

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2022 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 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
- 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



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**
- 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?

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

- 107
- 1

☐

Yes - *Continue with 6c*
- 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 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

Continue with 9a



ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 9a through 9d, 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

- 9 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

- 10 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 2022.

- 11 The following questions, 12a through 14e, 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 12a



SINGLE COVERAGE

552

2 ☐ No - **SKIP to 13a**

131

Employer contribution for single premium

132

Employee contribution for single premium

130

Total single premium

570

2 ☐ No - **SKIP to 14a**

636

Employer contribution for employee-plus-one premium

637

Employee contribution for
employee-plus-one premium

635

Total employee-plus-one premium

137

2 ☐ No - **SKIP to 15a**

135

Employer contribution for family premium

136

Employee contribution for family premium

134

Total family premium

752

Continue with 15a

15 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

16 Did this plan have a deductible?

151

1	☐	Yes - <i>Continue with</i> 17
2	☐	No - SKIP to 21

146	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Individual annual deductible
786	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Employee-plus-one annual deductible
791	☐ Employee-plus-one coverage not offered.	
149	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> .00 </div>	Family annual deductible
792	☐ Family coverage not offered.	

224

1	☐	Yes - <i>Continue with</i> 18b
2	☐	No
3	☐	Family coverage not offered.

} **SKIP to 19**

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 21.

- 19 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 21**

- 20 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)

- 21 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 23a

- 22 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 23a

23 a. Was hospital care covered under this plan?

1 ☐ Yes - Continue with **23b**

2 ☐ No - **SKIP to 24a**

\$, .00

1 ☐ Per day

2 ☐ Per stay

AND/OR

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

Coinsurance paid by enrollee

1 ☐ Yes - Continue with **24b**

2 ☐ No - **SKIP to 25a**

\$.00

AND/OR

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

Coinsurance paid by enrollee

\$.00

AND/OR

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

Coinsurance paid by enrollee

1 ☐ Yes - Continue with **25b**

2 ☐ No

3 ☐ Don't know

SKIP to 26

1 ☐ Yes - Continue with **25c**

2 ☐ No

3 ☐ Don't know

SKIP to 25d

\$.00

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

Continue with 25d

IN-NETWORK PAYMENTS - Continued

- 25 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 Copayment

AND/OR

758

			%
--	--	--	---

 Coinsurance

764 ☐ Non-preferred brand name not covered

Specialty

767 Copayment

AND/OR

768

--	--	--

 % Coinsurance

769 ☐ Specialty not covered

Include all copayments, coinsurance and deductibles.

- 26** 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 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 27

27 Did this plan cover any of the services listed?

Yes (1)	No (2)	Don't know (3)
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- | | | | | |
|-----|--|--------------------------|--------------------------|--------------------------|
| 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 | ☐ | ☐ | ☐ |

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS

28 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.

29 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 30.

- 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.

30 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

809

2

Per stay

AND/OR

809

%

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

Continue with 31

31 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 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.

