

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

2021 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 2021 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 2021, 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.

103 1  Exclusive providers

**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.

2  Any 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.

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**

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## GENERAL PLAN INFORMATION - Continued

**4** 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 and may employ supplemental stop-loss insurance to limit unanticipated losses.

- 105
- 1  Purchased - **SKIP** to **6**
  - 2  Self-insured - *Continue with* **5a**
  - 3  Don't know - **SKIP** to **6**

## SELF-INSURED PLAN INFORMATION

**5** 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  Yes - *Continue with* **5c**
  - 2  No - **SKIP** to **6**

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

732

\$ , , .

## ACTUARIAL VALUE OR METAL LEVEL

**6** 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.

**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

**OR**

**Metal Level:**

- 746
- 1  Bronze
  - 2  Silver
  - 3  Gold
  - 4  Platinum

**OR**

- 739  Grandfathered Plan
- 776  Don't know

**Continue with 7a**



### ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

For Questions 7a through 7d, 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

- 7** a. How many active employees were enrolled in this plan at this government unit 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

### COBRA ENROLLMENT

- 8** 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 government unit/employee contributions and total premium for the same period in 2021.

- 9** The following questions, 10a through 12e, refer to plan premium amounts. For which time period will you be reporting? 790
- |                            |               |                            |           |
|----------------------------|---------------|----------------------------|-----------|
| 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       |                            |           |
- Mark (X) only one.

### SINGLE COVERAGE

- 10** a. Was **SINGLE** coverage offered under this plan? 552
- |                            |                                |
|----------------------------|--------------------------------|
| 1 <input type="checkbox"/> | Yes - Continue with <b>10b</b> |
| 2 <input type="checkbox"/> | No - <b>SKIP</b> to <b>11a</b> |
- b. For this plan, how much did the **GOVERNMENT UNIT** contribute toward the plan premium of one typical employee with single coverage? 131    ,     Government unit contribution for single premium
- c. How much did this typical **EMPLOYEE** with single coverage contribute toward his/her 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

Continue with **11a**

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## PLAN PREMIUMS – Continued

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

- 11** a. Was **EMPLOYEE-PLUS-ONE** coverage offered under this plan? 570
- 1  Yes - Continue with **11b**
- 2  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 COVERAGE

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

- 12** a. Was **FAMILY** coverage offered under this plan? 137
- 1  Yes - Continue with **12b**
- 2  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

## GENERAL PREMIUM INFORMATION

**13 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 . . . . .	<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"/>
784	Age . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
785	Wage or Salary levels . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b. Was the TOTAL PREMIUM for an employee with single coverage higher for older workers?**

749

1  Yes

2  No

3  Don't know

## IN-NETWORK DEDUCTIBLES

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

151

1  Yes - Continue with **15**

2  No - **SKIP to 19**

**15 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 21b on Page 8.*

*If prescription drugs had a separate deductible, it should be reported under Question 23c on Page 8.*

*DO NOT report copayments or out-of-pocket maximums here.*

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.

**16 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 **16b**

2  No

3  Family coverage not offered. } **SKIP to 17**

**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.*

**Continue with 17**

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## 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 19.

**17** 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 19**

**18 a.** What was the MONTHLY contribution your government unit made to the HSA for a typical employee with single coverage for this plan?

777        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        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        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.*



## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

**19 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 21a**

**20 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

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Continue with **21a**







## PLAN CHARACTERISTICS

**25** 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

**26** 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 27, otherwise skip to Question 28.*

**27** 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 28.*

*DO NOT report copayments or out-of-pocket maximums here.*

- 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.

*If this plan offered hospital care, continue with Question 28, otherwise skip to Question 29.*

**28** 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   ,   .00 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

**Continue with 29**

## OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS - Continued

Include all copayments, coinsurance and deductibles.

**29** 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   ,   .00 Out-of-network maximum out-of-pocket expense for an individual

**OR**

811  No **individual** maximum

812   ,   .00 Out-of-network maximum out-of-pocket expense for employee-plus-one

**OR**

813  No **employee-plus-one** maximum

814   ,   .00 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.**

