

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 2023 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 2023, 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**

[illegible]

ACTUARIAL VALUE OR METAL LEVEL

7 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

8 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

ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 9a through 9d, 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

9 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

Continue with **10**



COBRA ENROLLMENT

10

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 2023.

11

The following questions, 12a through 14e, refer to plan premium amounts. For which time period will you be reporting?

790

1

☐

Weekly

2

☐

Every 2 weeks

3

☐

Monthly

5

☐

Quarterly

4

☐

Yearly

Mark (X) only one.

SINGLE COVERAGE

12

a. Was **SINGLE** coverage offered under this plan?

552

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 single coverage?

131

\$

,

.00

Government unit contribution for single premium

c.

How much did this typical **EMPLOYEE** with single coverage contribute toward their 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

EMPLOYEE-PLUS-ONE COVERAGE

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.

13

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

570

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 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 their 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

Continue with 14a



FAMILY COVERAGE

137

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

- 135

Government unit contribution
for family premium

- 136

Employee contribution for family premium

- 134

Total family premium

- 752

- 734

735

761

784

785

749

- Continue with 16**

16 Did this plan have a deductible?

1 ☐

2 ☐

\$.00

\$.00



\$ _____ .00

1 ☐

2 ☐

3 ☐1 

2 

4 ☐

Continue with 20a



IN-NETWORK PAYMENTS

23 a. Was hospital 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 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>	%
--	---

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.

24 a. Was physician care covered under this plan?

1 ☐ Yes - Continue with **24b**

2 ☐ No - **SKIP to 25a**

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>	%
--	---

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

<div> <div></div> <div></div> <div></div> </div>	%
--	---

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

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

1 ☐ Yes - Continue with **25b**

2 ☐ No

3 ☐ Don't know

SKIP to 26

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

1 ☐ Yes - Continue with **25c**

2 ☐ No

3 ☐ Don't know

SKIP to 25d

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 25d

Generic

\$.00

AND/OR

<div> <div></div> <div></div> <div></div> </div>	%
--	---

9

Preferred brand name

\$.00

AND/OR

<div> <div></div> <div></div> <div></div> </div>	%
--	---

5

Non-preferred brand name

\$.00

AND/OR

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	%
--	---



Specialty

\$.00

AND/OR

	□ □ □	%
--	-------	---

9

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

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

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

\$.00

OR



\$.00

OR

\$.00

OR

Continue with 27

27 Did this plan cover any of the services listed?

28 a. Did this plan cover TELEMEDICINE?

b. Did this plan cover either of these treatments by **TELEMEDICINE?**

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

30 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 31.

Continue with 31

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS - Continued

If this plan offered hospital care, continue with Question 31, otherwise skip to Question 32.

- 31 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
2 ☐ Per stay

AND/OR

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

Include all copayments, coinsurance and deductibles.

- 32 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.

