OMB No. 0935-0110: Approval Expires 2/29/2008

2005 Medical Expenditure Panel Survey
Insurance Component

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
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 OR
Fax to 1–800–447–4613

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet.
2. Please report data for the year **2005**.
3. Estimates are acceptable.
4. For an explanation of unfamiliar terms, refer to the 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. If you have any questions or need assistance in completing the questionnaire, please call 888-273-3878.

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 expect that it will take 45 minutes, on average, to complete the basic questionnaire. If you offered more than one plan, we expect it will take an additional 10 minutes per plan, on average. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. 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, Room 5030, 540 Gaither Road, Rockville, MD 20850. Please do not mail questionnaires to this address as it will delay data processing.

Section A – NUMBER OF PLANS

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

1a. Did your government unit make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2005?

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

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1 ☐ Yes – *Continue with Question 1b*
2 ☐ No – ***SKIP to MEPS-11(R), Section E, Question 2a***

b. How many different health insurance choices did your government unit make available or contribute to for its ACTIVE employees during the 2005 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, employee-plus-one, and family coverage 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 ☐ ***Continue with Section B***

500 REMARKS