

Report Online - Do Not Return

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U.S. DEPARTMENT OF COMMERCE
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2020 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered in 2020 AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.

Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.

1 For 2020, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna HMO

012 Name of plan

2 Which type of health care provider arrangement was available through this plan?

Exclusive providers - Enrollees must go to "in-network" providers associated with the plan for all non-emergency care in order for the costs to be covered.

Any providers - Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers. This is also known as an indemnity plan.

Mixture of preferred and any providers - Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

103 1 ☐ Exclusive providers

2 ☐ Any providers

3 ☐ Mixture of preferred providers and any providers

3 Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104 1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Continue with **4**



GENERAL PLAN INFORMATION - Continued

4 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 6**

2 ☐ Self-insured - *Continue with 5a*

3 ☐ Don't know - **SKIP to 6**

SELF-INSURED PLAN INFORMATION

5 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 a TPA or ASO

2 ☐ No - Self-administered the plan

b. Did your government unit purchase stop-loss coverage for this plan?

107

1 ☐ Yes - Continue with **5c**

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

2 ☐ No - **SKIP to 6**

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

732

[illegible]

ACTUARIAL VALUE OR METAL LEVEL

6 What was this plan's actuarial value 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

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px; display: flex; gap: 10px;"> <div style="width: 30px; height: 30px; border-radius: 5px;"></div> <div style="width: 30px; height: 30px; border-radius: 5px;"></div> <div style="width: 30px; height: 30px; border-radius: 5px;"></div> </div> <div style="font-size: 24px; font-weight: bold;">%</div> </div>
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of medical expenses paid by plan

OR

Metal Level:

746

1 ☐ Bronze

2 Silver

3 Gold

4  Platinum

6	☐	N/A, Grandfathered Plan
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776

☐ Don't know

Continue with 7



EMPLOYEE-PLUS-ONE COVERAGE

11 a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan? 570 1 ☐ Yes - Continue with **11b**

1 ☐ Yes - *Continue with*

2 ☐ No - **SKIP to 12a**

b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with employee-plus-one coverage?

c. How much did this typical **EMPLOYEE with employee-plus-one coverage contribute toward his/her own premium?** 637

\$.00

Employee contribution for employee-plus-one premium

d. What was the TOTAL premium for this typical employee with employee-plus-one coverage?

635 \$.00 Total employee-plus-one premium

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

12 a. Was **FAMILY** coverage offered under this plan? 137

1 ☐ Yes - Continue with **12b**

2 ☐ No - **SKIP to 13a**

b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with family coverage?

\$, .00

Government unit contribution for family premium

c. How much did this typical EMPLOYEE with family coverage contribute toward his/her own premium?

136

\$.00

Employee contribution for family premium

d. What was the **TOTAL** premium for this typical employee with family coverage?

\$

.

.00

Total family premium

e. Did the TOTAL premium reported earlier for family coverage vary depending on the number of family members covered by the plan?

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Continue with 13a



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 family coverage, otherwise skip to Question 18a.

- 17 a. 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 18a

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

777

\$.00

Monthly HSA contribution
for single coverage

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

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

778

\$ _____ .00

Monthly HSA contribution
for family coverage

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

Report for a family of four.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 18 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.

<p>710</p> <p>1 ☐</p> <p>2 ☐</p> <p>3 ☐</p>	<p>Yes, contributed to an HRA</p> <p>No, did not contribute to an HRA</p> <p>Don't know</p>	}	SKIP to 19a
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- b. 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

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

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

780

\$ _____ .00

Annual HRA contribution
for family coverage

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

Report for a family of four.

Continue with 19a

PAYMENTS - Continued

- 21 d. How much and/or what percentage did an enrollee pay out-of-pocket for each type of prescription drug covered after any annual deductible was met?**

Generic

753

\$.00

Copayment

AND/OR

754

%

Coinsurance

762

☐

Generic not covered

Preferred brand name

755

\$.00

Copayment

AND/OR

756

%

Coinsurance

763

☐

Preferred brand name not covered

Non-preferred brand name

757

\$.00

Copayment

AND/OR

758

%

Coinsurance

764

☐

Non-preferred brand name not covered

Specialty

767

\$.00

Copayment

AND/OR

768

%

Coinsurance

769

☐

Specialty not covered

Specialty drugs are prescription medications that are used to treat complex, chronic and often costly conditions. See definition sheet MEPS-20(D) for more information.

- e. What was the maximum annual out-of-pocket expense for specialty drugs?**

787

\$.00

Maximum annual out-of-pocket expense for specialty drugs

793

☐
No **specialty drug** maximum

Include all copayments, coinsurance and deductibles.

- 22 What was the overall MAXIMUM ANNUAL out-of-pocket expense?**

This is often referred to as a catastrophic limit.

161

\$.00

Maximum out-of-pocket expense for an individual

OR

163

☐
No **individual** maximum

788

\$.00

Maximum out-of-pocket expense for employee-plus-one

OR

789

☐
No **employee-plus-one** maximum

162

\$.00

Maximum out-of-pocket expense for a family

OR

222

☐
No **family** maximumContinue with **23**

PLAN CHARACTERISTICS

23 Which of the services listed were covered by this plan?

Yes (1)	No (2)	Don't know (3)
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173	Chiropractic care	☐	☐	☐
736	Routine vision care for children	☐	☐	☐
587	Routine vision care for adults	☐	☐	☐
737	Routine dental care for children	☐	☐	☐
176	Routine dental care for adults	☐	☐	☐
738	Mental health care	☐	☐	☐
182	Substance abuse treatment	☐	☐	☐
781	Telemedicine	☐	☐	☐

Telemedicine is the delivery of health care through telecommunications to a patient from a provider who is at a remote location.

24 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

***** PLEASE NOTE *****

If your government unit offered only one health insurance plan, you have completed your response to this survey.

If your government unit offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered.

To supplement your response, you may include Summary of Benefits and Coverage or other materials describing plan benefits and premiums in your return packet or fax to 1-800-447-4615.

