

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

(b) (5) DPP, (b) (5) ACP

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** 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

- 9** 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 2021.

- 10** The following questions, 11a through 13e, 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 11a



SINGLE COVERAGE

- ## EMPLOYEE-PLUS-ONE COVERAGE

FAMILY COVERAGE

Continue with 14a

14 a. Did the amount individual EMPLOYEES contributed toward their single coverage premium vary by any of these characteristics?

	(1)	(2)	(3)
734 Participation in a fitness/weight loss program	☐	☐	☐
735 Participation in a smoking cessation program	☐	☐	☐
761 Wellness/Health monitoring	☐	☐	☐
784 Age	☐	☐	☐
785 Wage or Salary levels	☐	☐	☐

749

1	☐	Yes
2	☐	No
3	☐	Don't know

15 Did this plan have a deductible?

151

1	☐	Yes - <i>Continue with</i> 16
2	☐	No - SKIP to 20

146	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Individual annual deductible
786	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Employee-plus-one annual deductible
791	☐ Employee-plus-one coverage not offered.	
149	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Family annual deductible
792	☐ Family coverage not offered.	

224

1	☐	Yes - <i>Continue with 17b</i>
2	☐	No
3	☐	Family coverage not offered.

} **SKIP to 18**

Report for a family of four.

FORM **MEPS-10E(S)**

HEALTH SAVINGS ACCOUNT (HSA)

Complete only if the deductibles for this plan were \$1,400 or higher for single coverage and/or \$2,800 or higher for employee-plus-one or family coverage, otherwise skip to Question 20.

- 714

1 ☐ Yes, contributed to an HSA

2 ☐ No, did not contribute to an HSA

4 ☐ Don't know

SKIP to 20

- 777

\$, .00

Monthly HSA contribution for single coverage

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

- 799

\$, .00

Monthly HSA contribution for employee-plus-one coverage

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

- 778

\$, .00

Monthly HSA contribution for family coverage

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

Report for a family of four.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 710

1 ☐ Yes, contributed to an HRA

2 ☐ No, did not contribute to an HRA

3 ☐ Don't know

SKIP to 22a

An employer can offer an HRA by setting up an account to reimburse employees for medical expenses not covered by health insurance.

DO NOT report ICHRA or QSEHRA here.

HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet MEPS-20(D) for more information.

Continue with 21a

Annual HRA contribution for single coverage

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

Annual HRA contribution for employee-plus-one coverage

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

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

1 ☐ Yes - Continue with **22b**

2 ☐ No - **SKIP to 23a**

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.

- 1 ☐ Per day
- 2 ☐ Per stay

AND/OR

Coinsurance paid by enrollee

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).

Continue with 24d



IN-NETWORK PAYMENTS - Continued

- 24 d. 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?**

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

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 % 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 \$ 000.00 Copayment

AND/OR

758

--	--	--

 % Coinsurance

764 ☐ Non-preferred brand name not covered

Specialty

767 Copayment

AND/OR

768

--	--	--

 % Coinsurance

769 ☐ Specialty not covered

Include all copayments, coinsurance and deductibles.

- 25** What was the overall MAXIMUM ANNUAL out-of-pocket expense?

This is often referred to as a catastrophic limit.

Report "in-network" maximum out-of-pocket expense (if applicable).

161 \$.00 Maximum out-of-pocket expense for an individual

OR

163 ☐ No **individual** maximum

788  Maximum out-of-pocket expense for employee-plus-one

OR

789 ☐ No **employee-plus-one** maximum

162 \$.00 Maximum out-of-pocket expense for a family

OR

222 ☐ No **family** maximum

Continue with **26**

PLAN CHARACTERISTICS

26 Did this plan cover any of the services listed?

Yes
(1) No
(2) Don't
know
(3)

173	Chiropractic care	☐	☐	☐
736	Routine vision care for children	☐	☐	☐
587	Routine vision care for adults	☐	☐	☐
737	Routine dental care for children	☐	☐	☐
176	Routine dental care for adults	☐	☐	☐
738	Mental health care	☐	☐	☐
182	Substance abuse treatment	☐	☐	☐
781	Telemedicine	☐	☐	☐

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
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ 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 1 ☐ Per day
- 2 ☐ Per stay
- AND/OR**
- 809 % Coinsurance paid by enrollee for out-of-network hospital admission

Continue with **30**

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

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

811 ☐ No **individual** maximum

812 \$.00 Out-of-network maximum out-of-pocket expense for employee-plus-one

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

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

815 ☐ No **family** maximum

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.

