

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.

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**

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?

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

- 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

Continue with 7



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 ☐ Bronze2 ☐ Silver3 ☐ Gold4 ☐ 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 ☐ Yes2 ☐ No3 ☐ 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

Continue with **10**



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.

--	--	--	--	--	--

FORM **MEPS-11(S)**

FAMILY COVERAGE

137

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

- 135

\$.00

136

\$.00

134

\$.00

752

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

734

735

761

784

785

Yes (1)	No (2)	Don't know (3)
------------	-----------	----------------------

A 5x3 grid of 15 small squares, each containing a smaller square.

- 749

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

FORM **MEPS-11(S)**

16 Did this plan have a deductible?

151

1 ☐ Yes - Continue with **17**

2 ☐ No - **SKIP to 21**

146

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

\$.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.

224

1 ☐ Yes - Continue with **18b**

2 ☐ No

3	<input type="checkbox"/>	Family coverage not offered.
---	--------------------------	------------------------------

SKIP to 19

150

11

Number of family members

Report for a family of four.

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

Continue with 20a



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?** 710

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.

- 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.

Continue with 23a



23 a. Was hospital care covered under this plan?

1 

23b

2 ☐

24a

\$, .00

1 

2 

AND/OR

□ □ □ %

1 ☐

24b

2 ☐

25a

\$.00

AND/OR

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	%
--	---

\$.00

AND/OR

%

1 ☐

25b

2 

3 

SKIP to 26

1 ☐

25c

2 

3 ☐

SKIP to 25d

\$.00

Continue with 25d

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	<div> <div></div> <div></div> <div></div> </div> <div>%</div>	Coinurance
-----	---	------------

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	<div> <div></div> <div></div> <div></div> </div> <div>%</div>	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.

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 \$.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 27

27 Did this plan cover any of the services listed?

28 a. Did this plan cover TELEMEDICINE?

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

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

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.

Continue with 31

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?

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

\$.00

Copayment paid by enrollee for out-of-network hospital admission

1 ☐ Per day

2 ☐ Per stay

AND/OR

<div> <div></div> <div></div> <div></div> </div>	%
--	---

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

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

\$.00

Out-of-network maximum out-of-pocket expense for an individual

OR

☐ No **individual** maximum

\$.00

Out-of-network maximum out-of-pocket expense for employee-plus-one

OR

☐ No **employee-plus-one** maximum

\$.00

Out-of-network maximum out-of-pocket expense for a family

OR

☐ No **family** maximum

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.

