OMB No. 0935-0110: Approval Expires 01/31/2026

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

2025 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 2025 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.

1 **For 2025, 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 incentive 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**

29045010

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**

29045028

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?**

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 **10**

29045036

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 2025.

11 **The following questions, 12a through 14e, refer to plan premium amounts. For which time period will you be reporting government unit/employee contributions and total premiums?**

Mark (X) only one.

790
1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

SINGLE COVERAGE

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

552
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 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 ☐ Yes - *Continue with* 13b
2 ☐ No - ***SKIP to*** 14a

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

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? 137

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? 135 $, .00 Government unit 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

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	☐	☐	☐
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 16

29045051

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 - ***SKIP to*** **19**

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 - ***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 $1,650 or higher for single coverage and/or $3,300 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**

Continue with **20a**

29045069

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?**

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

777 $, .00 Monthly HSA contribution for single coverage

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?

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

799 $, .00 Monthly HSA contribution for employee-plus-one coverage

c. What was the MONTHLY contribution your government unit made to the HSA for a typical employee with 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.

778 $, .00 Monthly HSA contribution for family coverage

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?**

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

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?

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

774 $, .00 Separate individual prescription drug deductible

Continue with 25d

29045085

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?

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.

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

26 What was the 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**

29045093

PLAN CHARACTERISTICS

27 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	☐	☐	☐

28 a. Did this plan cover TELEMEDICINE?

781
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

***SKIP to* 29**

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

29 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.

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

822
1 ☐ Yes - *Continue with* **31**
2 ☐ No - **SKIP to 32**
3 ☐ Don't know - **SKIP to 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**

29045101

OUT-OF-NETWORK DEDUCTIBLES AND PAYMENTS - Continued

If this plan offered hospital care, continue with Question 32, otherwise skip to Question 33.

32 **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

33 **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.

29045119