

2016 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 secure web address:

**[econhelp.census.gov/mepsgov](http://econhelp.census.gov/mepsgov)**

Your Survey Key to access the Internet form is:

### **If completing paper form, please RETURN TO:**

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

PLEASE RETURN ENTIRE CONTENTS OF THIS PACKAGE WITHIN

**PLEASE DO NOT REMOVE THIS COVER SHEET**

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## INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2016**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the MEPS-20(D) Health Insurance Cost Study 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 or visit:  
**[econhelp.census.gov/mepsgov](http://econhelp.census.gov/mepsgov)**

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, 5600 Fishers Lane, Mailstop 07W41A, Rockville, MD 20857. 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 government unit make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2016?**

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

001

1  Yes - Continue with Question 2

2  No - **SKIP to Question 3**

**2. How many different health insurance plan choices did your government unit make available or contribute to for its ACTIVE employees during the 2016 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

### PRIOR YEAR OFFERING

**3. In 2015, did your government unit make available or contribute to the cost of any health insurance plans for ACTIVE employees?**

760

1  Yes – Offered

2  No – Not offered

3  Don't know

### Section B – EMPLOYMENT CHARACTERISTICS

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

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

Exclude former employees, leased or contract workers and retirees.

**1a. How many employees were on your government unit's payroll for a TYPICAL pay period in 2016?**

740

All employees

If your government did not offer health insurance in 2016, **SKIP to Page 4, Question 2a.**

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

201

Eligible employees

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

202

Enrolled employees

Continue with Page 4, Question 2a

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**Section B – EMPLOYMENT CHARACTERISTICS – Continued**

**6. For the employees at this government unit in 2016, how many earned more than \$44.50 per hour?**

Approximately \$93,000 a year or more  
If none, enter "0".

726

Number of employees that earned more than \$44.50 per hour

**Section C – FRINGE BENEFITS CHARACTERISTICS**

**1. Did your government unit offer the following fringe benefits to its employees in 2016?**

If Paid Time Off (PTO) is offered, mark (X) Yes for paid vacation AND paid sick leave.

	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 2016?**

See the definition sheet, MEPS-20(D), 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 D – HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS**

**SMALL GOVERNMENT, 100 OR FEWER EMPLOYEES**

Complete only if your government unit offered insurance and has 100 employees or fewer **OR** has 100 full-time equivalent employees or fewer at all locations (see definition sheet, MEPS-20(D)). Otherwise, **SKIP to Page 6, Question 3.**

**1. Did your government unit offer health insurance through a Small Business Health Options Program (SHOP) exchange or marketplace in your state?**

744

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

**2. Did your government unit use a third party, such as an insurance broker or agent, to help purchase the insurance plan(s)?**

770

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

**SKIP to Page 6, Section E**

**Continue with Page 6, Question 3**

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### Section F - RETIREE HEALTH COVERAGE CHARACTERISTICS

Exclude any retirees that have coverage through PHSA (COBRA) or state continuation-of-benefits laws. See the definition sheet MEPS-20(D) 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 in 2016 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 Page 9, Section G.

551 2  No

3  Don't know

SKIP to Page 9, Section G

**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 PHSA (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

3  Don't know

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 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 2016, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574 \$  .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?**

575 \$  .00

Total single premium

**f. For a typical plan in 2016, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

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

576 \$  .00

Government unit 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

Continue with Page 8, Question 4a







500 Remarks

**\*\*\* PLEASE NOTE \*\*\***

**If your government unit offered health insurance, please complete Section G and an attached MEPS-11(S), Plan Information Questionnaire, for each plan offered.**

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

**Section G - PERSON COMPLETING THIS QUESTIONNAIRE**

<b>212</b> Name <i>(Please print)</i>				<b>213</b> Title <i>(Please print)</i>			
<b>215</b>	Area code	Number	<b>220</b> Extension	<b>214</b>	MM	DD	YYYY
	-	-	-				
	□ □ □	□ □ □ □	□ □ □ □		□ □	□ □	□ □ □ □

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

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