

GENERAL PLAN INFORMATION

Answer Questions 1 through 15 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 2022.

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012 Name of plan

012 Name of plan

2022 ENROLLMENTS

1 a. TOTAL active employees enrolled in plan

125 , Total125 , Total

b. Active employees enrolled in SINGLE coverage

129 , Single129 , 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-one571 , Employee-plus-one

d. Active employees enrolled in FAMILY coverage

705 , Family705 , Family

2 FORMER employees enrolled through COBRA or state continuation-of-benefits laws. Exclude retirees.

126 , Former COBRA126 , Former COBRA

2022 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 \$.00131 \$.00

c. EMPLOYEE contribution for single premium

132 \$.00132 \$.00

d. TOTAL single premium

130 \$.00130 \$.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 \$.00636 \$.00

c. EMPLOYEE contribution for employee-plus-one premium

637 \$.00637 \$.00

d. TOTAL employee-plus-one premium

635 \$.00635 \$.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

2022 PREMIUMS - Continued

<div>5</div> <p>a. Family Coverage <i>If premium varied by family size, report for a family of four</i></p>	<div>137</div> <div>2</div> <div>☐</div> <div>Not offered - Skip to</div> <div>6</div>	<div>137</div> <div>2</div> <div>☐</div> <div>Not offered - Skip to</div> <div>6</div>
<p>b. GOVERNMENT UNIT contribution for family premium</p>	<div>135</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>	<div>135</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>
<p>c. EMPLOYEE contribution for family premium</p>	<div>136</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>	<div>136</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>
<p>d. TOTAL family premium</p>	<div>134</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>	<div>134</div> <div>\$</div> <div><input type="text"/></div> <div>,</div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div><input type="text"/></div> <div>.00</div>
<p>e. Did the TOTAL premium for family coverage vary depending on the number of family members covered by the plan?</p>	<div>752</div> <div>1</div> <div>☐</div> <div>Yes</div> <div>2</div> <div>☐</div> <div>No</div> <div>3</div> <div>☐</div> <div>Don't know</div>	<div>752</div> <div>1</div> <div>☐</div> <div>Yes</div> <div>2</div> <div>☐</div> <div>No</div> <div>3</div> <div>☐</div> <div>Don't know</div>
<div>6</div> <p>The amounts reported in the premium questions are based on which of the following time periods?</p> <p>Mark (X) only one.</p>	<div>133</div> <div>1</div> <div>☐</div> <div>Weekly</div> <div>2</div> <div>☐</div> <div>Every 2 weeks</div> <div>3</div> <div>☐</div> <div>Monthly</div> <div>5</div> <div>☐</div> <div>Quarterly</div> <div>4</div> <div>☐</div> <div>Yearly</div>	<div>133</div> <div>1</div> <div>☐</div> <div>Weekly</div> <div>2</div> <div>☐</div> <div>Every 2 weeks</div> <div>3</div> <div>☐</div> <div>Monthly</div> <div>5</div> <div>☐</div> <div>Quarterly</div> <div>4</div> <div>☐</div> <div>Yearly</div>

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**

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[illegible]

ACTUARIAL VALUE OR METAL LEVEL

<p>9 What was this plan's actuarial value AND/OR metal level?</p> <p>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.</p> <p>Metal Levels are labels for insurance plans that describe the level of benefits and cost-sharing provisions.</p>	<p>Actuarial Value:</p> <p>747  of medical expenses paid by plan</p> <p>AND/OR</p> <p>Metal Level:</p> <p>746 ☐ 1 ☐ Bronze</p> <p>2 ☐ Silver</p> <p>3 ☐ Gold</p> <p>4 ☐ Platinum</p> <p>OR</p> <p>776 ☐ Don't know actuarial value or metal level</p>	<p>Actuarial Value:</p> <p>747  of medical expenses paid by plan</p> <p>AND/OR</p> <p>Metal Level:</p> <p>746 ☐ 1 ☐ Bronze</p> <p>2 ☐ Silver</p> <p>3 ☐ Gold</p> <p>4 ☐ Platinum</p> <p>OR</p> <p>776 ☐ Don't know actuarial value or metal level</p>
<p>10 Was this a grandfathered health plan as defined by the Affordable Care Act?</p> <p>See the definition sheet MEPS-20(D) included with this package for an explanation.</p>	<p>739 ☐ 1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>	<p>739 ☐ 1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p>

GENERAL PLAN INFORMATION – Continued

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

PLAN INFORMATION

11 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	☐	☐	☐

	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	☐	☐	☐

12 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

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 employee-plus-one or family coverage, otherwise skip to Question 15.

13 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 15**

714

1 ☐ Yes, contributed to an HSA

2 ☐ No, did not contribute to an HSA

4 ☐ Don't know

} **SKIP to 15**



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) – Continued

<div> <div>14</div> <div> <p>a. 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> </div> </div>		<div> <div>777</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for single coverage</div> </div> </div>	<div> <div>777</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for single coverage</div> </div> </div>
<div> <div>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?</div> <div> <p><i>This amount should NOT include the amount your government unit contributed toward the plan premium.</i></p> </div> </div>	<div> <div>799</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for employee-plus-one coverage</div> </div> </div>	<div> <div>799</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for employee-plus-one coverage</div> </div> </div>	
<div> <div>c. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with family coverage for this plan?</div> <div> <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> </div> </div>	<div> <div>778</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for family coverage</div> </div> </div>	<div> <div>778</div> <div> <div>\$ <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00</div> <div>Monthly HSA contribution for family coverage</div> </div> </div>	

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

15 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

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.

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100 **FOR CENSUS USE ONLY**

012 Name of plan

012 Name of plan

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

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?**

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?**

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 1-888-273-3878.

