

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

2023 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

## INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2023 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 2023, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?**

012 Name of plan

Examples: • Blue Cross Blue Shield, High Option  
• Option A  
• Aetna HMO

**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**

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### 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 organization 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 organization 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
- 3  Don't know

**b. Did your organization purchase stop-loss coverage for this plan?**

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

- 107 1  Yes - *Continue with 6c*
  - 2  No
  - 3  Don't know
- SKIP to 7**

**c. What was the stop-loss amount PER ENROLLEE?**

732

- 818  Don't know

### LEVEL-FUNDED PLANS

**7 Was this plan a level-funded plan?**

**Level-funded plan -** In a level-funded plan, your organization makes a set payment each month to an insurer or third-party administrator which funds a reserve account for claims, administrative costs, and premiums for stop-loss coverage. When claims are lower than expected, surplus payments may be refunded at the end of the contract. These arrangements may also be referred to as **balanced funding** or **alternative funding**.

- 819 1  Yes
- 2  No
- 3  Don't know

**Continue with 8**



## ACTUARIAL VALUE OR METAL LEVEL

**8 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

**9 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

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 10a through 10d, if the answer is **NONE**, please enter "0".

**Include:**

- Corporate officers and managers
- Employees on the payroll for this location, including:
  - those who work off-site
  - those who are leased or contracted TO other organizations
- Full-time and part-time employees
- Owners
- Temporary and seasonal employees

**Exclude:**

- Former employees
- Workers leased or contracted FROM other organizations
- Retirees

**10 a. How many active employees were enrolled in this plan at this location 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?**

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

571    ,    Active employees enrolled in employee-plus-one coverage

**d. How many active employees were enrolled in FAMILY coverage during a typical pay period?**

705    ,    Active employees enrolled in family coverage

**Continue with 11**

## COBRA ENROLLMENT

- 11** How many **FORMER** employees were enrolled in this plan through **COBRA** or state continuation-of-benefits laws during a typical pay period? Exclude retirees.

126

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 employer/employee contributions and total premium for the same period during 2023.

- 12** The following questions, 13a through 15e, refer to plan premium amounts. For which time period will you be reporting?

790

- 1  Weekly  
 2  Every 2 weeks  
 3  Monthly  
 5  Quarterly  
 4  Yearly

Mark (X) only one.

## SINGLE COVERAGE

- 13 a.** Was **SINGLE** coverage offered under this plan?

552

- 1  Yes - Continue with **13b**  
 2  No - **SKIP to 14a**

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

131

Employer contribution for single premium

- c.** How much did this typical **EMPLOYEE** with single coverage contribute toward their own premium?

132

Employee contribution for single premium

- d.** What was the **TOTAL** premium for this typical employee with single coverage?

130

Total single premium

## EMPLOYEE-PLUS-ONE COVERAGE

If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverage, report for employee-plus-one child. If premiums varied for other reasons, report for a *TYPICAL* employee.

- 14 a.** Was **EMPLOYEE-PLUS-ONE** coverage offered under this plan?

570

- 1  Yes - Continue with **14b**  
 2  No - **SKIP to 15a**

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

636

Employer contribution for employee-plus-one premium

- c.** How much did this typical **EMPLOYEE** with employee-plus-one coverage contribute toward their own premium?

637

Employee contribution for employee-plus-one premium

- d.** What was the **TOTAL** premium for this typical employee with employee-plus-one coverage?

635

Total employee-plus-one premium

**Continue with 15a**



## IN-NETWORK DEDUCTIBLES

**17** Did this plan have a deductible?

- 151
- 1  Yes - Continue with **18**
- 2  No - **SKIP to 22**

**18** What were the annual deductibles in this plan for different levels of coverage?

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

If deductible was per overnight hospital stay, it is not an annual deductible and should be reported under Question 24b on Page 8.

If prescription drugs had a separate deductible, it should be reported under Question 26c on Page 8.

- 146       Individual annual deductible
- 786       Employee-plus-one annual deductible
- 791  Employee-plus-one coverage not offered.
- 149       Family annual deductible
- 792  Family coverage not offered.

**19 a.** Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

- 224
- 1  Yes - Continue with **19b**
- 2  No
- 3  Family coverage not offered. } **SKIP to 20**

**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.

## HEALTH SAVINGS ACCOUNT (HSA)

Complete only if the deductibles for this plan were \$1,500 or higher for single coverage and/or \$3,000 or higher for employee-plus-one or family coverage, otherwise skip to Question 22.

**20** Did your organization 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 22**

Continue with **21a**



## HEALTH SAVINGS ACCOUNT (HSA) - Continued

- 21** a. **What was the MONTHLY contribution your organization made to the HSA for a typical employee with single coverage for this plan?** 777
- This amount should NOT include the amount your organization contributed toward the plan premium.*

\$       ,             .00

Monthly HSA contribution for single coverage
- 
- b. **What was the MONTHLY contribution your organization made to the HSA for a typical employee with employee-plus-one coverage for this plan?** 799
- This amount should NOT include the amount your organization contributed toward the plan premium.*

\$       ,                .00

Monthly HSA contribution for employee-plus-one coverage
- 
- c. **What was the MONTHLY contribution your organization made to the HSA for a typical employee with family coverage for this plan?** 778
- This amount should NOT include the amount your organization contributed toward the plan premium.*

*Report for a family of four.*

\$       ,                .00

Monthly HSA contribution for family coverage

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 22** **Did your organization contribute to a Health Reimbursement Arrangement (HRA) associated with this plan?** 710
- 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.*

1  Yes, contributed to an HRA

2  No, did not contribute to an HRA

3  Don't know
- }

**SKIP to 24a**

- 23** a. **Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for single coverage for this plan?** 779
- This amount should NOT include the amount your organization contributed toward the plan premium.*

\$       ,                .00

Annual HRA contribution for single coverage
- 
- b. **Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for employee-plus-one coverage for this plan?** 800
- This amount should NOT include the amount your organization contributed toward the plan premium.*

\$       ,                .00

Annual HRA contribution for employee-plus-one coverage
- 
- c. **Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for family coverage for this plan?** 780
- This amount should NOT include the amount your organization contributed toward the plan premium.*

*Report for a family of four.*

\$       ,                .00

Annual HRA contribution for family coverage

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**Continue with 24a**





IN-NETWORK PAYMENTS - Continued

26 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

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 \$ [ ] [ ] [ ] [ ] .00 Copayment

AND/OR

758 [ ] [ ] [ ] [ ] % Coinsurance

764  Non-preferred brand name not covered

Specialty

767 \$ [ ] [ ] [ ] [ ] .00 Copayment

AND/OR

768 [ ] [ ] [ ] [ ] % Coinsurance

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.

Include all copayments, coinsurance and deductibles.

27 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 \$ [ ] [ ] [ ] [ ] [ ] [ ] .00 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 28

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### PLAN CHARACTERISTICS

**28** 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"/>

**29** a. Did this plan cover TELEMEDICINE?

- 781
- 1  Yes
  - 2  No
  - 3  Don't know
- } **SKIP to 30**

b. Did this plan cover either of these treatments by TELEMEDICINE?

	Yes (1)	No (2)	Don't know (3)
820 Mental health treatment. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
821 Substance abuse treatment. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS

**30** 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 11 for instructions.**

*If this plan had an out-of-network deductible, continue with Question 31, otherwise skip to Question 32.*

**31** 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 32.*

- 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.

Continue with **32**

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