

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

2022 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 2022 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 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
 - Option 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

Continue with **4**

29041019



ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 8a through 8d, if the answer is **NONE**, please enter "0".

Include:

- Employees on the payroll for your government unit, including those who work off-site
- Full-time and part-time employees
- Temporary and seasonal employees

Exclude:

- Former employees
- Leased or contract workers
- Retirees

- | | | | | |
|----------|---|-----|---|---|
| 8 | <p>a. How many active employees were enrolled in this plan at this government unit during a typical pay period?</p> | 125 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | Active employees enrolled in plan |
| | <p>b. How many of these active employees were enrolled in SINGLE coverage during a typical pay period?</p> | 129 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | Active employees enrolled in single coverage |
| | <p>c. If this plan had EMPLOYEE-PLUS-ONE coverage, how many active employees were enrolled during a typical pay period?</p> <p><i>Include enrollment for both employee-plus-spouse and employee-plus-child coverage.</i></p> | 571 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | Active employees enrolled in employee-plus-one coverage |
| | <p>d. How many active employees were enrolled in FAMILY coverage during a typical pay period?</p> | 705 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | Active employees enrolled in family coverage |

COBRA ENROLLMENT

- | | | | | |
|----------|--|-----|---|---|
| 9 | <p>How many FORMER employees were enrolled in this plan through COBRA or state continuation-of-benefits laws during a typical pay period? Exclude retirees.</p> | 126 | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | Former employees enrolled in plan, excluding 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 government unit/employee contributions and total premium for the same period in 2022.

- | | | | | | | | | | |
|--|--|-----|---|-----------------------------------|--------------------------------------|--|-----------------------------------|------------------------------------|--|
| 10 | <p>The following questions, 11a through 13e, refer to plan premium amounts. For which time period will you be reporting?</p> <p><i>Mark (X) only one.</i></p> | 790 | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1 <input type="checkbox"/> Weekly</td> <td style="width: 50%;">5 <input type="checkbox"/> Quarterly</td> </tr> <tr> <td>2 <input type="checkbox"/> Every 2 weeks</td> <td>4 <input type="checkbox"/> Yearly</td> </tr> <tr> <td>3 <input type="checkbox"/> Monthly</td> <td></td> </tr> </table> | 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 | |
| 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 | | | | | | | | | |

SINGLE COVERAGE

- | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|----|---|---|----|--|--|--|---|--|--|--|---|
| 11 | <p>a. Was SINGLE coverage offered under this plan?</p> | 552 | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">1 <input type="checkbox"/> Yes - Continue with 11b</td> <td style="width: 50%;"></td> </tr> <tr> <td>2 <input type="checkbox"/> No - SKIP to 12a</td> <td></td> </tr> </table> | 1 <input type="checkbox"/> Yes - Continue with 11b | | 2 <input type="checkbox"/> No - SKIP to 12a | | | | | | | | | | |
| 1 <input type="checkbox"/> Yes - Continue with 11b | | | | | | | | | | | | | | | | |
| 2 <input type="checkbox"/> No - SKIP to 12a | | | | | | | | | | | | | | | | |
| | <p>b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with single coverage?</p> | 131 | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 40%; text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 5%; text-align: center;">.</td> <td style="width: 5%; text-align: center;">00</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">,</td> <td></td> <td></td> <td></td> <td style="vertical-align: top;">Government unit contribution for single premium</td> </tr> </table> | | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | , | | | | Government unit contribution for single premium |
| | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | | | | | | | | | |
| | | , | | | | Government unit contribution for single premium | | | | | | | | | | |
| | <p>c. How much did this typical EMPLOYEE with single coverage contribute toward his/her own premium?</p> | 132 | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 40%; text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 5%; text-align: center;">.</td> <td style="width: 5%; text-align: center;">00</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">,</td> <td></td> <td></td> <td></td> <td style="vertical-align: top;">Employee contribution for single premium</td> </tr> </table> | | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | , | | | | Employee contribution for single premium |
| | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | | | | | | | | | |
| | | , | | | | Employee contribution for single premium | | | | | | | | | | |
| | <p>d. What was the TOTAL premium for this typical employee with single coverage?</p> | 130 | <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">\$</td> <td style="width: 40%; text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="width: 5%; text-align: center;">.</td> <td style="width: 5%; text-align: center;">00</td> <td style="width: 30%;"></td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">,</td> <td></td> <td></td> <td></td> <td style="vertical-align: top;">Total single premium</td> </tr> </table> | | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | , | | | | Total single premium |
| | \$ | <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> | . | 00 | | | | | | | | | | | | |
| | | , | | | | Total single premium | | | | | | | | | | |

Continue with 12a

29402033



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 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

} **SKIP to 20**

19 a. What was the MONTHLY contribution your government unit 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 government unit contributed toward the plan premium.

b. What was the MONTHLY contribution your government unit 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 government unit contributed toward the plan premium.

c. What was the MONTHLY contribution your government unit 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 government unit contributed toward the plan premium.

Report for a family of four.

29042066



Continue with **20**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

20 Did your government unit 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.

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 government unit contribute ANNUALLY to a typical employee's HRA for single coverage for this plan?

This amount should NOT include the amount your government unit contributed toward the plan premium.

779

\$, .00

Annual HRA contribution for single coverage

b. Up to what dollar amount did your government unit contribute ANNUALLY to a typical employee's HRA for employee-plus-one coverage for this plan?

This amount should NOT include the amount your government unit contributed toward the plan premium.

800

\$, .00

Annual HRA contribution for employee-plus-one coverage

c. Up to what dollar amount did your government unit contribute ANNUALLY to a typical employee's HRA for FAMILY coverage for this plan?

This amount should NOT include the amount your government unit contributed toward the plan premium.

Report for a family of four.

780

\$, .00

Annual HRA contribution for family coverage

29042074



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	<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"/>
781	Telemedicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	<input type="checkbox"/>	Yes	}	SKIP to the bottom of page 11 for instructions.
2	<input type="checkbox"/>	No		
3	<input type="checkbox"/>	Don't know		

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.

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	<input type="checkbox"/>	Per day
2	<input type="checkbox"/>	Per stay

AND/OR

809 % Coinsurance paid by enrollee for out-of-network hospital admission

Continue with 30



OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS – Continued

Include all copayments, coinsurance and deductibles.

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

This is often referred to as a catastrophic limit.

810 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 *****

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.

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 1-800-447-4615.

