

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

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



INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet.
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. 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 1-888-206-8023 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 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

Please respond for the government unit identified on the cover sheet. 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 Section B, Question 1a**

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

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

Please provide, in remarks section on Page 8, the general user information to access brochures, if needed and available.

671

1 Yes - Please provide website address in Section G on Page 8

2 No

Section B - EMPLOYMENT CHARACTERISTICS

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

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

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

740

All employees

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

b. How many of these employees were ELIGIBLE for at least one health plan through your government unit in 2016?

201

Eligible employees

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

202

Enrolled employees

2a. For the same TYPICAL pay period in 2016, how many employees reported in Question 1a worked part-time?

If none, enter "0".

759

Part-time employees

If your government unit did not offer health insurance in 2016, **SKIP to Page 4, 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

Continue with Page 4, Question 3

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Section B - EMPLOYMENT CHARACTERISTICS - Continued

3. How many of the employees reported in Question 1a worked less than 30 hours per week?

742 [] Employees worked less than 30 hours

743 [] No employees worked less than 30 hours

If your government unit did not offer health insurance in 2016, SKIP to Question 5a.

4. If your government unit offered health insurance, 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 2016.

Estimates are acceptable.

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

5a. 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?

016 [] Women employees

If none, enter "0".

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

017 [] Employees 50 years old or older

If none, enter "0".

d. For the employees at this government unit in 2016, approximately what percentage earned -

If none, enter "0".

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 \$28.50 per hour? Approximately \$24,000 to \$59,000 a year

023 [] Earned between \$11.50 and \$28.50 per hour

More than \$28.50 per hour? Approximately \$59,000 a year or more

024 [] Earned more than \$28.50 per hour

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

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

Approximately \$93,000 a year or more

If none, enter "0".

Continue with Page 5, Section C

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Section E - GENERAL HEALTH COVERAGE CHARACTERISTICS - Continued

2. Were employees' SPOUSES eligible for health insurance coverage through your government unit?

- 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

3. Did your government unit offer health insurance coverage to UNMARRIED domestic partners?

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

Section F - 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. See the definition sheet MEPS-20(D) included with this package for an explanation of these terms.

1. Did your government unit or some other government unit provide health insurance coverage to any person who retired from your government unit 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 8, Section G.
551 2 [] No
3 [] Don't know } SKIP to Page 8, Section G

2. In a typical month, how many retirees were enrolled in health insurance through your government unit?

513 [][][][][][][][] Number of retirees enrolled

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Continue with Page 7, Question 3a

500 Remarks

500 Remarks

INFORMATIONAL COPY
NOT TO BE USED TO REPORT

***** PLEASE NOTE *****

If your government unit offered health insurance, please complete Section G and an attached MEPS-11C(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

212 Name (Please print) 213 Title (Please print)

215	Area code	Number	220	Extension	214	MM	DD	YYYY	
	□ □ □	- □ □ □ □	-	□ □ □ □ □		□ □	□ □	□ □ □ □	

670 Brochure Website address

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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