

2017 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 **2017**.
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 estimate this survey will take 45 minutes, on average, to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you offered more than two plans, we estimate an extra 11 minutes per additional plan. 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 send questionnaire to the address printed on the front page of this form.



**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 2017?**

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 **2**
- 2  No - **SKIP to 3**

**2. How many different health insurance plan choices did your government unit make available or contribute to for its ACTIVE employees during the 2017 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 2016, 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

**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.

**4a. How many employees were on your government unit's payroll for a TYPICAL pay period in 2017?**

740  All employees

If your government did not offer health insurance in 2017, **SKIP to 5a**

**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 **5a**

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**EMPLOYMENT CHARACTERISTICS – Continued**

**5a. For the same TYPICAL pay period in 2017, how many employees reported in Question 4a worked part-time?**

*If none, enter "0".*

759

  

**Part-time employees**

*If your government unit did not offer health insurance in 2017, **SKIP to 6***

**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

**6. How many of the employees reported in Question 4a worked fewer than 30 hours per week?**

742

  

**Employees worked fewer than 30 hours**

743

No employees worked fewer than 30 hours

*If your government unit did not offer health insurance in 2017, **SKIP to 8a***

**7. What was the minimum number of hours per week that an employee had to 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

*Provide information for a TYPICAL pay period in 2017.*

*Estimates are acceptable.*

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

**8a. Approximately what percentage of the employees at this government unit were union members?**

018

   %
 

Union members

729

No union members

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

*If none, enter "0".*

016

   %
 

Women employees

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

*If none, enter "0".*

017

   %
 

Employees 50 years old or older

**d. For the employees at this government unit in 2017, approximately what percentage earned –**

*If none, enter "0".*

**Less than \$12.00 per hour?** .....  
Approximately \$25,000 a year or less

022

   %
 

Earned less than \$12.00 per hour

**Between \$12.00 and \$29.50 per hour?** .....  
Approximately \$25,000 to \$61,000 a year

023

   %
 

Earned between \$12.00 and \$29.50 per hour

**More than \$29.50 per hour?** .....  
Approximately \$61,000 a year or more

024

   %
 

Earned more than \$29.50 per hour

**1 0 0 %**

**Continue with 8e**



**EMPLOYMENT CHARACTERISTICS - Continued**

**8e. For the employees at this government unit in 2017, how many earned more than \$46.00 per hour?**

Approximately \$96,000 a year or more  
If none, enter "0".

726

Number of employees that earned more than \$46.00 per hour

**FRINGE BENEFITS CHARACTERISTICS**

**9. Did your government unit offer the following fringe benefits to its employees in 2017?**

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

|  | Yes<br>(1)               | No<br>(2)                | Don't<br>know<br>(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"/> |

**10. Did your government unit offer any of these tax-advantaged benefits to its employees in 2017?**

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<br>(1)               | No<br>(2)                | Don't<br>know<br>(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 . . . . .<br>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 government unit DID make available or contribute to the cost of any health insurance coverage for its employees in 2017, continue with 11.**

**If your government unit DID NOT make available or contribute to the cost of any health insurance coverage for its employees in 2017, SKIP to 18.**

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Continue with **11**





## RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

**20e.** For this same plan, what was the **TOTAL** monthly premium for this typical retiree with **SINGLE** coverage?

575

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .00 |
|----|---|---|---|-----|

**Total single premium**

**f.** For a typical plan in 2017, how much did the **GOVERNMENT UNIT** contribute toward the monthly plan premium for one typical retiree with **FAMILY** coverage?

576

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .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?

577

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .00 |
|----|---|---|---|-----|

**Total family premium**

### AGE 65 OR OLDER

*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.*

**21a.** Were any of the enrolled retirees, reported in Question 19, age 65 or older?

629

|   |                          |                                |   |                    |
|---|--------------------------|--------------------------------|---|--------------------|
| 1 | <input type="checkbox"/> | Yes - Continue with <b>21b</b> | } | <b>SKIP to 22a</b> |
| 2 | <input type="checkbox"/> | No                             |   |                    |
| 3 | <input type="checkbox"/> | Don't know                     |   |                    |

**b.** In a typical month, how many retirees age 65 or older were enrolled in health insurance through your government unit?

578

|   |
|---|
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> |
|---|

Number of retirees age 65 or older enrolled in health insurance

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

579

|   |   |
|---|---|
| <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | % |
|---|---|

Retirees age 65 or older **enrolled** in **single** coverage

**d.** For a typical plan in 2017, how much did the **GOVERNMENT UNIT** contribute toward the monthly plan premium for one typical retiree with **SINGLE** coverage?

580

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .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

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .00 |
|----|---|---|---|-----|

**Total single premium**

**f.** For a typical plan in 2017, how much did the **GOVERNMENT UNIT** contribute toward the monthly plan premium for one typical retiree with **FAMILY** coverage?

582

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .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

|    |   |   |   |     |
|----|---|---|---|-----|
| \$ | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | .00 |
|----|---|---|---|-----|

**Total family premium**

**Continue with 22a**



### RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

#### NEW RETIREES

For Questions 22a through 22c, NEW RETIREES refers only to persons who retired from your government unit in 2017.

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

**22a. Did your government unit offer health insurance to any NEW RETIREES?**

- 630 1  Yes - Continue with **22b**
- 2  No
- 3  Don't know

**SKIP to next Section to complete form**

**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 age 65 or older eligible for health insurance?**

- 632 1  Yes
- 2  No
- 3  Don't know

500 Remarks

#### PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)

213 Title (Please print)

215 Area code    Number    220    Extension  
 -  -  -

214 MM    DD    YYYY

217 Email

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

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

**If your government unit DID NOT offer health insurance, you have completed the survey.**

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

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