

2009 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 **2009**.
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

Collection of this information is authorized under Section 913 of the Public Health Service Act (Title 42 United States Code, Section 299b-2). Section 9 of Title 13, United States Code (the U.S. Census Bureau Statute), ensures that the information you report to us will be strictly confidential. It may be seen only by individuals sworn to uphold U.S. Census Bureau confidentiality and may be used only for statistical purposes.

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 2009?

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 2009 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 2009; 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, 2004 and December 31, 2008?

- 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 2009?</p>	<p>034 <input style="width: 60px; height: 20px;" type="text"/> 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 2009?</p>	<p>200 <input style="width: 60px; height: 20px;" type="text"/> All employees at this location</p> <p><i>If your organization did not offer health insurance in 2009, 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>201 <input style="width: 60px; height: 20px;" type="text"/> Eligible employees</p>
<p>c. How many of these employees were ENROLLED in ANY health plan through your organization?</p>	<p>202 <input style="width: 60px; height: 20px;" type="text"/> Enrolled employees</p>
<p>3a. For the same TYPICAL pay period in 2009, how many of the employees reported in question C2a worked part-time?</p>	<p>203 <input style="width: 60px; height: 20px;" type="text"/> Part-time employees</p> <p><i>If your organization did not offer health insurance in 2009, 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>204 <input style="width: 60px; height: 20px;" type="text"/> 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>205 <input style="width: 60px; height: 20px;" type="text"/> Enrolled part-time employees</p>
<p>4. Did your organization offer health insurance to its temporary or seasonal employees at this location in 2009?</p> <p><i>Mark (X) only one.</i></p>	<p>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>550</p> <p>1 <input type="checkbox"/> Information for specified location</p> <p>2 <input type="checkbox"/> Information for multiple locations</p> <p><i>If your organization did not offer health insurance in 2009, SKIP to Page 5, Question 7a.</i></p>
<p>6. If your company offered health insurance, what is the minimum number of hours per week that an employee must work in order to be eligible for health insurance?</p>	<p>626 <input style="width: 60px; height: 20px;" type="text"/> Minimum hours worked per week to be eligible</p> <p>721 <input type="checkbox"/> No minimum number of hours required</p>

Section C – EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a TYPICAL pay period in 2009.

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 2009, approximately what percentage earned –

Less than \$11.00 per hour?
Approximately \$22,880 a year or less

022 % Earned less than \$11.00 per hour

Between \$11.00 and \$25.50 per hour?
Approximately \$22,880 to \$53,040 a year

023 % Earned between \$11.00 and \$25.50 per hour

More than \$25.50 per hour?
Approximately \$53,040 a year or more

024 % Earned more than \$25.50 per hour

Continue with Page 6, Section D

Section D – BUSINESS CHARACTERISTICS

1a. Did your organization offer the following fringe benefits to its employees at this location in 2009?

	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 2009?

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 2009, continue to Page 7, Section E.

If your organization DID NOT offer health insurance coverage to its employees in 2009, 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 2009 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 during a TYPICAL MONTH at this location in 2009?

Include both employer and employee contributions.

720 \$, , . 0 0

Monthly optional coverage cost

2a. For 2009, did your organization impose a waiting period before new employees could be covered by health insurance?

- 197 1 Yes – *Continue with Question 2b*
- 2 No – **SKIP to Question 3**

b. For 2009, what was the TYPICAL waiting period?

Mark (X) only one.

- 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

3. Did your organization place any limits or restrictions on health insurance coverage for the spouse of an employee, if the spouse had access to coverage through another employer?

- 722 1 Yes
- 2 No
- 3 Don't know

4. Did your organization provide any financial compensation or incentives to employees, if they did not elect to receive health insurance coverage?

- 723 1 Yes
- 2 No
- 3 Don't know

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. Does your organization provide health insurance coverage to any person who retired in 2009 OR BEFORE, 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 a typical month, how many retirees were enrolled in health insurance through your organization at all of its locations?

513 Number of 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 F2, under 65 years of age?

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

b. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your organization at all of its locations?

572 Number of 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 2009, 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 2009, 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**

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees under 65 years of age?

724 Yes
 No
 Don't know

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 F2, 65 years of age or over?

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

b. In a typical month, how many retirees 65 years of age or over were enrolled in health insurance through your organization at all of its locations?

578 Number of 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 2009, 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 2009, 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

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees 65 years of age or over?

725 1 Yes
2 No
3 Don't know

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2009.

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

2009 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.)*

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INSTRUCTIONS

- 1.** Please report for the government unit identified on the cover sheet.
- 2.** Please report data for the year **2009**.
- 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 2009?

