

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

2018 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

## INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2018 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 2018, 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 **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 7
2 [ ] Self-insured - Continue with 6a
3 [ ] Don't know - SKIP to 7

SELF-INSURED PLAN INFORMATION

Complete Questions 6a through 6c 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?
b. Did your organization purchase stop-loss coverage for this plan? (see definition sheet MEPS-20(D) for more information)
c. What was the specific stop-loss amount PER ENROLLEE?

- 713 1 [ ] Yes - Used a TPA or ASO
2 [ ] No - Self-administered the plan
107 1 [ ] Yes
2 [ ] No - SKIP to 7
732 \$ [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] .00

ACTUARIAL VALUE OR METAL LEVEL

7. What was this plan's actuarial value OR metal level? Actuarial Value is the average percentage of total enrollee medical expenses for plan covered benefits paid by the plan, rather than by enrollee cost sharing, for a typical group of enrollees. Metal Levels are labels for insurance plans that describe the level of benefits and cost-sharing provisions.

- Actuarial Value: 747 [ ] [ ] [ ] [ ] % of medical expenses paid by plan
OR
Metal Level: 746 1 [ ] Bronze
2 [ ] Silver
3 [ ] Gold
4 [ ] Platinum
6 [ ] N/A, Grandfathered Plan
776 [ ] Don't know

ACTIVE ENROLLMENT

8a. How many ACTIVE employees were ENROLLED in this plan at this location during a typical pay period in 2018? Estimates are acceptable for all enrollment figures. Include full-time, part-time, temporary and seasonal employees. Exclude retirees, former employees, leased or contract workers.

- 125 [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] Active employees enrolled in plan

Continue with 8b

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**ACTIVE ENROLLMENT - Continued**

**8b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2018?** 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 this plan had EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2018?** 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 2018?** 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 2018 ?** 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 2018.*

**SINGLE COVERAGE**

**10a. Was SINGLE coverage offered under this plan?** 552 1  Yes - Continue with **10b** 2  No - **SKIP to 11a**

**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?** 133 1  Weekly 5  Quarterly 2  Every 2 weeks 4  Yearly 3  Monthly

*Mark (X) only one.*

**Continue with 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 **11b**
- 2  No - **SKIP to 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 **12b**
- 2  No - **SKIP to 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

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

- 752
- 1  Yes
- 2  No
- 3  Don't know

**Continue with 13a**

### GENERAL PREMIUM INFORMATION

**13a. Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?**

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

**b. Did older EMPLOYEES contribute more toward their SINGLE coverage premium than younger employees?**

- 750
- 1  Yes
- 2  No
- 3  Don't know

**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 (1)                  | No (2)                   | Don't know (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"/> |

### INDIVIDUAL DEDUCTIBLES

**14a. 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 **14b**
- 2  No - **SKIP to 17a**

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

*Report "in-network" deductibles (if applicable).  
If deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 18b on Page 7.  
DO NOT report COPAYMENTS or individual or family out-of-pocket maximums here.  
If prescription drugs had a separate deductible, it should be reported under Question 20c on Page 7.*

146

\$  , .00 Individual annual deductible

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

**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 for a family?**

*Report for a family of four.*

149

\$  , .00 Total annual family deductible

**Continue with 16a**

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## HEALTH SAVINGS ACCOUNT (HSA)

*Complete only if the deductibles for this plan were \$1,350 or higher for single coverage and/or \$2,700 or higher for family coverage, otherwise skip to Question 17a.*

**16a. Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2018?**

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

} **SKIP to 17a**

**b. What was the monthly contribution your organization made to the HSA for a typical employee with SINGLE coverage for this plan?**

This amount should NOT include the amount your organization contributed toward the plan premium.

777

\$    ,    .00 Monthly HSA contribution for single coverage

**c. What was the monthly contribution your organization made to the HSA for a typical employee with FAMILY coverage for this plan?**

This amount should NOT include the amount your organization contributed toward the plan premium.

Report for a family of four.

778

\$    ,    .00 Monthly HSA contribution for family coverage

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

**17a. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2018?**

An employer can offer an HRA by setting up an account to reimburse employees for medical expenses not covered by health insurance.

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

- 710
- 1  Yes, contributed to an HRA
- 2  No, did not contribute to an HRA
- 3  Don't know

} **SKIP to 18a**

**b. Up to what dollar amount did your organization contribute to a typical employee's HRA for SINGLE coverage for this plan?**

This amount should NOT include the amount your organization contributed toward the plan premium.

779

\$    ,    .00 Annual HRA contribution for single coverage

**c. Up to what dollar amount did your organization contribute to a typical employee's HRA for FAMILY coverage for this plan?**

This amount should NOT include the amount your organization contributed toward the plan premium.

Report for a family of four.

780

\$    ,    .00 Annual HRA contribution for family coverage

**Continue with 18a**



### PAYMENTS

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

- 155
- 1  Yes - Continue with **18b**
- 2  No - **SKIP to 19a**

**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

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

- 218
- 1  Yes - Continue with **19b**
- 2  No - **SKIP to 20a**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for a General Practitioner office visit, with a participating physician, 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

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

Report for an "in-network"/participating specialist.

771 \$    .00 Copayment paid by enrollee for Specialist Physician office visit

**AND/OR**

772    % Coinsurance paid by enrollee

**20a. Were prescription drugs covered under this health plan?**

- 673
- 1  Yes - Continue with **20b**
- 2  No
- 3  Don't know
- } **SKIP to 21a**

**b. Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs?**

- 773
- 1  Yes - Continue with **20c**
- 2  No
- 3  Don't know
- } **SKIP to 20d**

**c. What was the SEPARATE ANNUAL deductible for prescription drugs for SINGLE coverage in this plan?**

Report "in-network" prescription deductibles for participating pharmacies (if applicable).

774 \$   ,    .00 Separate prescription drug deductible

**Continue with 20d**

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## PAYMENTS - Continued

**20d. How much and/or what percentage did an enrollee pay out-of-pocket for each type of prescription drug covered 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.

*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.*

**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

*Include all copayments, coinsurance and deductibles.*

**21a. 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 Maximum out-of-pocket expense for an individual

**OR**

163  No **individual** maximum

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

162      .00 Maximum out-of-pocket expense for a family

**OR**

222  No **family** maximum

Continue with **22**





### PLAN CHARACTERISTICS

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

*Telemedicine is the delivery of health care through telecommunications to a patient from a provider who is at a remote location.*

	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"/>
781 Telemedicine. . . . .	<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 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.**

**Feel free to include any health insurance brochure information you may have in your return packet or fax to 1-800-447-4613.**

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