

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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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: 100%; 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: 100%; 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: 100%; 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: 100%; 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: 100%; 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: 100%; height: 20px;" type="text" value="131"/> | 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: 100%; height: 20px;" type="text" value="132"/> | Employee contribution for single premium |
| | <p>d. What was the TOTAL premium for this typical employee with single coverage?</p> | 130 | <input style="width: 100%; height: 20px;" type="text" value="130"/> | 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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PLAN CHARACTERISTICS

23 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"/> |
| 781 | Telemedicine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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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