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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

> 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 2016 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 2016, 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

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.

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.

012 Name of plan

Exclusive providers

(Examples: Most HMO, IPA, and EPO-type plans)

Any providers

(Examples: Most fee-for-service plans)

Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)

Yes

No

Don't know

**Continue with Page 2, Question 4** 

	GENERAL PLAN INFO	RMATION	- 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.	1 2 3	Purchased - <b>SKIP to Question 6</b> Self-insured - <i>Continue with Question 5a</i> Don't know - <b>SKIP to Question 6</b>
	SELF-INSURED PL	AN INFOR	MATION
	Complete Questions 5a-c if this plan was self-insured.  Did your government unit employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?  Did your government unit purchase stop-loss	713 1	Yes - Used a TPA or ASO  No - Self-administered the plan  Yes
	coverage for this plan? (see definition sheet MEPS-20(D) for more information)	2	No - <b>SKIP to Question 6</b>
c.	What was the specific stop-loss amount PER EMPLOYEE?	732	III, III .00
	ACTUARIAL VALUE	OR META	L LEVEL
6.	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.	2	% of medical expenses paid by plan
	ACTIVE EN	ROLLMEN	Т
7a.	Estimates are acceptable for all enrollment figures.  How many ACTIVE employees were ENROLLED in this plan at this government unit during a typical pay period in 2016?  Include full-time, part-time, temporary and seasonal employees.  Exclude retirees, former employees, leased or contract workers.	125	Active employees enrolled in plan
	WOINGIS.		Continue with Page 3, Question 7b

Continue with Page 4, Question 10a

	ACTIVE ENROLLMENT – Continued		
7b.	How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2016?	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 government unit offered EMPLOYEE- PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2016?	Active employees enrolled in employee-plus-one coverage	
	Include enrollment for both employee-plus-spouse and employee-plus-child coverage.		
d.	How many of these ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2016?	Active employees enrolled in family coverage	
	PHSA (COBRA	ENROLLMENT)	
8.	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 in 2016?	Former employees enrolled in plan, excluding retirees	
	PLAN PR	REMIUMS	
	Report for TYPICAL situations and enrollees. If premium val If this was a self-insured plan, report the premium equivalent Report government unit/employee contributions and total pre- If there is an HSA or HRA associated with this plan, include employer contribution to the premium.	nt.	
	SINGLE COVERAGE	552 1 Yes - Continue with Question 9b	
9a.	Was SINGLE coverage offered under this plan?	No - <b>SKIP to Page 4, Question 10a</b>	
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with SINGLE coverage?	\$ .00 Employer contribution for single premium	
C.	How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?	\$ .00 <b>Employee</b> contribution for <b>single</b> premium	
d.	What was the TOTAL premium for this typical employee with SINGLE coverage?	\$ .00 \$ .00 Total single premium	
e.	The amounts reported in Questions 9b-d are based on which one of the following time periods?	133 1	
	Mark (X) only one.	2	

	PLAN PREMIUI	MS - Continued
	EMPLOYEE-PLUS-ONE COVERAGE	
10a.	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.  Was EMPLOYEE-PLUS-ONE coverage offered under this plan?	1 Yes - Continue with Question 10b 2 No - <b>SKIP to Question 11a</b>
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?	\$ .00 Government unit contribution for employeeplus-one premium
C.	How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?	\$ .00 <b>Employee</b> contribution for <b>employee-plus-one</b> premium
d.	What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?	\$ 10, .00 Total employee-plus-one premium
e.	The amounts reported in Questions 10b-d are based on which one of the following time	638 1 Weekly 5 Quarterly
	periods?  Mark (X) only one.	2 Every 2 weeks 4  Yearly
		3 Monthly
	FAMILY COVERAGE	137 1 Yes - Continue with Question 11b
11a.	If premium varied by family size, report for a family of four.  Was FAMILY coverage offered under this plan?	No - SKIP to Page 5, Question 12a
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?	\$ .00 Government unit contribution for family premium
c.	How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?	\$ .00 <b>Employee</b> contribution for <b>family</b> premium
d.	What was the TOTAL premium for this typical employee with FAMILY coverage?	\$ 134 \$ 10,000 Total family premium
e.	The amounts reported in Questions 11b-d are based on which one of the following time periods?	553 1 Weekly 5 Quarterly
	Mark (X) only one.	2 Every 2 weeks 4 Yearly
		3 Monthly
f.	Did the TOTAL premium reported earlier for FAMILY coverage vary depending on the number of family members covered by the	752 1
	plan?	2 No
		3 Don't know
		Continue with Page 5. Question 12a

GENERAL PREMIUM INFORMATION			
12a.	Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?	749 1	
b.	Did older EMPLOYEES contribute more toward their SINGLE coverage premium than younger employees?	750 1	
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.	734 Participation in a fitness/weight loss program  735 Participation in a smoking cessation program  761 Wellness/Health monitoring	
	INDIVIDUAL E	DEDUCTIBLES	
	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.  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 17b on Page 6.  DO NOT report COPAYMENTS or individual or family maximums here.  If prescription drugs have a separate deductible, it should be reported under Question 19c, Page 7.	151 1 Yes - Continue with Question 13b 2 No - SKIP to Page 6, Question 16  146 \$ .00 Individual annual deductible	
	FAMILY DEDUCTIBLES		
14a.	Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?	Yes - Continue with Question 14b  No - SKIP to Question 14c  Family coverage not offered - SKIP to Page 6, Question 15	
b.	How many family members were required to meet their individual deductibles before the family deductible was met?  Report for a family of four.	Number of family members	
c.	What was the total annual deductible a family paid?  Report for a family of four.	\$ .00 Total annual family deductible	

Continue with Page 6, Question 15

	HEALTH SAVINGS	ACCOUNT (HSA)
15.	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 16.  Did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2016?	714 1 Yes, contributed to an HSA 2 No, did not contribute to an HSA 4 Don't know
	HEALTH REIMBURSEMEN	NT ARRANGEMENT (HRA)
16.	Did your government unit offer an HRA associated with this plan in 2016?  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
	PAYM	ENTS
17a.	Was hospital care covered under this plan?	155 1 Yes - Continue with Question 17b 2 No - <b>SKIP to Question 18a</b>
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.	\$ .00 Copayment paid by enrollee for hospital admission  154  1 Per day  2 Per stay  AND/OR  153  Copayment paid by enrollee for hospital admission  Copayment paid by enrollee for hospital admission
18a.	Was physician care covered under this plan?	Yes - Continue with Question 19b  No - <b>SKIP to Page 7, Question 19a</b>
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.	\$ .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.	Copayment paid by enrollee for Specialist Physician office visit  AND/OR  Coinsurance paid by enrollee  Continue with Page 7, Question 19a

know SKIP to Question 19d	
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Continue with Page 8, Question 20a	

	PAYMENTS	- Continued
19a.	Were prescription drugs covered under this health plan?	1 Yes - Continue with Question 19b 2 No 3 Don't know SKIP to Page 8, Question 20a
b.	Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs?	1 Yes - Continue with Question 19c 2 No 3 Don't know  Yes - Continue with Question 19c  SKIP to Question 19d
C.	What was the ANNUAL deductible for prescription drugs for single coverage in this plan?	\$ 00,000 .00
	Report "in-network" deductibles (if applicable).	
d.	How much and/or what percentage did an enrollee pay out-of-pocket for each type of prescription drug covered?	Generic 753 \$ .00 Copayment
	Out of pocket expense - Costs paid directly by the enrollee.	AND/OR
	Some plans may have both a dollar copayment and a percentage coinsurance.	754 % Coinsurance
		762 Generic not covered
		Preferred brand name
		\$ .00 Copayment
		756 % Coinsurance
		763 Preferred brand name not covered
		Non-preferred brand name
		\$ .00 Copayment
		758 Coinsurance
		764 Non-preferred brand name not covered
	Specialty drugs are prescription medications that are	Specialty
	used to treat complex, chronic and often costly conditions. See definition sheet MEPS-20(D) for more information.	\$ .00 Copayment
		768 AND/OR % Coinsurance
		769 Specialty not covered