

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  
  
2014 Medical Expenditure Panel Survey  
Insurance Component

**HEALTH INSURANCE COST STUDY  
PLAN INFORMATION QUESTIONNAIRE**

**INSTRUCTIONS**

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2014 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 2014, 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

## PLAN LEVEL

*Complete only if your organization has 50 employees or fewer OR has 50 full-time equivalent employees or fewer at all locations (see definition MEPS 20-D). Otherwise, SKIP to Question 7b.*

**7a. Health insurance plans are classified into different "metal" levels or tiers based on their level of benefits and cost-sharing provisions. Which level or tier was this plan in?**

746

- 1  Bronze
- 2  Silver
- 3  Gold
- 4  Platinum
- 5  Don't know

**SKIP to Question 8a**

**b. What was the actuarial value of this plan?**

**Actuarial value** – the percentage of medical expenses paid by the plan rather than out-of-pocket by a typical group of enrollees.

747

%

748

- Don't know

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**8a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2014?**

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

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

125

**Active** employees enrolled in plan

**Continue with Page 3, Question 8b**



**ACTIVE ENROLLMENT - Continued**

**8b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2014?**

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 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 2014?**

571

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

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

**d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2014?**

705

**Active employees enrolled in family coverage**

**COBRA ENROLLMENT**

**9. 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 2014?**

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 2014.*

*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 10b

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

**10a. 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 10b-d are based on which one of the following time periods?**

*Mark (X) only one.*

133

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

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

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**PLAN PREMIUMS - Continued**

**EMPLOYEE-PLUS-ONE COVERAGE**

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

**11a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570
- 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 EMPLOYEE-PLUS-ONE coverage?**

636

\$  ,  .00

**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

\$  ,  .00

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

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

635

\$  ,  .00

**Total employee-plus-one premium**

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

*Mark (X) only one.*

- 638
- 1  Weekly
- 2  Every 2 weeks
- 3  Monthly
- 4  Yearly
- 5  Quarterly

**FAMILY COVERAGE**

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

**12a. Was FAMILY coverage offered under this plan?**

- 137
- 1  Yes - Continue with Question 12b
- 2  No - **SKIP to Page 5, Question 13a**

**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 12b-d are based on which one of the following time periods?**

*Mark (X) only one.*

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

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**Continue with Page 5, Question 13a**



## FAMILY DEDUCTIBLES

**15a. 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 15b*
- 2  No - **SKIP to Question 15c**
- 3  Family coverage not offered - **SKIP to Question 16**

**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)

**16. If the deductibles you reported in Questions 14 and 15 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 2014?**

714

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

## PAYMENTS

**17a. Was hospital care covered under this plan?**

155

- 1  Yes - *Continue with Question 17b*
- 2  No - **SKIP to Question 18a**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

**Out-of-pocket expense** - Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for precertified hospital admissions (if applicable).*

*Report for an admission at an "in-network"/participating hospital (if applicable).*

*Do not include any physician charges incurred during the hospital admission.*

152

\$ .00 Copayment paid by enrollee for hospital admission

154

- 1  Per day
- 2  Per stay

**AND/OR**

153

% Coinsurance paid by enrollee

**18a. Was physician care covered under this plan?**

218

- 1  Yes - *Continue with Question 18b on Page 7*
- 2  No - **SKIP to Page 7, Question 19a**





**PLAN CHARACTERISTICS**

**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 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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