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 2009 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 Number of Health Plans offered

Continue with Section B on MEPS-11(S)

500 REMARKS

U.S. DEPARTMENT OF COMMERCE
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 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. Does your government unit or some other government unit provide health insurance coverage to any person who retired from your government unit in 2009 OR BEFORE, or to any of their survivors?

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

551 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 Page 3, Section D.

551 No

3 Don't know

SKIP to Page 3, Section D.

2. In a typical month, how many retirees were enrolled in health insurance through your government unit?

513

Number of 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 Yes – Continue with Question 3b

2 No – SKIP to Question 4a on Page 2

b. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your government unit?

572

Number of 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 2009, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

574

 \$

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

 \$

Total single premium

f. For a typical plan in 2009, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

576

 \$

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?

577

 \$

Total family premium

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees under 65 years of age?

724

1 Yes

2 No

3 Don't know

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. In a typical month, how many retirees 65 years or over were enrolled in health insurance through your government unit?

578 Number of 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 2009 plan with the largest enrollment, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580 \$, . **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 \$, . **Total single premium**

f. For the 2009 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 \$, . **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 \$, . **Total family premium**

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees 65 years of age?

- 725 1 Yes
 2 No
 3 Don't know

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 2009.

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 D – HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your government unit offer to its ACTIVE employees in 2009 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 to 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
- 562 No optional coverage – **SKIP to Question 2a**

} Continue with Question 1b

b. What was the total amount paid for optional coverage for all ACTIVE employees at THIS GOVERNMENT UNIT during a typical month in 2009?

720 \$, , .

Monthly optional coverage cost

2a. For 2009, did your government unit impose a waiting period before new employees could be covered by health insurance?

- 197 1 Yes – Continue with Question 2b
2 No – **SKIP to Section E**

b. For 2009, what was the typical waiting period?

Mark (X) only one.

- 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

Section E – EMPLOYMENT CHARACTERISTICS

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

Include part-time, temporary, and seasonal employees.

Exclude leased or contract workers and retirees.

1a. How many ACTIVE employees were ELIGIBLE for at least one health plan through your government unit for a typical pay period in 2009?

201 **Eligible** employees

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

202 **Enrolled** employees

2a. For the same typical pay period in 2009, did your government unit have any part-time employees?

- 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 2009?

Mark (X) only one.

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

4. If your government unit offered health insurance, what is the minimum number of hours per week that an employee must work in order to be eligible for health insurance?

626 Minimum hours worked per week to be eligible

721 No minimum number of hours required

Section F – FRINGE BENEFITS CHARACTERISTICS

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Section G – EMPLOYEE CHARACTERISTICS

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<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>
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Section H – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)	213 Title									
Signature		214 Date (Month/Day/Year)								
		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black;">M</td> <td style="width: 12.5%; border: 1px solid black;">M</td> <td style="width: 12.5%; border: 1px solid black;">D</td> <td style="width: 12.5%; border: 1px solid black;">D</td> <td style="width: 12.5%; border: 1px solid black;">Y</td> <td style="width: 12.5%; border: 1px solid black;">Y</td> <td style="width: 12.5%; border: 1px solid black;">Y</td> <td style="width: 12.5%; border: 1px solid black;">Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y			
215 Telephone number ()	220 Extension	216 FAX number ()	217 E-Mail address							

2009 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

INTERNET RESPONSE

You may respond to this survey via the Internet at the following web address: **<http://harvester.census.gov/meps>**

Your **User ID** to access the Internet form is:

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 **2009**.
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 2009?

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 2009 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: //	
214 Date (Month/Day/Year)			
M	M	D	D
Y	Y	Y	Y
215 Telephone number		216 FAX number	
()	220 Extension	()	217 E-Mail address

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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 in 2009 from your government unit, 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 a TYPICAL month, how many retirees were enrolled in health insurance through your government unit?

513

Number of retirees enrolled

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
<i>Exclude any retirees that have coverage through PHSA (COBRA) or state continuation-of-benefits-laws.</i>	628 <input type="checkbox"/> Yes <input type="checkbox"/> No	629 <input type="checkbox"/> Yes <input type="checkbox"/> No
3a. Were any of the retirees with coverage, reported in Question 2, under 65 years of age or age 65 years or over?		
b. In a TYPICAL MONTH, what was the TOTAL number of retirees, by age category, enrolled in health insurance through your government unit in 2009?	572 <input style="width: 80px;" type="text"/> Total under 65	578 <input style="width: 80px;" type="text"/> Total 65 or over
c. What percentage of those retirees, by age category, were ENROLLED in SINGLE coverage?	573 <input style="width: 60px;" type="text"/> % Percent enrolled in single	579 <input style="width: 60px;" type="text"/> % Percent enrolled in single
d. For the 2009 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?	574 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	580 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
e. For that same plan, how much did this typical RETIREE with SINGLE coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?	651 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	653 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
f. For that same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with SINGLE coverage?	575 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	581 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
g. For the 2009 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>	576 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	582 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
h. For that same plan, how much did this typical RETIREE with FAMILY coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?	652 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	654 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
i. For that same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with FAMILY coverage?	577 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	583 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
j. Did a typical plan provide coverage for outpatient prescription drugs for retirees?	724 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	725 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

