

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2021 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 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
- 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

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

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.

1 ☐ Purchased - **SKIP to 7**

2 ☐ Self-insured - *Continue with* **6a**

3 ☐ Don't know - **SKIP to 7**

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?

1 ☐ Yes - Used a TPA or ASO

2 ☐ No - Self-administered the plan

1 ☐ Yes - Continue with **6c**

2 ☐ No - **SKIP to 7**

\$, , .00

7 What was this plan's actuarial value 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

OR

1 ☐ Bronze

2 ☐ Silver

3		Gold
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4  Platinum

OR

☐ Grandfathered Plan☐ 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:

- Corporate officers and managers
- Employees on the payroll for your company, including:
those who work off-site
those who are leased or contracted TO other companies
- Full-time and part-time employees
- Owners
- Temporary and seasonal employees

Exclude:

- Former employees
- Workers leased or contracted FROM other companies
- Retirees

- 8 a. How many active employees were enrolled in this plan 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?** 126 Former employees enrolled in plan, excluding retirees
- Exclude 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 2021.

- 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



SINGLE COVERAGE

- ## EMPLOYEE-PLUS-ONE COVERAGE

FAMILY COVERAGE

Continue with 14a

14 a. Did the amount individual EMPLOYEES contributed toward their single coverage premium vary by any of these characteristics?

	(1)	(2)	(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.	☐	☐	☐

749

1	☐	Yes
2	☐	No
3	☐	Don't know

15 Did this plan have a deductible?

151

1	☐	Yes - <i>Continue with</i> 16
2	☐	No - SKIP to 20

146	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	Individual annual deductible
786	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	Employee-plus-one annual deductible
791	☐	Employee-plus-one coverage not offered.
149	\$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00	Family annual deductible
792	☐	Family coverage not offered.

224

1	☐	Yes - <i>Continue with</i> 17b
2	☐	No
3	☐	Family coverage not offered.

} **SKIP to 18**

150  Number of family members

FORM **MEPS-15(S)**

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 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
- } **S**

SKIP to 20

- 19 a. 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.

- b. What was the MONTHLY contribution your company 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 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)

- 20 Did your company 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.

DO NOT report ICHRA or QSEHRA here.

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 22a

- 21 a. 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.

- b. Up to what dollar amount did your company 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 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 22a

PLAN CHARACTERISTICS

26 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

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 10 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.

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

- 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
- 2 ☐ Per stay
- AND/OR**
- 809 % Coinsurance paid by enrollee for out-of-network hospital admission

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

810

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

OR

815 ☐ No **family** maximum

***** 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.

