

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  
  
2015 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

## INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2015 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 2015, 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 plans)
  - 2  Any providers  
(Examples: Most fee-for-service plans)
  - 3  Mixture of preferred and any providers  
(Examples: Most PPO and POS 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 7**
  - 2  Self-insured - *Continue with Question 6a*
  - 3  Don't know - **SKIP to Question 7**

**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 7**

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

732

\$  .00

**PLAN LEVEL**

**SMALL BUSINESS, 50 OR FEWER EMPLOYEES**

*Complete only if your organization has 50 employees or fewer OR has 50 full-time equivalent employees or fewer at all locations (see definition sheet, MEPS-20(D)). Otherwise, SKIP to Question 8.*

**7. 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?**

- 746
- 1  Bronze
  - 2  Silver
  - 3  Gold
  - 4  Platinum
  - 5  Don't know
  - 6  N/A, Grandfathered Plan
- SKIP to Question 9a**

**LARGE BUSINESS, MORE THAN 50 EMPLOYEES**

**8. 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.

**9a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2015?**

*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 9b**

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**ACTIVE ENROLLMENT - Continued**

**9b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2015?**

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 2015?**

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 2015?**

705

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

**COBRA ENROLLMENT**

**10. 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 2015?**

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 2015.*

*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**

**11a. Was SINGLE coverage offered under this plan?**

552

1  Yes - Continue with Question 11b

2  No - **SKIP to Page 4, Question 12a**

**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 11b-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 12a**

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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.*

- 570
- 1  Yes - Continue with Question 12b
- 2  No - **SKIP to Question 13a**

**12a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

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

*Mark (X) only one.*

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

**FAMILY COVERAGE**

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

- 137
- 1  Yes - Continue with Question 13b
- 2  No - **SKIP to Page 5, Question 14a**

**13a. Was FAMILY coverage offered under this plan?**

**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 13b-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

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**Continue with Page 5, Question 14a**

## GENERAL PREMIUM INFORMATION

**14a. Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?**

*Refer to Question 11d on Page 3.*

- 749
- 1  Yes
- 2  No
- 3  Don't know

**b. Did the TOTAL premium reported earlier for FAMILY coverage vary depending on the number of family members covered by the plan?**

*Refer to Question 13d on Page 4.*

- 752
- 1  Yes
- 2  No
- 3  Don't know
- 4  Family coverage not offered

**c. Did the amount individual EMPLOYEES contributed toward their SINGLE coverage premium vary by any of these characteristics?**

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

- |     |   | Yes<br>(1)               | No<br>(2)                | Don't<br>know<br>(3)     |
|-----|---|--------------------------|--------------------------|--------------------------|
| 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"/> |
| 761 | Wellness/Health monitoring. . . . .                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**d. Did older EMPLOYEES contribute more toward their SINGLE coverage premium?**

- 750
- 1  Yes
- 2  No
- 3  Don't know
- } **IF NO OR DON'T KNOW, SKIP to Question 15a**

**e. Why did older EMPLOYEES contribute more toward their SINGLE coverage premium?**

*Check only one.*

- 751
- 1  Your organization pays a fixed **PERCENT** of the premium for all employees, and older workers have higher premiums
- 2  Your organization pays a fixed **DOLLAR** amount toward the premium for all employees, and older workers have higher premiums
- 3  Other
- 4  Don't know

## INDIVIDUAL DEDUCTIBLES

**15a. 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 15b*
- 2  No - **SKIP to Page 6, Question 18**

**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 19b 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

**Continue with Page 6, Question 16a**

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## FAMILY DEDUCTIBLES

**16a. 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 16b
- 2  No - **SKIP to Question 16c**
- 3  Family coverage not offered - **SKIP to Question 17**

**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  Total annual family deductible

## HEALTH SAVINGS ACCOUNT (HSA)

**17. If the deductibles you reported in Questions 15 and 16 were \$1,300 or higher for single coverage and \$2,600 or higher for family coverage, did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2015?**

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

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

**18. 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 organization offer an HRA associated with this plan in 2015?**

*HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet MEPS-20(D) for more information.*

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

## PAYMENTS

**19a. Was hospital care covered under this plan?**

- 155
- 1  Yes - Continue with Question 19b
- 2  No - **SKIP to Page 7, Question 20a**

**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  Copayment paid by enrollee for hospital admission

- 154
- 1  Per day
- 2  Per stay

**AND/OR**

153  % Coinsurance paid by enrollee

**Continue with Page 7, Question 20a**

**PAYMENTS - Continued**

**20a. Was physician care covered under this plan?**

- 218 1  Yes - Continue with Question 20b
- 2  No - **SKIP to Question 21a**

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

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

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

Report for an "in-network"/participating general practitioner, excluding preventive care visits.

156 \$     .00 Copayment paid by enrollee for office visit

**AND/OR**

157  % Coinsurance paid by enrollee

**21a. Were prescription drugs covered under this health plan?**

- 673 1  Yes - Continue with Question 21b
- 2  No
- 3  Don't know
- } **SKIP to Page 8, Question 22a**

**b. How much and/or what percentage did an enrollee pay out-of-pocket for each type of prescription drug covered?**

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

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

**Generic**

753 \$     .00 Copayment

**AND/OR**

754  % Coinsurance

762  Generic not covered

**Preferred brand name**

755 \$     .00 Copayment

**AND/OR**

756  % Coinsurance

763  Preferred brand name not covered

**Non-preferred brand name**

757 \$     .00 Copayment

**AND/OR**

758  % Coinsurance

764  Non-preferred brand name not covered

**Specialty**

767 \$     .00 Copayment

**AND/OR**

768  % Coinsurance

769  Specialty not covered

Specialty drugs are prescription medications that are used to treat complex, chronic and often costly conditions.

(See definition sheet MEPS-20(D) for more information).

**Continue with Page 8, Question 22a**

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**PAYMENTS - Continued**

*Include all copayments, coinsurance and deductibles.*

**22a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?**

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

This is often referred to as a catastrophic limit.

161  ,  .00

**OR**

163  No **individual** maximum

**b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?**

162  ,  .00

**OR**

222  No **family** maximum

**PLAN CHARACTERISTICS**

**23. 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"/>

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

*See the definition sheet MEPS-20(D) 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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