

GENERAL PLAN INFORMATION - Continued							
		100 FOR CENSUS USE ONLY	100 FOR CENSUS USE ONLY				
		Name of plan	Name of plan				
2020 PREMIUMS - Continued							
5 a. Family Coverage <i>If premium varied by family size, report for a family of four</i>	137	2 ☐ Not offered - Skip to 6	137	2 ☐ Not offered - Skip to 6			
	b. GOVERNMENT UNIT contribution for family premium	135	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	135	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00		
		c. EMPLOYEE contribution for family premium	136	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	136	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	
			d. TOTAL family premium	134	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00	134	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .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
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			
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	105	1 ☐ Purchased - Skip to 9 2 ☐ Self-insured - Continue with 8a 3 ☐ Don't know - Skip to 9			

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<p>11 Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?</p>	<p>749</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>	<p>749</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>
<p>12 Was this a grandfathered health plan as defined by the Affordable Care Act?</p> <p><i>See the definition sheet MEPS-20(D) included with this package for an explanation.</i></p>	<p>739</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>	<p>739</p> <p>1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>

<p>13 a. Did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees?</p> <p><i>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 14a.</i></p>	<p>714</p> <p>1 ☐ Yes, contributed to an HSA</p> <p>2 ☐ No, did not contribute to an HSA</p> <p>4 ☐ Don't know</p> <p>} SKIP to 14a</p>	<p>714</p> <p>1 ☐ Yes, contributed to an HSA</p> <p>2 ☐ No, did not contribute to an HSA</p> <p>4 ☐ Don't know</p> <p>} SKIP to 14a</p>
<p>b. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with single coverage for this plan?</p> <p><i>This amount should NOT include the amount your government unit contributed toward the plan premium.</i></p>	<p>777</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Monthly HSA contribution for single coverage</p>	<p>777</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Monthly HSA contribution for single coverage</p>
<p>c. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with family coverage for this plan?</p> <p><i>This amount should NOT include the amount your government unit contributed toward the plan premium.</i></p> <p><i>Report for a family of four.</i></p>	<p>778</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Monthly HSA contribution for family coverage</p>	<p>778</p> <p>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</p> <p>Monthly HSA contribution for family coverage</p>



GENERAL PLAN INFORMATION – Continued

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HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

14 a. 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 next plan or if there are no other plans, you are complete.

710

- 1 ☐ Yes, contributed to an HRA
- 2 ☐ No, did not contribute to an HRA
- 3 ☐ Don't know

SKIP to next plan or if there are no other plans, you are complete.

b. 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

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

***** 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 1-888-206-8023.