

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2024 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 2024, 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

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**

5 Was this plan purchased from an insurance underwriter or was it self-insured?

1

7

2

3

5

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 PLAN INFORMATION

1

7

2

3

1

5

2

3

9

SKIP to 7

732

\$

7

LEVEL-FUNDED PLANS

1

7

2

7

3

5

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**.

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?

571

Active employees enrolled in employee-plus-one coverage

Include enrollment for both employee-plus-spouse and employee-plus-child 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 2024.

12

The following questions, 13a through 15e, refer to plan premium amounts. For which time period will you be reporting employer/employee contributions and total premiums?

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

\$

,

.00

Employer contribution for single premium

c.

How much did this typical **EMPLOYEE** with single coverage contribute toward their 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

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

\$

,

.00

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

\$

,

.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

Continue with 15a

PLAN PREMIUMS - Continued

FAMILY COVERAGE

If premium varied by family size, report for a family of four.

- 15 a. Was FAMILY coverage offered under this plan?**

1 ☐ Yes - Continue with **15b**

2 ☐ No - **SKIP to 16a**

- b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with family coverage?**
- 135

\$			,			.	00
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 Employer contribution for family premium

- c. How much did this typical EMPLOYEE with family coverage contribute toward their 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 for family coverage vary depending on the number of family members covered by the plan?**
- 752
- | | | |
|---|--------------------------|------------|
| 1 | ☐ | Yes |
| 2 | ☐ | No |
| 3 | ☐ | Don't know |

GENERAL PREMIUM INFORMATION

- 16 a. Did the amount individual EMPLOYEES contributed toward their single coverage premium vary by any of these characteristics?**

Do not include incentive programs that do not impact contributions.

- | | Yes
(1) | No
(2) | Don't
know
(3) |
|--|--------------------------|--------------------------|--------------------------|
| 734 Participation in a fitness/weight loss program | ☐ | ☐ | ☐ |
| 735 Participation in a smoking cessation program | ☐ | ☐ | ☐ |
| 761 Wellness/Health monitoring | ☐ | ☐ | ☐ |
| 784 Age | ☐ | ☐ | ☐ |
| 785 Wage or Salary levels | ☐ | ☐ | ☐ |

- b. Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?**
- 749
- | | | |
|---|-------------------------------------|------------|
| 1 | ☒ | Yes |
| 2 | ☐ | No |
| 3 | ☐ | Don't know |

Continue with 17

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
- \$, .00

Monthly HSA contribution for single coverage
- This amount should NOT include the amount your organization contributed toward the plan premium.*
-
- 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
- \$, .00

Monthly HSA contribution for employee-plus-one coverage
- This amount should NOT include the amount your organization contributed toward the plan premium.*
-
- c. What was the MONTHLY contribution your organization 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 organization contributed toward the plan premium.*
- Report for a family of four.*

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

- 22 Did your organization contribute to a Health Reimbursement Arrangement (HRA) associated with this plan?** 710
- 1 ☐ Yes, contributed to an HRA

2 ☐ No, did not contribute to an HRA

3 ☐ Don't know

}

SKIP to 24a
- 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.*

- 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
- \$, .00

Annual HRA contribution for single coverage
- This amount should NOT include the amount your organization contributed toward the plan premium.*
-
- 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
- \$, .00

Annual HRA contribution for employee-plus-one coverage
- This amount should NOT include the amount your organization contributed toward the plan premium.*
-
- c. Up to what dollar amount did your organization contribute ANNUALLY to a typical employee's HRA for family coverage for this plan?** 780
- \$, .00

Annual HRA contribution for family coverage
- This amount should NOT include the amount your organization contributed toward the plan premium.*
- Report for a family of four.*

Continue with 24a



IN-NETWORK PAYMENTS

24 a. Was hospital care covered under this plan?

1 ☐ Yes - Continue with **24b**

2 ☐ No - **SKIP to 25a**

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?

Copayment paid by enrollee for hospital admission

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.

1 ☐ Per day

2 ☐ Per stay

AND/OR

% Coinsurance paid by enrollee

25 a. Was physician care covered under this plan?

1 ☐ Yes - Continue with **25b**

2 ☐ No - **SKIP to 26a**

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?

Copayment paid by enrollee for General Practitioner office visit

AND/OR

% Coinsurance paid by enrollee

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

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?

Copayment paid by enrollee for Specialist Physician office visit

AND/OR

% Coinsurance paid by enrollee

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

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

1 ☐ Yes - Continue with **26b**

2 ☐ No

3 ☐ Don't know

SKIP to 27

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

1 ☐ Yes - Continue with **26c**

2 ☐ No

3 ☐ Don't know

SKIP to 26d

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).

Continue with 26d

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 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 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.

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 Maximum out-of-pocket expense for a family

OR

222 ☐ No **family** maximum

Continue with **28**

PLAN CHARACTERISTICS

28 Did this plan cover any of the services listed?

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care.	☐	☐	☐
736 Routine vision care for children	☐	☐	☐
587 Routine vision care for adults.	☐	☐	☐
737 Routine dental care for children	☐	☐	☐
176 Routine dental care for adults	☐	☐	☐
738 Mental health care	☐	☐	☐
182 Substance abuse treatment.	☐	☐	☐

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.	☐	☐	☐
821 Substance abuse treatment.	☐	☐	☐

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.**

31 Did this plan have an out-of-network deductible?

- 822
- 1 ☐ Yes - Continue with 32
- 2 ☐ No - **SKIP to 33**
- 3 ☐ Don't know - **SKIP to 33**

32 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 33.

- 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.

Continue with 33

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS - Continued

If this plan offered hospital care, continue with Question 33, otherwise skip to Question 34.

- 33 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 ☐ Per day

2 ☐ Per stay

AND/OR

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

- 34 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 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.

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 1-800-447-4613.