

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2023 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 2023, 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

[illegible]

ACTUARIAL VALUE OR METAL LEVEL

8 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 ☐ Bronze2 ☐ Silver3 ☐ Gold4 ☐ Platinum

OR

776

☐ Don't know actuarial value or metal level

9 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

ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 10a through 10d, 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

10 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

Continue with **11**



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

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\$.00

\$.00

\$.00

\$.00

\$. .00

\$.

FORM **MEPS-10(S)**

PLAN PREMIUMS - Continued

FAMILY COVERAGE

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

- 15 a. Was FAMILY coverage offered under this plan?**

1 ☐ Yes - *Continue with 15b*

2 ☐ No - **SKIP to 16a**

- b.** For this plan, how much did the **EMPLOYER** contribute toward the plan premium of one typical employee with family coverage? 135

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Employer contribution for family premium

- c. How much did this typical EMPLOYEE with family coverage contribute toward their 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 |

GENERAL PREMIUM INFORMATION

- 16 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 | ☐ | ☐ | ☐ |
| 735 Participation in a smoking cessation program | ☐ | ☐ | ☐ |
| 761 Wellness/Health monitoring | ☐ | ☐ | ☐ |
| 784 Age | ☐ | ☐ | ☐ |
| 785 Wage or Salary levels | ☐ | ☐ | ☐ |

- b. Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?**
- 749
- | | | |
|---|--------------------------|------------|
| 1 | ☐ | Yes |
| 2 | ☐ | No |
| 3 | ☐ | Don't know |

Continue with 17

17 Did this plan have a deductible?

151

1 ☐ Yes - Continue with **18**

2 ☐ No - **SKIP to 22**

146

If prescription drugs had a separate deductible, it should be reported under Question 26c on Page 8.

\$.00

Individual annual deductible

786

\$.00

Employee-plus-one
annual deductible

791

☐ Employee-plus-one coverage not offered.

149

\$.00

Family annual deductible

792

☐ Family coverage not offered.

224

1 ☐ Yes - Continue with **19b**

2 ☐ No

3	☐	Family coverage not offered.
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SKIP to 20

150



Number of family members

Report for a family of four.

20 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 22

Continue with 21a



IN-NETWORK PAYMENTS

24 a. Was hospital care covered under this plan?

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 an inpatient hospital admission after any annual deductible was met?

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

25 a. Was physician care covered under this plan?

1 ☐ Yes - Continue with **25b**

2 ☐ No - **SKIP to 26a**

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?

Copayment paid by enrollee for General Practitioner office visit

AND/OR

% 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?

Copayment paid by enrollee for Specialist Physician office visit

AND/OR

% Coinsurance paid by enrollee

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

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

1 ☐ Yes - Continue with **26b**

2 ☐ No

3 ☐ Don't know

SKIP to 27

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

1 ☐ Yes - Continue with **26c**

2 ☐ No

3 ☐ Don't know

SKIP to 26d

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

Separate individual prescription drug deductible

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

Continue with 26d

IN-NETWORK PAYMENTS - Continued

- 26 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	<div> <div></div> <div></div> <div></div> </div> <div>%</div>	Coininsurance
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762 ☐ Generic not covered

Preferred brand name

755 Copayment

AND/OR

756

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 % 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

Include all copayments, coinsurance and deductibles.

- 27** 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 \$. .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** maximum

Continue with **28**

28 Did this plan cover any of the services listed?

29 a. Did this plan cover TELEMEDICINE?

b. Did this plan cover either of these treatments by **TELEMEDICINE?**

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

31 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 deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 32.

Continue with 32

32 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?

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

808 1 Per day

2 ☐ Per stay

AND/OR

809	<div><div></div><div></div><div></div></div> %	Coinsurance paid by enrollee for out-of-network hospital admission
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33 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

OR

811 ☐ No **individual** maximum

812 \$.00 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

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.

