

2006 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

*(Please correct any errors in name, address, and ZIP Code.
Enter number and street if not shown.)*

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

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1-800-447-4613**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2006**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. Unless otherwise specified, respond for **ACTIVE** employees.
6. Please retain a completed copy of this form for your records.
7. If you have any questions or need assistance in completing the questionnaire, please call

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

Respond for **ACTIVE** employees only.

1. Did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees at this location in 2006?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – Continue with Question 2
2 No – **SKIP to Section B**

2. How many different health insurance plan choices did your organization make available or contribute to for its ACTIVE employees at this location during the 2006 plan year?

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 **SKIP to Page 4, Section C**

Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was **NOT** offered during 2006; otherwise, **SKIP to Page 4, Section C**.

1. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 2002 and December 31, 2006?

- 031 1 Yes – Continue with Question 2
2 No – **SKIP to Page 4, Section C**

2. What was the last year your organization offered health insurance coverage to its employees at this location?

032 Last year offered

Continue with Page 4, Section C

Section C – EMPLOYMENT CHARACTERISTICS

<p>Estimates are acceptable for all employment, eligibility, and enrollment figures.</p> <p><i>Include officers, owners, part-time, temporary and seasonal employees.</i></p> <p><i>Exclude former employees, leased or contract workers and retirees.</i></p> <p>1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2006?</p>	<p style="text-align: right;">034</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Employees at all locations</p>
<p><i>Complete questions 2–7 for THE LOCATION listed on the cover sheet.</i></p> <p>2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2006?</p>	<p style="text-align: right;">200</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">All employees at this location</p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2006, SKIP to Question 3a.</i></p>
<p>b. How many of these employees were ELIGIBLE for at least one health plan through your organization?</p>	<p style="text-align: right;">201</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Eligible employees</p>
<p>c. How many of these employees were ENROLLED in ANY health plan through your organization?</p>	<p style="text-align: right;">202</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Enrolled employees</p>
<p>3a. For the same TYPICAL pay period in 2006, how many of the employees reported in C2a worked part-time?</p>	<p style="text-align: right;">203</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Part-time employees</p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2006, SKIP to Question 5.</i></p>
<p>b. How many of these part-time employees were ELIGIBLE for at least one health plan through your organization?</p>	<p style="text-align: right;">204</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Eligible part-time employees</p>
<p>c. How many of these part-time employees were ENROLLED in ANY health plan through your organization?</p>	<p style="text-align: right;">205</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Enrolled part-time employees</p>
<p>4. Did your organization offer health insurance to its temporary or seasonal employees at this location in 2006?</p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">564</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> No temporary or seasonal employees</p> <p>3 <input type="checkbox"/> Don't know</p>
<p>5. Is the information you provided in questions 2 and 3 above for the location listed on the cover sheet OR did you provide information for multiple locations?</p>	<p style="text-align: right;">550</p> <p>1 <input type="checkbox"/> Information for specified location</p> <p>2 <input type="checkbox"/> Information for multiple locations</p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2006, SKIP to Page 5, Question 7a.</i></p>
<p>6. If your organization offered health insurance, how many hours per week must an employee work to be eligible for health insurance?</p>	<p style="text-align: right;">626</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;">Hours worked per week to be eligible</p> <p style="text-align: right;">Continue with Page 5, Section C</p>

Section C – EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a TYPICAL pay period in 2006.

Estimates are acceptable.

The following workforce characteristics are used to group similar organizations together for analytical purposes.

If none, enter "0".

7a. Approximately what percentage of the employees at this location were women?

016 % Women employees

b. Approximately what percentage of the employees at this location were 50 years old or older?

017 % Employees 50 years old or older

c. Approximately what percentage of the employees at this location were union members?

018 % Union members

d. For the employees at this location in 2006, approximately what percentage earned –

Less than \$10.50 per hour?
Approximately \$21,840 a year or less

022 % Earned less than \$10.50 per hour

Between \$10.50 and \$23.50 per hour?
Approximately \$21,840 to \$48,880 a year

023 % Earned between \$10.50 and \$23.50 per hour

More than \$23.50 per hour?
Approximately \$48,880 a year or more

024 % Earned more than \$23.50 per hour

Continue with Page 6, Section D

Section D – BUSINESS CHARACTERISTICS

1a. Which of the following fringe benefits did your organization offer its employees at this location in 2006?

	Yes (1)	No (2)	Don't know (3)
050 Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051 Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052 Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053 Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054 Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Did your organization offer any of these tax-advantaged benefits to its employees at this location in 2006?

See the Definition Sheet included with this package for an explanation of these benefits.

These benefits are also known as Section 125 Cafeteria plans.

	Yes (1)	No (2)	Don't know (3)
627 Employee contributions to health insurance made on a pre-tax basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056 Flexible SPENDING Accounts (FSA) <i>For healthcare</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057 Flexible Benefits Plans <i>Full cafeteria plan that offers employees a set of benefits from which to choose.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Approximately how many years has your organization been in business?

