Section B – GENERAL PLAN INFORMATION				
	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY		
Answer Questions 1-16 for each plan offered. Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees. Report for a typical pay period in 2012.	100 012 Name of plan	100 012 Name of plan		
2012 ENROLLMENTS				
1a. Total ACTIVE employees ENROLLED in plan	125 Total	125 Total		
b. ACTIVE employees ENROLLED in SINGLE coverage	129 Single	129 Single		
C. ACTIVE employees ENROLLED in EMPLOYEE-PLUS-ONE coverage Include both employee + spouse and employee + child(ren). See definition sheet for more information.	Employee + 1	Employee + 1		
d. ACTIVE employees ENROLLED in FAMILY coverage	705 Family	705 Family		
2. FORMER employees ENROLLED through PHSA (COBRA) or state continuation-of-benefits laws, excluding retirees	Former PHSA (COBRA)	Former PHSA (COBRA)		
2012 PREMIUMS				
3a. Single Coverage	552 Not offered - Skip to Question 4a	552 Not offered - Skip to Question 4a		
b. Government/Employer contribution for single premium	131 \$.00	131 \$.00		
C. Employee contribution for single premium	132 \$.00	132 \$.00		
d. Total single premium	130 \$.00	130 \$.00		
4a. Employee-plus-one Coverage	570 Not offered - Skip to Question 5a	570 Not offered - Skip to Question 5a		
b. Government/Employer contribution for employee-plus-one premium	636 \$.00	636		
C. Employee contribution for employee-plus-one premium	\$.00	637 \$.00		
d. Total employee-plus-one premium	635	635		

Section B – GENERAL PLAN INFORMATION – Continued			
	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY	
	100	100	
	Name of plan	Name of plan	
2012 PREMIUMS - Continued			
5a. Family Coverage	137 Not offered - Skip to Question 6	137 Not offered - Skip to Question 6	
b. Government/Employer contribution for family premium	135 \$.00	135 \$.00	
C ■ Employee contribution for family premium	136 \$.00	136 \$.00	
d. Total family premium	134 \$.00	134 \$.00	
6. The amounts reported in the premium questions are based on which of the following time periods?	133 1 Weekly 5 Quarterly 2 Every 2 Yearly	133 Weekly 5 Quarterly Every 2 Yearly	
Mark (X) ONLY one.	3 Monthly	3 Monthly	
SELF-INSURED PLAN INFORMATION			
7. Was this plan purchased from an insurance underwriter or was it self-insured?	105 1 Coverage was underwritten by an insurer - Skip to Question 9	Coverage was underwritten by an insurer - Skip to Question 9	
Coverage was underwritten by an insurer and the insurer paid the enrollee's claim.	Plan was self-insured - Continue with Question 8a Don't know - Skip to	Plan was self-insured - Continue with Question 8a Don't know - Skip to	
The plan was self-insured if government paid enrollee's claim directly or through a third party administrator (TPA).	Question 9	Question 9	
Complete Questions 8a-b if this plan was self-insured.			
8a. Did your government unit employ a third party	713 Yes - Used TPA or ASO	713 1 Yes - Used TPA or ASO	
administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?	No - Self-administered the plan	2 No - Self-administered the plan	
b. Did your government unit purchase stop-loss coverage for	107 Yes	107 Yes	
this plan?	2 No	2 No	
PLAN AFFILIATION			
9. Was this plan offered through a	113 Union	113 Union	
union or a trade association? A trade association is a group of individuals or companies in a	2 Trade Association	2 Trade Association	
specific business or industry organized to promote a common interest	3 Neither	3 Neither	

Section B – GENERAL PLAN INFORMATION – Continued			
	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY	
	100	100	
	Name of plan	Name of plan	
PLAN INFORMATION			
10. In what month did the plan year begin?	Enter a two-digit numeric response. Example: January=01; May=05 123 Month	Enter a two-digit numeric response. Example: January=01; May=05 123 Month	
11. Could this plan have refused to cover persons with pre-existing medical or health conditions?	183 ₁ Yes 2 No	183 1 Yes 2 No	
12. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185 ₁ Yes 2 No	185 1 Yes 2 No	
13. Did the PREMIUMS CHARGED by the insurance company or carrier	138	138	
vary by any of these employee characteristics?	139 Gender	139 Gender	
If self-insured, mark (X) premiums did	_	_	
not vary. Mark (X) all that apply.	141 Wage or salary level	141 Wage or salary level	
	142 Other	142 Other	
	OR	OR	
	640 Premiums did not vary	640 Premiums did not vary	
14. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of	641 Hours worked	641 Hours worked	
these employee characteristics?	642 Union status	642 Union status	
Mark (X) all that apply.	643 Wage or salary level	643 Wage or salary level	
	644 Occupation	644 Occupation	
	706 Length of Employment	706 ☐ Length of Employment	
	645 Other	645 Other	
	OR	OR	
	646 Employee contribution did not vary	646 Employee contribution did not vary	

GENERAL PLAN INFORMATION – Continued				
	FOR CENSUS USE ONLY 100	FOR CENSUS USE ONLY 100		
	Name of plan	Name of plan		
HEALTH SAVINGS ACCOUNT (HSA)				
15. If the deductibles for this plan were \$1,200 or higher for single coverage and \$2,400 or higher for family coverage, did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2012?	714 1 Yes, contributed to an HSA 2 No, did not contribute to an HSA 4 Don't know	714 1 Yes, contributed to an HSA 2 No, did not contribute to an HSA 4 Don't know		
HEALTH RE	EIMBURSEMENT ARRANGEME	NT (HRA)		
16. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your government unit offer an HRA associated with this plan in 2012? HRAS are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet for more information.	710 1 Yes 2 No 3 Don't know	710 1 Yes 2 No 3 Don't know		
	*** PLEASE NOTE *** 11C(S) column for each plan to			

If you have completed your last health insurance plan, continue with form MEPS-11C(R), Section C.

REMEMBER TO ENCLOSE A COPY OF EACH PLAN BROCHURE OR PROVIDE THE BROCHURE WEBSITE ADDRESS WITH YOUR CONTACT INFORMATION ON THE MEPS-11C(F). PLEASE PROVIDE THE GENERAL USER INFORMATION IN THE REMARKS SECTION.

If you have any questions concerning this survey, please call 1-888-206-5068.