1999 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY
Establishment 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

RETURN TO

**U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN   47132-0001**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE COVER

INSTRUCTIONS

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

2. Please report data for **1999.**

3. Estimates are acceptable.

4. Refer to the Definition Sheet included with this package for explanation of unfamiliar terms.

5. If you have any questions or need assistance in completing the questionnaire, please call

Section A – NUMBER OF PLANS

Please respond for the location identified on the cover sheet unless otherwise specified.
*Respond for **active** employees only.*

1a. **Did your organization make available or contribute to the cost of any health insurance plans for its employees in 1999?**

For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.

001 1 ☐ Yes – *Continue with Question 1b*
     2 ☐ No – **SKIP to Section B**

b. **How many different health insurance choices did your organization make available or contribute to for its employees during the 1999 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 and family plans providing the same level of benefits count as one plan.
- High and standard options count as two plans.
- An HMO and a conventional plan count as two plans.

003 ☐ **SKIP to Page 4, Section C**

Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was NOT offered during 1999, otherwise; SKIP to Page 4, Section C.

1a. **Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 1994 and December 31, 1998?**

031 1 ☐ Yes – *Continue with Question 1b*
     2 ☐ No – **SKIP to Question 2**

b. **What was the last year your organization offered health insurance coverage to its employees at this location?**

032 **1 9 9** ☐ Last year offered

2. **In 1999, did your organization pay the medical or hospital bills of its employees directly, other than for workers' compensation and/or injuries suffered on the job?**

049 1 ☐ Yes
     2 ☐ No

3a. **Instead of providing a health plan in 1999, did your organization provide a voucher or stipend to its employees which could be used to purchase health insurance?**

045 1 ☐ Yes – *Continue with Question 3b*
     2 ☐ No – **SKIP to Page 4, Section C**

b. **Was this voucher or stipend to be used exclusively for health insurance or health care?**

046 1 ☐ Yes
     2 ☐ No

c. **What was the average value PER EMPLOYEE of this voucher or stipend at this location?**

047 $ ☐ ☐ ☐ , ☐ ☐ ☐ . 0 0 Voucher value

d. **How frequently was this voucher or stipend paid?**

Mark (X) only one.

048 1 ☐ Weekly
     2 ☐ Every 2 weeks
     3 ☐ Monthly
     5 ☐ Quarterly
     4 ☐ Yearly

Continue with Page 4, Section C

Section C – EMPLOYMENT CHARACTERISTICS

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

Include officers, owners, part-time, temporary and seasonal employees.

Exclude leased or contract workers.

1. **What was the total number of employees your organization had at ALL locations for a typical pay period in 1999?**

034 [ ] **Employees at all locations**

Complete questions 2–7 for the location listed on the cover sheet.

2a. **How many employees were on your organization's payroll AT THIS LOCATION for a typical pay period in 1999?**

200 [ ] **All employees at this location**

If your organization did not offer health insurance in 1999, SKIP to Question 3a.

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

3a. **For the same typical pay period in 1999, how many of the employees reported in C2a worked part-time?**

203 [ ] **Part-time employees**

If your organization did not offer health insurance in 1999, SKIP to Question 4a.

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

4a. **For the same typical pay period in 1999, how many of the employees reported in C2a were temporary or seasonal employees?**

206 [ ] **Temporary or seasonal employees**

If your organization did not offer health insurance in 1999, SKIP to Question 5.

b. **How many of these temporary or seasonal employees were eligible for at least one health plan through your organization?**

207 [ ] Eligible temporary or seasonal employees

c. **How many of these temporary or seasonal employees were enrolled in any health plan through your organization?**

208 [ ] Enrolled temporary or seasonal employees

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5. **Is the information you provided in questions 2, 3, and 4 above 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

Provide information for a typical pay period in 1999.

Estimates are acceptable.

