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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

2021 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 2021 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 2021, 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**

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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?**

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

107
- 1 ☐ Yes - *Continue with* **5c**
- 2 ☐ No - ***SKIP*** *to* **6**

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

732 $,, .00

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 ___ % of medical expenses paid by plan

OR

Metal Level:

746
- 1 ☐ Bronze
- 2 ☐ Silver
- 3 ☐ Gold
- 4 ☐ Platinum

OR

739 ☐ Grandfathered Plan

776 ☐ Don't know

Continue with **7a**

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ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 7a through 7d, if the answer is ***NONE****, please enter "0".*

Include:
- *Employees on the payroll for your government unit, including those who work off-site*
- *Full-time and part-time employees*
- *Temporary and seasonal employees*

Exclude:
- *Former employees*
- *Leased or contract workers*
- *Retirees*

7 a. How many active employees were enrolled in this plan at this government unit during a typical pay period?

125 ☐☐☐,☐☐☐ Active employees enrolled in plan

b. How many of these active employees were enrolled in SINGLE coverage during a typical pay period?

129 ☐☐☐,☐☐☐ Active employees enrolled in single coverage

c. If this plan had EMPLOYEE-PLUS-ONE coverage, how many active employees were enrolled during a typical pay period?

Include enrollment for both employee-plus-spouse and employee-plus-child coverage.

571 ☐☐☐,☐☐☐ Active employees enrolled in employee-plus-one coverage

d. How many active employees were enrolled in FAMILY coverage during a typical pay period?

705 ☐☐☐,☐☐☐ Active employees enrolled in family coverage

COBRA ENROLLMENT

8 How many FORMER employees were enrolled in this plan through COBRA or state continuation-of-benefits laws during a typical pay period? Exclude retirees.

126 ☐☐☐,☐☐☐ Former employees enrolled in plan, excluding retirees

PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premiums varied, report for a TYPICAL employee.

If this was a self-insured plan, report the premium equivalent.

Report government unit/employee contributions and total premium for the same period in 2021.

9 The following questions, 10a through 12e, refer to plan premium amounts. For which time period will you be reporting?

Mark (X) only one.

790
- 1 ☐ Weekly
- 2 ☐ Every 2 weeks
- 3 ☐ Monthly
- 5 ☐ Quarterly
- 4 ☐ Yearly

SINGLE COVERAGE

10 a. Was SINGLE coverage offered under this plan?

552
- 1 ☐ Yes - *Continue with* 10b
- 2 ☐ No - ***SKIP*** *to* 11a

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

131 $ ☐☐☐,☐☐☐.00 Government unit contribution for single premium

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

132 $ ☐☐☐,☐☐☐.00 Employee contribution for single premium

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

130 $ ☐☐☐,☐☐☐.00 Total single premium

Continue with 11a

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PLAN PREMIUMS – Continued

If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.

11 a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan? 570

1 ☐ Yes - *Continue with* 11b

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? 636

$, .00 — Government unit contribution for employee-plus-one premium

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

FAMILY COVERAGE

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? 135

$, .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? 134

$, .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? 752

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

Continue with 13a

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GENERAL PREMIUM INFORMATION

13 a. Did the amount individual EMPLOYEES contributed toward their single coverage premium 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	☐	☐	☐

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

749
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

IN-NETWORK DEDUCTIBLES

14 Did this plan have a deductible?

151
1 ☐ Yes - *Continue with* **15**
2 ☐ No - ***SKIP to*** **19**

15 What were the annual deductibles in this plan for different levels of coverage?

Report "in-network" deductibles (if applicable).

If deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 21b on Page 8.

If prescription drugs had a separate deductible, it should be reported under Question 23c on Page 8.

DO NOT report copayments or out-of-pocket maximums here.

146 $, .00 Individual annual deductible

786 $, .00 Employee-plus-one annual deductible

791 ☐ Employee-plus-one coverage not offered.

149 $, .00 Family annual deductible

792 ☐ Family coverage not offered.

16 a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

224
1 ☐ Yes - *Continue with* **16b**
2 ☐ No
3 ☐ Family coverage not offered.

} ***SKIP to*** **17**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150 ☐☐ Number of family members

Continue with **17**

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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 19.

