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Medical Expenditure Panel Survey
Insurance Component

# 2025 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:

29185014

**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***

# INSTRUCTIONS

1. Please report for the government unit 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 the customer help line at 1-888-273-3878, Monday through Friday, 8:30 a.m. to 5:00 p.m. Eastern Time.

Title 13 U.S.C. Section 9(b) states "The confidential treatment of data for particular individuals and establishments, shall not apply to the censuses of governments provided for by subchapter III of chapter 5 of this title with respect to any information obtained therefore that is compiled from, or customarily provided in, public records." As such, the protections described in the following paragraph do not apply to information obtained from governments that is otherwise publicly available.

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 the confidentiality of your responses will be maintained. It may be seen only by individuals sworn to uphold U.S. Census Bureau confidentiality and may be used only for statistical purposes.

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## 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 government 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 government unit offer any health insurance plans to its ACTIVE employees?**

*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 government unit offer to its ACTIVE employees?**

- *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

## PRIOR YEAR

**3** **In 2024, 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

***Continue with*** **4a**

## EMPLOYMENT CHARACTERISTICS

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

*For Questions 4a through 9b, if the answer is **NONE**, please enter "0".*

***Include:***
- *Employees on the payroll for your government unit, including those who work off-site*
- *Full-time and part-time employees*
- *Temporary and seasonal employees*

***Exclude:***
- *Former employees*
- *Leased or contract workers*
- *Retirees*

**4 a. In 2025, how many employees were on your government unit's payroll for a typical pay period?**

740 ☐☐☐,☐☐☐ All employees

782 ☐ No employees - ***SKIP to bottom of Page 10*** *to complete form.*

*If your government unit did not offer health insurance in 2025,* ***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 2025,* ***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 2025,* ***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.

***Continue with*** **8a**

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## EMPLOYMENT CHARACTERISTICS – Continued

*Provide information for a TYPICAL pay period in 2025.*
*Estimates are acceptable.*

**8 a. Approximately what percentage of the employees at this government unit were union members?**

018 ___ % Union members

729 ☐ No union members

**b. Approximately what percentage of the employees at this government unit were women?**

016 ___ % Women employees

**c. Approximately what percentage of the employees at this government unit were 50 years old or older?**

017 ___ % Employees 50 years old or older

**d. For the employees at this government unit, approximately what percentage earned:**

**Less than $18.00 per hour?**
Approximately $37,440 a year or less . . . . . .
022 ___ % Earned less than $18.00 per hour

**Between $18.00 and $39.00 per hour?**
Approximately $37,440 to $81,120 a year . . . . . .
023 ___ % Earned between $18.00 and $39.00 an hour

**More than $39.00 per hour?**
Approximately $81,120 a year or more . . . . . .
024 ___ % Earned more than $39.00 per hour

1 0 0 %

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

Approximately $127,920 a year or more

726 ___,___ Number of employees that earned more than $61.50 per hour

**9 a. For the employees at this government unit, what percentage are 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.*

797 ___ % Employees able to do their jobs by teleworking if necessary

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

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

*Estimates are acceptable. Include all position types.*

796 ___ % Employees teleworking on a regular basis

***Continue with*** **10**

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## FRINGE BENEFITS CHARACTERISTICS

**10** **Did your government unit offer the following fringe benefits to its employees?**

*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

**11** **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 | ☐ | ☐ | ☐ |
| 056 | Flexible Spending Accounts (FSA) for healthcare | ☐ | ☐ | ☐ |
| 057 | Flexible Benefits Plans<br>Full cafeteria plans that offer employees a set of benefits from which to choose. | ☐ | ☐ | ☐ |

**If your government unit offered health insurance, continue with 12.**

**If your government unit DID NOT offer health insurance, SKIP to 18.**

## HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS

**12** **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 14a. Otherwise, continue with 13.*

**13** **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

***Continue with 14a***

## GENERAL HEALTH COVERAGE CHARACTERISTICS

**14 a. Did your government unit offer any of the listed optional coverage services at a premium SEPARATE from the comprehensive health plan to its active employees?**

*Report for single service insurance plans only.*

*Do not include 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 . . . . . | ☐ | ☐ | ☐ |
| 193 | Vision . . . . . | ☐ | ☐ | ☐ |
| 194 | Prescription drugs . . . . . | ☐ | ☐ | ☐ |
| 195 | Long-term care . . . . . | ☐ | ☐ | ☐ |

562 ☐ No optional coverage – ***SKIP*** *to* **15**

**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 $ ,, .00

Monthly total optional coverage cost

**15 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

**16 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

**17 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 . . . . . | ☐ | ☐ | ☐ |
| 731 | Opposite sex domestic partners . . . . . | ☐ | ☐ | ☐ |

***Continue with*** **18**

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## RETIREE HEALTH COVERAGE CHARACTERISTICS

*For Questions 19 through 20g, 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.*

**18** **Did your government unit or some other government unit provide health insurance coverage to any person who retired in 2025 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* **19**
4 ☐ Yes – Another government unit ↙

672 _____

*Name of other government unit*

***Continue with* 19 *if information is available. Otherwise, SKIP to Page 10 to complete form.***

551
2 ☐ No
3 ☐ Don't know

***SKIP to bottom of Page 10 to complete form.***

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

513 ___,___ Number of retirees enrolled

***Continue with* 20a**

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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 |
|---|---|---|---|
| **20 a.** | **Were any of the enrolled retirees reported in Question 19, 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 21a*** |
| **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?** *If premium varied by family size, report for a family of two.* | 576 $ ,,, .00 | 582 $ ,,, .00 |
| **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 21a***

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## RETIREE HEALTH COVERAGE CHARACTERISTICS – Continued

### NEW RETIREES

*For Questions 21a through 21c, NEW RETIREES refers only to persons who retired from your government unit in 2025. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.*

**21 a. Did your government unit offer health insurance to any NEW RETIREES?** 630

- 1 ☐ Yes – *Continue with* 21b
- 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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