

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

2015 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2015 AT YOUR COMPANY.

Please use photocopies of this MEPS-15(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

Please complete this Plan Information Questionnaire for the representative plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.

1. For 2015, 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
 - Company Plan 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 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.

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
- Exclusive providers
(Examples: Most HMO, IPA, and EPO plans)
 - Any providers
(Examples: Most fee-for-service plans)
 - Mixture of preferred and any providers
(Examples: Most PPO and POS plans)

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
- Yes
 - No
 - Don't know

4. Was this plan offered through a union or a trade association?

- 113
- Union
 - Trade association
 - Neither

Continue with Page 2, Question 5

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GENERAL PLAN INFORMATION - Continued

5. 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 organization 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 Question 7**
 - 2 Self-insured - *Continue with Question 6a*
 - 3 Don't know - **SKIP to Question 7**

SELF-INSURED PLAN INFORMATION

Complete Questions 6a-c if this plan was self-insured.

6a. Did your organization 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 organization purchase stop-loss coverage for this plan?

- 107
- 1 Yes - *Continue with Question 6c*
 - 2 No - **SKIP to Question 7**

c. What was the specific stop-loss amount per employee?

732

\$.00

PLAN LEVEL

7. What was the actuarial value of this plan?

Actuarial value – the percentage of medical expenses paid by the plan rather than out-of-pocket by a typical group of enrollees.

- 747 %
- 748 Don't know

ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

8a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2015?

Include full-time, part-time, temporary and seasonal employees.

Exclude former employees, leased or contract workers and retirees.

125 Active employees enrolled in plan

b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2015?

129 Active employees enrolled in single coverage

Continue with Page 3, Question 8c

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ACTIVE ENROLLMENT - Continued

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM than family coverage.

8c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2015?

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 (not single or employee-plus-one) coverage during a typical pay period in 2015?

705

Active employees enrolled in **family** coverage

COBRA ENROLLMENT

9. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or state continuation-of-benefits laws during a typical pay period in 2015?

126

Former employees enrolled in plan, excluding retirees

PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.

If this was a self-insured plan, report the premium equivalent.

Report employer/employee contributions and total premium for the same period during 2015.

If there is an HSA or HRA associated with this plan, include any employer contributions to an HSA or HRA account in the employer contribution to the premium.

SINGLE COVERAGE

552

1

Yes - Continue with Question 10b

2

No - **SKIP to Page 4, Question 11a**

10a. Was SINGLE coverage offered under this plan?

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?

131

Employer 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

e. The amounts reported in Questions 10b-d are based on which one of the following time periods?

Mark (X) only one.

133

1

Weekly

5

Quarterly

2

Every 2 weeks

4

Yearly

3

Monthly

Continue with Page 4, Question 11a

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GENERAL PREMIUM INFORMATION

13a. Did the TOTAL premium reported earlier for SINGLE coverage vary by the age of the employee enrolled in the plan?

Refer to Question 10d on Page 3.

- 749 1 [] Yes
2 [] No
3 [] Don't know

b. Did the TOTAL premium reported earlier for FAMILY coverage vary depending on the number of family members covered by the plan?

Refer to Question 12d on Page 4.

- 752 1 [] Yes
2 [] No
3 [] Don't know
4 [] Family coverage not offered

c. 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.

Table with 3 columns: Yes (1), No (2), Don't know (3). Rows include participation in fitness/weight loss program, smoking cessation program, and Wellness/Health monitoring.

d. Did older EMPLOYEES contribute more toward their SINGLE coverage premium?

- 750 1 [] Yes
2 [] No
3 [] Don't know

- IF NO OR DON'T KNOW, SKIP TO QUESTION 14a

e. Why did older EMPLOYEES contribute more toward their SINGLE coverage premium?

Check only one.

- 751 1 [] Your company pays a fixed PERCENT of the premium of all employees, and older workers have higher premiums
2 [] Your company pays a fixed DOLLAR amount toward the premium for all employees, and older workers have higher premiums
3 [] Other
4 [] Don't know

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Continue with Page 6, Question 14a

PLAN CHARACTERISTICS

22. Which of the services listed were covered by this plan?

	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"/>

23. 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

***** PLEASE NOTE *****

Please complete the MEPS-15(E) Establishment Worksheet when you have completed all applicable MEPS-15(S) Plan Information Questionnaires.

If your company offered more than one health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.

