

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 2022 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 2022, 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**

4 Was this plan purchased from an insurance underwriter or was it self-insured?

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.

1 ☐Purchased - **SKIP** to **6**2 ☐

Self-insured - Continue with **5a**

3 ☐

Don't know - **SKIP** to **6**

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?

1 ☐

Yes - Used a TPA or ASO

2 ☐

No - Self-administered the plan

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

1 ☐

Yes - Continue with **5c**

2 ☐

No - **SKIP** to **6**

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

\$ _____ .00

6 What was this plan's actuarial value AND/OR metal level?

Metal Levels are labels for insurance plans that describe the level of benefits and cost-sharing provisions.

<div> <div></div> <div></div> <div></div> </div>	%
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of medical expenses paid by plan

AND/OR

1 ☐

Bronze

2 ☐

Silver

3 ☐

Gold

4 ☐

Platinum

OR

Don't know actuarial value or metal level

7 Was this a grandfathered health plan as defined by the Affordable Care Act?

1 ☐

Yes

2 ☐

No

3 ☐

Don't know

Continue with 8a

ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 8a through 8d, 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

- 8 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?** 571 Active employees enrolled in employee-plus-one coverage
- Include enrollment for both employee-plus-spouse and employee-plus-child 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

- 9 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 2022.

- 10 The following questions, 11a through 13e, refer to plan premium amounts. For which time period will you be reporting?** 790
- | | |
|--|--------------------------------------|
| 1 ☐ Weekly | 5 ☐ Quarterly |
| 2 ☐ Every 2 weeks | 4 ☐ Yearly |
| 3 ☐ Monthly | |
- Mark (X) only one.

SINGLE COVERAGE

- 11 a. Was SINGLE coverage offered under this plan?** 552
- | | |
|---|--|
| 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 single coverage?** 131 Government unit contribution for single premium
- c. How much did this typical EMPLOYEE with single coverage contribute toward his/her own premium?** 132 Employee contribution for single premium
- d. What was the TOTAL premium for this typical employee with single coverage?** 130 Total single premium

Continue with 12a

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.

- | | | | | | |
|-----------|---|-----|---|--------------------------|---------------------------------------|
| 12 | a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan? | 570 | 1 | ☐ | Yes - <i>Continue with</i> 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 employee-plus-one coverage?	636	<div style="font-size: 24px; margin-right: 5px;">\$</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-left: 5px;">.00</div>	Government unit contribution for employee-plus-one premium
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c.	How much did this typical EMPLOYEE with employee-plus-one coverage contribute toward his/her own premium?	637	<div style="font-size: 24px; margin-right: 5px;">\$</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-left: 5px;">.00</div>	Employee contribution for employee-plus-one premium
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d.	What was the TOTAL premium for this typical employee with employee-plus-one coverage?	635	<div style="font-size: 24px; margin-right: 5px;">\$</div> <div style="display: flex; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div> <div style="margin-left: 5px;">.00</div>	Total employee-plus-one premium
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FAMILY COVERAGE

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

- 13** a. Was FAMILY coverage offered under this plan?

1 ☐ Yes - Continue with **13b**

2 ☐ No - **SKIP** to **14a**

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 14a

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 20.

18 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 20

19 a. 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.

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?

799

\$, .00

Monthly HSA contribution for employee-plus-one 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)

20 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
- } **SP**

SKIP to 22a

21 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

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

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

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.

IN-NETWORK PAYMENTS

22 a. Was hospital care covered under this plan?

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 an inpatient hospital admission after any annual deductible was met?

\$, .00

1 ☐ Per day

2 ☐ Per stay

AND/OR

<div> <div></div> <div></div> <div></div> </div>	%
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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.

23 a. Was physician care covered under this plan?

1 ☐ Yes - Continue with **23b**

2 ☐ No - **SKIP to 24a**

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?

\$.00

AND/OR

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

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?

\$.00

AND/OR

33%

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

24 a. Were prescription drugs covered under this health plan?

1 ☐ Yes - Continue with **24b**

2 ☐ No

3 ☐ Don't know

SKIP to 25

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

1 ☐ Yes - Continue with 24c

2 ☐ No

3 ☐ Don't know

SKIP to 24d

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

\$.00

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

Continue with 24d

PLAN CHARACTERISTICS

26 Did this plan cover any of the services listed?

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

27 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 28, otherwise skip to Question 29.

28 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 29.

802  Out-of-network individual annual deductible

803  Out-of-network employee-plus-one annual deductible

804 ☐ Employee-plus-one coverage not offered.

805  Out-of-network family annual deductible

806 ☐ Family coverage not offered.

If this plan offered hospital care, continue with Question 29, otherwise skip to Question 30.

29 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 Copayment paid by enrollee for out-of-network hospital admission

808 1 Per day

808 2 Per stay

AND/OR

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

Continue with 30

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS – Continued

Include all copayments, coinsurance and deductibles.

- 30 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 Out-of-network maximum out-of-pocket expense for an individual

OR

811 ☐ No **individual** maximum

812 Out-of-network maximum out-of-pocket expense for employee-plus-one

OR

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

814 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.

