

Report Online - Do Not Return

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

OMB No. 0935-0110: Approval Expires 02/28/2023

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2020 AT YOUR COMPANY.

Please use photocopies of this MEPS-15(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

Please complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.

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
- Company Plan 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

4 Was this plan offered through a union (multi-employer health plan) or a trade or business association (Association Health Plan (AHP))?

Multi-employer Health Plan – An employee health benefit plan maintained pursuant to a collective bargaining agreement that includes employees of two or more employers.

Association Health Plan (AHP) – A group health plan that employer groups and associations offer to provide health coverage for their employees or members.

- 113
- 1 ☐ Union (multi-employer health plan)
- 2 ☐ Trade or business association (AHP)
- 3 ☐ Neither

Continue with 5

29100013

GENERAL PLAN INFORMATION - Continued

5 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 company 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 7
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2 ☐ Self-insured - *Continue with* **6a**

3 ☐ Don't know - **SKIP to 7**

SELF-INSURED PLAN INFORMATION

6 a. Did your company 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 company purchase stop-loss coverage for this plan?

107

1 ☐ Yes - Continue with **6c**

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

2 ☐ No - **SKIP to 7**

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

732

\$ _____ .00

ACTUARIAL VALUE OR METAL LEVEL

7 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

6	☐	N/A, Grandfathered Plan
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776

☐ 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:

- Full-time and part-time employees
- Temporary and seasonal employees

Exclude:

- Retirees
- Former employees
- Leased or contract workers

- 8 a. How many active employees were enrolled in this plan at this location 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 employer/employee contributions and total premium for the same period during 2020.

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

Continue with 11a



PLAN PREMIUMS - Continued

SINGLE COVERAGE

- | | | | | |
|-----------|--|----------------------------|--------------------------------|---------------------------------------|
| 11 | a. Was SINGLE coverage offered under this plan? | 552 | 1 ☐ | Yes - <i>Continue with</i> 11b |
| | | 2 ☐ | No - SKIP to 12a | |

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with single coverage?	131	<div> <div>\$</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>,</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>.</div> <div> <input type="text"/> <input type="text"/> </div> </div>	Employer contribution for single premium
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c. How much did this typical EMPLOYEE with single coverage contribute toward his/her own premium?	132	<div> <div>\$</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>,</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>.</div> <div> <input type="text"/> <input type="text"/> </div> </div>	Employee contribution for single premium
--	-----	---	--

d. What was the TOTAL premium for this typical employee with single coverage?	130	<div> <div>\$</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>,</div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div>.</div> <div> <input type="text"/> <input type="text"/> </div> </div>	Total single premium
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EMPLOYEE-PLUS-ONE COVERAGE

If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverage, 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 EMPLOYER contribute toward the plan premium of one typical employee with employee-plus-one coverage?	636	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .00 </div>	Employer 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="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .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="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .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 | <p>a. Was FAMILY coverage offered under this plan?</p> | 137 | <p>1 ☐ Yes - Continue with 13b</p> <p>2 ☐ No - SKIP to 14a</p> |
| <hr/> | | | |
| <p>b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with family coverage?</p> | 135 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .00 </div> | Employer contribution for family premium |
| <p>c. How much did this typical EMPLOYEE with family coverage contribute toward his/her own premium?</p> | 136 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .00 </div> | Employee contribution for family premium |
| <p>d. What was the TOTAL premium for this typical employee with family coverage?</p> | 134 | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$, .00 </div> | Total family premium |
| <hr/> | | | |
| <p>e. Did the TOTAL premium for family coverage vary depending on the number of family members covered by the plan?</p> | 752 | <p>1 ☐ Yes</p> <p>2 ☐ No</p> <p>3 ☐ Don't know</p> | |

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 family coverage, otherwise skip to Question 19a.

- 18 a. Did your company 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 19a

- b. What was the MONTHLY contribution your company 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 company contributed toward the plan premium.

- C. What was the MONTHLY contribution your company 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 company contributed toward the plan premium.

Report for a family of four.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 19 a. Did your company contribute to a Health Reimbursement Arrangement (HRA) associated with this plan?**

710

1 ☐ Yes, contributed to an HRA

2 ☐ No, did not contribute to an HRA

3 ☐ Don't know

SKIP to 20a

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.

- b. Up to what dollar amount did your company 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 company contributed toward the plan premium.

- c. Up to what dollar amount did your company 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 company contributed toward the plan premium.

Report for a family of four.

Continue with 20a

PAYMENTS

20 a. Was hospital care covered under this plan?

155

- 1 ☐ Yes - Continue with **20b**
- 2 ☐ No - **SKIP to 21a**

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?

152

\$.00

Copayment paid by enrollee for hospital admission

*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.*

154

- 1 ☐ Per day
- 2 ☐ Per stay

AND/OR

153

 %

Coinsurance paid by enrollee

21 a. Was physician care covered under this plan?

218

- 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 a General Practitioner office visit, with a participating physician, after any annual deductible was met?

156

\$.00

Copayment paid by enrollee for office visit

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

771

\$.00

Copayment paid by enrollee for Specialist Physician office visit

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

772

 %

Coinsurance paid by enrollee

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

673

- 1 ☐ Yes - Continue with **22b**
- 2 ☐ No
- 3 ☐ Don't know
- SKIP to 23**

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

773

- 1 ☐ Yes - Continue with **22c**
- 2 ☐ No
- 3 ☐ Don't know
- SKIP to 22d**

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

774

\$.00

Separate individual prescription drug deductible

*Report "in-network" prescription deductibles for participating pharmacies (if applicable).***Continue with 22d**

PAYMENTS - Continued

- 22 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

- 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.

- 23 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 **24**

PLAN CHARACTERISTICS

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

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.

25 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 ***

Please complete the MEPS-15(E) Establishment Worksheet when you have completed all applicable MEPS-15(S) Plan Information Questionnaires.

If your company offered more than one health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.

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 1-800-447-4613.

