GENERAL PLAN INFORMATION

*Complete questionnaire for each plan offered. Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees. Use single column for each plan. Report for a **typical pay period** in 2026.*

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

2026 ENROLLMENTS

1 a. **TOTAL** active employees enrolled in plan	125 ,,, Total	125 ,,, Total
b. Active employees enrolled in **SINGLE** coverage	129 ,,, Single	129 ,,, Single
c. Active employees enrolled in **EMPLOYEE-PLUS-ONE** coverage *Include enrollment for both employee-plus-spouse and employee-plus-child coverage.*	571 ,,, Employee-plus-one	571 ,,, Employee-plus-one
d. Active employees enrolled in **FAMILY** coverage	705 ,,, Family	705 ,,, Family
2 **FORMER** employees enrolled through COBRA or state continuation-of-benefits laws. Exclude retirees.	126 ,,, Former COBRA	126 ,,, Former COBRA

2026 PREMIUMS

3 a. **Single Coverage**	552 2 ☐ Not offered - *Skip to* **4a**	552 2 ☐ Not offered - *Skip to* **4a**
b. **GOVERNMENT UNIT** contribution for single premium	131 $,,, .00	131 $,,, .00
c. **EMPLOYEE** contribution for single premium	132 $,,, .00	132 $,,, .00
d. **TOTAL** single premium	130 $,,, .00	130 $,,, .00
4 a. **Employee-plus-one Coverage** *If multiple tiers are available, report for employee-plus-child coverage.*	570 2 ☐ Not offered - *Skip to* **5a**	570 2 ☐ Not offered - *Skip to* **5a**
b. **GOVERNMENT UNIT** contribution for employee-plus-one premium	636 $,,, .00	636 $,,, .00
c. **EMPLOYEE** contribution for employee-plus-one premium	637 $,,, .00	637 $,,, .00
d. **TOTAL** employee-plus-one premium	635 $,,, .00	635 $,,, .00

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GENERAL PLAN INFORMATION – Continued

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

2026 PREMIUMS - Continued

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

137 2 ☐ Not offered - *Skip to* 6

b. GOVERNMENT UNIT contribution for family premium

135 $, .00

c. EMPLOYEE contribution for family premium

136 $, .00

d. TOTAL family premium

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

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

SELF-INSURED PLAN INFORMATION

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

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

107
- 1 ☐ Yes - Continue with 8c
- 2 ☐ No
- 3 ☐ Don't know

SKIP to 9

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

732 $,, .00

818
- 3 ☐ Don't know

LEVEL-FUNDED PLANS

9 Was this plan a level-funded plan?

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**.

819
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

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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 ☐☐☐ % 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?

See the definition sheet MEPS-20(D) included with this package for an explanation.

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?

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	☐	☐	☐

13 Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?

749
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

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GENERAL PLAN INFORMATION – Continued

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

HEALTH SAVINGS ACCOUNT (HSA)

Complete only if the deductibles for this plan were $1,700 or higher for single coverage and/or $3,400 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**

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

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

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

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GENERAL PLAN INFORMATION – Continued

	100 FOR CENSUS USE ONLY	100 FOR CENSUS USE ONLY
	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	710
1	☐ Yes, contributed to an HRA	☐ Yes, contributed to an HRA
2	☐ No, did not contribute to an HRA	☐ No, did not contribute to an HRA
3	☐ Don't know	☐ Don't know
	SKIP to **18a**	***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	779
	$,.00 Annual HRA contribution for single coverage	$,.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	800
	$,.00 Annual HRA contribution for employee-plus-one coverage	$,.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	780
	$,.00 Annual HRA contribution for family coverage	$,.00 Annual HRA contribution for family coverage

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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	781
1	☐ Yes	☐ Yes
2	☐ No	☐ No
3	☐ Don't know	☐ Don't know
	***SKIP** to next plan or if there are no other plans, you are complete.*	***SKIP** to next plan or if there are no other plans, you are complete.*

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

		Yes (1)	No (2)	Don't know (3)	Yes (1)	No (2)	Don't know (3)
820	Mental health treatment.	☐	☐	☐	☐	☐	☐
821	Substance abuse treatment.	☐	☐	☐	☐	☐	☐

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***** 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.

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