

**GENERAL PLAN INFORMATION**

Answer Questions 1-16 for each plan offered. Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees. Report for a **typical pay period** in 2016.

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012 Name of plan

012 Name of plan

**2016 ENROLLMENTS**

<b>1a.</b> Total <b>ACTIVE</b> employees <b>ENROLLED</b> in plan	125 <input type="text"/> Total	125 <input type="text"/> Total
<b>b.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>SINGLE</b> coverage	129 <input type="text"/> Single	129 <input type="text"/> Single
<b>c.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>EMPLOYEE-PLUS-ONE</b> coverage <i>Include both employee + spouse and employee + child. See definition sheet MEPS-20(D) for more information.</i>	571 <input type="text"/> Employee + 1	571 <input type="text"/> Employee + 1
<b>d.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>FAMILY</b> coverage	705 <input type="text"/> Family	705 <input type="text"/> Family
<b>2.</b> <b>FORMER</b> employees <b>ENROLLED</b> through PHSA (COBRA) or state continuation-of-benefits laws, excluding retirees	126 <input type="text"/> Former PHSA (COBRA)	126 <input type="text"/> Former PHSA (COBRA)

**2016 PREMIUMS**

<b>3a. Single Coverage</b>	552 <sup>2</sup> <input type="checkbox"/> Not offered - Skip to Question 4a	552 <sup>2</sup> <input type="checkbox"/> Not offered - Skip to Question 4a
<b>b.</b> Government/Employer contribution for single premium	131 \$ <input type="text"/> .00	131 \$ <input type="text"/> .00
<b>c.</b> Employee contribution for single premium	132 \$ <input type="text"/> .00	132 \$ <input type="text"/> .00
<b>d. Total single premium</b>	130 \$ <input type="text"/> .00	130 \$ <input type="text"/> .00
<b>4a. Employee-plus-one Coverage</b>	570 <sup>2</sup> <input type="checkbox"/> Not offered - Skip to Page 2, Question 5a	570 <sup>2</sup> <input type="checkbox"/> Not offered - Skip to Page 2, Question 5a
<b>b.</b> Government/Employer contribution for employee-plus-one premium	636 \$ <input type="text"/> .00	636 \$ <input type="text"/> .00
<b>c.</b> Employee contribution for employee-plus-one premium	637 \$ <input type="text"/> .00	637 \$ <input type="text"/> .00
<b>d. Total employee-plus-one premium</b>	635 \$ <input type="text"/> .00	635 \$ <input type="text"/> .00

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**GENERAL PLAN INFORMATION - Continued**

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	Name of plan	Name of plan

**2016 PREMIUMS - Continued**

<b>5a. Family Coverage</b>	137 2 <input type="checkbox"/> Not offered - <i>Skip to Question 6</i>	137 2 <input type="checkbox"/> Not offered - <i>Skip to Question 6</i>
<b>b. Government/Employer contribution for family premium</b>	135 \$ <input type="text"/> , <input type="text"/> .00	135 \$ <input type="text"/> , <input type="text"/> .00
<b>c. Employee contribution for family premium</b>	136 \$ <input type="text"/> , <input type="text"/> .00	136 \$ <input type="text"/> , <input type="text"/> .00
<b>d. Total family premium</b>	134 \$ <input type="text"/> , <input type="text"/> .00	134 \$ <input type="text"/> , <input type="text"/> .00
<b>e. Did the TOTAL premium for FAMILY coverage vary depending on the number of family members covered by the plan?</b> <i>Refer to Question 5d.</i>	752 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	752 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know
<b>6. The amounts reported in the premium questions are based on which of the following time periods?</b> Mark (X) only one.	133 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Every 2 weeks 3 <input type="checkbox"/> Monthly 5 <input type="checkbox"/> Quarterly 4 <input type="checkbox"/> Yearly	133 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Every 2 weeks 3 <input type="checkbox"/> Monthly 5 <input type="checkbox"/> Quarterly 4 <input type="checkbox"/> Yearly

**SELF-INSURED PLAN INFORMATION**

<b>7. Was this plan purchased from an insurance underwriter, or was it self-insured?</b> <b>Coverage was underwritten by an insurer</b> and the insurer paid the enrollee's claim. The plan was self-insured if government paid enrollee's claim directly or through a third party administrator (TPA).	105 1 <input type="checkbox"/> Coverage was underwritten by an insurer - <b>Skip to Page 3, Question 9</b> 2 <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know - <b>Skip to Page 3, Question 9</b>	105 1 <input type="checkbox"/> Coverage was underwritten by an insurer - <b>Skip to Page 3, Question 9</b> 2 <input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know - <b>Skip to Page 3, Question 9</b>
<i>Complete Questions 8a-c if this plan was self-insured.</i> <b>8a. Did your government unit employ a third party administrator (TPA) or purchase administrative services only (ASO) from an insurer for this self-insured plan?</b>	713 1 <input type="checkbox"/> Yes - Used TPA or ASO 2 <input type="checkbox"/> No - Self-administered the plan	713 1 <input type="checkbox"/> Yes - Used TPA or ASO 2 <input type="checkbox"/> No - Self-administered the plan

