U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2019 Medical Expenditure Panel Survey Insurance Component

## HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

## **INSTRUCTIONS**

The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered in 2019 AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

## **GENERAL PLAN INFORMATION**

Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.

Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.

1 For 2019, 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

- Option A
- Aetna HMO

012 Name of plan

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

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

Don't know

GENERAL PLAN INFO	RMATION - Continued
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 government unit assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party	1 Purchased - SKIP to 6  2 Self-insured - Continue with 5a  3 Don't know - SKIP to 6
and may employ supplemental stop-loss insurance to limit unanticipated losses.	AN INFORMATION
a. Did your government unit 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 government unit purchase stop-loss coverage for this plan?  See definition sheet MEPS-20(D) for more information.	107 1
c. What was the stop-loss amount PER ENROLLEE?	\$ <b>\$ 0,000</b> ,000.00
ACTUARIAL VALUE	OR METAL LEVEL
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.	Actuarial Value: 747  % of medical expenses paid by plan  OR
Metal Levels are labels for insurance plans that describe the level of benefits and cost-sharing provisions.	Metal Level:  746  1  Bronze  2  Silver  3  Gold  4  Platinum  6  N/A, Grandfathered Plan  776  Don't know

ACTIVE ENROLL	MENT - Continued
	e:
a. How many active employees were enrolled in this plan at this government unit during a typical pay period?	Active employees enrolled in plan
b. How many of these active employees were enrolled in SINGLE coverage during a typical pay period?	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?	Active employees enrolled in employee-plus-one coverage
d. How many active employees were enrolled in FAMILY coverage during a typical pay period?	Active employees enrolled in family coverage
PHSA (COBRA	ianily coverage
How many FORMER employees were enrolled in this plan, excluding retirees, through PHSA (COBRA) or state continuation-of-benefits laws during a typical pay period?	Former employees enrolled in plan, excluding retirees
PLAN PR	REMIUMS
Report for TYPICAL situations and enrollees. If premium varions of this was a self-insured plan, report the premium equivalent. Report government unit/employee contributions and total premits of the premium and total premium.	
9 The following questions, 10a through 12e, refer to plan premium amounts. For which time period will you be reporting?  Mark (X) only one.	790 1
SINGLE CO	OVERAGE
a. Was SINGLE coverage offered under this plan?	1 Yes - Continue with 10b 2 No - SKIP to 11a
b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with single coverage?	\$ .00 Government unit contribution for single premium
c. How much did this typical EMPLOYEE with single coverage contribute toward his/her own premium?	\$ .00 Employee contribution for single premium
d. What was the TOTAL premium for this typical employee with single coverage?	\$ .00 Total single premium

		PLAN PREMIUM	<b>S</b> -	Continued
		EMPLOYEE-PLUS-0	NE	COVERAGE
	If e em	mployee-plus-one premiums were different for employee-plu ployee-plus-one child. If premiums varied for other reasons,	s-chi repo	nild and employee-plus-spouse coverages, report for ort for a TYPICAL employee.
0	a.	Was EMPLOYEE-PLUS-ONE coverage offered under this plan?	570	Yes - Continue with 11b  No - SKIP to 12a
	b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with employee-plus-one coverage?	636	\$ .00 Government unit contribution for employee-plus-one premium
	C.	How much did this typical EMPLOYEE with employee-plus-one coverage contribute toward his/her own premium?	637	\$ .00 Employee contribution for employee-plus-one premium
	d.	What was the TOTAL premium for this typical employee with employee-plus-one coverage?	635	\$ .00 Total employee-plus-one premium
		FAMILY CO	VER.	RAGE
12	If pi	remium varied by family size, report for a family of four.  Was FAMILY coverage offered under this plan?	137	Yes - Continue with 12b No - SKIP to 13a
	b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with family coverage?	135	\$ .00 Government unit contribution for family premium
	c.	How much did this typical EMPLOYEE with family coverage contribute toward his/her own premium?	136	\$ .00 Employee contribution for family premium
	d.	What was the TOTAL premium for this typical employee with family coverage?	134	\$ .00 Total family premium
	e.	Did the TOTAL premium reported earlier for family coverage vary depending on the number of family members covered by the plan?	752	1 Yes 2 No 3 Don't know



13	a.	Did the amount individual EMPLOYEES contributed toward their single coverage premium vary by any of these characteristics?	734	Yes No kno (1) (2) (3) Participation in a fitness/weight
		Do not include incentive programs that do not impact contributions.	735 761	Participation in a smoking cessation program
			784 785	Age
	b.	Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?	749	1 Yes 2 No 3 Don't know
		DEDUCT	'IBL	ES
14	Did	this plan have a deductible?	151	1 Yes - Continue with 15 2 No - SKIP to 18a
		at were the annual deductibles in this n for different levels of coverage?	146	\$ .00 Individual annual deductible
	If de	ort "in-network" deductibles (if applicable). eductible was per overnight hospital stay, it is not annual deductible and should be reported under estion 19b on Page 7.	786 791	\$ .00 Employee-plus-one annual deductible  Employee-plus-one coverage not offered
	sho	escription drugs had a separate deductible, it uld be reported under Question 21c on Page 7. NOT report COPAYMENTS or individual or family	149	\$ .00 Family annual deductible
	out-	of-pocket maximums here.	792	Family coverage not offered
6	a.	Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?	224	Yes - Continue with 16b No Family coverage not offered
	b.	How many family members were required to meet their individual deductibles before the family deductible was met?	150	Number of family members
		Report for a family of four.		

