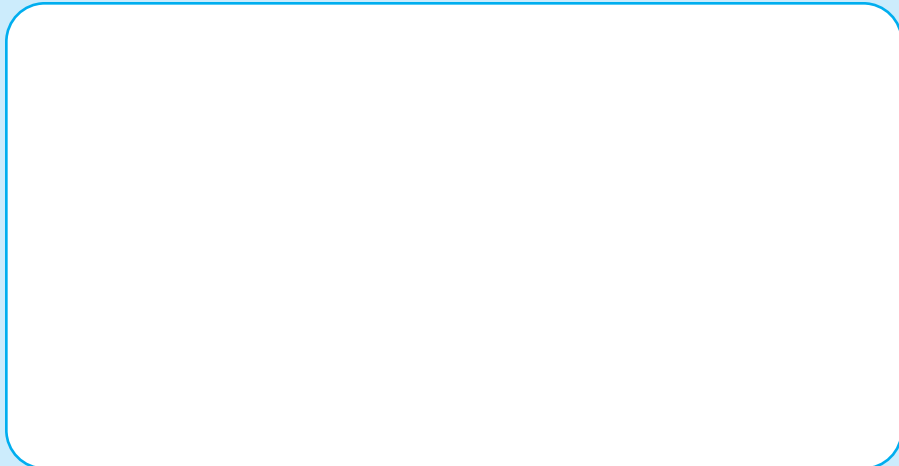


Medical Expenditure Panel Survey  
Insurance Component

# 2019 HEALTH INSURANCE COST STUDY



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

## INTERNET RESPONSE

You may respond to this survey via the Internet at the following secure web address:

**[econhelp.census.gov/meps](https://econhelp.census.gov/meps)**

Your Survey Key to access the Internet form is:

### **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 **2019**.
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. If you have any questions or need assistance in completing the questionnaire, please call  
or visit: **[econhelp.census.gov/meps](http://econhelp.census.gov/meps)**

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

Respond for **ACTIVE** employees only.

**1** Did your organization offer any health insurance plans to its **ACTIVE** employees at this location in 2019?

- 001 1  Yes – Continue with **2**
- 2  No – **SKIP to 3**

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

**2** How many different health insurance plan choices did your organization offer to its **ACTIVE** employees at this location during the 2019 plan year?

003  Health insurance plan choices at this location

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

**SKIP to 4**

- 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.

If your organization did **NOT** offer health insurance and has fewer than 50 full-time equivalent employees (see definition sheet, MEPS-20(D)) continue with Question 3. Otherwise, **SKIP to 4**.

**3** Did your organization offer a Qualified Small Employer Health Reimbursement Arrangement (QSEHRA) or a Small Business HRA to its employees?

- 783 1  Yes
- 2  No
- 3  Don't know

### PRIOR YEAR OFFERING

**4** In 2018, 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

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Continue with **5**

## EMPLOYMENT CHARACTERISTICS

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

For Questions 5 through 11e, if the answer is **NONE**, please enter "0".

**Include:**

- Officers
- Owners
- Full-time and part-time employees
- Temporary and seasonal employees

**Exclude:**

- Former employees
- Leased or contract workers
- Retirees

**5** What was the total number of employees your organization had at ALL locations for a typical pay period in 2019? 034  Employees at all locations

Complete Questions 6a through 11e 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 2019, **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 2019, **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 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

If your organization did not offer health insurance in 2019, **SKIP** to **11a**.

**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.

**Continue with 11a**

## EMPLOYMENT CHARACTERISTICS - Continued

Provide information for a TYPICAL pay period in 2019.  
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 \$12.50 per hour?** 022
- Approximately \$26,000 a year or less .....    % Earned less than \$12.50 per hour
- Between \$12.50 and \$30.50 per hour?** 023
- Approximately \$26,000 to \$63,000 a year .....    % Earned between \$12.50 and \$30.50 per hour
- More than \$30.50 per hour?** 024
- Approximately \$63,000 a year or more .....    % Earned more than \$30.50 per hour
- 1 0 0 %**
- 
- e. **For the employees at this location, approximately how many earned more than \$47.50 per hour?** 726
- Approximately \$99,000 a year or more    ,    Number of employees that earned more than \$47.50 per hour

## 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.*
- |     |                                | Yes<br>(1)               | No<br>(2)                | Don't<br>know<br>(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"/> |
| 054 | Retirement/pension plans ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Continue with 13**



**FRINGE BENEFITS CHARACTERISTICS - Continued**

**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<br>(1)               | No<br>(2)                | Don't<br>know<br>(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. . . . .<br>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 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, 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

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**Continue with 16a**



## RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete Questions 21 through 23g 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.

**21** Did your organization provide health insurance coverage to any person who retired in 2019 OR BEFORE, or to any of their survivors?

551

- 1  Yes – Continue with **22**
- 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."

**22** 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.

**23 a.** Were any of the enrolled retirees, reported in Question 22, under 65 years of age or age 65 or older?

628

- 1  Yes
- 2  No
- 3  Don't know

**SKIP to second column**

629

- 1  Yes
- 2  No
- 3  Don't know

**SKIP to 24a**

**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

For retirees, 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 24a**





# RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

## NEW RETIREES

For Questions 24a through 24c, NEW RETIREES refers only to persons who retired from your organization in 2019. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

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

630

- 1  Yes – Continue with **24b**
- 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

### \*\*\* 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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