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**GENERAL PLAN INFORMATION – Continued**

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**SELF-INSURED PLAN INFORMATION – Continued**

<b>b. Did your government unit purchase stop-loss coverage for this plan?</b>	107 <input type="checkbox"/> Yes - Continue with Question 8c 2 <input type="checkbox"/> No - <b>Skip to Question 9</b>	107 <input type="checkbox"/> Yes - Continue with Question 8c 2 <input type="checkbox"/> No - <b>Skip to Question 9</b>
	732 \$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00	732 \$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00

**ACTUARIAL VALUE OR METAL LEVEL**

<b>9. What was this plan's actuarial value OR metal level?</b>  <b>Actuarial Value</b> is the percentage of medical expenses <b>paid by the plan</b> rather than out-of-pocket for a typical group of enrollees.  <b>Metal Levels</b> are labels for insurance plans that describe the level of benefits and cost-sharing provisions.	<b>Actuarial Value:</b> 747 <input type="text"/> % of medical expenses paid by plan  <b>OR</b> <b>Metal Level:</b> 746 <input type="checkbox"/> Bronze <input checked="" type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> N/A, Grandfathered Plan  776 <input type="checkbox"/> Don't know	<b>Actuarial Value:</b> 747 <input type="text"/> % of medical expenses paid by plan  <b>OR</b> <b>Metal Level:</b> 746 <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> N/A, Grandfathered Plan  776 <input type="checkbox"/> Don't know
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**PLAN INFORMATION**

<b>10. In what month did the plan year begin?</b>	Enter a two-digit numeric response. Example: January=01; May=05  123 <input type="text"/> Month	Enter a two-digit numeric response. Example: January=01; May=05  123 <input type="text"/> Month
<b>11. Did the TOTAL premium for SINGLE coverage vary by the age of the employee enrolled in the plan?</b>	749 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	749 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
<b>12. Did older EMPLOYEES contribute more toward their SINGLE coverage premium than younger employees?</b>	750 Older employees pay more. . . . . <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (3)	750 Older employees pay more. . . . . <input type="checkbox"/> Yes (1) <input type="checkbox"/> No (2) <input type="checkbox"/> Don't know (3)

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**GENERAL PLAN INFORMATION - Continued**

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	100	100
	Name of plan	Name of plan

**PLAN INFORMATION - Continued**

**13. Did the amount individual EMPLOYEES contributed toward their SINGLE coverage vary by any of these characteristics?**  
*Do not include incentive programs that do not impact contributions.*

	Yes (1)	No (2)	Don't know (3)		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"/>	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"/>	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"/>	761 Wellness/Health monitoring. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Was this a grandfathered health plan as defined by the Affordable Care Act?**

739 1 <input type="checkbox"/> Yes	739 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know

**HEALTH SAVINGS ACCOUNT (HSA)**

*Complete only if the deductibles for this plan were \$1,300 or higher for single coverage and \$2,600 or higher for family coverage, otherwise skip to Question 16.*

**15. Did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2016?**

714 1 <input type="checkbox"/> Yes, contributed to an HSA	714 1 <input type="checkbox"/> Yes, contributed to an HSA
2 <input type="checkbox"/> No, did not contribute to an HSA	2 <input type="checkbox"/> No, did not contribute to an HSA
4 <input type="checkbox"/> Don't know	4 <input type="checkbox"/> Don't know

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

**16. Did your organization offer an HRA associated with this plan in 2016?**  
*An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance.*

710 1 <input type="checkbox"/> Yes	710 1 <input type="checkbox"/> Yes
2 <input type="checkbox"/> No	2 <input type="checkbox"/> No
3 <input type="checkbox"/> Don't know	3 <input type="checkbox"/> Don't know

**\*\*\* PLEASE NOTE \*\*\***  
**Complete a MEPS-11C(S) column for each plan that was offered.**

**REMEMBER TO ENCLOSE A COPY OF EACH PLAN BROCHURE OR PROVIDE THE BROCHURE WEBSITE ADDRESS WITH YOUR CONTACT INFORMATION ON THE MEPS-11C. PLEASE PROVIDE THE GENERAL USER INFORMATION IN THE REMARKS SECTION.**

**If you have any questions concerning this survey, please call 1-888-206-8023.**

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