

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

**The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered in 2023 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 2023, 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

29043015

Continue with 4

## 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

3  Don't know

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

107    1  Yes - *Continue with 5c*

2  No  
3  Don't know      **SKIP to 6**

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

732    \$  ,  ,  ,  . .00

818     Don't know

## LEVEL-FUNDED PLANS

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

**Level-funded plan -** In a level-funded plan, your government unit 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



## ACTUARIAL VALUE OR METAL LEVEL

**7** 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

**8** 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 9a through 9d, 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

**9** 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

- 10** 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 2023.

- 11** The following questions, 12a through 14e, refer to plan premium amounts. For which time period will you be reporting?

Mark (X) only one.

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       |   |                          |           |

## SINGLE COVERAGE

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

552

- |   |                          |                                |
|---|--------------------------|--------------------------------|
| 1 | <input type="checkbox"/> | Yes - Continue with <b>12b</b> |
| 2 | <input type="checkbox"/> | No - SKIP to <b>13a</b>        |

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

131

\$ 

--	--

.00

Government unit 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 coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.

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

570

- |   |                          |                                |
|---|--------------------------|--------------------------------|
| 1 | <input type="checkbox"/> | Yes - Continue with <b>13b</b> |
| 2 | <input type="checkbox"/> | No - SKIP to <b>14a</b>        |

- 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 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 14a**

29043049

## PLAN PREMIUMS – Continued

### FAMILY COVERAGE

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

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

<sup>137</sup> 1  Yes - Continue with **14b**

2  No - **SKIP to 15a**

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

<sup>135</sup>

\$ **,     ,     ,     .00**

Government unit contribution for family premium

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

<sup>136</sup>

\$ **,     ,     ,     .00**

Employee contribution for family premium

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

<sup>134</sup>

\$ **,     ,     ,     .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?

<sup>752</sup>

1  Yes

2  No

3  Don't know

### GENERAL PREMIUM INFORMATION

- 15** 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?

<sup>749</sup>

1  Yes

2  No

3  Don't know

29043056



**Continue with 16**

## IN-NETWORK DEDUCTIBLES

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

- 151
- 1  Yes - Continue with **17**  
 2  No - **SKIP to 21**

**17 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 23b on Page 8.

If prescription drugs had a separate deductible, it should be reported under Question 25c on Page 8.

- 146      \$  ,  . .00 Individual annual deductible
- 786      \$  ,  . .00 Employee-plus-one annual deductible
- 791       Employee-plus-one coverage not offered.
- 149      \$  ,  . .00 Family annual deductible
- 792       Family coverage not offered.

**18 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 **18b**  
 2  No  
 3  Family coverage not offered.

**SKIP to 19**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

Report for a family of four.

- 150       Number of family members

## 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 21.

**19 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 21**

## HEALTH SAVINGS ACCOUNT (HSA) - Continued

20

- 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.*

## HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

21

- 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 23a**

22

- a. Up to what dollar amount did your government unit 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 government unit contributed toward the plan premium.*

- 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?**

800

\$					.00
----	--	--	--	--	-----

Annual HRA contribution for employee-plus-one coverage

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

- c. Up to what dollar amount did your government unit 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 government unit contributed toward the plan premium.*

*Report for a family of four.*

29043072

**Continue with 23a**

## IN-NETWORK PAYMENTS

**23 a. Was hospital care covered under this plan?**

- 155  
 1  Yes - Continue with **23b**  
 2  No - **SKIP to 24a**

**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).

Report for an admission at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital admission.

152 \$    ,    .00 Copayment paid by enrollee for hospital admission

- 154  
 1  Per day  
 2  Per stay

**AND/OR**

153 %    % Coinsurance paid by enrollee

**24 a. Was physician care covered under this plan?**

- 218  
 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 a General Practitioner office visit, with a participating physician, after any annual deductible was met?**

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

156 \$    ,    .00 Copayment paid by enrollee for General Practitioner office visit

**AND/OR**

157 %    % Coinsurance paid by enrollee

**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?**

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

771 \$    ,    .00 Copayment paid by enrollee for Specialist Physician office visit

**AND/OR**

772 %    % Coinsurance paid by enrollee

**25 a. Were prescription drugs covered under this health plan?**

- 673  
 1  Yes - Continue with **25b**  
 2  No  
 3  Don't know } **SKIP to 26**

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

- 773  
 1  Yes - Continue with **25c**  
 2  No  
 3  Don't know } **SKIP to 25d**

**c. What was the SEPARATE ANNUAL deductible for prescription drugs for single coverage in this plan?**

774 \$    ,    .00 Separate individual prescription drug deductible

Report "in-network" prescription deductibles for participating pharmacies (if applicable).

**Continue with 25d**



## IN-NETWORK PAYMENTS – Continued

- 25** 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

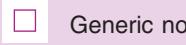
### AND/OR

754



Coinsurance

762



Generic not covered

### Preferred brand name

755



Copayment

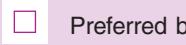
### AND/OR

756



Coinsurance

763



Preferred brand name not covered

### Non-preferred brand name

757



Copayment

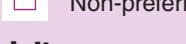
### AND/OR

758



Coinsurance

764



Non-preferred brand name not covered

### Specialty

767



Copayment

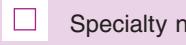
### AND/OR

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.

- 26** 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).

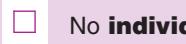
161



Maximum out-of-pocket expense for an individual

### OR

163

No **individual** maximum

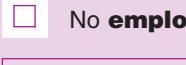
788



Maximum out-of-pocket expense for employee-plus-one

### OR

789

No **employee-plus-one** maximum

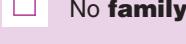
162



Maximum out-of-pocket expense for a family

### OR

222

No **family** maximum

**Continue with 27**

## PLAN CHARACTERISTICS

**27 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"/>

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

- 781
- |   |                          |            |
|---|--------------------------|------------|
| 1 | <input type="checkbox"/> | Yes        |
| 2 | <input type="checkbox"/> | No         |
| 3 | <input type="checkbox"/> | Don't know |
- SKIP to 29**

**b. Did this plan cover any 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

**29 Does this plan cover any of the costs of non-emergency out-of-network care?**

- 801
- |   |                          |            |
|---|--------------------------|------------|
| 1 | <input type="checkbox"/> | Yes        |
| 2 | <input type="checkbox"/> | No         |
| 3 | <input type="checkbox"/> | Don't know |
- Skip to the bottom of page 11 for instructions.**

If this plan had an out-of-network deductible, continue with Question 30, otherwise skip to Question 31.

**30 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 31.

802	<input style="width: 100px; height: 25px; border: 1px solid black; padding: 2px;" type="text"/> \$    ,    ,    .00	Out-of-network individual annual deductible
803	<input style="width: 100px; height: 25px; border: 1px solid black; padding: 2px;" type="text"/> \$    ,    ,    .00	Out-of-network employee-plus-one annual deductible
804	<input type="checkbox"/>	Employee-plus-one coverage not offered.
805	<input style="width: 100px; height: 25px; border: 1px solid black; padding: 2px;" type="text"/> \$    ,    ,    .00	Out-of-network family annual deductible
806	<input type="checkbox"/>	Family coverage not offered.



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

If this plan offered hospital care, continue with Question 31, otherwise skip to Question 32.

- 31 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

Include all copayments, coinsurance and deductibles.

- 32 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.**

