

*For plans with multiple options, answer for the "in-network" option.*

- 104
- 1  Yes
  - 2  No
  - 3  Don't know

**4. Was this plan offered through a union or a trade association?**

- 113
- 1  Union
  - 2  Trade association
  - 3  Neither

**Continue with Page 2, Question 5**

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## GENERAL PLAN INFORMATION - Continued

**5. Was this plan purchased from an insurance underwriter or was it self-insured?**

**Purchased from an insurance underwriter -** (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for the enrollees' medical expenses.

**Self-insured -** Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

105

- 1  Purchased - **SKIP to Question 7a**
- 2  Self-insured - *Continue with Question 6a*
- 3  Don't know - **SKIP to Question 7a**

## SELF-INSURED PLAN INFORMATION

*Complete Questions 6a-c if this plan was self-insured.*

**6a. Did your organization employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?**

713

- 1  Yes - Used a TPA or ASO
- 2  No - Self-administered the plan

**b. Did your organization purchase stop-loss coverage for this plan?**

107

- 1  Yes - *Continue with Question 6c*
- 2  No - **SKIP to Question 7a**

**c. What was the specific stop-loss amount per employee?**

732

\$  .00

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**7a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2013?**

125

**Active employees enrolled in plan**

*Include full-time, part-time, temporary and seasonal employees.*

*Exclude former employees, leased or contract workers and retirees.*

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2013?**

129

**Active employees enrolled in single coverage**

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2013?**

571

**Active employees enrolled in employee-plus-one coverage**

*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

**d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2013?**

705

**Active employees enrolled in family coverage**

**Continue with Page 3, Question 8**

## COBRA ENROLLMENT

**8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or state continuation-of-benefits laws during a typical pay period in 2013?**

126

**Former** employees enrolled in plan, excluding retirees

## PLAN PREMIUMS

*Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.*

*If this was a self-insured plan, report the premium equivalent.*

*Report employer/employee contributions and total premium for the same period during 2013.*

*Include any employer contributions to an HSA account in the employer contribution to the premium.*

### SINGLE COVERAGE

552

1  Yes - Continue with Question 9b

2  No - **SKIP to Question 10a**

**9a. Was SINGLE coverage offered under this plan?**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?**

131

**Employer** contribution for **single** premium

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132

**Employee** contribution for **single** premium

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130

**Total single** premium

**e. The amounts reported in Questions 9b-d are based on which one of the following time periods?**

*Mark (X) only one.*

133

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

### EMPLOYEE-PLUS-ONE COVERAGE

*If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.*

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

570

1  Yes - Continue with Question 10b

2  No - **SKIP to Page 4, Question 11a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636

**Employer** contribution for **employee-plus-one** premium

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637

**Employee** contribution for **employee-plus-one** premium

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635

**Total** **employee-plus-one** premium

**e. The amounts reported in Questions 10b-d are based on which one of the following time periods?**

*Mark (X) only one.*

638

- |  |                                      |
|--|--------------------------------------|
| 1 <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       |                                      |

**Continue with Page 4, Question 11a**

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**PLAN PREMIUMS - Continued**

**FAMILY COVERAGE**

*If premium varied by family size, report for a family of four.*  
**11a. Was FAMILY coverage offered under this plan?**

- 137 1  Yes - Continue with Question 11b  
 2  No - **SKIP to Question 12a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?**

135  ,  .00 **Employer contribution for family premium**

**c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?**

136  ,  .00 **Employee contribution for family premium**

**d. What was the TOTAL premium for this typical employee with FAMILY coverage?**

134  ,  .00 **Total family premium**

**e. The amounts reported in Questions 11b-d are based on which one of the following time periods?**

*Mark (X) only one.*

- 553 1  Weekly                      5  Quarterly  
 2  Every 2 weeks              4  Yearly  
 3  Monthly

**GENERAL PREMIUM INFORMATION**

**12a. Did the PREMIUMS for this insurance plan vary by any of these characteristics?**

	Yes (1)	No (2)	Don't know (3)
138 Age . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
139 Gender . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
141 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
733 Smoker/Non-smoker status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
142 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

*Do not include internal incentive programs that do not impact contributions.*

	Yes (1)	No (2)	Don't know (3)
641 Hours worked . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
642 Union status . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
643 Wage or salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
644 Occupation . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
706 Length of employment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
734 Participation in a fitness/weight loss program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
735 Participation in a smoking cessation program . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
645 Other . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29103041



## INDIVIDUAL DEDUCTIBLES

### 13a. Did this plan have a deductible?

**Deductible** - Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

151

1  Yes - Continue with Question 13b2  No - **SKIP to Question 16a**

### b. What was the annual deductible an individual paid?

Report "IN-NETWORK" deductibles (if applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under Question 16b on Page 6.

DO NOT report COPAYMENTS or individual or family out-of-pocket maximums here.

146

 ,  .00

Individual annual deductible

**OR**

Separate deductibles for:

147

 ,  .00

Physician care

148

 ,  .00

Hospital care

## FAMILY DEDUCTIBLES

### 14a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

224

1  Yes - Continue with Question 14b2  No - **SKIP to Question 14c**3  Family coverage not offered - **SKIP to Question 15**

### b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150

 Number of family members

### c. What was the total annual deductible a family paid?

Report for a family of four.

149

 ,  .00

Total annual family deductible

## HEALTH SAVINGS ACCOUNT (HSA)

### 15. If the deductibles you reported in Questions 13 and 14 were \$1,250 or higher for single coverage and \$2,500 or higher for family coverage, did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2013?

714

1  Yes, contributed to an HSA2  No, did not contribute to an HSA4  Don't know

## PAYMENTS

### 16a. Was hospital care covered under this plan?

155

1  Yes - Continue with Question 16b on Page 62  No - **SKIP to Page 6, Question 16c**



**PLAN CHARACTERISTICS**

**20. Could this plan have refused to cover persons with pre-existing medical or health conditions?**

- 183
- 1  Yes
- 2  No

**21. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

- 185
- 1  Yes
- 2  No

**22. Which of the services listed were covered by this plan?**

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
736 Routine vision care for children . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care for adults . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
737 Routine dental care for children . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care for adults . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
738 Mental health care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Substance abuse treatment . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**23. Was this a grandfathered health plan as defined by the Affordable Care Act?**

*See the definition sheet included with this package for an explanation.*

- 739
- 1  Yes
- 2  No
- 3  Don't know

**\*\*\* PLEASE NOTE \*\*\***

**Please complete the MEPS-15(E) Establishment Worksheet when you have completed all applicable MEPS-15(S) Plan Information Questionnaires.**

**If your company offered more than one health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.**

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