

100 **FOR CENSUS USE ONLY**

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CONFIDENTIAL ONLY

012 Name of plan

012 Name of plan

5 a. Family Coverage

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

137 2 ☐ Not offered - Skip to 6

137 2 ☐ Not offered - Skip to 6

b. GOVERNMENT UNIT

contribution for family premium

135 \$.00

135 \$.00

c. EMPLOYEE contribution for family premium

136 \$.00

136 \$. .00

d. TOTAL family premium

134 \$.00

134 \$.00

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

752

1	☐	Yes
2	☐	No
3	☐	Don't know

6 The amounts reported in the premium questions are based on which of the following time periods?

Mark (X) only one.

133

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

133

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

7 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 government unit 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 9**

2 ☐ Self-insured -
Continue with **8a**

3 ☐ Don't know - **Skip to 9**

105 1 ☐ Purchased - **Skip to 9**

2 ☐ Self-insured -
Continue with **8a**

3 ☐ Don't know - **Skip to 9**

GENERAL PLAN INFORMATION – Continued					
	100	FOR CENSUS USE ONLY	100	FOR CENSUS USE ONLY	
	012	Name of plan	012	Name of plan	
SELF-INSURED PLAN INFORMATION – Continued					
8	a.	Did your government unit employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?			
	713	1	☐	Yes - Used TPA or ASO	
	2	☐	No - Self-administered the plan		
		3	☐	Don't know	
	b.	Did your government unit purchase stop-loss coverage for this plan? <i>See definition sheet MEPS-20(D) for more information.</i>			
	107	1	☐	Yes - Continue with 8c	
	2	☐	No	} SKIP to 9	
	3	☐	Don't know		
	c.	What was the stop-loss amount PER ENROLLEE?			
	732	<div style="border: 1px solid black; padding: 2px;"> \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .<input type="text"/><input type="text"/> </div>			
	818	3	☐	Don't know	
LEVEL-FUNDED PLANS					
9		Was this plan a level-funded plan?			
	819	1	☐	Yes	
	2	☐	No		
		3	☐	Don't know	
<p>Level-funded plan – In a level-funded plan, your government unit makes a set payment each month to an insurer or third-party administrator which funds a reserve account for claims, administrative costs, and premiums for stop-loss coverage. When claims are lower than expected, surplus payments may be refunded at the end of the contract. These arrangements may also be referred to as balanced funding or alternative funding.</p>					

GENERAL PLAN INFORMATION – Continued

	100 FOR CENSUS USE ONLY	100 FOR CENSUS USE ONLY
	012 Name of plan	012 Name of plan

ACTUARIAL VALUE OR METAL LEVEL

10 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 <input type="text"/> <input type="text"/> <input type="text"/> % 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	Actuarial Value: 747 <input type="text"/> <input type="text"/> <input type="text"/> % 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
	11 Was this a grandfathered health plan as defined by the Affordable Care Act? <i>See the definition sheet MEPS-20(D) included with this package for an explanation.</i>	739 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

PLAN INFORMATION

12 Did the amount individual EMPLOYEES contributed toward their single coverage vary by any of these characteristics? <i>Do not include incentive programs that do not impact contributions.</i>	734 Participation in a fitness/weight loss program Yes (1) No (2) Don't know (3) ☐ ☐ ☐	734 Participation in a fitness/weight loss program Yes (1) No (2) Don't know (3) ☐ ☐ ☐
	735 Participation in a smoking cessation program ☐ ☐ ☐	735 Participation in a smoking cessation program ☐ ☐ ☐
	761 Wellness/Health monitoring ☐ ☐ ☐	761 Wellness/Health monitoring ☐ ☐ ☐
	784 Age ☐ ☐ ☐	784 Age ☐ ☐ ☐
	785 Wage or Salary levels ☐ ☐ ☐	785 Wage or Salary levels ☐ ☐ ☐
13 Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?	749 1 ☐ Yes 2 ☐ No 3 ☐ Don't know	749 1 ☐ Yes 2 ☐ No 3 ☐ Don't know



GENERAL PLAN INFORMATION – Continued

	100 FOR CENSUS USE ONLY	100 FOR CENSUS USE ONLY
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HEALTH SAVINGS ACCOUNT (HSA)

Complete only if the deductibles for this plan were \$1,600 or higher for single coverage and/or \$3,200 or higher for employee-plus-one or family coverage, otherwise skip to Question 16.

