

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 2023.

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012 Name of plan

1 a. TOTAL active employees enrolled in plan

125  Total

125 Total

129  Single

129 Single

571 □ □ □ □ □ Employee-plus-one

571 □ □ □ . □ □ □ Employee-plus-one

705 Family

705 Family

126  Former COBRA

126  Former COBRA

3 a. Single Coverage

552 2 ☐ Not offered - Skip to 4a

552 2 ☐ Not offered - Skip to **4a**

131 \$.00

131 \$. .00

132 \$.00

132 \$. .00

[illegible]

130 \$. .00

570 2 ☐ Not offered - Skip to **5a**

570 2 ☐ Not offered - Skip to **5a**

636 \$, .00

636 \$, .00

637 \$, .00

637 \$, .00

635 \$, .00

635 \$, .00

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5 a. Family Coverage

137 2 ☐ Not offered - Skip to 6

137 2 ☐ Not offered - Skip to 6

135 \$.00

135 \$.00

136 \$.00

136 \$.00

134 \$.00

134 \$.00

752

1	☐	Yes
2	☐	No
3	☐	Don't know

752

1	☐	Yes
2	☐	No
3	☐	Don't know

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

105

- 1 ☐ Purchased - **Skip to 9**
- 2 ☐ Self-insured - *Continue with 8a*
- 3 ☐ Don't know - **Skip to 9**

105

- ☐ Purchased - **Skip to 9**
- ☐ Self-insured - *Continue with* **8a**
- ☐ 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	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 3 ☐ Don't know <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> SKIP to 9	107 1 ☐ Yes - Continue with 8c 2 ☐ No 3 ☐ Don't know <div style="display: inline-block; vertical-align: middle; font-size: 3em; margin: 0 10px;">}</div> SKIP to 9
c. What was the stop-loss amount PER ENROLLEE?	732 <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$.00</div> 818 3 ☐ Don't know	732 <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$.00</div> 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	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

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

- 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	☐	☐	☐

	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

- 749
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

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 \$1,500 or higher for single coverage and/or \$3,000 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



100 **FOR CENSUS USE ONLY**

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012 Name of plan

012 Name of plan

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

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**

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**

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?

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



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

*** 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.

