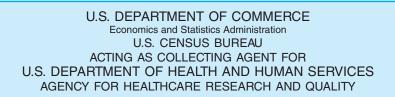
Medical Expenditure Panel Survey Insurance Component

2019 HEALTH INSURANCE COST STUDY Government Questionnaire



INTERNET RESPONSE

You may respond to this survey via the Internet at the following secure web address:

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

29189016

INSTRUCTIONS

- 1. Please report for the government unit identified on the cover sheet, unless otherwise specified.
- 2. Please report data for the year 2019.
- **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

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.

Respond for ACTIVE employees only.	
Did your government unit offer any health insurance plans to its ACTIVE employees in 2019?	 ⁰⁰¹ 1 Yes - Continue with 2 2 No - SKIP to 3
For this survey, a health insurance plan is defined as a plan where hospital and/or physician coverage is made available to employees.	
How many different health insurance plan choices did your government unit offer to its ACTIVE employees during the 2019 plan year?	003 Health insurance plan choices
Do not count single service plans (optional plans) such as dental or vision.	
 Single, employee-plus-one, and family coverage providing the same level of benefits from the same insurance company count as ONE plan. 	
High and standard options count as TWO plans.	
 An HMO and a PPO from the same insurance company count as TWO plans. 	
PRIOR YEA	AR OFFERING
In 2018, did your government unit offer any health insurance plans to its ACTIVE	⁷⁶⁰ 1 Yes – <i>Offered</i>
employees?	² No – Not offered
	³ Don't know

		EMPLOYMENT CHA	ARACTERISTICS			
	Estimates are acceptable for all employment, eligibility, and enrollment figures. For Questions 4a through 8e, if the answer is NONE , please enter "0". Include: • Full-time and part-time employees • Temporary and seasonal employees • Retirees					
4	а.	government unit's payroll for a typical pay period in 2019?	 All employees No employees - SKIP to Page 9 to complete form If your government unit did not offer health insurance in 2019, SKIP to 5a. 			
	b.	How many of these employees were ELIGIBLE for at least one health plan through your government unit?	201 Eligible employees			
	с.	How many of these employees were ENROLLED in any health plan through your government unit?	202 Enrolled employees			
5	а.	For the same TYPICAL pay period, how many employees reported in Question 4a worked part-time?	759 Part-time employees If your government unit did not offer health insurance in 2019, 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			
	с.	How many of these part-time employees were ENROLLED in any health plan through your government unit?	205 Enrolled part-time employees			
6	Qu	w many of the employees reported in estion 4a worked fewer than 30 hours per eek?	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 2019, SKIP to 8a. 			
7	we	hat was the minimum number of hours per bek that an employee had to work in order be eligible for health insurance?	⁶²⁶ Minimum hours worked per week to be eligible			
			721 No minimum number of hours required.			

Continue with 8a

EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a TYPICAL pay period in 2019. Estimates are acceptable. 018 8 a. Approximately what percentage of the employees at this government unit were Union members union members? 729 No union members 016 **b.** Approximately what percentage of the employees at this government unit were Women employees women? 017 c. Approximately what percentage of the employees at this government unit were Employees 50 years old or older 50 years old or older? **d.** For the employees at this government unit, approximately what percentage earned -022 Less than \$12.50 per hour? Approximately \$26,000 a year or less Earned less than \$12.50 per hour 023 Between \$12.50 and \$30.50 per hour? Earned between \$12.50 and \$30.50 Approximately \$26,000 to \$63,000 a year per hour 024 More than \$30.50 per hour? Approximately \$63,000 a year or more Earned more than \$30.50 per hour 1 0 0 % 726 For the employees at this government e. Number of employees that earned unit, how many earned more than \$47.50 more than \$47.50 per hour per hour? Approximately \$99,000 a year or more FRINGE BENEFITS CHARACTERISTICS Don't Did your government unit offer the following Yes No know fringe benefits to its employees? (1) (2) (3) If Paid Time Off (PTO) is offered, mark (X) Yes for paid 050 Paid vacation. vacation AND paid sick leave. 051 052 053 Disability insurance