If your organization operates at more than one location, enter the number of years the parent company has been in business.

588	1 <input type="checkbox"/> Less than 1 year	4 <input type="checkbox"/> 5–9 years
	2 <input type="checkbox"/> 1–2 years	5 <input type="checkbox"/> 10–19 years
	3 <input type="checkbox"/> 3–4 years	6 <input type="checkbox"/> 20 years or more

If your organization DID offer health insurance coverage to its employees in 2006, continue to Page 7, Section E.

If your organization DID NOT offer health insurance coverage to its employees in 2006, SKIP to Page 8, Section F.

Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your organization offer to its ACTIVE employees at this location in 2006 at a premium SEPARATE from the comprehensive health plan premium?

Report single service insurance plans only.

Do not include single services covered under a comprehensive health plan.

Long-term care insurance helps cover the cost of institutional and home care required by the chronically ill or disabled.

Mark (X) all that apply.

- 192 Dental
 - 193 Vision
 - 194 Prescription drugs
 - 195 Long-term care
- } *Continue with Question 1b*
- 562 No optional coverage – **SKIP to Question 2a**

b. What was the total amount paid for optional coverage for all ACTIVE employees AT THIS LOCATION in 2006?

Include both employer and employee contributions.

196 \$ _____,_____,_____.00

Optional coverage cost

2a. For 2006, did your organization impose a waiting period before new employees could be covered by health insurance?

b. For 2006, what was the TYPICAL waiting period?

Mark (X) only one.

- 197 1 Yes – *Continue with Question 2b*
 2 No – **SKIP to Page 8, Section F**

- 198 1 Less than 2 weeks
 2 2 weeks to less than 1 month
 5 Until the first day of the next month
 3 1–3 months
 4 More than 3 months

Continue with Page 8, Section F

Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete questions 1–5 for **ALL LOCATIONS**.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

1. Did your organization provide health insurance coverage to any person who retired ON OR BEFORE December 31, 2006, or to any of their survivors?

If COBRA was the only coverage offered, mark "No."

551 Yes – Continue with Question 2
 No
 Don't know } **SKIP to Page 10, Section G**

2. In 2006, what was the total number of retirees enrolled in health insurance through your organization at all of its locations?

513 **Total** retirees enrolled

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

If this was a Self-Insured Plan, report the premium equivalent.

3a. Were any of the enrolled retirees, reported in Question 2, under 65 years of age?

628 Yes – Continue with Question 3b
 No – **SKIP to Page 9, Question 4a**

b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your organization at all of its locations in 2006?

572 **Total** retirees under 65 enrolled in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

573 % Retirees under 65 **enrolled** in **single** coverage

d. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

574 \$, . 0 0 **Employer** contribution for **single** premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

575 \$, . 0 0 **Total single** premium

f. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

576 \$, . 0 0 **Employer** contribution for **family** premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

577 \$, . 0 0 **Total family** premium

Continue with Page 9, Question 4a

Section F - RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

If this was a Self-Insured Plan, report the premium equivalent.

4a. Were any of the enrolled retirees, reported in Question 2, 65 years of age or over?

- 629 1 Yes – Continue with Question 4b
 2 No – **SKIP to Question 5a**

b. What was the TOTAL number of retirees 65 years of age or over enrolled in health insurance through your organization at all of its locations in 2006?

578 **Total** retirees 65 or over enrolled in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 or over **enrolled in single** coverage

d. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 **Employer** contribution for **single** premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 **Total single** premium

f. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

582 \$, . 0 0 **Employer** contribution for **family** premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family** premium

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2006.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

5a. Did your organization offer health insurance to any NEW RETIREES?

- 630 1 Yes – Continue with Question 5b
 2 No
 3 Don't know } **SKIP to Page 10, Section G**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 Yes
 2 No
 3 Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 Yes
 2 No
 3 Don't know
Continue with Page 10, Section G

500 Remarks

Section G - PERSON COMPLETING THIS QUESTIONNAIRE

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

If your organization offered health insurance, please complete Section G and an attached MEPS-10(S), Plan Information Questionnaire, for each plan offered up to four.

If your organization DID NOT offer health insurance, please complete Section G and END the form.

²¹² Name (Please print)

²¹³ Title

Signature

²¹⁴ Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

²¹⁵ Telephone number
()

²²⁰ Extension

²¹⁶ FAX number
()

²¹⁷ E-Mail address

2006 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Government Questionnaire

*(Please correct any errors in name, address, and ZIP Code.
Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
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RETURN TO

**U.S. Census Bureau
Governments Division - MEPS
4600 Silver Hill Road, Stop 6800
Washington, DC 20233-6800
OR FAX to 1-888-288-0305**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet.
2. Report data for the year **2006**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. Unless otherwise specified, respond for ACTIVE employees.
6. Please retain a copy of this completed form for your records.
7. In addition to the completed questionnaire, **please include a copy of each of your health insurance plan brochures** describing the benefits offered, or a copy of the benefits sheet summarizing the benefits offered by each of your plans.
8. If you have any questions or need assistance in completing the questionnaire, please call 1-888-206-5068.

We are conducting this study under the authority of Section 913 of the Public Health Service Act (Title 42, United States Code (U.S.C.), Section 299b-2). Sections 924c and 308d of that Act (42 U.S.C. Section 299c-3(c) and 42 U.S.C. Section 242m, respectively) ensure that the information you report will be released only to authorized staff of the U.S. Census Bureau, the Agency for Healthcare Research and Quality, and their authorized researchers and contractors.

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, to complete the basic questionnaire. If you offered more than one plan, we expect it will take an additional 10 minutes per plan, on average. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

Please respond for the government unit identified on the cover sheet.
Respond for ACTIVE employees only.

1a. Did your government unit make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2006?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – Continue with Question 1b
2 No – **Complete contact information below then SKIP to MEPS-11C(R), Section E, Question 2a**

b. How many different health insurance choices did your government unit make available or contribute to for its ACTIVE employees during the 2006 plan year?

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as ONE plan.
- High and standard options count as TWO plans.
- An HMO and a conventional plan count as TWO plans.

Do not count single service plans (optional plans) such as dental or vision.

003 Number of health plans offered

c. Are health benefits brochures for those plans available on a website?

- 671 1 Yes – Please provide website address below
2 No

COMMENTS

500

CONTACT INFORMATION – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)		213 Title	
Signature		670 Brochure Website address	
		http: //	
215 Telephone number ()		216 FAX number ()	
220 Extension		217 E-Mail address	
		214 Date (Month/Day/Year)	
		M	M
		D	D
		Y	Y
		Y	Y

U.S. DEPARTMENT OF COMMERCE
 Economics and Statistics Administration
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 HEALTH AND HUMAN SERVICES
 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey – Insurance Component
HEALTH INSURANCE COST STUDY
Government Unit Questionnaire

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS

Exclude any retirees that have coverage through PHSA (COBRA) or State Continuation-of-Benefits-Laws.

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

For an explanation of these terms, see the definition sheet included with this package.

1. Did your government unit or some other government unit provide health insurance coverage to any person who RETIRED from your government unit ON OR BEFORE December 31, 2006, or to any of their survivors?

If PHSA (COBRA) was the only coverage offered, mark "No".

551 1 Yes – This government unit – Continue with Question 2

4 Yes – Another government unit

672

Enter name of other government unit

Continue with Question 2 if information is available. Otherwise Skip to Section D.

551

2 No

3 Don't know

SKIP to Section D.

2. In 2006, what was the TOTAL NUMBER of retirees enrolled in health insurance through your government unit?

513

Total retirees

CONTINUE WITH QUESTION 3a ON NEXT PAGE

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

Use the two columns below to report the information for EACH QUESTION by age category.

- The first column is the information for each question as it pertains to retirees UNDER 65 YEARS OF AGE.
- The second column is the information for each question as it pertains to retirees AGE 65 YEARS AND OVER.

	UNDER 65 YEARS OF AGE	AGE 65 YEARS OR OVER
<p style="font-size: small; color: gray;"><i>Exclude any retirees that have coverage through PHSA (COBRA) or State Continuation-of-Benefits-Laws.</i></p> <p>3a. Were any of the retirees with coverage, reported in Question 2, under 65 years of age or age 65 years or over?</p>	628 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	629 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<p>b. What was the TOTAL number of retirees, by age category, enrolled in health insurance through your government unit in 2006?</p>	572 <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> Total under 65	578 <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> Total 65 or over
<p>c. What percentage of those retirees, by age category, were ENROLLED in SINGLE coverage?</p>	573 <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> % Percent enrolled in single	579 <div style="border: 1px solid black; width: 80px; height: 25px; margin: 0 auto;"></div> % Percent enrolled in single
<p>d. For the 2006 plan with the largest enrollment, how much did the GOVERNMENT UNIT CONTRIBUTE, by age category, toward the monthly plan premium for one typical retiree with SINGLE coverage?</p>	574 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	580 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>
<p>e. For that same plan, how much did this typical RETIREE with SINGLE coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?</p>	651 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	653 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>
<p>f. For that same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with SINGLE coverage?</p>	575 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	581 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>
<p>g. For the 2006 plan with the largest enrollment, how much did the GOVERNMENT UNIT CONTRIBUTE, by age category, toward the monthly plan premium for one typical retiree with FAMILY coverage? <i>For retirees, if premium varied by family size, report for a family of two.</i></p>	576 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	582 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>
<p>h. For that same plan, how much did this typical RETIREE with FAMILY coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?</p>	652 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	654 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>
<p>i. For that same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with FAMILY coverage?</p>	577 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>	583 <div style="border: 1px solid black; padding: 2px;"> \$, . 0 0 </div>

