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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

2017 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY
PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2017 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 2017, 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?**

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?**

(see definition sheet MEPS-20(D) for more information)

107
- 1 ☐ Yes
- 2 ☐ No - ***SKIP to*** **7**

c. **What was the specific stop-loss amount PER ENROLLEE?**

732 $,, .00

ACTUARIAL VALUE OR METAL LEVEL

7. **What was this plan's actuarial value OR metal level?**

Actuarial Value is the percentage of medical expenses **paid by the plan** rather than out-of-pocket 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

Estimates are acceptable for all enrollment figures.

8a. **How many ACTIVE employees were ENROLLED in this plan at this location during a typical pay period in 2017?**

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 2017?**

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 2017?**

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

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

d. **How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2017?**

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 2017?**

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 2017.

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 $ ☐☐,☐☐☐.00 **Employer** contribution for **single** premium

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

132 $ ☐☐,☐☐☐.00 **Employee** contribution for **single** premium

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

130 $ ☐☐,☐☐☐.00 **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

5 ☐ Quarterly

4 ☐ Yearly

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
5 ☐ Quarterly
4 ☐ Yearly

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
5 ☐ Quarterly
4 ☐ Yearly

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**

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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.	☐	☐	☐
735	Participation in a smoking cessation program.	☐	☐	☐
761	Wellness/Health monitoring.	☐	☐	☐

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* 17**

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

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

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under Question 18b on Page 6.

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

If prescription drugs have 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* 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

***Continue with* 16**

29027059

HEALTH SAVINGS ACCOUNT (HSA)

Complete only if the deductibles for this plan were $1,300 or higher for single coverage and/or $2,600 or higher for family coverage, otherwise skip to Question 17.

16. Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2017?

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

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

17. Did your organization offer an HRA associated with this plan in 2017?

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.

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

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

Continue with **20a**

29027067

PAYMENTS - Continued

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 ANNUAL deductible for prescription drugs for SINGLE coverage in this plan?**

Report "in-network" deductibles (if applicable).

774 $, .00

d. **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.

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 21a

29027075

PAYMENTS - Continued

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

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

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

		Yes (1)	No (2)	Don't know (3)
173	Chiropractic care	☐	☐	☐
736	Routine vision care for children	☐	☐	☐
587	Routine vision care for adults	☐	☐	☐
737	Routine dental care for children	☐	☐	☐
176	Routine dental care for adults	☐	☐	☐
738	Mental health care	☐	☐	☐
182	Substance abuse treatment	☐	☐	☐

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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