14 Did your government unit 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 16**

714

1 ☐ Yes, contributed to an HSA

2 ☐ No, did not contribute to an HSA

4 ☐ Don't know

} **SKIP to 16**

15 a. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with single coverage for this plan?

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

777

\$.00

Monthly HSA contribution for single coverage

777

\$.00

Monthly HSA contribution for single coverage

b. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with employee-plus-one coverage for this plan?

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

799

\$.00

Monthly HSA contribution for employee-plus-one coverage

799

\$.00

Monthly HSA contribution for employee-plus-one coverage

c. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with family coverage for this plan?

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

Report for a family of four.

778

\$.00

Monthly HSA contribution for family coverage

778

\$.00

Monthly HSA contribution for family coverage



GENERAL PLAN INFORMATION – Continued

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012 Name of plan		012 Name of plan

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

16 Did your government unit contribute to a Health Reimbursement Arrangement (HRA) associated with this plan?

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.

- 710
- 1 ☐ Yes, contributed to an HRA
- 2 ☐ No, did not contribute to an HRA
- 3 ☐ Don't know
- SKIP to 18a**

- 710
- 1 ☐ Yes, contributed to an HRA
- 2 ☐ No, did not contribute to an HRA
- 3 ☐ Don't know
- SKIP to 18a**

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

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

779

\$.00

Annual HRA contribution for single coverage

779

\$.00

Annual HRA contribution for single coverage

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

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

800

\$.00

Annual HRA contribution for employee-plus-one coverage

800

\$.00

Annual HRA contribution for employee-plus-one coverage

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

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

Report for a family of four.

780

\$.00

Annual HRA contribution for family coverage

780

\$.00

Annual HRA contribution for family coverage

GENERAL PLAN INFORMATION – Continued

	100 FOR CENSUS USE ONLY	100 FOR CENSUS USE ONLY
	012 Name of plan	012 Name of plan

TELEMEDICINE

18 a. Did this plan cover TELEMEDICINE?	781 <div> 1 ☐ Yes 2 ☐ No 3 ☐ Don't know </div>	<div> SKIP to next plan or if there are no other plans, you are complete. </div>	781 <div> 1 ☐ Yes 2 ☐ No 3 ☐ Don't know </div>	<div> SKIP to next plan or if there are no other plans, you are complete. </div>
b. Did this plan cover either of these treatments by TELEMEDICINE?	<div> <div>Yes (1) No (2) Don't know (3)</div> 820 Mental health treatment. ☐ ☐ ☐ </div>		<div> <div>Yes (1) No (2) Don't know (3)</div> 820 Mental health treatment. ☐ ☐ ☐ </div>	
	<div> <div>Yes (1) No (2) Don't know (3)</div> 821 Substance abuse treatment. ☐ ☐ ☐ </div>		<div> <div>Yes (1) No (2) Don't know (3)</div> 821 Substance abuse treatment. ☐ ☐ ☐ </div>	

*** PLEASE NOTE ***

Complete a MEPS-11C(S) column for each plan that was offered.

REMEMBER TO ENCLOSE A COPY OF THE SUMMARY OF BENEFITS AND COVERAGE OR THE BROCHURE WEBSITE ADDRESS WITH YOUR CONTACT INFORMATION ON THE MEPS-11C. PLEASE PROVIDE THE GENERAL USER INFORMATION IN THE REMARKS SECTION.

If you have any questions concerning this survey, please call 1-888-273-3878.