INSTRUCTIONS

1. Please report for the company identified on the cover sheet, unless otherwise specified.

A COMPANY, for the purposes of this study, is a business with its own management and legal structure. A company represents the entire organization, including the headquarters and all divisions, subsidiaries, and branches within the organizational family.

2. Please report data for the year 2021.

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. 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 at , Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time.

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.

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**

1. **Are you reporting for your entire company?**

   - Yes – **SKIP to 2a**
   - No – Continue with 1b

2. **If you are reporting for a portion of your total company, approximately what percentage of the company’s total 2021 employment are you reporting?**

   - Company employment

   *Briefly explain*

   **EXAMPLE:**

   - 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.

3. **In 2021, did your company offer any health insurance plans to its ACTIVE employees?**

   - Yes – Continue with 2b
   - No – **SKIP to 3a**

4. **During the 2021 plan year, how many different health insurance plan choices did your company offer to its ACTIVE employees at a TYPICAL location?**

   - Health insurance plan choices at a typical location

   *Report for a single establishment within your company which you think offered a "TYPICAL" array of health insurance plans.*

   *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.
### EMPLOYMENT CHARACTERISTICS

Estimates are acceptable for all employment, eligibility, and enrollment figures. For Questions 3a through 9b, if the answer is **NONE**, please enter "0".

<table>
<thead>
<tr>
<th>Include:</th>
<th>Exclude:</th>
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<tbody>
<tr>
<td>Corporate officers and managers</td>
<td>Former employees</td>
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<tr>
<td>Employees on the payroll for your company, including:</td>
<td>Workers leased or contracted FROM other companies</td>
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<tr>
<td>those who work off-site</td>
<td>Retirees</td>
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<tr>
<td>those who are leased or contracted TO other companies</td>
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<tr>
<td>Full-time and part-time employees</td>
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<tr>
<td>Owners</td>
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<td>Temporary and seasonal employees</td>
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#### Question 3
**In 2021, what was the total number of employees your company had at ALL locations for a typical pay period?**

If your company did not offer health insurance in 2021, **SKIP** to 4a.

#### Question 4
**For the same TYPICAL pay period, how many of the employees reported in Question 3a worked part-time?**

If your company did not offer health insurance in 2021, **SKIP** to 5.

#### Question 5
How many of the employees reported in Question 3a worked fewer than 30 hours per week?

#### Question 6
**What was the minimum number of hours per week that an employee had to work in order to be eligible for health insurance?**

If your company did not offer health insurance in 2021, **SKIP** to 8a.

Continue with [7](#)
EMPLOYMENT CHARACTERISTICS – Continued

7. Of the active employees enrolled in a health insurance plan your company offered, what percentage were ENROLLED in each of the following provider arrangements?

- **Exclusive providers** – Enrollees must go to in-network providers associated with the plan for all non-emergency care in order for the costs to be covered.
- **Any providers** – Enrollees may go to providers of their choice with no cost incentive to use a particular group of providers. This is also known as an indemnity plan.
- **Mixture of preferred and any providers** – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

8. Provide information for a TYPICAL pay period in 2021. Estimates are acceptable.

8a. Approximately what percentage of the total employees at your company were union members?

8b. Approximately what percentage of the total employees at your company were women?

8c. Approximately what percentage of the total employees at your company were 50 years old or older?

8d. For the employees at your company, approximately what percentage earned:

- Less than $13.50 per hour?
- Between $13.50 and $32.00 per hour?
- More than $32.00 per hour?

8e. For the employees at your company, approximately how many earned more than $50.50 per hour?

9a. For the employees at your company, what percentage are able to do their jobs by teleworking if necessary?

   Necessary - Due to pandemic, inclement weather or other circumstances that make it difficult or inadvisable to work in the office.

   Estimates are acceptable. Include all position types.

9b. For the employees at your company, what percentage telework on a regular basis?

   For example, once a week, once a pay period, monthly, etc.

   Estimates are acceptable. Include all position types.
EMPLOYMENT CHARACTERISTICS – Continued

10 For this question, please respond for the PRIOR year: In 2020, did your company have a net change in the number of active employees in response to the Coronavirus pandemic or related economic conditions?

☐ Yes, net increase
☐ Yes, net decrease
☐ No net change in number of active employees
☐ Don’t know

FRINGE BENEFITS CHARACTERISTICS

For the remaining questions, please respond for 2021.

11 Did your company 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.

- Paid vacation
- Paid sick leave
- Life insurance
- Disability insurance
- Critical illness insurance
- Retirement/pension plans
- Employee contributions to health insurance made on a pre-tax basis
- Flexible Spending Accounts (FSA) for healthcare
- Full cafeteria plans that offer employees a set of benefits from which to choose

TAX-ADVANTAGED BENEFITS

- Employee contributions to health insurance made on a pre-tax basis
- Flexible Spending Accounts (FSA) for healthcare
- Full cafeteria plans that offer employees a set of benefits from which to choose

PRIVATE HEALTH INSURANCE EXCHANGES

Complete only if your company offered insurance. Otherwise, SKIP to 14a.

13 Did your company offer health insurance to active employees through a private exchange (also known as a corporate exchange)?

- Yes
- No
- Don’t know
### General Health Coverage Characteristics

14. Did your company offer any of the listed optional coverage services at a premium SEPARATE from the comprehensive health plan to its active employees?

- **Yes**
- **No**
- **Don’t know**

   - Dental: 
   - Vision: 
   - Prescription drugs: 
   - Long-term care:

   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.

15. Did your company impose a waiting period before new employees could be covered by health insurance?

- **Yes**
- **No**
- **Don’t know**

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

- **Yes**
- **No**
- **Don’t know**

17. Were employees’ spouses eligible for health insurance coverage through your company?

- **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**

18. Did your company offer health insurance coverage to UNMARRIED domestic partners?

- **Same sex domestic partners**
- **Opposite sex domestic partners**

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**Continue with 19**
**RETIREE HEALTH COVERAGE CHARACTERISTICS**

For Questions 20 through 21g, 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.

<table>
<thead>
<tr>
<th>Question</th>
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| 19. Did your company provide health insurance coverage to any person who retired in 2021 OR BEFORE, or to any of their survivors?  
If COBRA was the only coverage offered, mark "No." |
| 20. In a typical month, how many retirees were enrolled in health insurance through your company? |

<table>
<thead>
<tr>
<th>UNDER 65 YEARS OF AGE</th>
<th>AGE 65 OR OLDER</th>
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<tr>
<td>a. Were any of the enrolled retirees reported in Question 20, under 65 years of age or age 65 or older?</td>
<td>b. In a typical month, what was the TOTAL number of retirees, by age category, enrolled in health insurance through your company?</td>
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<td>Yes</td>
<td>No</td>
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<td>2</td>
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| 21. a. Were any of the enrolled retirees reported in Question 20, under 65 years of age or age 65 or older?  
| b. In a typical month, what was the TOTAL number of retirees, by age category, enrolled in health insurance through your company?  
| c. What percentage of these retirees, by age category, were ENROLLED in SINGLE coverage?  
| d. For a typical plan, how much did the EMPLOYER contribute, by age category, toward the monthly plan premium for one typical retiree with SINGLE coverage?  
| e. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with SINGLE coverage?  
| f. For a typical plan, how much did the EMPLOYER contribute, by age category, toward the monthly plan premium for one typical retiree with FAMILY coverage?  
| g. For this same plan, what was the TOTAL monthly premium, by age category, for this typical retiree with FAMILY coverage? |

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RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

NEW RETIREES

For Questions 22a through 22c, NEW RETIREES refers only to persons who retired from your company in 2021. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

22a. Did your company offer health insurance to any NEW RETIREES?

22b. Were NEW RETIREES under 65 years of age eligible for health insurance?

22c. Were NEW RETIREES age 65 or older eligible for health insurance?

500 Remarks

PERSON COMPLETING THIS QUESTIONNAIRE

Name (Please print)

Title (Please print)

Area code Number Extension

MM DD YYYY

Email

*** PLEASE NOTE ***

If your company offered health insurance, please complete the attached MEPS-15(S), Plan Information Questionnaire, for each plan offered (up to four plans).

If your company DID NOT offer health insurance, SKIP to the attached MEPS-15(E), Establishment Worksheet.

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS