

Report Online - Do Not Return

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

2020 Medical Expenditure Panel Survey
Insurance Component

OMB No. 0935-0110: Approval Expires 02/28/2023

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2020 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 2020, 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

29020013

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 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

OR

Metal Level:

- 746
- 1

☐

Bronze
- 2

☐

Silver
- 3

☐

Gold
- 4

☐

Platinum
- 6

☐

N/A, Grandfathered Plan
- 776
- ☐

Don't know

Continue with 8a



ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

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

Include:

- Full-time and part-time employees
- Temporary and seasonal employees

Exclude:

- Retirees
- Former employees
- Leased or contract workers

- 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 2020.

- 10 The following questions, 11a through 13e, refer to plan premium amounts. For which time period will you be reporting?**

790

- 1 ☐ Weekly
- 2 ☐ Every 2 weeks
- 3 ☐ Monthly
- 5 ☐ Quarterly
- 4 ☐ Yearly

Mark (X) only one.

Continue with **11a**

SINGLE COVERAGE

11b

No - **SKIP to 12a**

Employer contribution for
single premium

Employee contribution for single premium

Total single premium

12b

No - **SKIP to 13a**

Employer contribution for employee-plus-one premium

Employee contribution for employee-plus-one premium

Total employee-plus-one premium

13b

No - **SKIP to 14a**

Employer contribution for family premium

Employee contribution for family premium

Total family premium

No

Don't know

Continue with 14a

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 family coverage, otherwise skip to Question 19a.

- 18 a. Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees?**

714

1 ☐ Yes, contributed to an HSA

2 ☐ No, did not contribute to an HSA

4 ☐ Don't know

SKIP to 19a

- b. What was the MONTHLY contribution your organization made to the HSA for a typical employee with single coverage for this plan?**

777

\$.00

Monthly HSA contribution for single coverage

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

- C. What was the MONTHLY contribution your organization made to the HSA for a typical employee with family coverage for this plan?**

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)

- 19 a. Did your organization contribute to a Health Reimbursement Arrangement (HRA) associated with this plan?**

710

1 ☐ Yes, contributed to an HRA

2 ☐ No, did not contribute to an HRA

3 ☐ Don't know

SKIP to 20a

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.

- b. 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.

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

780

\$ _____.

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.

Continue with 20a

PAYMENTS

20 a. Was hospital care covered under this plan?

155

- 1 ☐ Yes - Continue with **20b**
- 2 ☐ No - **SKIP to 21a**

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

154

- 1 ☐ Per day
- 2 ☐ Per stay

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.

AND/OR

153

%

Coinsurance paid by enrollee

21 a. Was physician care covered under this plan?

218

- 1 ☐ Yes - Continue with **21b**
- 2 ☐ No - **SKIP to 22a**

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 office visit

AND/OR

157

%

Coinsurance paid by enrollee

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?

771

\$.00

Copayment paid by enrollee for Specialist Physician office visit

AND/OR

772

%

Coinsurance paid by enrollee

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

22 a. Were prescription drugs covered under this health plan?

673

- 1 ☐ Yes - Continue with **22b**
- 2 ☐ No
- 3 ☐ Don't know
- } **SKIP to 23**

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

773

- 1 ☐ Yes - Continue with **22c**
- 2 ☐ No
- 3 ☐ Don't know
- } **SKIP to 22d**

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 **22d**

PAYMENTS - Continued

- 22 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

 %

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

- e. What was the maximum annual out-of-pocket expense for specialty drugs?**

787

 \$, .00

Maximum annual out-of-pocket expense for specialty drugs

793

☐
No **specialty drug** maximum

Include all copayments, coinsurance and deductibles.

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

This is often referred to as a catastrophic limit.

161

 \$, .00

Maximum out-of-pocket expense for an individual

OR

163

☐
No **individual** maximum

788

 \$, .00

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** maximumContinue with **24**

PLAN CHARACTERISTICS

24 Which of the services listed were covered by this plan?

Yes (1)	No (2)	Don't know (3)
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173 Chiropractic care

☐	☐	☐
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736 Routine vision care for children.

☐	☐	☐
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587 Routine vision care for adults.

☐	☐	☐
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737 Routine dental care for children.

☐	☐	☐
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176 Routine dental care for adults.

☐	☐	☐
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738 Mental health care.

☐	☐	☐
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182 Substance abuse treatment

☐	☐	☐
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781 Telemedicine.

☐	☐	☐
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Telemedicine is the delivery of health care through telecommunications to a patient from a provider who is at a remote location.

25 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 ☐ Yes2 ☐ No3 ☐ 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.

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.

