

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

2018 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2018 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 2018, 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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ACTIVE ENROLLMENT - Continued

8b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2018? 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 2018? 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 2018? 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 2018 ? 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 2018.

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 \$ **Employer contribution for single premium**

c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium? 132 \$ **Employee contribution for single premium**

d. What was the TOTAL premium for this typical employee with SINGLE coverage? 130 \$ **Total single premium**

e. The amounts reported in Questions 10b-d are based on which one of the following time periods? 133 1 Weekly 5 Quarterly 2 Every 2 weeks 4 Yearly 3 Monthly

Mark (X) only one.

Continue with 11a

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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 17.

16a. Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2018?

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

b. What is the monthly contribution your organization makes to the HSA for a typical employee with SINGLE coverage for this plan?

This amount should NOT include the amount your organization contributes toward the plan premium.

777

\$, .00

c. What is the monthly contribution your organization makes to the HSA for a typical employee with FAMILY coverage for this plan?

This amount should NOT include the amount your organization contributes toward the plan premium.

778

\$, .00

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

17a. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2018?

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.

- 710
- 1 Yes
- 2 No
- 3 Don't know

b. Up to what dollar amount does your organization contribute EACH YEAR to a typical employee's HRA for SINGLE coverage for this plan?

This amount should NOT include the amount your organization contributes toward the plan premium.

779

\$, .00

c. Up to what dollar amount does your organization contribute EACH YEAR to a typical employee's HRA for FAMILY coverage for this plan?

This amount should NOT include the amount your organization contributes toward the plan premium.

780

\$, .00



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

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

Report "in-network" prescription deductibles for participating pharmacies (if applicable).

- 774 \$ [] [] [] [] [] [] .00 Separate prescription drug deductible

Continue with 20d

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PAYMENTS - Continued

20d. 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.

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.

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

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

Continue with **22**

PLAN CHARACTERISTICS

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

Telemedicine is the delivery of health care through telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring.

	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"/>

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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