OMB No. 0935-0110: Approval Expires 11/30/2018

2017 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 secure web address:

econhelp.census.gov/meps

Your Survey Key to access the Internet form is:

29017019

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

INSTRUCTIONS

1. Please report for the location 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
or visit: **econhelp.census.gov/meps**

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.

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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, Mail Stop 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 on the front page of this form.

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 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 organization make available or contribute to for its ACTIVE employees at this location 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 ☐☐ Health insurance plan choices at this location

PRIOR YEAR OFFERING

3. In 2016, did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees at this location?

741
- 1 ☐ Yes – *Offered*
- 2 ☐ No – *Not offered*
- 3 ☐ Don't know

***Continue with* 4**

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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.

4. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2017?

034 ☐☐☐☐☐☐ **Employees at all locations**

Complete Questions 5 through 11 for ***THE LOCATION*** *listed on the cover sheet.*

5a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2017?

200 ☐☐☐☐☐☐ **All employees at this location**

If your organization did not offer health insurance in 2017, ***SKIP to 6a***

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

6a. For the same TYPICAL pay period in 2017, how many of the employees reported in Question 5a worked part-time?

If none, enter "0".

203 ☐☐☐☐☐☐ **Part-time employees**

If your organization did not offer health insurance in 2017, ***SKIP to 7***

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

7. How many of the employees reported in Question 5a worked fewer than 30 hours per week?

742 ☐☐☐☐☐☐ **Employees worked fewer than 30 hours**

743 ☐ No employees worked fewer than 30 hours

8. Is the information you provided in Questions 5, 6 and 7 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 2017, ***SKIP to 10a***

9. 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

Continue with 10a

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EMPLOYMENT CHARACTERISTICS - Continued

Provide information for a TYPICAL pay period in 2017.

Estimates are acceptable.

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

10a. Approximately what percentage of the employees at this location were union members?

018 ☐☐☐ % Union members

729 ☐ No union members

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

If none, enter "0".

016 ☐☐☐ % Women employees

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

If none, enter "0".

017 ☐☐☐ % Employees 50 years old or older

d. For the employees at this location 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 %

e. For the employees at this location in 2017, approximately 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

11. Did your organization offer the following fringe benefits to its employees at this location in 2017?

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	☐	☐	☐
051	Paid sick leave	☐	☐	☐
052	Life insurance.	☐	☐	☐
053	Disability insurance.	☐	☐	☐
054	Retirement/pension plans.	☐	☐	☐

***Continue with* 12**

FRINGE BENEFITS CHARACTERISTICS - Continued

12. Did your organization offer any of these tax-advantaged benefits to its employees at this location in 2017?

See the definition sheet MEPS-20(D) 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. .	☐	☐	☐
056	Flexible SPENDING Accounts (FSA) for healthcare.	☐	☐	☐
057	Flexible Benefits Plans. . . . . Full cafeteria plans that offer employees a set of benefits from which to choose.	☐	☐	☐

If your organization DID make available or contribute to the cost of any health insurance coverage for its employees in 2017, continue with 13.

If your organization DID NOT make available or contribute to the cost of any health insurance coverage for its employees in 2017, SKIP to 22.

HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS

13. Did your organization offer health insurance for active employees through a private exchange (also known as a corporate exchange)? *(See definition sheet, MEPS-20(D).)*

A private exchange is created by a consulting company, insurance carrier, or other private organization, not by either a federal or state government. Private exchanges often allow employees to choose from several health insurance options offered on the exchange.

765
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

SMALL BUSINESS, 100 or FEWER EMPLOYEES

Complete Questions 14 through 16 only if your organization 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 17a.

14. Did your organization offer health insurance through a Small Business Health Options Program (SHOP) exchange or marketplace in your state?

