

2011 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

INTERNET RESPONSE

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

Your **Survey Key** to access the Internet form is:

**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**

29011012



## INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2011**.
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. If the enclosed mailing envelope has been misplaced, please use address on front page of form to return questionnaire.



### 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 2011?**

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 2011 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 from the same insurance company 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 2011; 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, 2006 and December 31, 2010?**

- 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**

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## Section C – EMPLOYMENT CHARACTERISTICS

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

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

*Exclude former employees, leased or contract workers and retirees.*

**1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2011?**

034

**Employees at all locations**

*Complete questions 2–7 for **THE LOCATION** listed on the cover sheet.*

**2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2011?**

200

**All employees at this location**

*If your organization did not offer health insurance in 2011, **SKIP to Question 3a***

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

201

**Eligible employees**

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

202

**Enrolled employees**

**3a. For the same TYPICAL pay period in 2011, how many of the employees reported in question C2a worked part-time?**

203

**Part-time employees**

*If your organization did not offer health insurance in 2011, **SKIP to Question 5***

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

204

**Eligible part-time employees**

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

205

**Enrolled part-time employees**

**4. Did your organization offer health insurance to its temporary or seasonal employees at this location in 2011?**

*Mark (X) only one.*

564

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

**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?**

550

- 1  Information for specified location
- 2  Information for multiple locations

*If your organization did not offer health insurance in 2011, **SKIP to Page 5, Question 7a***

**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?**

626

**Minimum hours** worked per week to be eligible

721

- No minimum number of hours required



**Section C – EMPLOYMENT CHARACTERISTICS - Continued**

*Provide information for a TYPICAL pay period in 2011.*  
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 2011, approximately what percentage earned –**

**Less than \$11.50 per hour?** . . . . .  
Approximately \$24,000 a year or less

022  % Earned less than \$11.50 per hour

**Between \$11.50 and \$26.50 per hour?** . . . . .  
Approximately \$24,000 to \$55,000 a year

023  % Earned between \$11.50 and \$26.50 per hour

**More than \$26.50 per hour?** . . . . .  
Approximately \$55,000 a year or more

024  % Earned more than \$26.50 per hour

**Continue with Page 6, Section D**

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**Section D – BUSINESS CHARACTERISTICS**

**1a. Did your organization offer the following fringe benefits to its employees at this location in 2011?**

	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 2011?**

*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) 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"/>

**If your organization DID offer health insurance coverage to its employees in 2011, continue to Page 7, Section E.**

**If your organization DID NOT offer health insurance coverage to its employees in 2011, SKIP to Page 8, Section F.**

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### 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 2011 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 2011?**

*Include both employer and employee contributions.*

720

Monthly optional coverage cost

**2a. For 2011, 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 2011, 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**

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## 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 in 2011 OR BEFORE, or to any of their survivors?**

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

551

1  Yes – Continue with Question 22  No3  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 2, under 65 years of age?**

628

1  Yes – Continue with Question 3b2  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 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574

**Employer** contribution for **single** premium

- e. For this 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 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

576

**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

**Total family** premium

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

724

1  Yes2  No3  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 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 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 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

580 \$ .00 **Employer** contribution for **single** premium

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

581 \$ .00 **Total single premium**

**f. For a typical plan in 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

582 \$ .00 **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?**

583 \$ .00 **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 2011.

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**

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500 Remarks

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**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.**

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212 Name (Please print)				213 Title (Please print)			
Signature						214 Date (Month/Day/Year)	
215 Telephone number			220 Extension		216 Fax		



2011 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

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Your **Survey Key** to access the Internet form is:

**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 **2011**.
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. If the enclosed mailing envelope has been misplaced, please use address on front page of form to return questionnaire.



### Section A - NUMBER OF PLANS

Please respond for the government unit identified on the cover sheet unless otherwise specified.

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 2011?**

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 C, Question 1**

**b. How many different health insurance plan choices did your government unit make available or contribute to for its ACTIVE employees during the 2011 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 from the same insurance company count as TWO plans.

003

Number of Health Plans offered

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

500 Remarks

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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 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 2011 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 Page 2, Question 4a**

**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 2011, 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 this 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 2011, 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 this 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  Yes  No  Don't know

**Continue with Page 2, Question 4a**



## Section C - RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

### AGE 65 YEARS OR OVER

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

629 1  Yes - Continue with Question 4b

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

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 government unit?**

578  Number of retirees 65 years or over enrolled in health insurance

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

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

**d. For a typical plan in 2011, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

580 \$  .00 **Government unit** contribution for **single** premium

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

581 \$  .00 **Total single** premium

**f. For a typical plan in 2011, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

582 \$  .00 **Government unit** 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?**

583 \$  .00 **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

Exclude any retirees that have coverage through PHSAs (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 2011.

**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

**Continue with Page 3, Section D**

## 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 2011 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 <input type="checkbox"/> Dental<br>193 <input type="checkbox"/> Vision<br>194 <input type="checkbox"/> Prescription drugs<br>195 <input type="checkbox"/> Long-term care<br>562 <input type="checkbox"/> No optional coverage - <b>SKIP to Question 2a</b> | } | 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 2011?**

720 .00  
 Monthly optional coverage cost

**2a. For 2011, did your government unit impose a waiting period before new employees could be covered by health insurance?**

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

**b. For 2011, what was the typical waiting period?**

*Mark (X) only one.*

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

## 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 2011?**

201  **Eligible** employees

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

202  **Enrolled** employees

**2a. For the same typical pay period in 2011, did your government unit have any part-time employees?**

- 563
- |   |  |   |                           |
|---|--|---|---------------------------|
| 1 | <input type="checkbox"/> Yes - Continue with Question 2b | } | <b>SKIP to Question 3</b> |
| 2 | <input type="checkbox"/> No                              |   |                           |
| 3 | <input type="checkbox"/> Don't know                      |   |                           |

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

204  **Eligible** part-time employees

**c. How many of these 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 2011?**

*Mark (X) only one.*

- 564
- |   |                              |  |   |   |
|---|------------------------------|--|---|---|
| 1 | <input type="checkbox"/> Yes |  | 4 | <input type="checkbox"/> No temporary or seasonal employees |
| 2 | <input type="checkbox"/> No  |  | 3 | <input type="checkbox"/> 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

**Continue with Page 4, Section F**

29051034





## Section F - FRINGE BENEFITS CHARACTERISTICS

**1. Did your government unit offer the following fringe benefits to its employees in 2011?**

	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"/>

**2. Did your government unit offer any of these tax-advantaged benefits to its employees in 2011?**

*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"/>

## Section G - EMPLOYEE CHARACTERISTICS

**Provide information for a typical pay period in 2011.**

Estimates are acceptable.

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

*If none, enter "0".*

**1. Approximately what percentage of the employees at this government unit were women?**

016  % Women employees

**2. Approximately what percentage of the employees at this government unit were 50 years old or older?**

017  % Employees 50 years old or older

**3. Approximately what percentage of the employees at this government unit were union members?**

018  % Union members

**4. For the employees at this government unit in 2011, approximately what percentage earned -**

**Less than \$11.50 per hour?** . . . . .  
Approximately \$24,000 a year or less

022  % Earned less than \$11.50 per hour

**Between \$11.50 and \$26.50 per hour?** . . . . .  
Approximately \$24,000 to \$55,000 a year

023  % Earned between \$11.50 and \$26.50 per hour

**More than \$26.50 per hour?** . . . . .  
Approximately \$55,000 a year or more

024  % Earned more than \$26.50 per hour

**Continue with Page 5, Section H**

29051042



**Section H - PERSON COMPLETING THIS QUESTIONNAIRE**

212 Name (Please print)

213 Title (Please print)

Signature

214 Date (Month/Day/Year)

215 Telephone number

220 Extension

216 Fax

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

29051059



2011 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://respond.census.gov/meps11>

Your **Survey Key** to access the Internet form is:

**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**

29061017



## INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet.
2. Report data for the year **2011**.
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. If the enclosed mailing envelope has been misplaced, please use address on front page of form to return questionnaire.



## 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 2011?**

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 C**

**b. How many different health insurance plan choices did your government unit make available or contribute to for its ACTIVE employees during the 2011 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 from the same insurance company count as TWO plans.

003

Number of health plans offered

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

Please provide, in remarks section below, the general user information to access brochures, if needed and available.