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

6a. **What percentage of the employees at this location were women?**

016 [ ] % Women employees

b. **What percentage of the employees at this location were 50 years old or older?**

017 [ ] % Employees 50 years old or older

c. **What percentage of the employees at this location were union members?**

018 [ ] % Union members

d. **For the employees at this location in 1999, approximately what percentage earned –**

Less than $6.50 per hour? . . . .
Approximately $13,000 a year or less

022 [ ] % Earned less than $6.50 per hour

Between $6.50 and $15.00 per hour? . . . .
Approximately $13,000 to $30,000 a year

023 [ ] % Earned between $6.50 and $15.00 per hour

More than $15.00 per hour? . . . .
Approximately $30,000 a year or more

024 [ ] % Earned more than $15.00 per hour

7. **How many hours per week must an employee work to be considered full-time at this location?**

041 [ ] Hours

Continue with Page 6, Section D

Section D – BUSINESS CHARACTERISTICS

1a. Which of the following categories best describes the operational status of the establishment at this location at the end of 1999?

Mark (X) only one.

516
- 1 ☐ In operation
- 2 ☐ Temporarily or seasonally inactive
- 3 ☐ Ceased operation
- 4 ☐ Sold or leased to another operator

SKIP to Question 2a

Continue with Question 1b

b. During what month and year did this establishment's change in operational status occur?
Enter two digit numeric responses
Example: January 1999 – 01 1999

517

☐☐   **1 9** ☐☐
Mo.   Yr.

2a. Did your organization offer any of these fringe benefits to its employees at this location in 1999?

See Definition Sheet included with this package for explanation of benefits.

Mark (X) all that apply.

- 050 ☐ Paid vacation
- 051 ☐ Paid sick leave
- 052 ☐ Life insurance
- 053 ☐ Disability insurance
- 054 ☐ Retirement/pension plans
- 055 ☐ Medical savings accounts (MSAs)
- 056 ☐ Flexible spending accounts
- 057 ☐ Flexible benefit plan (Cafeteria Plan) *If marked, continue with Question 2b, otherwise **SKIP to Question 3.***
- 566 ☐ None of the above

b. If your organization offered a Flexible benefit plan (Cafeteria Plan), what was the average annual value of the plan, for a TYPICAL EMPLOYEE, at this location?

058

$ ☐☐ , ☐☐☐ . 0 0   Flexible benefit plan value

3. Which one of these categories BEST describes your type of business ownership?

Mark (X) only one.

062
- 1 ☐ S corporation
- 2 ☐ Corporation
- 3 ☐ Partnership
- 4 ☐ Sole proprietorship
- 5 ☐ Government (Federal, state, or local)
- 6 ☐ Joint venture or cooperative

4. Is this a not-for-profit business?

063
- 1 ☐ Yes
- 2 ☐ No

5. Which one of these categories BEST describes the principal business activity at this location?

If more than one apply, mark the category which generates the most revenue.

Mark (X) only one.

060
- 1 ☐ Retail trade
- 2 ☐ Personal services (e.g., beauty shops, dry cleaners)
- 3 ☐ Business services (e.g., advertising, computer processing)
- 4 ☐ Other services (e.g., legal and health services)
- 5 ☐ Manufacturing
- 6 ☐ Wholesale trade
- 7 ☐ Finance, insurance, or real estate
- 8 ☐ Transportation, communication, electric, gas, or sanitary services
- 9 ☐ Construction
- 10 ☐ Agriculture or forestry
- 11 ☐ Mining

6. Approximately how many years has your company been in business?

If your organization operates at more than one location, enter the number of years the parent company has been in business.

064

☐   Approximate number of years in business

If your organization DID offer health insurance coverage to its employees in 1999, continue with Page 7, Section E.
If your organization DID NOT offer health insurance coverage to its employees in 1999, SKIP to Page 8, Section F.

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Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS

Complete Section E if your organization made insurance available to its employees at this location in 1999.

Estimates are acceptable.

Please complete questions 1–3 for this location ONLY.

1. **What was the total annual cost of coverage for ALL hospital and/or physician plans offered AT THIS LOCATION in 1999?**

Include both employer and employee contributions.