	omplete only if the deductibles for this plan were \$1,350 overage, otherwise skip to Question 18a.	or higher for single coverage and/or \$2,700 or higher for family
<b>7</b> a.	Did your government unit 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  Yes, contributed to an HSA  SKIP to 18a
b.	What was the MONTHLY contribution your government unit made to the HSA for a typical employee with single coverage for this plan?  This amount should NOT include the amount your government unit contributed toward the plan	\$ .00 Monthly HSA contribution for single coverage
c.	What was the MONTHLY contribution your government unit made to the HSA for a	778 Monthly HSA contribution
	typical employee with family coverage for this plan?  This amount should NOT include the amount your government unit contributed toward the plan premium.	for family coverage
	Report for a family of four.	
	HEALTH REIMBURSEME	NT ARRANGEMENT (HRA)
8 a.	Did your government unit offer 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.	710  1 Yes, contributed to an HRA  2 No, did not contribute to an HRA  3 Don't know  Yes, contributed to an HRA  SKIP to 19a
	HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet MEPS-20(D) for more information.	,
	Up to what dollar amount did your government unit contribute ANNUALLY to a typical employee's HRA for single	\$ .00 Annual HRA contribution for single coverage
b.	coverage for this plan?	, tel diagram and an arrange
b.		, to any to the second of the
	Coverage for this plan?  This amount should NOT include the amount your government unit contributed toward the plan	\$ .00 Annual HRA contribution for family coverage

	РАУМ	ENTS
<b>19</b> a.	Was hospital care covered under this plan?	155 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 an inpatient hospital admission after any annual deductible was met?  Report for precertified hospital admissions (if applicable).	152 \$ .00 Copayment paid by enrollee for hospital admission
	Report for an admission at an "in-network"/participating hospital (if applicable).  Do not include any physician charges incurred during the hospital admission.	2 Per stay  AND/OR  153  Coinsurance paid by enrollee
<b>20</b> a.	Was physician care covered under this plan?	218 1
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?	\$ .00 Copayment paid by enrollee for office visit  AND/OR  157
c.	Report for an "in-network"/participating general practitioner, excluding preventive care visits.  How much and/or what percentage of the	Copayment paid by enrollee for
	total bill did an enrollee pay out-of-pocket for a Specialist Physician office visit after any annual deductible was met?	\$ .00 Specialist Physician office visit  AND/OR  772
	Report for an "in-network"/participating specialist, excluding preventive care visits.	% Coinsurance paid by enrollee
<b>21</b> a.	Were prescription drugs covered under this health plan?	1  Yes - Continue with 21b 2  No 3  Don't know  SKIP to 22a
b.	Did this plan have a SEPARATE ANNUAL deductible that applies only to prescription drugs?	1
c.	What was the SEPARATE ANNUAL deductible for prescription drugs for single coverage in this plan?	\$ Separate individual prescription drug deductible
	Report "in-network" prescription deductibles for participating pharmacies (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?

**Generic** 762 **Preferred brand name** 763 758

**PAYMENTS - Continued** 

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.

**Specialty** .00 Copayment AND/OR

.00

.00

.00

AND/OR

\$

\$

764

161

789

AND/OR

AND/OR

769 Specialty not covered

e. What was the maximum annual out-of-pocket expense for specialty drugs? 787 \$ 793

\$

OR

No specialty drug maximum

Include all copayments, coinsurance and deductibles.

22

What was the overall MAXIMUM ANNUAL out-of-pocket expense?

This is often referred to as a catastrophic limit.

163 No individual maximum 788 \$ OR

162 \$

OR

No family maximum

	PLAN CHARA	CTE	RI	STI	cs			
23	Which of the services listed were covered by this plan?					Yes	No (2)	Don't know (3)
		173	Ch	iropr	ractic care			
		736	Ro	utine	e vision care for children			
		587	Ro	utine	e vision care for adults			
		737	Ro	utine	e dental care for children			
		176	Ro	utine	e dental care for adults			
		738	Me	ental	health care			
	Telemedicine is the delivery of health care through	182	Su	bstar	nce abuse treatment			
	telecommunications to a patient from a provider who is at a remote location.	781	Tel	eme	dicine			
24	Was this a grandfathered health plan as defined by the Affordable Care Act?	739	1		Yes			
	See the definition sheet MEPS-20(D) included with this		2		No			
	package for an explanation.		3		Don't know			

## \*\*\* PLEASE NOTE \*\*\*

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

If your government unit offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered.

Feel free to include any health insurance brochure information you may have in your return packet or fax to 1-800-447-4615.