671

1  Yes – Please provide website address below

2  No – **Complete contact information below then CONTINUE with MEPS-11C(S), Section B**

500 Remarks

### CONTACT INFORMATION – PERSON COMPLETING THIS QUESTIONNAIRE

<b>212</b> Name (Please print)				<b>213</b> Title (Please print)			
<b>Signature</b>				<b>217</b> Email (Please print)			
<b>215</b> Telephone number		<b>220</b> Extension		<b>216</b> Fax			
<b>670</b> Brochure Website address						<b>214</b> Date (Month/Day/Year)	
http: //							

29061033



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 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 in 2011 OR BEFORE, 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**

29081015



**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 OR OVER.

	UNDER 65 YEARS OF AGE	AGE 65 YEARS OR OVER
<p><i>Exclude any retirees that have coverage through PHSA (COBRA) or state continuation-of-benefits laws.</i></p> <p><b>3a. Were any of the retirees with coverage, reported in Question 2, under 65 years of age or age 65 years or over?</b></p>	<p>628</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>	<p>629</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p><b>b. In a TYPICAL MONTH, what was the TOTAL number of retirees, by age category, enrolled in health insurance through your government unit in 2011?</b></p>	<p>572</p> <p><input type="text"/></p> <p>Total under 65</p>	<p>578</p> <p><input type="text"/></p> <p>Total 65 or over</p>
<p><b>c. What percentage of these retirees, by age category, were ENROLLED in SINGLE coverage?</b></p>	<p>573</p> <p><input type="text"/> %</p> <p>Percent enrolled in single</p>	<p>579</p> <p><input type="text"/> %</p> <p>Percent enrolled in single</p>
<p><b>d. For a typical plan in 2011, how much did the GOVERNMENT UNIT CONTRIBUTE, by age category, toward the monthly plan premium for one typical retiree with SINGLE coverage?</b></p>	<p>574</p> <p>\$ <input type="text"/> .00</p>	<p>580</p> <p>\$ <input type="text"/> .00</p>
<p><b>e. For this same plan, how much did this typical RETIREE with SINGLE coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?</b></p>	<p>651</p> <p>\$ <input type="text"/> .00</p>	<p>653</p> <p>\$ <input type="text"/> .00</p>
<p><b>f. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with SINGLE coverage?</b></p>	<p>575</p> <p>\$ <input type="text"/> .00</p>	<p>581</p> <p>\$ <input type="text"/> .00</p>
<p><b>g. For a typical plan in 2011, how much did the GOVERNMENT UNIT CONTRIBUTE, by age category, toward the monthly plan premium for one typical retiree with FAMILY coverage?</b></p> <p><i>For retirees, if premium varied by family size, report for a family of two.</i></p>	<p>576</p> <p>\$ <input type="text"/> .00</p>	<p>582</p> <p>\$ <input type="text"/> .00</p>
<p><b>h. For this same plan, how much did this typical RETIREE with FAMILY coverage CONTRIBUTE, by age category, toward his/her monthly plan premium?</b></p>	<p>652</p> <p>\$ <input type="text"/> .00</p>	<p>654</p> <p>\$ <input type="text"/> .00</p>
<p><b>i. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with FAMILY coverage?</b></p>	<p>577</p> <p>\$ <input type="text"/> .00</p>	<p>583</p> <p>\$ <input type="text"/> .00</p>
<p><b>j. Did a typical plan provide coverage for outpatient prescription drugs for retirees?</b></p>	<p>724</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>	<p>725</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<b>NEW RETIREEES</b>		
<p><i>For questions 4a through 4c, NEW RETIREEES refers to persons who retired from your government unit in 2011.</i></p> <p><i>Exclude any retirees that have coverage through PHSA (COBRA) or state continuation-of-benefits-laws.</i></p> <p><b>4a. Did your government unit offer health insurance to any NEW RETIREEES?</b></p>	<p>630</p> <p>1 <input type="checkbox"/> Yes – Continue with Question 4b</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p> <p style="text-align: right;"><b>SKIP to Section D</b></p>	
<p><b>b. Were NEW RETIREEES under 65 years of age eligible for health insurance?</b></p>	<p>631</p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know</p>	
<p><b>c. Were NEW RETIREEES 65 years of age or over eligible for health insurance?</b></p>	<p>632</p> <p>1 <input type="checkbox"/> Yes      2 <input type="checkbox"/> No      3 <input type="checkbox"/> Don't know</p>	

