

Medical Expenditure Panel Survey  
Insurance Component

# 2022 HEALTH INSURANCE COST STUDY



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**

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## INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2022**.
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. Factors such as company size, complexity, and activity will affect your actual time to complete the survey. You may email comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: [MEPSPROJECTDIRECTOR@ahrg.hhs.gov](mailto:MEPSPROJECTDIRECTOR@ahrg.hhs.gov). 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** In 2022, did your organization offer any health insurance plans to its **ACTIVE** employees at this location?

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** During the 2022 plan year, how many different health insurance plan choices did your organization offer to its **ACTIVE** employees at this location?

- 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.
- Do not count single service plans (optional plans) such as dental or vision.

- 003  Health insurance plan choices at this location

### PRIOR YEAR

**3** In 2021, did your organization offer any health insurance plans to its **ACTIVE** employees at this location?

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

**4** In 2021, did your organization have a net change in the number of active employees in response to the Coronavirus pandemic or related economic conditions at this location?

- 798 1  Yes, net increase
- 2  Yes, net decrease
- 3  No net change in number of active employees
- 4  Don't know

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Continue with **5**

## EMPLOYMENT CHARACTERISTICS

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

For Questions 5 through 12b, if the answer is **NONE**, please enter "0".

**Include:**

- Corporate officers and managers
- Employees on the payroll for this location, including:
  - those who work off-site
  - those who are leased or contracted TO other organizations
- Full-time and part-time employees
- Owners
- Temporary and seasonal employees

**Exclude:**

- Former employees
- Workers leased or contracted FROM other organizations
- Retirees

**5** In 2022, what was the total number of employees your organization had at ALL locations for a typical pay period? 034  Employees at all locations

**Complete Questions 6a through 22 for the location listed on the cover sheet.**

**6 a.** How many employees were on your organization's payroll AT THIS LOCATION for a typical pay period? 200  All employees at this location

If your organization did not offer health insurance in 2022, **SKIP** to **7a**.

**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

**7 a.** For the same **TYPICAL** pay period, how many of the employees reported in Question 6a worked part-time? 203  Part-time employees

If your organization did not offer health insurance in 2022, **SKIP** to **8**.

**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

**8** How many of the employees reported in Question 6a worked fewer than 30 hours per week? 742  Employees worked fewer than 30 hours

743  No employees worked fewer than 30 hours.

**9** Is the information you provided in Questions 6 through 8 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 2022, **SKIP** to **11a**.

**Continue with 10**

### EMPLOYMENT CHARACTERISTICS - Continued

**10** 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 2022.  
Estimates are acceptable.

**11** a. 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?

016

Women employees

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

017

Employees 50 years old or older

d. For the employees at this location, approximately what percentage earned:

**Less than \$14.50 per hour?**

Approximately \$30,160 a year or less . . . . .

022

Earned less than \$14.50 per hour

**Between \$14.50 and \$34.00 per hour?**

Approximately \$30,160 to \$70,720 a year . . . . .

023

Earned between \$14.50 and \$34.00 per hour

**More than \$34.00 per hour?**

Approximately \$70,720 a year or more . . . . .

024

Earned more than \$34.00 per hour

**100 %**

e. For the employees at this location, approximately how many earned more than \$53.50 per hour?

Approximately \$111,280 a year or more

726

Number of employees that earned more than \$53.50 per hour

**12** a. For the employees at this location, 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.

797

Employees able to do their jobs by teleworking if necessary

b. For the employees at this location, 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.

796

Employees teleworking on a regular basis

Continue with **13**

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## FRINGE BENEFITS CHARACTERISTICS

**13 Did your organization offer the following fringe benefits to its employees at this location?**

*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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
051 Paid sick leave . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
052 Life insurance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
053 Disability insurance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
795 Critical illness insurance . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
054 Retirement/pension plans . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## TAX-ADVANTAGED BENEFITS

**14 Did your organization offer any of these tax-advantaged benefits to its employees at this location?**

*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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
056 Flexible Spending Accounts (FSA) for healthcare . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057 Flexible Benefits Plans . . . . . Full cafeteria plans that offer employees a set of benefits from which to choose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If your organization offered health insurance, continue with 15.**  
**If your organization DID NOT offer health insurance, SKIP to 22.**

## HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS

**15 Did your organization 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

*If your organization has more than 100 employees at all locations, SKIP to 17a. Otherwise, continue with 16.*

**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**

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### GENERAL HEALTH COVERAGE CHARACTERISTICS

**17 a. Did your organization offer any of the listed optional coverage services at a premium SEPARATE from the comprehensive health plan to the active employees at this location?**

*Report for single service insurance plans only.*  
*Do not include 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.*

		Yes (1)	No (2)	Don't know (3)
192	Dental . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
193	Vision . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
194	Prescription drugs . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
195	Long-term care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
562	<input type="checkbox"/> No optional coverage – <b>SKIP to 18</b>			

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

*Include both employer and employee contributions.*

720  Monthly total optional coverage cost

**18 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, **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

**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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
731	Opposite sex domestic partners . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22 Did your organization offer an Individual Coverage Health Reimbursement Arrangement (ICHRA) or Qualified Small Employer Health Reimbursement Arrangement (QSEHRA)?**

*ICHRA/QSEHRA are not traditional HRAs. If only a traditional HRA was offered, select, 'No, did not offer either arrangement.'*  
*See the definition sheet MEPS-20(D) included with this package for an explanation of these terms.*

794

1  Yes, offered ICHRA

2  Yes, offered QSEHRA

3  No, did not offer either arrangement

4  Don't know

**Continue with 23**

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## RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete Questions 23 through 25g for **ALL LOCATIONS**. 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.

**23** Did your organization provide health insurance coverage to any person who retired in 2022 OR BEFORE, or to any of their survivors?

- 551
- 1  Yes – Continue with **24**
- 2  No
- 3  Don't know

**SKIP to the bottom of page 9 to complete form.**

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

**24** In a typical month, how many retirees were enrolled in health insurance through your organization at all locations?

513  ,  Number of retirees enrolled

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

**25** a. Were any of the enrolled retirees, reported in Question 24, under 65 years of age or age 65 or older?

- UNDER 65 YEARS OF AGE**
- 628
- 1  Yes
- 2  No
- 3  Don't know

- AGE 65 OR OLDER**
- 629
- 1  Yes
- 2  No
- 3  Don't know

**SKIP to Age 65 or Older**

**SKIP to 26a**

b. In a typical month, what was the **TOTAL** number of retirees, by age category, enrolled in health insurance through your organization at all locations?

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 **EMPLOYER** contribute, by age category, toward the monthly plan premium for one typical retiree with **SINGLE** coverage?

574 \$  ,  .00

580 \$  ,  .00

e. For this same plan, what was the **TOTAL** monthly premium, by age category, for this typical retiree with **SINGLE** coverage?

575 \$  ,  .00

581 \$  ,  .00

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?

576 \$  ,  .00

582 \$  ,  .00

If premium varied by family size, report for a family of two.

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

577 \$  ,  .00

583 \$  ,  .00

**Continue with 26a**





# RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

## NEW RETIREES

For Questions 26a through 26c, NEW RETIREES refers only to persons who retired from your organization in 2022. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

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

630

- 1  Yes – Continue with **26b**
- 2  No
- 3  Don't know

**SKIP to the bottom of this page 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

500 Remarks

## PERSON COMPLETING THIS QUESTIONNAIRE

Name (Please print)

212

Title (Please print)

213

Area code      Number      220      Extension

215

MM      DD      YYYY

214

Email

217

### \*\*\* PLEASE NOTE \*\*\*

**If your organization offered health insurance, please complete the 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**

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