

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 2017 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 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
  - 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 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-type plans)
  - 2  Any providers (Examples: Most fee-for-service plans)
  - 3  Mixture of preferred and any providers (Examples: Most PPO and POS-type 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

**Continue with 4**

29047016



### 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

Complete Questions 5a through 5c if this plan was self-insured.

**5a. 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 specific 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 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.

**7a. How many ACTIVE employees were ENROLLED in this plan at this government unit 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 7b**



**ACTIVE ENROLLMENT - Continued**

**7b. 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?**

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 2017?**

705

**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 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 government unit/employee contributions and total premium for the same period in 2017.*

**SINGLE COVERAGE**

**9a. Was SINGLE coverage offered under this plan?**

552

- 1  Yes - Continue with **9b**
- 2  No - **SKIP to 10a**

**b. For this plan, how much did the GOVERNMENT UNIT 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 9b-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 10a**

29047032



## 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.

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570
- 1  Yes - Continue with **10b**
- 2  No - **SKIP to 11a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636

\$    ,     .00

**Government unit** 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 10b-d are based on which one of the following time periods?**

Mark (X) only one.

- 638
- |   |                          |               |   |                          |           |
|---|--------------------------|---------------|---|--------------------------|-----------|
| 1 | <input type="checkbox"/> | Weekly        | 5 | <input type="checkbox"/> | Quarterly |
| 2 | <input type="checkbox"/> | Every 2 weeks | 4 | <input type="checkbox"/> | Yearly    |
| 3 | <input type="checkbox"/> | Monthly       |   |                          |           |

### FAMILY COVERAGE

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

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

- 137
- 1  Yes - Continue with **11b**
- 2  No - **SKIP to 12a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?**

135

\$    ,     .00

**Government unit** 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 11b-d are based on which one of the following time periods?**

Mark (X) only one.

- 553
- |   |                          |               |   |                          |           |
|---|--------------------------|---------------|---|--------------------------|-----------|
| 1 | <input type="checkbox"/> | Weekly        | 5 | <input type="checkbox"/> | Quarterly |
| 2 | <input type="checkbox"/> | Every 2 weeks | 4 | <input type="checkbox"/> | Yearly    |
| 3 | <input type="checkbox"/> | Monthly       |   |                          |           |

**f. Did the TOTAL premium reported earlier 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 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  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<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"/> |

**INDIVIDUAL DEDUCTIBLES**

**13a. 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* **13b**
  - 2  No - **SKIP to 16**

**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 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.*

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?**

- 224
- 1  Yes - *Continue with* **14b**
  - 2  No - **SKIP to 14c**
  - 3  Family coverage not offered - **SKIP to 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.*

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 15**

29047057

### 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 16.

**15. Did your government unit 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)

**16. Did your government unit 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

**17a. Was hospital care covered under this plan?**

- 155
- 1  Yes - Continue with **17b**
  - 2  No - **SKIP to 18a**

**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

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

- 218
- 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 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 19a**

29047065



PAYMENTS - Continued

19a. Were prescription drugs covered under this health plan?

- 673 1  Yes - Continue with 19b
  - 2  No
  - 3  Don't know
- } SKIP to 20a

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

- 773 1  Yes - Continue with 19c
  - 2  No
  - 3  Don't know
- } SKIP to 19d

c. What was the ANNUAL deductible for prescription drugs for single coverage in this plan?

774 \$     ,   .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 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 20a

29047073



**PAYMENTS - Continued**

*Include all copayments, coinsurance and deductibles.*

**20a. 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**

**21. 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"/>

**22. 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.**

29047081