NEW RETIREES

<p style="font-size: small; color: gray;"><i>For Questions 4a through 4c, NEW RETIREES refers to persons who retired from your government unit in 2006.</i></p> <p style="font-size: small; color: gray;"><i>Exclude any retirees that have coverage through PHSA (COBRA) or State Continuation-of-Benefits-Laws.</i></p> <p>4a. Did your government unit offer health insurance to any NEW RETIREES?</p>	630 1 <input type="checkbox"/> Yes – Continue with Question 4b 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	} SKIP to Section D
<p>b. Were NEW RETIREES under 65 years of age eligible for health insurance?</p>	631 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	
<p>c. Were NEW RETIREES 65 years of age or over eligible for health insurance?</p>	632 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	

Section D – HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your government unit offer to its ACTIVE employees in 2006 at a premium SEPARATE from the comprehensive health plan premium?

Report single service insurance plans only.

Long-term care insurance helps cover the cost of institutional and home care required by the chronically ill or disabled.

Mark (X) all that apply.

Do not include single services covered under a comprehensive health plan.

- 192 Dental
- 193 Vision
- 194 Prescription drugs
- 195 Long-term care
- 562 No optional coverage – **SKIP to Section E**
- } Continue with Question 1b

b. What was the total amount paid for OPTIONAL COVERAGE for all ACTIVE employees at THIS GOVERNMENT UNIT in 2006?

Include both employee and government unit contribution.

196 \$, , , .

Optional coverage cost

Section E – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

Include part-time, temporary, and seasonal employees.

1a. How many ACTIVE employees were ELIGIBLE for at least one health plan through your government unit in 2006?

201 **Eligible** employees

b. How many of those ACTIVE employees were ENROLLED in ANY health plan through your government unit?

202 **Enrolled** employees

2a. Did your government unit have any PART-TIME employees in 2006?

*If your government unit did not offer health insurance in 2006, complete question 2a, then **SKIP to Section F.***

- 563 1 Yes – Continue with Question 2b
 2 No
 3 Don't know } **SKIP to Question 3**

b. How many of those PART-TIME employees were ELIGIBLE for at least one health plan through your government unit?

204 **Eligible** part-time employees

c. How many of those PART-TIME employees were ENROLLED in ANY health plan through your government unit?

205 **Enrolled** part-time employees

3. Did your government unit offer health insurance to its TEMPORARY OR SEASONAL employees in 2006?

Mark (X) only one.

- 564 1 Yes
 2 No
 4 No temporary or seasonal employees
 3 Don't know

4. If you offered health insurance, how many HOURS PER WEEK must an employee work to be eligible for health insurance?

626 **Hours** worked per week to be eligible

**If you have questions or need assistance,
call us toll-free at 1-888-206-5068.**

Section F – FRINGE BENEFITS CHARACTERISTICS

<p>1. Which of the following fringe benefits did your government unit offer to its employees in 2006?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes (1)</th> <th style="width: 10%; text-align: center;">No (2)</th> <th style="width: 10%; text-align: center;">Don't know (3)</th> </tr> </thead> <tbody> <tr> <td>050 Paid vacation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>051 Paid sick leave</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>052 Life insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>053 Disability insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>054 Retirement/pension plans</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes (1)	No (2)	Don't know (3)	050 Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	051 Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	052 Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	053 Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	054 Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section G – EMPLOYEE CHARACTERISTICS

<p>Provide information for a TYPICAL pay period in 2006.</p> <p>Estimates are acceptable.</p> <p>The following workforce characteristics are used to group similar government units together for analytical purposes.</p> <p><i>If none, enter "0".</i></p>	
<p>1. Approximately what percentage of the employees at this government unit were WOMEN?</p>	<p>016 <input style="width: 50px;" type="text"/> % Women employees</p>
<p>2. Approximately what percentage of the employees at this government unit were 50 YEARS OLD OR OLDER?</p>	<p>017 <input style="width: 50px;" type="text"/> % Employees 50 years old or older</p>
<p>3. Approximately what percentage of the employees at this government unit were UNION MEMBERS?</p>	<p>018 <input style="width: 50px;" type="text"/> % Union members</p>
<p>4. For the employees at this GOVERNMENT UNIT in 2006, approximately what percentage EARNED –</p> <p>Less than \$10.50 per hour? Approximately \$21,840 a year or less</p> <p>Between \$10.50 and \$23.50 per hour? Approximately \$21,840 to \$48,880 a year</p> <p>More than \$23.50 per hour? Approximately \$48,880 a year or more</p>	<p>022 <input style="width: 50px;" type="text"/> % Earned less than \$10.50 per hour</p> <p>023 <input style="width: 50px;" type="text"/> % Earned between \$10.50 and \$23.50 per hour</p> <p>024 <input style="width: 50px;" type="text"/> % Earned more than \$23.50 per hour</p>