NEW RETIREES

<i>For Questions 4a through 4c, NEW RETIREES refers to persons who retired from your government unit in 2009.</i> <i>Exclude any retirees that have coverage through PHSA (COBRA) or state continuation-of-benefits-laws.</i>	630 <input type="checkbox"/> Yes – Continue with Question 4b <input type="checkbox"/> No <input type="checkbox"/> Don't know } SKIP to Section D
4a. Did your government unit offer health insurance to any NEW RETIREES?	
b. Were NEW RETIREES under 65 years of age eligible for health insurance?	631 <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
c. Were NEW RETIREES 65 years of age or over eligible for health insurance?	632 <input type="checkbox"/> Yes <input type="checkbox"/> No <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 2009 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 during a TYPICAL MONTH at THIS GOVERNMENT UNIT in 2009?

Include both employee and government unit contribution.

720 \$, . 0 0

Monthly 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 2009?

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 2009?

- 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 2009?

Mark (X) only one.

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

4. If your government unit offered health insurance, what is the minimum number of hours per week that an employee must work in order to be eligible for health insurance?

626 **Minimum hours** worked per week to be eligible
 721 No minimum number of hours required

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Section F – FRINGE BENEFITS CHARACTERISTICS

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

2009 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY Company Questionnaire

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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 **2009**.
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>

Collection of this information is authorized under Section 913 of the Public Health Service Act (Title 42 United States Code, Section 299b-2). Section 9 of Title 13, United States Code (the U.S. Census Bureau Statute), ensures that the information you report to us will be strictly confidential. It may be seen only by individuals sworn to uphold U.S. Census Bureau confidentiality and may be used only for statistical purposes.

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 2009 employment are you reporting?

528 % Company employment

529 *Briefly explain*

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 2009?

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. How many different health insurance choices did your company make available or contribute to for its ACTIVE employees at a TYPICAL location during the 2009 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 2009?

034

Employees at all locations

If your company did not offer health insurance in 2009, 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 2009, how many of the employees reported in B1a worked part-time?

203

Part-time employees

If your company did not offer health insurance in 2009, 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 2009?

Mark (X) only one.

564

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

4. If your company offered health insurance, what is the minimum number of hours per week that an employee must work in order to be eligible for health insurance?

626

Minimum hours worked per week to be eligible

721

No minimum number of hours required

Section B – EMPLOYMENT CHARACTERISTICS – Continued

5. Of the active employees enrolled in a health insurance plan your company offered in 2009, what percentage were ENROLLED in each of the following provider arrangements?

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 2009.

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 2009, approximately what percentage earned –

Less than \$11.00 per hour?
Approximately \$22,880 a year or less

022 % Earned less than \$11.00 per hour

Between \$11.00 and \$25.50 per hour?
Approximately \$22,880 to \$53,040 a year

023 % Earned between \$11.00 and \$25.50 per hour

More than \$25.50 per hour?
Approximately \$53,040 a year or more

024 % Earned more than \$25.50 per hour

Section C – BUSINESS CHARACTERISTICS

1a. Did your company offer the following fringe benefits to its employees in 2009?

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 2009?

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 Benefit 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 2009, 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 in 2009 OR BEFORE, 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 a typical month, how many retirees were enrolled in health insurance through your company?

513 Number of 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. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your company at all of its locations in 2009?

572 Number of 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 2009, 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 2009, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

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

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

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

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

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees under 65 years of age?

724 1 Yes
 2 No
 3 Don't know

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. In a typical month, how many retirees 65 years of age or over were enrolled in health insurance through your company in 2009?

- 578 Number of 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 2009, 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 2009, 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

h. Did a typical plan provide coverage for outpatient prescription drugs for retirees under 65 years of age or over?

- 725 1 Yes
 2 No
 3 Don't know

NEW RETIREES

For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2009.

Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

5a. Did your company 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

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 2009. 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 provider arrangements offered (Mark (X) all that apply)		
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 provider arrangements offered (Mark (X) all that apply)		
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
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		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523