

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

2022 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

## INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2022 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 2022, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?**

012 Name of plan

Examples: • Blue Cross Blue Shield, High Option  
• Option A  
• Aetna HMO

**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?**

- 104 1  Yes
- 2  No
- 3  Don't know

*For plans with multiple options, answer for the "in-network" option.*

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

- 113 1  Union (multi-employer health plan)
- 2  Trade or business association (AHP)
- 3  Neither

**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.

**Continue with 5**

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## GENERAL PLAN INFORMATION - 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.

- 105
- 1  Purchased - **SKIP to 7**
- 2  Self-insured - *Continue with 6a*
- 3  Don't know - **SKIP to 7**

## SELF-INSURED PLAN INFORMATION

### 6 a. Did your organization 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 organization purchase stop-loss coverage for this plan?

See definition sheet MEPS-20(D) for more information.

- 107
- 1  Yes - *Continue with 6c*
- 2  No - **SKIP to 7**

### c. What was the stop-loss amount PER ENROLLEE?

732

\$  ,  ,  .00

## ACTUARIAL VALUE OR METAL LEVEL

### 7 What was this plan's actuarial value AND/OR metal level?

**Actuarial Value** is the average percentage of total enrollee medical expenses for plan covered benefits **paid by the plan**, rather than by enrollee cost sharing, 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

#### AND/OR

#### Metal Level:

- 746
- 1  Bronze
- 2  Silver
- 3  Gold
- 4  Platinum

#### OR

776  Don't know actuarial value or metal level

### 8 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

**Continue with 9a**



## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 9a through 9d, 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

- 9** a. How many active employees were enrolled in this plan at this location during a typical pay period? 125  Active employees enrolled in plan
- 
- b. How many of these active employees were enrolled in SINGLE coverage during a typical pay period? 129  Active employees enrolled in single coverage
- 
- c. If this plan had EMPLOYEE-PLUS-ONE coverage, how many active employees were enrolled during a typical pay period? 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 coverage during a typical pay period? 705  Active employees enrolled in family coverage

## COBRA ENROLLMENT

- 10** How many FORMER employees were enrolled in this plan through COBRA or state continuation-of-benefits laws during a typical pay period? Exclude retirees. 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 2022.

- 11** The following questions, 12a through 14e, refer to plan premium amounts. For which time period will you be reporting? 790
- Mark (X) only one.
- 1  Weekly
  - 2  Every 2 weeks
  - 3  Monthly
  - 5  Quarterly
  - 4  Yearly

Continue with **12a**

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## PLAN PREMIUMS - Continued

### SINGLE COVERAGE

- 12 a. Was SINGLE coverage offered under this plan?** 552
- 1  Yes - Continue with **12b**
- 2  No - **SKIP to 13a**
- 
- b. For this plan, how much did the EMPLOYER 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

### EMPLOYEE-PLUS-ONE COVERAGE

*If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverage, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.*

- 13 a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?** 570
- 1  Yes - Continue with **13b**
- 2  No - **SKIP to 14a**
- 
- b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with employee-plus-one coverage?** 636
- \$    ,    .00 Employer 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

### FAMILY COVERAGE

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

- 14 a. Was FAMILY coverage offered under this plan?** 137
- 1  Yes - Continue with **14b**
- 2  No - **SKIP to 15a**
- 
- b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with family coverage?** 135
- \$    ,    .00 Employer 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. Did the TOTAL premium 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 15a**

### GENERAL PREMIUM INFORMATION

**15 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

**16 Did this plan have a deductible?**

- 151
- 1  Yes - Continue with **17**
  - 2  No - **SKIP to 21**

**17 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 23b on Page 7.*

*If prescription drugs had a separate deductible, it should be reported under Question 25c on Page 8.*

- 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.

**18 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 **18b**
  - 2  No
  - 3  Family coverage not offered. } **SKIP to 19**

**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

**Continue with 19**

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### HEALTH REIMBURSEMENT ARRANGEMENT (HRA) - Continued

**22 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

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

155

- 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 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

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Continue with **24a**

### IN-NETWORK PAYMENTS - Continued

- 24 a. Was physician care covered under this plan?** 218
- 1  Yes - Continue with **24b**
- 2  No - **SKIP to 25a**

**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

- 25 a. Were prescription drugs covered under this health plan?** 673
- 1  Yes - Continue with **25b**
- 2  No
- 3  Don't know
- } **SKIP to 26**

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

1  Yes - Continue with **25c**

2  No

3  Don't know

} **SKIP to 25d**

**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 **25d**







**OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS - Continued**

*Include all copayments, coinsurance and deductibles.*

**31** **What was the maximum annual out-of-pocket expense for care provided by an out-of-network provider?**

*This is often referred to as a catastrophic limit.*

810       Out-of-network maximum out-of-pocket expense for an individual

**OR**

811  No **individual** maximum

812       Out-of-network maximum out-of-pocket expense for employee-plus-one

**OR**

813  No **employee-plus-one** maximum

814       Out-of-network maximum out-of-pocket expense for a family

**OR**

815  No **family** maximum

**\*\*\* 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.**

**To supplement your response, you may include Summary of Benefits and Coverage or other materials describing plan benefits and premiums in your return packet or fax to 1-800-447-4613.**

