

U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2021 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2021 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 2021, 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

4 Was this plan offered through a union (multi-employer health plan) or a trade or business association (Association Health Plan (AHP))?

Multi-employer Health Plan – An employee health benefit plan maintained pursuant to a collective bargaining agreement that includes employees of two or more employers.

Association Health Plan (AHP) – A group health plan that employer groups and associations offer to provide health coverage for their employees or members.

113

- 1 Union (multi-employer health plan)
- 2 Trade or business association (AHP)
- 3 Neither

Continue with 5

29021011



ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 8a through 8d, if the answer is **NONE**, please enter "0".

Include:

- Corporate officers and managers
- Employees on the payroll for this location, including:
those who work off-site.
those who are leased or contracted TO other organizations.
- Full-time and part-time employees
- Owners
- Temporary and seasonal employees

Exclude:

- Former employees
- Workers leased or contracted FROM other organizations
- Retirees

- | | | | | |
|----------|---|-----|---|---|
| 8 | <p>a. How many active employees were enrolled in this plan at this location during a typical pay period?</p> | 125 | <input style="width: 40px; height: 20px; border: 1px solid #ccc;" 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: 40px; height: 20px; border: 1px solid #ccc;" 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: 40px; height: 20px; border: 1px solid #ccc;" 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: 40px; height: 20px; border: 1px solid #ccc;" type="text" value="705"/> | Active employees enrolled in family coverage |

COBRA ENROLLMENT

- | | | | | |
|----------|--|-----|---|---|
| 9 | <p>How many FORMER employees were enrolled in this plan through COBRA or state continuation-of-benefits laws during a typical pay period? Exclude retirees.</p> | 126 | <input style="width: 40px; height: 20px; border: 1px solid #ccc;" type="text" value="126"/> | Former employees enrolled in plan, excluding retirees |
|----------|--|-----|---|---|

PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premiums 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 2021.

- | | | | | | | | | | | | | | | | | | | |
|-----------|--|---------------|---|---|--------------------------|--------|---|--------------------------|---------------|---|--------------------------|---------|---|--------------------------|-----------|---|--------------------------|--------|
| 10 | <p>The following questions, 11a through 13e, refer to plan premium amounts. For which time period will you be reporting?</p> <p><i>Mark (X) only one.</i></p> | 790 | <table border="0" style="width: 100%;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;"><input type="checkbox"/></td> <td>Weekly</td> </tr> <tr> <td>2</td> <td><input type="checkbox"/></td> <td>Every 2 weeks</td> </tr> <tr> <td>3</td> <td><input type="checkbox"/></td> <td>Monthly</td> </tr> <tr> <td>5</td> <td><input type="checkbox"/></td> <td>Quarterly</td> </tr> <tr> <td>4</td> <td><input type="checkbox"/></td> <td>Yearly</td> </tr> </table> | 1 | <input type="checkbox"/> | Weekly | 2 | <input type="checkbox"/> | Every 2 weeks | 3 | <input type="checkbox"/> | Monthly | 5 | <input type="checkbox"/> | Quarterly | 4 | <input type="checkbox"/> | Yearly |
| 1 | <input type="checkbox"/> | Weekly | | | | | | | | | | | | | | | | |
| 2 | <input type="checkbox"/> | Every 2 weeks | | | | | | | | | | | | | | | | |
| 3 | <input type="checkbox"/> | Monthly | | | | | | | | | | | | | | | | |
| 5 | <input type="checkbox"/> | Quarterly | | | | | | | | | | | | | | | | |
| 4 | <input type="checkbox"/> | Yearly | | | | | | | | | | | | | | | | |

Continue with 11a



GENERAL PREMIUM INFORMATION

14 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

IN-NETWORK DEDUCTIBLES

15 Did this plan have a deductible?

151

1 Yes - Continue with **16**

2 No - **SKIP to 19a**

16 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 22b on Page 7.

If prescription drugs had a separate deductible, it should be reported under Question 24c on Page 8.

DO NOT report copayments or 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.

17 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 **17b**

2 No

3 Family coverage not offered. } **SKIP to 18a**

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 18a

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HEALTH REIMBURSEMENT ARRANGEMENT (HRA) - Continued

21 a. Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for single coverage for this plan?

779

\$, .00

Annual HRA contribution for single coverage

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

b. Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for employee-plus-one coverage for this plan?

800

\$, .00

Annual HRA contribution for employee-plus-one coverage

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

c. Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for family coverage for this plan?

780

\$, .00

Annual HRA contribution for family coverage

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

Report for a family of four.

IN-NETWORK PAYMENTS

22 a. Was hospital care covered under this plan?

155

- 1 Yes - Continue with **22b**
- 2 No - **SKIP to 23a**

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?

152

\$, .00

Copayment paid by enrollee for hospital admission

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.

154

- 1 Per day
- 2 Per stay

AND/OR

153

%

Coinsurance paid by enrollee

29021078



Continue with **23a**

IN-NETWORK PAYMENTS - Continued

- 23 a. Was physician care covered under this plan?** 218
- 1 Yes - Continue with **23b**
- 2 No - **SKIP to 24a**

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? 156

\$.00 Copayment paid by enrollee for General Practitioner office visit

AND/OR

Report for an "in-network"/participating general practitioner, excluding preventive care visits. 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? 771

\$.00 Copayment paid by enrollee for Specialist Physician office visit

AND/OR

Report for an "in-network"/participating specialist, excluding preventive care visits. 772

% Coinsurance paid by enrollee

- 24 a. Were prescription drugs covered under this health plan?** 673
- 1 Yes - Continue with **24b**
- 2 No
- 3 Don't know
- } **SKIP to 25**

b. Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs? 773

1 Yes - Continue with **24c**

2 No

3 Don't know

} **SKIP to 24d**

c. What was the SEPARATE ANNUAL deductible for prescription drugs for single coverage in this plan? 774

\$, .00 Separate individual prescription drug deductible

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

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Continue with **24d**

PLAN CHARACTERISTICS

26 Did this plan cover any of the services listed?

	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.

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS

27 Does this plan cover any of the costs of non-emergency out-of-network care?

801 Yes
 No
 Don't know

}

Skip to the bottom of page 11 for instructions.

28 What was the annual deductible an enrollee paid out-of-pocket for care provided by an out-of-network provider for different levels of coverage?

If this plan had an out-of-network deductible, continue with Question 28, otherwise skip to Question 29.

If deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 29.

DO NOT report copayments or out-of-pocket maximums here.

802 , Out-of-network individual annual deductible

803 , Out-of-network employee-plus-one annual deductible

804 Employee-plus-one coverage not offered.

805 , Out-of-network family annual deductible

806 Family coverage not offered.

29 For an out-of-network provider, 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?

If this plan offered hospital care, continue with Question 29, otherwise skip to Question 30.

Report for precertified hospital admissions (if applicable).

Do not include any physician charges incurred during the hospital admission.

807 , Copayment paid by enrollee for out-of-network hospital admission

808 Per day
 Per stay

AND/OR

809 % Coinsurance paid by enrollee for out-of-network hospital admission

Continue with 30

29021102