17 **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*** **19**

18 **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

Continue with **19**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

19 **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* **21a**

20 **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 $, .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 $, .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 $, .00 Annual HRA contribution for family coverage

Continue with **21a**

IN-NETWORK PAYMENTS

21 a. Was hospital care covered under this plan? 155

1 ☐ Yes - *Continue with* 21b
2 ☐ No - ***SKIP*** *to* 22a

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?

Report for precertified hospital admissions (if applicable).

Report for an admission at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital admission.

152 $, .00 Copayment paid by enrollee for hospital admission

154
1 ☐ Per day
2 ☐ Per stay

AND/OR

153 % Coinsurance paid by enrollee

22 a. Was physician care covered under this plan? 218

1 ☐ Yes - *Continue with* 22b
2 ☐ No - ***SKIP*** *to* 23a

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for a General Practitioner office visit, with a participating physician, after any annual deductible was met?

Report for an "in-network"/participating general practitioner, excluding preventive care visits.

156 $ .00 Copayment paid by enrollee for General Practitioner office visit

AND/OR

157 % Coinsurance paid by enrollee

c. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for a Specialist Physician office visit after any annual deductible was met?

Report for an "in-network"/participating specialist, excluding preventive care visits.

771 $ .00 Copayment paid by enrollee for Specialist Physician office visit

AND/OR

772 % Coinsurance paid by enrollee

23 a. Were prescription drugs covered under this health plan? 673

1 ☐ Yes - *Continue with* 23b
2 ☐ No
3 ☐ Don't know
} ***SKIP*** *to* 24

b. Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs? 773

1 ☐ Yes - *Continue with* 23c
2 ☐ No
3 ☐ Don't know
} ***SKIP*** *to* 23d

c. What was the SEPARATE ANNUAL deductible for prescription drugs for single coverage in this plan? 774

Report "in-network" prescription deductibles for participating pharmacies (if applicable).

$, .00 Separate individual prescription drug deductible

Continue with 23d

IN-NETWORK PAYMENTS – Continued

23 **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?**

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.

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

Include all copayments, coinsurance and deductibles.

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

This is often referred to as a catastrophic limit.

Report "in-network" maximum out-of-pocket expense (if applicable).

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** maximum

Continue with **25**

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PLAN CHARACTERISTICS

25 **Did this plan cover any of the services listed?**

		Yes (1)	No (2)	Don't know (3)
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.

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS

26 **Does this plan cover any of the costs of non-emergency out-of-network care?**

801
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

***SKIP** to the bottom of page 11 for instructions.*

If this plan had an out-of-network deductible, continue with Question 27, otherwise skip to Question 28.

27 **What was the annual deductible an enrollee paid out-of-pocket for care provided by an out-of-network provider for different levels of coverage?**

If deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 28.

DO NOT report copayments or out-of-pocket maximums here.

802 $, .00 Out-of-network individual annual deductible

803 $, .00 Out-of-network employee-plus-one annual deductible

804 ☐ Employee-plus-one coverage not offered.

805 $, .00 Out-of-network family annual deductible

806 ☐ Family coverage not offered.

If this plan offered hospital care, continue with Question 28, otherwise skip to Question 29.

28 **For an out-of-network provider, how much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

Report for precertified hospital admissions (if applicable).

Do not include any physician charges incurred during the hospital admission.

807 $, .00 Copayment paid by enrollee for out-of-network hospital admission

808
1 ☐ Per day
2 ☐ Per stay

AND/OR

809 % Coinsurance paid by enrollee for out-of-network hospital admission

***Continue with** 29*

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OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS – Continued

Include all copayments, coinsurance and deductibles.

29 **What was the maximum annual out-of-pocket expense for care provided by an out-of-network provider?**

This is often referred to as a catastrophic limit.

810 $, .00 Out-of-network maximum out-of-pocket expense for an individual

OR

811 ☐ No **individual** maximum

812 $, .00 Out-of-network maximum out-of-pocket expense for employee-plus-one

OR

813 ☐ No **employee-plus-one** maximum

814 $, .00 Out-of-network maximum out-of-pocket expense for a family

OR

815 ☐ No **family** maximum

***** 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.

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