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

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.

Which type of health care provider arrangement

**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.

- 1 Exclusive providers
  (Examples: Most HMO, IPA, and EPO plans)
  - 2 Any providers
    (Examples: Most fee-for-service plans)
  - 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.

1 Yes

012 Name of plan

- 2 No
- 3 П Don't know

4. Was this plan offered through a union or a trade association?

- 13 Union
  - 2 Trade association
  - 3 Neither

Continue with 5



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2.

	GENERAL PLAN INFO	RMATION - Continued
5.	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 organization 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 Purchased - <b>SKIP to 7</b> 2 Self-insured - <i>Continue with</i> <b>6a</b> 3 Don't know - <b>SKIP to 7</b>
	SELF-INSURED PL	AN INFORMATION
6a.	Complete Questions 6a through 6c if this plan was self-insured.  Did your organization employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?	1 Yes - Used a TPA or ASO 2 No - Self-administered the plan
b.	Did your organization purchase stop-loss coverage for this plan?  (see definition sheet MEPS-20(D) for more information)	107 1
c.	What was the specific stop-loss amount PER ENROLLEE?	<sup>732</sup> \$ 0,000,000 .00
	ACTUARIAL VALUE	OR METAL LEVEL
7.	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  OR  Metal Level: 746  1
	ACTIVE EN	ROLLMENT
8a.	Estimates are acceptable for all enrollment figures.  How many ACTIVE employees were ENROLLED in this plan at this location during a typical pay period in 2018?  Include full-time, part-time, temporary and seasonal employees.	Active employees enrolled in plan
	Exclude retirees, former employees, leased or contract workers.	Continue with 8b

	ACTIVE ENROLL	MENT – Continued				
8b.	How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2018?	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?	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?	Active employees enrolled in family coverage				
	COBRA EN	ROLLMENT				
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?	Former employees enrolled in plan, excluding retirees				
	PLAN PR	REMIUMS				
	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	552 Ves Continue with 10h				
10a.	Was SINGLE coverage offered under this plan?	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?	\$ .00 <b>Employer</b> contribution for <b>single</b> 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?	\$ 0, .00 Total single premium				
e.	The amounts reported in Questions 10b-d are based on which one of the following time periods?	1 Weekly 5 Quarterly				
	Mark (X) only one.	2				

Continue with 11a

GENERAL PREMIUM INFORMATION									
13a.	Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?	   749       	1 2 3		Yes No Don't know				
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   734   735   761	Pa ce	s prog rticipa ssatio	tition in a fitness/weight gram				
INDIVIDUAL 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	151 	1 2		Yes - Continue with 14b No - SKIP to 17a				
	Paid?  Report "IN-NETWORK" deductibles (if applicable).  If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under Question 18b on Page 6.  DO NOT report COPAYMENTS or individual or family out-of-pocket maximums here.  If prescription drugs have a separate deductible, it should be reported under Question 20c on Page 7.		\$		, .00 Individual annual deductible				
	FAMILY DE	DUC	ΓIE	LES					
15a.	Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?	224       	1 2 3		Yes - Continue with 15b  No - SKIP to 15c  Family coverage not offered - SKIP to 16a				
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				

	HEALTH SAVINGS	ACCOUNT (HSA)
16a.	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.  Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2018?	1 Yes, contributed to an HSA No, did not contribute to an HSA 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?	* .00 s
	This amount should NOT include the amount your organization contributes toward the plan premium.	
c.	What is the monthly contribution your organization makes to the HSA for a typical employee with FAMILY coverage for this plan?	\$ .00
	This amount should NOT include the amount your organization contributes toward the plan premium.	
	HEALTH REIMBURSEMEN	IT ARRANGEMENT (HRA)
17a.	Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2018?	710 1
	An employer can offer an HRA by setting up an account to reimburse employees for medical expenses not covered by health insurance.	3 Don't know
	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 does your organization contribute EACH YEAR to a typical employee's HRA for SINGLE coverage for this plan?	\$ .00
	This amount should NOT include the amount your organization contributes toward the plan premium.	
c.	Up to what dollar amount does your organization contribute EACH YEAR to a typical employee's HRA for FAMILY coverage for this plan?	\$ .00
	This amount should NOT include the amount your organization contributes toward the plan premium.	
		Continue with 182

	PAYM	IENTS
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?	\$ .00 Copayment paid by enrollee for hospital admission
	<b>Out-of-pocket expense -</b> Those costs paid directly by the enrollee.	1 ☐ Per day
	Some plans may have both a dollar copayment and a percentage coinsurance.	2 Per stay AND/OR
	Report for precertified hospital admissions (if applicable).  Report for an admission at an "in-network"/participating	153 Coinsurance paid by enrollee
	hospital (if applicable).  Do not include any physician charges incurred during the hospital admission.	
19a.	Was physician care covered under this plan?	218 1 Yes - Continue with 19b
		2 No - <b>SKIP to 20a</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	\$ .00 Copayment paid by enrollee for office visit
	a participating physician, after any annual deductible was met?  Out of pocket expense - Costs paid directly by the enrollee.	AND/OR  157  Coinsurance paid by 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.	
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?	\$ .00 Copayment paid by enrollee for Specialist Physician office visit
	Report for an "in-network"/participating specialist.	772 Coinsurance paid by enrollee
20a.	Were prescription drugs covered under this health plan?	1 Yes - Continue with 20b
		2
b.	Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs?	773 1  Yes - Continue with 20c
		3 Don't know SKIP to 20d
C.	What was the SEPARATE ANNUAL deductible for prescription drugs for SINGLE coverage in this plan?	\$ \$ .00 Separate prescription drug deductible
	Report "in-network" prescription deductibles for participating pharmacies (if applicable).	Continue with 20d





	PLAN CHARA	CTERISTICS			
22.	Which of the services listed were covered by this plan?		Yes	No (2)	Don't know (3)
		173 Chiropractic care			
		736 Routine vision care for children			
		Routine vision care for adults			
		737 Routine dental care for children			
		176 Routine dental care for adults			
		738 Mental health care			
	Telemedicine is the delivery of health care through	Substance abuse treatment			
	telecommunications to a patient from a provider who is at a remote location, including video chat and remote monitoring.	781 Telemedicine			
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.  1 Yes  2 No  Don't know				
	If your organization offered o you have completed you If your organization offered MO plan, please complete a Plan Inf plan that was offer	E NOTE ***  Inly one health insurance plan,  response to this survey.  RE THAN ONE health insurance formation Questionnaire for each ed, up to four plans.  insurance brochure information			