29081023



## 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 2011 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.

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

*Mark (X) all that apply.*

- 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 2011?**

*Include both employee and government unit contributions.*

720 .00

Monthly optional coverage cost

## Section E – EMPLOYMENT CHARACTERISTICS

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

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

**1a. How many ACTIVE employees were ELIGIBLE for at least one health plan through your government unit in 2011?**

201  **Eligible** employees

**b. How many of these 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 2011?**

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

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

204  **Eligible** part-time employees

**c. How many of these 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 2011?**

*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

**Continue with Section F**

29081031





## Section F - FRINGE BENEFITS CHARACTERISTICS

**1. Did your government unit offer the following fringe benefits to its employees in 2011?**

	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"/>

**2. Did your government unit offer any of these tax-advantaged benefits to its employees in 2011?**

*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 <i>Full cafeteria plans that offer employees a set of benefits from which to choose</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section G - EMPLOYEE CHARACTERISTICS

**Provide information for a TYPICAL pay period in 2011.**

Estimates are acceptable.

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

*If none, enter "0".*

**1. Approximately what percentage of the employees at this government unit were women?**

016  % Women employees

**2. Approximately what percentage of the employees at this government unit were 50 years old or older?**

017  % Employees 50 years old or older

**3. Approximately what percentage of the employees at this government unit were union members?**

018  % Union members

**4. For the employees at this government unit in 2011, approximately what percentage earned -**

**Less than \$11.50 per hour?** . . . . .  
Approximately \$24,000 a year or less

022  % Earned less than \$11.50 per hour

**Between \$11.50 and \$26.50 per hour?** . . . . .  
Approximately \$24,000 to \$55,000 a year

023  % Earned between \$11.50 and \$26.50 per hour

**More than \$26.50 per hour?** . . . . .  
Approximately \$55,000 a year or more

024  % Earned more than \$26.50 per hour

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

29081049



2011 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  
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://respond.census.gov/meps>

Your **Survey Key** to access the Internet form is:

**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 **2011**.
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/cm/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 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. If the enclosed mailing envelope has been misplaced, please use address on front page of form to return questionnaire.



**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 2011 employment are you reporting?**

528  % Company employment

*Briefly explain*

529


*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 2011?**

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 plan choices did your company make available or contribute to for its ACTIVE employees at a TYPICAL location during the 2011 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 from the same insurance company count as two plans.

003  Health insurance plan choices at a **typical** location

**Continue with Page 4, Section B**



## Section B – EMPLOYMENT CHARACTERISTICS

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

*Include officers, owners, full-time, 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 2011?**

034

**Employees at all locations**

*If your company did not offer health insurance in 2011, **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 2011, how many of the employees reported in 1a worked part-time?**

203

**Part-time employees**

*If your company did not offer health insurance in 2011, **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 2011?**

*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 2011, 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 incentive 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 2011.*

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 2011, approximately what percentage earned –**

**Less than \$11.50 per hour?** . . . . .  
Approximately \$24,000 a year or less

022  % Earned less than \$11.50 per hour

**Between \$11.50 and \$26.50 per hour?** . . . . .  
Approximately \$24,000 to \$55,000 a year

023  % Earned between \$11.50 and \$26.50 per hour

**More than \$26.50 per hour?** . . . . .  
Approximately \$55,000 a year or more

024  % Earned more than \$26.50 per hour

**Continue with Page 6, Section C**

29091055



**Section C – BUSINESS CHARACTERISTICS**

**1a. Did your company offer the following fringe benefits to its employees in 2011?**

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 2011?**

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) 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. How many establishments does your company operate nationally?**

530  Establishments

**Continue with Page 7, Section D**

29091063



**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.*

**1. Did your company provide health insurance coverage to any person who retired in 2011 OR BEFORE, or to any of their survivors?**

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

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.*

*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 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 2011?**

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 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574

\$  ,  .00 **Employer** contribution for **single** premium

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

575

\$  ,  .00 **Total single premium**

**f. For a typical plan in 2011, 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

\$  ,  .00 **Employer** contribution for **family** premium

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

577

\$  ,  .00 **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

**Continue on Page 8, Question 4a**

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## Section D – RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