744
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

15. Will your organization claim a Small Business Health Care Tax Credit on its 2017 federal taxes?

A small employer may be eligible for this credit on its federal income taxes if 1) it has fewer than 25 full-time equivalent employees, 2) pays an average wage of $50,000 or less, AND 3) pays at least half of the health insurance premiums for its employees.

728
1 ☐ Yes
2 ☐ No
3 ☐ Organization not eligible
4 ☐ Don't know

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

770
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

Continue with 17a

29017068

GENERAL HEALTH COVERAGE CHARACTERISTICS

17a. Which of the listed optional coverage services, if any, did your organization offer to its ACTIVE employees at this location in 2017 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* **17b**

562 ☐ No optional coverage – ***SKIP to*** **18**

b. What was the total amount paid for optional coverage for all ACTIVE employees during a TYPICAL MONTH at this location in 2017?

Include both employer and employee contributions.

720 $ _ , _ _ _ , _ _ _ .00
Monthly optional coverage cost

18. For 2017, did your organization impose a waiting period before new employees could be covered by health insurance?

197
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

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

723
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

20. Were employees' SPOUSES eligible for health insurance coverage through your organization?

745
5 ☐ All spouses eligible, greater **EMPLOYEE CONTRIBUTION** paid if spouse eligible through own employer.
6 ☐ All spouses eligible, same contribution.
7 ☐ All spouses eligible, don't know contribution.
2 ☐ Limited spouses eligible, only if not offered by own employer.
3 ☐ No spouses eligible.
4 ☐ Don't know

21. Did your organization offer health insurance coverage to UNMARRIED domestic partners?

		Yes (1)	No (2)	Don't know (3)
730	Same sex domestic partners	☐	☐	☐
731	Opposite sex domestic partners. . . .	☐	☐	☐

Continue with **22**

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RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete Questions 22 through 26 for ***ALL LOCATIONS****.*

Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws. See the definition sheet MEPS-20(D) included with this package for an explanation of these terms.

22. Did your organization provide health insurance coverage to any person who retired in 2017 OR BEFORE, or to any of their survivors?

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

551
- 1 ☐ Yes – *Continue with* **23**
- 2 ☐ No
- 3 ☐ Don't know

(No / Don't know) ***SKIP to Page 10 to complete form***

23. In a typical month, how many retirees were enrolled in health insurance through your organization at all 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.

24a. Were any of the enrolled retirees, reported in Question 23, under 65 years of age?

628
- 1 ☐ Yes – *Continue with* **24b**
- 2 ☐ No
- 3 ☐ Don't know

(No / Don't know) ***SKIP to*** **25a**

b. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your organization at all 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 2017, 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 2017, 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**

Continue with **25a**

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RETIREE HEALTH COVERAGE CHARACTERISTICS – *Continued*

AGE 65 OR OLDER

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.

25a. Were any of the enrolled retirees, reported in Question 23, age 65 or older?

629
1 ☐ Yes – *Continue with* **25b**
2 ☐ No
3 ☐ Don't know
(No / Don't know) ***SKIP to* 26a**

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

578 ☐☐☐☐☐☐ Number of retirees age 65 or older enrolled in health insurance

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

579 ☐☐☐ % Retirees age 65 or older **enrolled** in **single** coverage

d. For a typical plan in 2017, 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 2017, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

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

582 $ ☐☐,☐☐☐ .00 **Employer** contribution for **family** premium

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

583 $ ☐☐,☐☐☐ .00 **Total family premium**

NEW RETIREES

For Questions 26a through 26c, NEW RETIREES refers only to persons who retired from your organization in 2017.

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

26a. Did your organization offer health insurance to any NEW RETIREES?

630
1 ☐ Yes – *Continue with* **26b**
2 ☐ No
3 ☐ Don't know
(No / Don't know) ***SKIP to Page 10 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

Continue with Page 10 to complete form

29017092

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

29017100

*** PLEASE NOTE ***

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

If your organization DID NOT offer health insurance, you have completed the survey.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS