

Medical Expenditure Panel Survey  
Insurance Component

# 2020 HEALTH INSURANCE COST STUDY Government Questionnaire



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 government unit identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2020**.
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 the customer help line at 1-888-273-3878, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time.

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 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, Mailstop 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 printed on the front page of this form.



### NUMBER OF PLANS

Respond for **ACTIVE** employees only.

**1** In 2020, did your government unit offer any health insurance plans to its **ACTIVE** employees?

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** During the 2020 plan year, how many different health insurance plan choices did your government unit offer to its **ACTIVE** employees?

003

Health insurance plan choices

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

- 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.

### PRIOR YEAR OFFERING

**3** In 2019, did your government unit offer any health insurance plans to its **ACTIVE** employees?

760

1  Yes – Offered

2  No – Not offered

3  Don't know

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Continue with **4a**

## EMPLOYMENT CHARACTERISTICS

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

For Questions 4a through 8e, if the answer is **NONE**, please enter "0".

**Include:**

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

**Exclude:**

- Former employees
- Leased or contract workers
- Retirees

**4 a. In 2020, how many employees were on your government unit's payroll for a typical pay period?**

740

All employees

782

No employees – **SKIP to Page 9** to complete form.

If your government unit did not offer health insurance in 2020, **SKIP to 5a**.

**b. How many of these employees were ELIGIBLE for at least one health plan through your government unit?**

201

Eligible employees

**c. How many of these employees were ENROLLED in any health plan through your government unit?**

202

Enrolled employees

**5 a. For the same TYPICAL pay period, how many employees reported in Question 4a worked part-time?**

759

Part-time employees

If your government unit did not offer health insurance in 2020, **SKIP to 6**.

**b. How many of these part-time employees were ELIGIBLE for at least one health plan through your government unit?**

204

Eligible part-time employees

**c. How many of these part-time employees were ENROLLED in any health plan through your government unit?**

205

Enrolled part-time employees

**6 How many of the employees reported in Question 4a worked fewer than 30 hours per week?**

742

Employees worked fewer than 30 hours

743

No employees worked fewer than 30 hours.

If your government unit did not offer health insurance in 2020, **SKIP to 8a**.

**7 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.

## EMPLOYMENT CHARACTERISTICS – Continued

Provide information for a *TYPICAL* pay period in 2020.  
Estimates are acceptable.

- 8** a. **Approximately what percentage of the employees at this government unit were union members?** 018
- |  |   |                  |
|--|---|------------------|
|  | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Union members    |
|  | <span style="float: right;">729</span> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/>   | No union members |
- 
- b. **Approximately what percentage of the employees at this government unit were women?** 016
- |  |   |                 |
|--|---|-----------------|
|  | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Women employees |
|--|---|-----------------|
- 
- c. **Approximately what percentage of the employees at this government unit were 50 years old or older?** 017
- |  |   |                                 |
|--|---|---------------------------------|
|  | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Employees 50 years old or older |
|--|---|---------------------------------|
- 
- d. **For the employees at this government unit, approximately what percentage earned**
- |   |     |   |   |
|---|-----|---|---|
| <b>Less than \$13.00 per hour?</b>                  | 022 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Earned less than \$13.00 per hour           |
| Approximately \$27,040 a year or less . . . . .     |     |   |   |
| <b>Between \$13.00 and \$31.00 per hour?</b>        | 023 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Earned between \$13.00 and \$31.00 per hour |
| Approximately \$27,040 to \$64,480 a year . . . . . |     |   |   |
| <b>More than \$31.00 per hour?</b>                  | 024 | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> % | Earned more than \$31.00 per hour           |
| Approximately \$64,480 a year or more . . . . .     |     |   |   |
|   |     | 1 0 0 %   |   |
- 
- e. **For the employees at this government unit, how many earned more than \$49.00 per hour?** 726
- |  |  |  |
|--|--|--|
|  | <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> | Number of employees that earned more than \$49.00 per hour |
| Approximately \$101,920 a year or more |  |  |

## FRINGE BENEFITS CHARACTERISTICS

- 9** **Did your government unit offer the following fringe benefits to its employees?**
- |   |     | Yes<br>(1)               | No<br>(2)                | Don't<br>know<br>(3)     |
|---|-----|--------------------------|--------------------------|--------------------------|
| <i>If Paid Time Off (PTO) is offered, mark (X) Yes for paid vacation AND paid sick leave.</i> | 050 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid vacation . . . . .   | 051 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Paid sick leave . . . . .   | 052 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Life insurance . . . . .  | 053 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability insurance . . . . .  | 795 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical illness insurance . . . . .  | 054 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Retirement/pension plans . . . . .  |     |                          |                          |                          |
- 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.*

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**Continue with 10**

**FRINGE BENEFITS CHARACTERISTICS – Continued**

**10 Did your government unit offer any of these tax-advantaged benefits to its employees?**

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 government unit offered health insurance, continue with 11.**  
**If your government unit DID NOT offer health insurance, SKIP to 17.**

**HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS**

**11 Did your government unit 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 government unit has more than 100 employees at all locations, SKIP to 13a. Otherwise, continue with 12.

**12 Did your government unit 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

**GENERAL HEALTH COVERAGE CHARACTERISTICS**

**13 a. Which of the listed optional coverage services, if any, did your government unit offer to its active employees, at a premium SEPARATE from the comprehensive health plan premium?**

Report single service insurance plans only.  
 Do not include single services covered under a comprehensive health plan.  
 Long-term care insurance helps to 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 14</b>			

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

Include both government unit and employee contributions.

720

\$    ,    ,    .

Monthly total optional coverage cost

**Continue with 14**

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### GENERAL HEALTH COVERAGE CHARACTERISTICS - Continued

**14** Did your government unit impose a waiting period before new employees could be covered by health insurance?

- 197
- 1  Yes
  - 2  No
  - 3  Don't know

**15** Were employees' SPOUSES eligible for health insurance coverage through your government unit?

- 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

**16** Did your government unit 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"/> |

### RETIREE HEALTH COVERAGE CHARACTERISTICS

For Questions 17 through 19g, 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.

**17** Did your government unit or some other government unit provide health insurance coverage to any person who retired in 2020 OR BEFORE, or to any of their survivors?

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

- 551
- 1  Yes - This government unit - Continue with **18**
  - 4  Yes - Another government unit ↴

672

Name of other government unit

**Continue with 18 if information is available. Otherwise, SKIP to Page 9 to complete form.**

- 551
- 2  No
  - 3  Don't know
- SKIP to Page 9 to complete form.**

**18** In a typical month, how many retirees were enrolled in health insurance through your government unit?

513  Number of retirees enrolled

Continue with **19a**

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## RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

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

### UNDER 65 YEARS OF AGE

### AGE 65 OR OLDER

**19 a.** Were any of the enrolled retirees reported in Question 18, 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 20a**

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

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 **GOVERNMENT UNIT** 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 **GOVERNMENT UNIT** 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

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Continue with **20a**



### RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

#### NEW RETIREES

For Questions 20a through 20c, NEW RETIREES refers only to persons who retired from your government unit in 2020. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

**20 a. Did your government unit offer health insurance to any NEW RETIREES?**

- 630
- 1  Yes – Continue with **20b**
  - 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

212 Name (Please print)

213 Title (Please print)

215 Area code      Number      220      Extension  
  -    -

214 MM      DD      YYYY

217 Email

**\*\*\* PLEASE NOTE \*\*\***  
**If your government unit offered health insurance, please complete the attached MEPS-11(S), Plan Information Questionnaire, for all plans offered. If your government unit DID NOT offer health insurance, you have completed the survey.**

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

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