**Thank you for your cooperation in completing this survey.
The U.S. Census Bureau appreciates your assistance.**

2006 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY Government Questionnaire

*(Please correct any errors in name, address, and ZIP
Code. Enter number and street if not shown.)*

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

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1-800-447-4613**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

- 1.** Please report for the government unit identified on the cover sheet.
- 2.** Please report data for the year **2006**.
- 3.** Estimates are acceptable.
- 4.** For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
- 5.** Unless otherwise specified, respond for **ACTIVE** employees.
- 6.** Please retain a completed copy of this form for your records.
- 7.** If you have any questions or need assistance in completing the questionnaire, please call 1-888-273-3878.

We are conducting this study under the authority of Section 913 of the Public Health Service Act (Title 42, United States Code (U.S.C.), Section 299b-2). Sections 924c and 308d of that Act (42 U.S.C. Section 299c-3(c) and 42 U.S.C. Section 242m, respectively) ensure that the information you report will be released only to authorized staff of the Census Bureau, the Agency for Healthcare Research and Quality, and their authorized researchers and contractors.

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, to complete the basic questionnaire. If you offered more than one plan, we expect it will take an additional 10 minutes per plan, on average. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

Please respond for the government unit identified on the cover sheet unless otherwise specified.
Respond for **ACTIVE** employees only.

1 a. Did your government unit make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2006?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – Continue with Question 1b
2 No – **SKIP to MEPS-11(R), Section E, Question 2a**

b. How many different health insurance choices did your government unit make available or contribute to for its ACTIVE employees during the 2006 plan year?

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as ONE plan.
- High and standard options count as TWO plans.
- An HMO and a conventional plan count as TWO plans.

003 **Continue with Section B on MEPS-11(S)**

500 REMARKS

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

Medical Expenditure Panel Survey – Insurance Component

**HEALTH INSURANCE COST STUDY
 Government Unit Questionnaire**

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS

Exclude any retirees that have coverage through PHSAs (COBRA) or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

1. Did your government unit or some other government unit provide health insurance coverage to any person who retired from your government unit ON OR BEFORE December 31, 2006, or to any of their survivors?

If PHSAs (COBRA) was the only coverage offered mark "No".

551 1 Yes – This government unit – Continue with Question 2
 4 4 Yes – Another government unit

672
 Enter name of other government unit

Continue with Question 2 if information is available. Otherwise SKIP to Page 3, Section D.

551 2 No } **SKIP to Page 3, Section D.**
 3 3 Don't know

2. In 2006, what was the total number of retirees enrolled in health insurance through your government unit?

513 **Total retirees enrolled**

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through PHSAs (COBRA) or State Continuation-of-Benefits Laws. If this was a self-insured plan, report the premium equivalent.

3a. Were any of the enrolled retirees reported in Question 2, under 65 years of age?

628 1 Yes – Continue with Question 3b
 2 No – SKIP to Question 4a on Page 2

b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your government unit in 2006?

572 **Total** retirees under 65 enrolled in health insurance

c. What percentage of those retirees were ENROLLED in SINGLE coverage?

573 % Retirees under 65 **enrolled** in **single** coverage

d. For a typical plan in 2006, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

574 \$, . 0 0 **Government unit** contribution for **single** premium

e. For that same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

575 \$, . 0 0 **Total single** premium

f. For a typical plan in 2006, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

576 \$, . 0 0 **Government unit** contribution for **family** premium

g. For that same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

577 \$, . 0 0 **Total family** premium

Section C – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through PHSA (COBRA) or State Continuation-of-Benefits Laws.

4a. Were any of the enrolled retirees reported in Question 2, 65 years of age or over?

- 629 1 Yes – Continue with Question 4b
 2 No – **SKIP to Question 5a**

b. What was the TOTAL number of retirees 65 years or over enrolled in health insurance through your government unit in 2006?

578 **Total** retirees 65 years or over enrolled in health insurance

c. What percentage of those retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 years or over **enrolled in single** coverage

d. For the 2006 plan with largest the enrollment, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 **Government unit** contribution for **single** premium

e. For that same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 **Total single** premium

f. For the 2006 plan with the largest enrollment, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

582 \$, . 0 0 **Government unit** contribution for **family** premium

For retirees, if premium varied by family size, report for a family of two.

g. For that same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 **Total family** premium

NEW RETIREES

Exclude any retirees that have coverage through PHSA (COBRA) or State Continuation-of-Benefits Laws.

For Questions 5a through 5c, NEW RETIREES refers only to persons who retired from your government unit in 2006.

5a. Did your government unit offer health insurance to any NEW RETIREES?

