

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2017 AT THE LOCATION LISTED ABOVE.

Please use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

If a plan name is preprinted in the Question 1 answer box below, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.

1. For 2017, 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 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.

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
(Examples: Most HMO, IPA, and EPO plans)
- 2 ☐ Any providers
(Examples: Most fee-for-service plans)
- 3 ☐ Mixture of preferred and any providers
(Examples: Most PPO and POS plans)

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 or a trade association?

- 113
- 1 ☐ Union
- 2 ☐ Trade association
- 3 ☐ Neither

Continue with 5

8b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2017?

129

6/6

Active employees **enrolled** in **single** coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM than family coverage.

C. If this plan had EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2017?

Include enrollment for both employee-plus-spouse and employee-plus-child coverage.

571

6/6

Active employees enrolled in employee-plus-one coverage

d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2017?

705

Active employees **enrolled** in **family** coverage

9. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or state continuation-of-benefits laws during a typical pay period in 2017?

126

100

Former employees **enrolled** in plan, excluding retirees

Report for TYPICAL situations and enrollees. If premium 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 2017.

SINGLE COVERAGE

10a. Was SINGLE coverage offered under this plan?

552

- 1 ☐ Yes - *Continue with* **10b**
- 2 ☐ No - **SKIP to** **11a**

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?

131

\$. .00

Employer contribution for **single** premium

C. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her 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

e. The amounts reported in Questions 10b-d are based on which one of the following time periods?

Mark (X) only one.

133

- | | | | | | |
|---|--------------------------|---------------|---|--------------------------|-----------|
| 1 | <input type="checkbox"/> | Weekly | 5 | <input type="checkbox"/> | Quarterly |
| 2 | <input type="checkbox"/> | Every 2 weeks | 4 | <input type="checkbox"/> | Yearly |
| 3 | <input type="checkbox"/> | Monthly | | | |

Continue with 11a

EMPLOYEE-PLUS-ONE COVERAGE

570

- 636

637635638

- 137

- 135

136134553

- 752

- Continue with 13a**

13a. Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?

749

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No
3	<input type="checkbox"/>	Don't know

750

1	<input type="checkbox"/>	Yes
2	<input type="checkbox"/>	No
3	<input type="checkbox"/>	Don't know

	Yes (1)	No (2)	Don't know (3)
734 Participation in a fitness/weight loss program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
735 Participation in a smoking cessation program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
761 Wellness/Health monitoring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>


151

1	<input type="checkbox"/>	Yes - <i>Continue with</i>	14b
2	<input type="checkbox"/>	No - SKIP to	17

Individual annual deductible

224

1	<input type="checkbox"/>	Yes - <i>Continue with</i> 15b
2	<input type="checkbox"/>	No - SKIP to 15c
3	<input type="checkbox"/>	Family coverage not offered - SKIP to 16

150  Number of family members

149  Total annual family deductible

FORM **MEPS-10(S)**

HEALTH SAVINGS ACCOUNT (HSA)

16. Did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2017?

Complete only if the deductibles for this plan were \$1,300 or higher for single coverage and/or \$2,600 or higher for family coverage, otherwise skip to Question 17.

- 714
- 1 ☐ Yes, contributed to an HSA
- 2 ☐ No, did not contribute to an HSA
- 4 ☐ Don't know

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

17. Did your organization offer an HRA associated with this plan in 2017?

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.

HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet MEPS-20(D) for more information.

- 710
- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

PAYMENTS

18a. Was hospital care covered under this plan?

- 155
- 1 ☐ Yes - Continue with **18b**
- 2 ☐ No - **SKIP to 19a**

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?

Out-of-pocket expense - Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

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.

- 152
- \$.00 Copayment paid by enrollee for hospital admission
- 154
- 1 ☐ Per day
- 2 ☐ Per stay
- AND/OR**
- 153
- % Coinsurance paid by enrollee

19a. Was physician care covered under this plan?

- 218
- 1 ☐ Yes - Continue with **19b**
- 2 ☐ No - **SKIP to 20a**

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?

Out of pocket expense - Costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

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

- 156
- \$.00 Copayment paid by enrollee for office visit
- 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?

Report for an "in-network"/participating specialist.

- 771
- \$.00 Copayment paid by enrollee for Specialist Physician office visit
- AND/OR**
- 772
- % Coinsurance paid by enrollee

Continue with 20a

20a. Were prescription drugs covered under this health plan?

673

1	<input type="checkbox"/>	Yes - <i>Continue with</i> 20b
2	<input type="checkbox"/>	No
3	<input type="checkbox"/>	Don't know

} **SKIP to** **21a**

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

773

1	<input type="checkbox"/>	Yes - Continue with	20c
2	<input type="checkbox"/>	No	} SKIP to 20d
3	<input type="checkbox"/>	Don't know	

C. What was the ANNUAL deductible for prescription drugs for SINGLE coverage in this plan?

774 \$.00

Report "in-network" deductibles (if applicable).

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?

Out-of-pocket expense - Costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

Generic

753 Copayment

AND/OR

754

--	--	--

 % Coinsurance

762 ☐ Generic not covered

Preferred brand name

755 Copayment

AND/OR

756	<div> <div></div> <div></div> <div></div> </div> <div>%</div>	Coinsurance
-----	---	-------------

763 ☐ Preferred brand name not covered

Non-preferred brand name

757 \$.00 Copayment

AND/OR

758

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 % Coinsurance

764 ☐ Non-preferred brand name not covered

Specialty

767 \$.00 Copayment

AND/OR

768	<div><div></div><div></div><div></div></div> %	Coinsurance
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769 ☐ Specialty not covered

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.

Continue with 21a

PAYMENTS - Continued

Include all copayments, coinsurance and deductibles.

21a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?

Out-of-pocket expense - Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161

\$, .00

OR

163

☐ No **individual** maximum

b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?

162

\$, .00

OR

222

☐ No **family** maximum

PLAN CHARACTERISTICS

22. Which of the services listed were covered by this plan?

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
736 Routine vision care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587 Routine vision care for adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
737 Routine dental care for children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176 Routine dental care for adults.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
738 Mental health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182 Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. 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 ***

**If your organization offered only one health insurance plan,
you have completed your response to this survey.**

**If your organization offered MORE THAN ONE health insurance
plan, please complete a Plan Information Questionnaire for each
plan that was offered, up to four plans.**

**Feel free to include any health insurance brochure information
you may have in your return packet or fax to 1-800-447-4613.**