054

Retirement/pension plans

		l your governm k-advantaged b							Yes	No (2)	Don't know (3)
		e the definition sho kage for an expla			627		byee contributions ince made on a p				
					056		le Spending Acco for healthcare				
					057	Ful	le Benefits Plans. I cafeteria plans th ployees a set of b n which to choose	nat offer enefits			
			lf your governi	nent unit offeren nent unit DID N NCE EXCHA	IOT offe	r healti	h insurance, SH	(IP to T.			
1	to	l your governm active employe so known as a	es through a p	orivate exchan		1	Yes				
	- A p	rivate exchange is	created by a con	sulting company,		2	No				
	a fe	urance carrier, or o ederal or state gov	ernment. Private e	exchanges often a	llow	3	Don't know				
		ployees to choose ared on the exchar		th insurance optic	ons		government unit ha ns, SKIP to 13a . C				all
12	as	l your governm an insurance k rchase the insu	proker or agent	, to help	ch 770	1	Yes				
						2	No				
						3	Don't know				
			GENERAL	HEALTH CO	VERAG	ECH	ARACTERIS	TICS			
13	а.	active employ	r government vees, at a prem	coverage serv unit offer to its lium SEPARAT alth plan premi	E to	2		J			
			rvice insurance pl		uiii: 193		Dental				
		Do not include s comprehensive f	ingle services cov nealth plan.	ered under a	194		Vision Prescription drug	Continue w	ith 13b)	
				cover the cost of ed by the chronica			Long-term care				
		Mark (X) all that	apply.		562		No optional cover	rage – SKIP t o	• 14		

GENERAL HEALTH COVERAGE CHARACTERISTICS – Continued

14	Did your government unit impose a waiting period before new employees could be covered by health insurance?	197	1 2 3		Yes No Don't know
15	Were employees' SPOUSES eligible for health insurance coverage through your government unit?	745	5 6 7 2 3 4		 All spouses eligible, HIGHER employee contribution paid if spouse eligible through own employer. All spouses eligible, SAME employee contribution. All spouses eligible, don't know employee contribution. Limited spouses eligible, only if not offered by own employer. No spouses eligible. Don't know
16	Did your government unit offer health insurance coverage to UNMARRIED domestic partners?	730 731			Yes (1)No (2)Don't know (3)sex domestic partnersImage: Image:
	RETIREE HEALTH COVER	RAGE	C	HAI	RACTERISTICS
Ð	For Questions 17 through 19g, if the answer is NONE , please Exclude any retirees that have coverage through COBRA or s MEPS-20(D) included with this package for an explanation of Did your government unit or some other government unit provide health insurance coverage to any person who retired in 2019 OR BEFORE, or to any of their survivors?	state c	ontii	nuatio	on-of-benefits laws. See the definition sheet Yes - This government unit - <i>Continue with</i> Yes - Another government unit
	If COBRA was the only coverage offered mark "No".	672			
		551			Name of other government unit nue with 18 if information is available. wise, SKIP to Page 9 to complete form. No Don't know
18	In a typical month, how many retirees were enrolled in health insurance through your government unit?	513			Number of retirees enrolled
					Continue with (19a)

RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

 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. a. Were any of the enrolled retirees reported in Question 18, under 65 years of age or age 65 or older? 	UNDER 65 YEARS OF AGE 628 1 Yes 2 No SKIP to second column 3 Don't know Sclumn	AGE 65 OR OLDER 1 Image: Second seco
b. In a typical month, what was the TOTAL number of retirees, by age category, enrolled in health insurance through your government unit?	572 Total under 65	578 Total 65 or older
C. What percentage of these retirees, by age category, were ENROLLED in SINGLE coverage?	573 Percent of under 65 enrolled in single	579 Percent of 65 or older enrolled in single
d. For a typical plan, how much did the GOVERNMENT UNIT contribute, by age category, toward the monthly plan premium for one typical retiree with SINGLE coverage?	⁵⁷⁴ \$ 00,000 .00	⁵⁸⁰ \$ 00,000 .00
e. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with SINGLE coverage?	⁵⁷⁵ \$ 00,000 .00	⁵⁸¹ \$ 00,000 .00
f. For a typical plan, how much did the GOVERNMENT UNIT contribute, by age category, 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 \$ 00,000 .00	⁵⁸² \$ 00,000 .00
g. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with FAMILY coverage?	⁵⁷⁷ \$ 00,000 .00	⁵⁸³ \$ 00,000 .00



	RETIREE HEALTH COVERAGE C	HARACTERISTICS – Continued							
		TIREES							
	For Questions 20a through 20c, NEW RETIREES refers only to persons who retired from your government unit in 2019. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.								
		⁶³⁰ 1 \Box Yes – Continue with 20b							
20	a. Did your government unit offer health insurance to any NEW RETIREES?	2 No							
		3 Don't know SKIP to the bottom of this 3 Don't know							
	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	⁶³² 1 Yes							
	for health insurance?	2 🗌 No							
		3 Don't know							
500									
500	Remarks								
	PERSON COMPLETING	THIS QUESTIONNAIRE							
	Name (Please print)	Title (Please print)							
212		213							
	Area code Number 220 Extension	MM DD YYYY							
215									
	Email								
217									
	*** DI EAGE	NOTE ***							
		Email *** PLEASE NOTE *** If your government unit offered health insurance, please complete the							
	attached MEPS-11(S), Plan Information If your government unit DID NOT offer h								
	the survey.								