

Medical Expenditure Panel Survey
Insurance Component

2020 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
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

TO COMPLETE THIS SURVEY ONLINE

Visit: <https://portal.census.gov>

Authentication Code:

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

29190014



INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet.
2. Please report data for the year **2020**.
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 the Summary of Benefits and Coverage or other plan brochures** describing the benefits offered by each of your plans.
8. For assistance completing this survey, please log-in to your Census Bureau account at <https://portal.census.gov> and send us a secure message **OR** call the customer help line at 1-888-206-8023, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time.

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

Please respond for the government unit identified on the cover sheet. Respond for **ACTIVE** employees only.

1 In 2020, did your government unit offer any health insurance plans to its **ACTIVE** employees?

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 4a**

2 During the 2020 plan year, how many different health insurance plan choices did your government unit offer to its **ACTIVE** employees?

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.

003

 Health insurance plan choices

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

Please provide, in remarks section on Page 9, the general user information to access brochures, if needed and available.

671

1 ☐ Yes – Please provide website in 'Brochure Website Address' Section on Page 9.

2 ☐ No

EMPLOYMENT CHARACTERISTICS

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

Exclude:

- Former employees
- Leased or contract workers
- Retirees

4 a. How many employees were on your government unit's payroll for a typical pay period?

740

 All employees

782

☐ No employees – **SKIP to Page 9** to complete form.

If your government unit did not offer health insurance in 2020, **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**

Report Online - Do Not Return

EMPLOYMENT CHARACTERISTICS – Continued

5 a. 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 2020, **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 2020, **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 2020.
Estimates are acceptable.

8 a. 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

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

017

 %

Employees 50 years old or older

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

Less than \$13.00 per hour?

022

Approximately \$27,040 a year or less

 %

Earned less than \$13.00 per hour

Between \$13.00 and \$31.00 per hour?

023

Approximately \$27,040 to \$64,480 a year

 %

Earned between \$13.00 and \$31.00 per hour

More than \$31.00 per hour?

024

Approximately \$64,480 a year or more

 %

Earned more than \$31.00 per hour

1 0 0 %

e. For the employees at this government unit, how many earned more than \$49.00 per hour?

726

 ,

Number of employees that earned more than \$49.00 per hour

Approximately \$101,920 a year or more

Continue with **9**

FRINGE BENEFITS CHARACTERISTICS

9 Did your government unit offer the following fringe benefits to its employees?

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

Critical illness insurance is a special form of insurance that pays the policyholder a lump-sum, tax-free payment if they suffer from serious illnesses, including but not limited to cancer, heart attack, kidney failure and stroke.

	Yes (1)	No (2)	Don't know (3)
050 Paid vacation.	☐	☐	☐
051 Paid sick leave	☐	☐	☐
052 Life insurance	☐	☐	☐
053 Disability insurance	☐	☐	☐
795 Critical illness insurance	☐	☐	☐
054 Retirement/pension plans	☐	☐	☐

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

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

	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 government unit offered health insurance, continue with **11**.

If your government unit DID NOT offer health insurance, SKIP to **16**.

HEALTH INSURANCE EXCHANGE

11 Did your government unit offer health insurance to active employees through a private exchange (also known as a corporate exchange)?

A private exchange is created by a consulting company, insurance carrier, or other private organization and 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

Continue with **12a**

12 a. Which of the listed optional coverage services, if any, did your government unit offer to its active employees, at a premium SEPARATE from the comprehensive health plan premium?

Long-term care insurance helps to cover the cost of institutional and home care required by the chronically ill or disabled.

195 Long-term care.

562 ☐ No optional coverage – **SKIP to 13**

b. What was the total amount paid for optional coverage for all active employees during a TYPICAL MONTH?

720

\$ _____ .00

Monthly total optional coverage cost

13 Did your government unit impose a waiting period before new employees could be covered by health insurance?

197

1 ☐ Yes

2 ☐ No

3 ☐ Don't know

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

745

5 ☐ All spouses eligible, **HIGHER** employee contribution paid if spouse eligible through own employer.

6 ☐ All spouses eligible, **SAME** employee contribution.

7 ☐ All spouses eligible, don't know employee contribution.

2 ☐ Limited spouses eligible, only if not offered by own employer.

3 ☐ No spouses eligible.

4 ☐ Don't know

15 Did your government unit 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 16



RETIREE HEALTH COVERAGE CHARACTERISTICS

For Questions 16 through 18i, if the answer is **NONE**, please enter "0".

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.

- 16** Did your government unit or some other government unit provide health insurance coverage to any person who retired in 2020 OR BEFORE, or to any of their survivors?

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

551 1 ☐ Yes - This government unit - Continue with **17**

4 ☐ Yes - Another government unit ↗

672

Name of other government unit

Continue with **17 if information is available. Otherwise, SKIP to Page 9 to complete form.**

551

2 ☐ No

3 ☐ Don't know

SKIP to Page 9 to complete form.

- 17** In a typical month, how many retirees were enrolled in health insurance through your government unit?

513

Number of retirees enrolled

Continue with **18a**



If this was a self-insured plan, report the premium equivalent.

AGE 65 OR OLDER

18

- 628
- | | | |
|---|--------------------------|------------|
| 1 | ☐ | Yes |
| 2 | ☐ | No |
| 3 | ☐ | Don't know |

SKIP to second column

629

1	☐	Yes
2	☐	No
3	☐	Don't know

SKIP to
19a

- 572  Total under 65

- 573

			%
--	--	--	---

 Percent of
under 65
enrolled
in single

- 574 \$.00

- 651

- 575 \$. .00

- 576 \$.00

652

- 577 \$.00

For Questions 19a through 19c, NEW RETIREES refers only to persons who retired from your government unit in 2020. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

19

- 630
- | | | |
|---|--------------------------|-------------------------|
| 1 | ☐ | Yes – Continue with 19b |
| 2 | ☐ | No |
| 3 | ☐ | Don't know |
- SKIP to**

SKIP to Page 9 to complete form.

- 631 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

- 632 1 ☐ Yes 2 ☐ No 3 ☐ Don't know

Continue with Page 9 to complete form

500 Remarks

PERSON COMPLETING THIS QUESTIONNAIRE

212	Name (Please print)	213	Title (Please print)
	<input type="text"/>		<input type="text"/>
215	Area code Number 220 Extension	214	MM DD YYYY
	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
217	Email		
	<input type="text"/>		

BROCHURE WEBSITE ADDRESS

670 Brochure Website address

*** PLEASE NOTE ***

If your government unit offered health insurance, please complete the attached MEPS-11C(S), Plan Information Questionnaire, for all plans 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

