

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

2019 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 2019 AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

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 2019, 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 "in-network" 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. This is also known as an indemnity plan.

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
 - 2 Any providers
 - 3 Mixture of preferred providers and any providers

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

SELF-INSURED PLAN INFORMATION

5 a. 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?

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

- 107 1 Yes
- 2 No - **SKIP to 6**

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

732 , , .00

ACTUARIAL VALUE OR METAL LEVEL

6 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

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Continue with **7**



ACTIVE ENROLLMENT - Continued

Estimates are acceptable for all enrollment figures.

For Questions 7a through 7d, if the answer is **NONE**, please enter "0".

Include:

- Full-time and part-time employees
- Temporary and seasonal employees

Exclude:

- Retirees
- Former employees
- Leased or contract workers

- | | | | | |
|----------|---|-----|--|---|
| 7 | <p>a. How many active employees were enrolled in this plan at this government unit during a typical pay period?</p> | 125 | <input style="width: 100px; height: 20px;" type="text" value="125"/> | Active employees enrolled in plan |
| | <p>b. How many of these active employees were enrolled in SINGLE coverage during a typical pay period?</p> | 129 | <input style="width: 100px; height: 20px;" type="text" value="129"/> | Active employees enrolled in single coverage |
| | <p>c. If this plan had EMPLOYEE-PLUS-ONE coverage, how many active employees were enrolled during a typical pay period?</p> <p><i>Include enrollment for both employee-plus-spouse and employee-plus-child coverage.</i></p> | 571 | <input style="width: 100px; height: 20px;" type="text" value="571"/> | Active employees enrolled in employee-plus-one coverage |
| | <p>d. How many active employees were enrolled in FAMILY coverage during a typical pay period?</p> | 705 | <input style="width: 100px; height: 20px;" type="text" value="705"/> | Active employees enrolled in family coverage |

PHSA (COBRA ENROLLMENT)

- | | | | | |
|----------|--|-----|--|---|
| 8 | <p>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?</p> | 126 | <input style="width: 100px; height: 20px;" type="text" value="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 government unit/employee contributions and total premium for the same period in 2019.

- | | | | | |
|----------|--|-----|--|--|
| 9 | <p>The following questions, 10a through 12e, refer to plan premium amounts. For which time period will you be reporting?</p> <p><i>Mark (X) only one.</i></p> | 790 | <p>1 <input type="checkbox"/> Weekly</p> <p>2 <input type="checkbox"/> Every 2 weeks</p> <p>3 <input type="checkbox"/> Monthly</p> | <p>5 <input type="checkbox"/> Quarterly</p> <p>4 <input type="checkbox"/> Yearly</p> |
|----------|--|-----|--|--|

SINGLE COVERAGE

- | | | | | |
|-----------|---|-----|--|---|
| 10 | <p>a. Was SINGLE coverage offered under this plan?</p> | 552 | <p>1 <input type="checkbox"/> Yes - Continue with 10b</p> <p>2 <input type="checkbox"/> No - SKIP to 11a</p> | |
| | <p>b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with single coverage?</p> | 131 | <input style="width: 100px; height: 20px;" type="text" value="\$ 000.00"/> | Government unit contribution for single premium |
| | <p>c. How much did this typical EMPLOYEE with single coverage contribute toward his/her own premium?</p> | 132 | <input style="width: 100px; height: 20px;" type="text" value="\$ 000.00"/> | Employee contribution for single premium |
| | <p>d. What was the TOTAL premium for this typical employee with single coverage?</p> | 130 | <input style="width: 100px; height: 20px;" type="text" value="\$ 000.00"/> | Total single premium |

Continue with 11a

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GENERAL PREMIUM INFORMATION

13 a. 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"/>
784	Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
785	Wage or Salary levels.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?

749

1 Yes

2 No

3 Don't know

DEDUCTIBLES

14 Did this plan have a deductible?

151

1 Yes - Continue with **15**

2 No - **SKIP to 18a**

15 What were the annual deductibles in this plan for different levels of coverage?

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 19b on Page 7.

If prescription drugs had a separate deductible, it should be reported under Question 21c on Page 7.

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

146 Individual annual deductible

786 Employee-plus-one annual deductible

791 Employee-plus-one coverage not offered

149 Family annual deductible

792 Family coverage not offered

16 a. 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 **16b**

2 No

3 Family coverage not offered } **SKIP to 17a**

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

150 Number of family members

Report for a family of four.

Continue with 17a

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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 18a.

- 17 a. Did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees?**
- 714
- | | | | |
|---|--------------------------|----------------------------------|----------------------|
| 1 | <input type="checkbox"/> | Yes, contributed to an HSA | } SKIP to 18a |
| 2 | <input type="checkbox"/> | No, did not contribute to an HSA | |
| 4 | <input type="checkbox"/> | Don't know | |

- b. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with single coverage for this plan?**
- 777
- | | |
|---|--|
| <div style="display: flex; align-items: center;"> \$ <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> , <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> .00 </div> | Monthly HSA contribution for single coverage |
|---|--|
- This amount should NOT include the amount your government unit contributed toward the plan premium.*

- c. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with family coverage for this plan?**
- 778
- | | |
|---|--|
| <div style="display: flex; align-items: center;"> \$ <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> , <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> .00 </div> | Monthly HSA contribution for family coverage |
|---|--|
- This amount should NOT include the amount your government unit contributed toward the plan premium.*
- Report for a family of four.*

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 18 a. Did your government unit offer a Health Reimbursement Arrangement (HRA) associated with this plan?**
- 710
- | | | | |
|---|--------------------------|----------------------------------|----------------------|
| 1 | <input type="checkbox"/> | Yes, contributed to an HRA | } SKIP to 19a |
| 2 | <input type="checkbox"/> | No, did not contribute to an HRA | |
| 3 | <input type="checkbox"/> | Don't know | |
- 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.*

- b. Up to what dollar amount did your government unit contribute ANNUALLY to a typical employee's HRA for single coverage for this plan?**
- 779
- | | |
|---|---|
| <div style="display: flex; align-items: center;"> \$ <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> , <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> .00 </div> | Annual HRA contribution for single coverage |
|---|---|
- This amount should NOT include the amount your government unit contributed toward the plan premium.*

- c. Up to what dollar amount did your government unit contribute ANNUALLY to a typical employee's HRA for FAMILY coverage for this plan?**
- 780
- | | |
|---|---|
| <div style="display: flex; align-items: center;"> \$ <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> , <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center;"> </div> </div> .00 </div> | Annual HRA contribution for family coverage |
|---|---|
- This amount should NOT include the amount your government unit contributed toward the plan premium.*
- Report for a family of four.*

Continue with 19a



PAYMENTS

- 19 a. Was hospital care covered under this plan?** 155
- 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 an inpatient hospital admission after any annual deductible was met?** 152
- 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.
- \$.00 Copayment paid by enrollee for hospital admission
- 154
- 1 Per day
- 2 Per stay
- AND/OR**
- 153
- % Coinsurance paid by enrollee

- 20 a. Was physician care covered under this plan?** 218
- 1 Yes - Continue with **20b**
- 2 No - **SKIP to 21a**

- 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?** 156
- Report for an "in-network"/participating general practitioner, excluding preventive care visits.
- \$.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?** 771
- Report for an "in-network"/participating specialist, excluding preventive care visits.
- \$.00 Copayment paid by enrollee for Specialist Physician office visit
- AND/OR**
- 772
- % Coinsurance paid by enrollee

- 21 a. Were prescription drugs covered under this health plan?** 673
- 1 Yes - Continue with **21b**
- 2 No
- 3 Don't know
- SKIP to 22a**

- b. Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs?** 773
- 1 Yes - Continue with **21c**
- 2 No
- 3 Don't know
- SKIP to 21d**

- c. What was the SEPARATE ANNUAL deductible for prescription drugs for single coverage in this plan?** 774
- Report "in-network" prescription deductibles for participating pharmacies (if applicable).
- \$.00 Separate individual prescription drug deductible

Continue with **21d**

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PAYMENTS - Continued

21 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?

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.

e. What was the maximum annual out-of-pocket expense for specialty drugs?

787 \$ [] [] [] [] [] [] .00 Maximum annual out-of-pocket expense for specialty drugs

793 No specialty drug maximum

Include all copayments, coinsurance and deductibles.

22 What was the overall MAXIMUM ANNUAL out-of-pocket expense?

This is often referred to as a catastrophic limit.

161 \$ [] [] [] [] [] [] .00 Maximum out-of-pocket expense for an individual

OR

163 No individual maximum

788 \$ [] [] [] [] [] [] .00 Maximum out-of-pocket expense for employee-plus-one

OR

789 No employee-plus-one maximum

162 \$ [] [] [] [] [] [] .00 Maximum out-of-pocket expense for a family

OR

222 No family maximum

Continue with 23

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PLAN CHARACTERISTICS

23 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
- 781 Telemedicine

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

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 government unit offered only one health insurance plan, you have completed your response to this survey.

If your government unit offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered.

Feel free to include any health insurance brochure information you may have in your return packet or fax to 1-800-447-4615.

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