AGE 65 YEARS OR OVER	
<p><i>Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.</i></p> <p><i>If this was a self-insured plan, report the premium equivalent.</i></p> <p><b>4a. Were any of the enrolled retirees, reported in Question 2, 65 years of age or over?</b></p>	<p>629</p> <p>1 <input type="checkbox"/> Yes – Continue with Question 4b</p> <p>2 <input type="checkbox"/> No – <b>SKIP to Question 5a</b></p>
<p><b>b. In a typical month, how many retirees 65 years of age or over were enrolled in health insurance through your company in 2011?</b></p>	<p>578</p> <p><input style="width: 100px; height: 20px;" type="text"/> Number of retirees 65 or over <b>enrolled</b> in health insurance</p>
<p><b>c. What percentage of these retirees were ENROLLED in SINGLE coverage?</b></p>	<p>579</p> <p><input style="width: 50px; height: 20px;" type="text"/> % Retirees 65 or over <b>enrolled</b> in <b>single</b> coverage</p>
<p><b>d. For a typical plan in 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?</b></p>	<p>580</p> <p><input style="width: 100px; height: 20px;" type="text"/> <b>Employer</b> contribution for <b>single</b> premium</p>
<p><b>e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?</b></p>	<p>581</p> <p><input style="width: 100px; height: 20px;" type="text"/> <b>Total single premium</b></p>
<p><b>f. For a typical plan in 2011, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?</b></p> <p><i>For retirees, if premium varied by family size, report for a family of two.</i></p>	<p>582</p> <p><input style="width: 100px; height: 20px;" type="text"/> <b>Employer</b> contribution for <b>family</b> premium</p>
<p><b>g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?</b></p>	<p>583</p> <p><input style="width: 100px; height: 20px;" type="text"/> <b>Total family premium</b></p>
<p><b>h. Did a typical plan provide coverage for outpatient prescription drugs for retirees 65 years of age or over?</b></p>	<p>725</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
NEW RETIREES	
<p>For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your company in 2011.</p> <p><i>Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.</i></p> <p><b>5a. Did your company offer health insurance to any NEW RETIREES?</b></p>	<p>630</p> <p>1 <input type="checkbox"/> Yes – Continue with Question 5b</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know } <b>SKIP to Page 9, Section E</b></p>
<p><b>b. Were NEW RETIREES under 65 years of age eligible for health insurance?</b></p>	<p>631</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>
<p><b>c. Were NEW RETIREES 65 years of age or over eligible for health insurance?</b></p>	<p>632</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't know</p>

**Continue with Page 9, Section E**

### 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 2011 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
  - 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 during a TYPICAL MONTH at your company in 2011?**

*Include both employer and employee contributions.*

720

\$  .00

Monthly optional coverage cost

**2a. For 2011, did your company 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 2011, 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 company 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 company 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 10, Section F**

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500 Remarks

Large empty rectangular box for entering remarks.

**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 four.**

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

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212 Name (Please print)

213 Title (Please print)

Signature

214 Date (Month/Day/Year)

215 Telephone number

220 Extension

216 Fax

Grid for entering telephone, extension, and fax numbers.



Medical Expenditure Panel Survey - Insurance Component

**HEALTH INSURANCE COST STUDY**  
**Location Worksheet**

Start here

**A FEW IMPORTANT INSTRUCTIONS**

- 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 2011. 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.

<b>CENSUS USE ONLY</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)	Name of location (b)			HMO/EPO (e)	Conventional Indemnity (f)	PPO/POS (g)
		524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	200	521 <input type="checkbox"/>	522 <input type="checkbox"/>	523 <input type="checkbox"/>
		524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	200	521 <input type="checkbox"/>	522 <input type="checkbox"/>	523 <input type="checkbox"/>
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		524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	200	521 <input type="checkbox"/>	522 <input type="checkbox"/>	523 <input type="checkbox"/>

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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)		
				HMO/EPO (e)	Conventional Indemnity (f)	PPO/POS (g)
Location Identification Number (a)						
		524 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	200	521 <input type="checkbox"/>	522 <input type="checkbox"/>	523 <input type="checkbox"/>
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