

Medical Expenditure Panel Survey
Insurance Component

2025 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

29015013



INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year 2025.
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@ahrq.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 2025, 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 2025 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 2024, 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

Continue with **4**



EMPLOYMENT CHARACTERISTICS

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

For Questions 4 through 11b, 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

4 In 2025, 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 5a through 21 for the location listed on the cover sheet.

5 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 2025, **SKIP** to **6a**.

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

6 a. For the same **TYPICAL** pay period, how many of the employees reported in Question 5a worked part-time?

203

Part-time employees

If your organization did not offer health insurance in 2025, **SKIP** to **7**.

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

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

742

Employees worked fewer than 30 hours

743

☐

No employees worked fewer than 30 hours.

8 Is the information you provided in Questions 5 through 7 for the location listed on the cover sheet **OR** did you provide information for multiple locations?

550

☐

☐

Information for specified location

Information for multiple locations

If your organization did not offer health insurance in 2025, **SKIP** to **10a**.

Continue with **9**

EMPLOYMENT CHARACTERISTICS Continued

- 9 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 2025.
Estimates are acceptable.*

- 10 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 \$18.00 per hour?

022

Approximately \$37,440 a year or less.

 %

Earned less than \$18.00 per hour

Between \$18.00 and \$39.00 per hour?

023

Approximately \$37,440 to \$81,120 a year.

 %

Earned between \$18.00 and \$39.00 an hour

More than \$39.00 per hour?

024

Approximately \$81,120 a year or more.

 %

Earned more than \$39.00 per hour

1 0 0 %

- e. For the employees at this location, approximately how many earned more than \$61.50 per hour?**

726

 ,

Number of employees that earned more than \$61.50 per hour

Approximately \$127,920 a year or more

- 11 a. For the employees at this location, what percentage are able to do their jobs by teleworking if necessary?**

797

 %

Employees able to do their jobs by teleworking if necessary

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

Estimates are acceptable. Include all position types.

- b. For the employees at this location, what percentage telework on a regular basis?**

796

 %

Employees teleworking on a regular basis

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

Estimates are acceptable. Include all position types.

Continue with 12

FRINGE BENEFITS CHARACTERISTICS

12 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	☐	☐	☐
051 Paid sick leave	☐	☐	☐
052 Life insurance	☐	☐	☐
053 Disability insurance	☐	☐	☐
795 Critical illness insurance	☐	☐	☐
054 Retirement/pension plans	☐	☐	☐

TAX-ADVANTAGED BENEFITS

13 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 . .	☐	☐	☐
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 organization offered health insurance, continue with **14**.

If your organization DID NOT offer health insurance, SKIP to **21**.

HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS

14 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 **16a**. Otherwise, continue with **15**.

15 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 **16a**

Yes (1)	No (2)	Don't know (3)
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192 Dental.....

193 Vision

194 Prescription drugs

195 Long-term care

562 ☐ No optional coverage – **SKIP to 17**

720

\$

Include both employer and employee contributions.

197

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

723

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

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

Yes (1)	No (2)	Don't know (3)
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730 Same sex domestic partners.

731 Opposite sex domestic partners

794

- 1 ☐ Yes, offered ICHRA
- 2 ☐ Yes, offered QSEHRA
- 3 ☐ No, did not offer either arrangement
- 4 ☐ Don't know

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

Continue with 22

RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete Questions 22 through 24g 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.

- 22** Did your organization provide health insurance coverage to any person who retired in 2025 OR BEFORE, or to any of their survivors?

551

- 1 ☐ Yes – Continue with **23**
- 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."

- 23** 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.

- 24** a. Were any of the enrolled retirees, reported in Question 23, under 65 years of age or age 65 or older?

628

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

SKIP to Age 65 or Older

629

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't know

SKIP to 25a

- 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 **25a**

RETIREE HEALTH COVERAGE CHARACTERISTICS Continued

NEW RETIREES

For Questions 25a through 25c, **NEW RETIREES** refers only to persons who retired from your organization in 2025. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

25

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

630

- 1 ☐ Yes – Continue with **25b**
- 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

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MM DD YYYY

214

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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