- 630 1 Yes – Continue with Question 5b
 2 No
 3 Don't know } **SKIP to Page 3, Section D**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 Yes
 2 No
 3 Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 Yes
 2 No
 3 Don't know

Section F – FRINGE BENEFITS CHARACTERISTICS

<p>1. Which of the following fringe benefits did your government unit offer its employees in 2006?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Yes (1)</td> <td style="text-align: center;">No (2)</td> <td style="text-align: center;">Don't know (3)</td> </tr> <tr> <td>050 Paid vacation</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>051 Paid sick leave</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>052 Life insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>053 Disability insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>054 Retirement/pension plans</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		Yes (1)	No (2)	Don't know (3)	050 Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	051 Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	052 Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	053 Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	054 Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Section G – EMPLOYEE CHARACTERISTICS

<p>Provide information for a TYPICAL pay period in 2006.</p> <p>Estimates are acceptable. The following workforce characteristics are used to group similar government units together for analytical purposes. <i>If none, enter "0".</i></p>	
<p>1. Approximately what percentage of the employees at this government unit were women?</p>	<p>016 <input style="width: 50px;" type="text"/> % Women employees</p>
<p>2. Approximately what percentage of the employees at this government unit were 50 years old or older?</p>	<p>017 <input style="width: 50px;" type="text"/> % Employees 50 years old or older</p>
<p>3. Approximately what percentage of the employees at this government unit were union members?</p>	<p>018 <input style="width: 50px;" type="text"/> % Union members</p>
<p>4. For the employees at this government unit in 2006, approximately what percentage earned –</p> <p>Less than \$10.50 per hour? Approximately \$21,840 a year or less</p> <p>Between \$10.50 and \$23.50 per hour? Approximately \$21,840 to \$48,800 a year</p> <p>More than \$23.50 per hour? Approximately \$48,880 a year or more</p>	<p>022 <input style="width: 50px;" type="text"/> % Earned less than \$10.50 per hour</p> <p>023 <input style="width: 50px;" type="text"/> % Earned between \$10.50 and \$23.50 per hour</p> <p>024 <input style="width: 50px;" type="text"/> % Earned more than \$23.50 per hour</p>

Section H – PERSON COMPLETING THIS QUESTIONNAIRE

<p>212 Name (Please print)</p>	<p>213 Title</p>								
<p>Signature</p>	<p>214 Date (Month/Day/Year)</p> <table style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y		
<p>215 Telephone number ()</p>	<p>220 Extension</p>	<p>216 FAX number ()</p>	<p>217 E-Mail address</p>						

2006 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Company Questionnaire

*(Please correct any errors in name, address, and ZIP Code.
Enter number and street if not shown.)*

U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
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RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1-800-447-4613**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the company identified on the cover sheet, unless otherwise specified.

A COMPANY, for the purposes of this study, is a business with its own management and legal structure. A company represents the entire organization, including the headquarters and all divisions, subsidiaries, and branches within the organizational family.

2. Please report data for the year **2006**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the Definition Sheet included with this package.
5. Unless otherwise specified, respond for ACTIVE employees.
6. Please retain a completed copy of this form for your records.
7. If you have any questions or need assistance in completing the questionnaire, please call 1-888-206-8023 or visit <http://www.census.gov/econhelp/meps/cmu/index.html>

Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per company, to complete the basic questionnaire. Companies with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of three plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

1a. Are you reporting for your entire company?

- 535 1 Yes – *SKIP to Question 2a*
 2 No – *Continue with Question 1b*

b. If you are reporting for a portion of your total company, approximately what percentage of the company's total 2006 employment are you reporting?

528 % Company employment

529 *Briefly explain*

Respond for **ACTIVE** employees only.

2a. Did your company make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2006?

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

- 001 1 Yes – *Continue with Question 2b*
 2 No – *SKIP to Page 4, Section B*

b. On average, how many different health insurance choices did your company make available or contribute to for its ACTIVE employees at a TYPICAL location during the 2006 plan year?

Report for a single establishment within your company which you think offered a "TYPICAL" array of health insurance plans.

Do not count single service plans (optional plans) such as dental or vision.

Plans offered by the same insurance company which offer:

- Single, employee-plus-one, and family coverage providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 Health insurance choices at a typical location

Section B – EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures.

Include officers, owners, part-time, temporary and seasonal employees.

Exclude former employees, leased or contract workers and retirees.

1a. What was the total number of employees your company had at ALL locations for a TYPICAL pay period in 2006?

034

Employees at all locations

If your company did not offer health insurance in 2006, SKIP to Question 2a

b. How many of these employees were ELIGIBLE for at least one health plan through your company?

201

Eligible employees

c. How many of these employees were ENROLLED in ANY health plan through your company?

202

Enrolled employees

2a. For the same TYPICAL pay period in 2006, how many of the employees reported in B1a worked part-time?

203

Part-time employees

If your company did not offer health insurance in 2006, SKIP to Page 5, Question 6a

b. How many of these part-time employees were ELIGIBLE for at least one health plan through your company?

204

Eligible part-time employees

c. How many of these part-time employees were ENROLLED in ANY health plan through your company?

205

Enrolled part-time employees

3. Did your company offer health insurance to its temporary or seasonal employees in 2006?

Mark (X) only one.

564

- 1 Yes
 2 No
 4 No temporary or seasonal employees
 3 Don't know

4. If your organization offered health insurance, how many hours per week must an employee work to be eligible for health insurance?

626

Hours worked per week to be eligible

Section B – EMPLOYMENT CHARACTERISTICS – Continued

5. Of the active employees enrolled in a health insurance plan your company offered in 2006, what percentage were ENROLLED in each of the following types of plans?

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.

Active enrollment by type –

518 % **Exclusive providers** (Examples: Most HMO, IPA, and EPO-type plans)

519 % **Any providers** (Examples: Most fee-for-service plans)

520 % **Mixture of preferred and any providers** (Examples: Most PPO and POS-type plans)

Provide information for a TYPICAL pay period in 2006.

Estimates are acceptable.

The following workforce characteristics are used to group similar companies together for analytical purposes.

If none, enter "0".

6a. Approximately what percentage of the total employees at your company were women?

016 % Women employees

b. Approximately what percentage of the total employees at your company were 50 years old or older?

017 % Employees 50 years old or older

c. Approximately what percentage of the total employees at your company were union members?

018 % Union members

d. For the employees at your company in 2006, approximately what percentage earned –

Less than \$10.50 per hour?
Approximately \$21,840 a year or less

022 % Earned less than \$10.50 per hour

Between \$10.50 and \$23.50 per hour?
Approximately \$21,840 to \$48,880 a year

023 % Earned between \$10.50 and \$23.50 per hour

More than \$23.50 per hour?
Approximately \$48,880 a year or more

024 % Earned more than \$23.50 per hour

Section C – BUSINESS CHARACTERISTICS

1a. Which of the following fringe benefits did your company offer its employees in 2006?

Mark (X) all that apply.

		Yes (1)	No (2)	Don't know (3)
050	Paid vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051	Paid sick leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053	Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054	Retirement/pension plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Did your company offer any of the following tax-advantaged benefits to its employees in 2006?

See the Definition Sheet included with this package for an explanation of these benefits.

These plans are also known as Section 125 Cafeteria Plans.

		Yes (1)	No (2)	Don't know (3)
627	Employee contributions to health insurance made on a pre-tax basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056	Flexible SPENDING Accounts (FSA) for healthcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057	Flexible Benefits Plans Full cafeteria plans that offer employees a set of benefits from which to choose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Approximately how many years has your parent company been in business?

Mark (X) only one.

588	1 <input type="checkbox"/> Less than 1 year	4 <input type="checkbox"/> 5–9 years
	2 <input type="checkbox"/> 1–2 years	5 <input type="checkbox"/> 10–19 years
	3 <input type="checkbox"/> 3–4 years	6 <input type="checkbox"/> 20 years or more

3. How many establishments does your company operate nationally?

530

Establishments

If your company did not offer health insurance in 2006, SKIP to Page 9, Section F

Section D – RETIREE HEALTH COVERAGE CHARACTERISTICS

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws. See the Definition Sheet included with this package for an explanation of these terms.

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

1. Did your company provide health insurance coverage to any person who retired ON OR BEFORE December 31, 2006, or to any of their survivors?

551 1 Yes – Continue with Question 2
 2 No
 3 Don't know } **SKIP to Page 9, Section E**

2. In 2006, what was the total number of retirees enrolled in health insurance through your company?

513 **Total** retirees enrolled

UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

3a. Were any of the enrolled retirees, reported in Question 2, under 65 years of age?

628 1 Yes – Continue with Question 3b
 2 No – **SKIP to Page 8, Question 4a**

b. What was the TOTAL number of retirees under 65 years of age enrolled in health insurance through your company at all of its locations in 2006?

572 **Total** retirees under 65 **enrolled** in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

573 % Retirees under 65 **enrolled** in **single** coverage

d. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

574 \$, . 0 0 **Employer** contribution for **single** premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

575 \$, . 0 0 **Total single** premium

f. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

576 \$, . 0 0 **Employer** contribution for **family** premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

577 \$, . 0 0 **Total family** premium

Section D – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

AGE 65 YEARS OR OVER

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

4a. Were any of the enrolled retirees, reported in Question 2, 65 years of age or over?

- 629 1 Yes – Continue with Question 4b
 2 No – SKIP to Question 5a

b. What was the TOTAL number of retirees 65 years of age or over enrolled in health insurance through your company in 2006?

578 Total retirees 65 or over enrolled in health insurance

c. What percentage of these retirees were ENROLLED in SINGLE coverage?

579 % Retirees 65 or over enrolled in single coverage

d. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . 0 0 Employer contribution for single premium

e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?

581 \$, . 0 0 Total single premium

f. For a typical plan in 2006, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

For retirees, if premium varied by family size, report for a family of two.

582 \$, . 0 0 Employer contribution for family premium

g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?

583 \$, . 0 0 Total family premium

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2006.

Exclude any retirees that have coverage through COBRA or State Continuation-of-Benefits laws.

5a. Did your organization offer health insurance to any NEW RETIREES?

- 630 1 Yes – Continue with Question 5b
 2 No
 3 Don't know } **SKIP to Page 9, Section E**

b. Were NEW RETIREES under 65 years of age eligible for health insurance?

- 631 1 Yes
 2 No
 3 Don't know

c. Were NEW RETIREES 65 years of age or over eligible for health insurance?

- 632 1 Yes
 2 No
 3 Don't know

Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your company offer to its ACTIVE employees in 2006 at a premium SEPARATE from the comprehensive health plan premium?

Report single service insurance plans only.

Do not include single services covered under a comprehensive health plan.

Long-term care insurance helps cover the cost of institutional and home care required by the chronically ill or disabled.

Mark (X) all that apply.

- | | | | | |
|-----|--------------------------|---|---|----------------------------------|
| 192 | <input type="checkbox"/> | Dental | } | <i>Continue with Question 1b</i> |
| 193 | <input type="checkbox"/> | Vision | | |
| 194 | <input type="checkbox"/> | Prescription drugs | | |
| 195 | <input type="checkbox"/> | Long-term care | | |
| 562 | <input type="checkbox"/> | No optional coverage – SKIP to Question 2a | | |

b. What was the total amount paid for optional coverage for all ACTIVE employees at your company in 2006?

Include both employer and employee contributions.

196	\$,	,	,	.	0	0
Optional coverage cost							

2a. For 2006, did your company impose a waiting period before new employees could be covered by health insurance?

- | | | | |
|-----|---|--------------------------|--|
| 197 | 1 | <input type="checkbox"/> | Yes – <i>Continue with Question 2b</i> |
| | 2 | <input type="checkbox"/> | No – SKIP to Section F |

b. For 2006, what was the TYPICAL waiting period?

Mark (X) only one.

- | | | | |
|-----|---|--------------------------|---------------------------------------|
| 198 | 1 | <input type="checkbox"/> | Less than 2 weeks |
| | 2 | <input type="checkbox"/> | 2 weeks to less than 1 month |
| | 5 | <input type="checkbox"/> | Until the first day of the next month |
| | 3 | <input type="checkbox"/> | 1–3 months |
| | 4 | <input type="checkbox"/> | More than 3 months |

Section F – PERSON COMPLETING THIS QUESTIONNAIRE

*** PLEASE NOTE ***

If your company offered health insurance, please complete Section F and an attached MEPS-15(S), Plan Information Questionnaire, for each plan offered up to three.

If your company DID NOT offer health insurance, please complete Section F and SKIP to the attached MEPS-15(E), Establishment Worksheet.

212 Name (Please print)			213 Title									
Signature		670 Website address http: //			214 Date (Month/Day/Year)							
					M	M	D	D	Y	Y	Y	Y
215 Telephone number ()		220 Extension	216 FAX number ()		217 E-Mail address							

500 Remarks

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

Medical Expenditure Panel Survey – Insurance Component

HEALTH INSURANCE COST STUDY
Location Worksheet

A FEW IMPORTANT INSTRUCTIONS

Start here

- In this section, please report for the small sample of locations chosen to represent your company.
- In Column (c), mark "Yes" if the location listed in Column (b) is included in the corporate figures reported on the MEPS-15. Mark "No" if the location is not included in the corporate figures reported on the MEPS-15.
- In Column (d), enter the number of employees at the location listed in Column (b) for a typical pay period in 2006. Estimates are acceptable.
- In Columns (e), (f), and (g), please check the types of hospital and/or physician insurance plans which your company offered at the location specified in Column (b). See the MEPS-20D, Definition Sheet, included in this package for detailed explanations of the different types of plans.

CENSUS USE ONLY	Name of location (b)	Have you answered for this location on the MEPS-15? (c)	Number of employee(s) (d)	Types of Insurance Offered <i>Mark (X) all that apply</i>		
Location identification number (a)				HMO/EPO (e)	Conventional Indemnity (f)	PPO/POS (g)
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523

CENSUS USE ONLY	Name of location (b)	Have you answered for this location on the MEPS-15? (c)	Number of employee(s) (d)	Types of Insurance Offered <i>Mark (X) all that apply</i>		
Location identification number (a)				HMO/EPO (e)	Conventional Indemnity (f)	PPO/POS (g)
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523