*Include the total cost of coverage for all **active** employees at the location identified on the cover sheet.*

199 $ [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 0 0

Annual cost for hospital and/or physician plans

2a. **Which of the listed optional coverage services, if any, did your organization offer to its active employees in 1999 at a premium separate from the comprehensive plan premium?**

Do not include single services covered under a comprehensive health plan.

Report on single service insurance plans only.

Mark (X) all that apply.

192 ☐ Dental
193 ☐ Vision
194 ☐ Prescription drugs   } *Continue with Question 2b*
195 ☐ Long-term care
562 ☐ No optional coverage – **SKIP to Question 3a**

b. **What was the total amount paid for optional coverage for all active employees enrolled AT THIS LOCATION in 1999?**

196 $ [ ][ ] , [ ][ ][ ] , [ ][ ][ ] . 0 0

Optional coverage cost

3a. **For 1999, did your organization impose a waiting period before new employees could be covered by health insurance?**

197 1 ☐ Yes – *Continue with Question 3b*
     2 ☐ No – **SKIP to Question 4**

b. **For 1999, what was the typical waiting period?**

Mark (X) only one.

198 1 ☐ Less than 2 weeks
     2 ☐ 2 weeks to less than 1 month
     5 ☐ Until the first day of the next month
     3 ☐ 1–3 months
     4 ☐ More than 3 months

4. *Please complete questions 4–9 for ALL locations.*

In 1999, did your organization provide health insurance to any employees who retired from your organization?

If your organization did not have retirees, mark "No."

551 1 ☐ Yes – *Continue with Question 5a*
     2 ☐ No
     3 ☐ Don't know   } **SKIP to Page 8, Section F**

5a. **Were retirees under 65 years of age eligible to receive health insurance in 1999?**

209 1 ☐ Yes
     2 ☐ No

b. **Were retirees 65 years of age and over eligible to receive health insurance in 1999?**

210 1 ☐ Yes
     2 ☐ No

6. **How many RETIREE-ONLY hospital and/or physician plan choices did your organization offer in 1999?**

510 [   ] Retiree-only plans
     OR
511 ☐ None

7. **Did your organization offer its retirees at least one portable plan?**

A portable plan allows the retiree to obtain care in almost all localities within the country.

512 1 ☐ Yes
     2 ☐ No

Section E – GENERAL HEALTH COVERAGE CHARACTERISTICS – Continued

8a. What was the total number of retirees covered by health insurance through your organization at all of its locations in 1999?

513 [   ] Retirees covered by insurance

b. What percentage of these retirees were enrolled in single coverage?

554 [   ] % Retirees enrolled in single coverage

9a. For a typical plan in 1999, how much did the EMPLOYER contribute toward the monthly plan premium for ONE TYPICAL retiree with single coverage?

515 $ [,   . 0 0] Employer contribution

b. For this same plan, what was the total monthly premium for this typical retiree with SINGLE coverage?

514 $ [,   . 0 0] **Single coverage premium**

10a. For a typical plan in 1999, how much did the EMPLOYER contribute toward the monthly plan premium for ONE TYPICAL retiree with family coverage?

556 $ [,   . 0 0] Employer contribution

b. For this same plan, what was the total monthly premium for this typical retiree with FAMILY coverage?

For retirees, if premiums vary, report for a family of two.

555 $ [,   . 0 0] **Family coverage premium**

500 Remarks

Section F – PERSON COMPLETING THIS QUESTIONNAIRE

*** PLEASE NOTE ***

If your organization offered health insurance, please complete Section F and the attached MEPS-10(S), Plan Information Questionnaire for each plan offered.

If your organization DID NOT offer health insurance, please complete Section F and END the form.

212 Name *(Please print)*

213 Title

Signature

214 Date *(Month/Day/Year)*

M	M	D	D	Y	Y	Y	Y

215 Telephone number ( )

220 Extension

216 FAX number ( )

217 E-Mail address

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