

2009 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY

**INFORMATION COPY  
DO NOT USE TO REPORT**

*(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 location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2009**.
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

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 expect that it will take 45 minutes, on average, per establishment, to complete the basic questionnaire. Establishments with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of four plans to be reported. 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

Respond for **ACTIVE** employees only.

**1. Did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees at this location in 2009?**

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

- 001 1  Yes – Continue with Question 2  
2  No – **SKIP to Section B**

**2. How many different health insurance plan choices did your organization make available or contribute to for its ACTIVE employees at this location during the 2009 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  **SKIP to Page 4, Section C**

## Section B – HEALTH INSURANCE NOT OFFERED

Complete only if health insurance was **NOT** offered during 2009; otherwise, **SKIP to Page 4, Section C**.

**1. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 2004 and December 31, 2008?**

- 031 1  Yes – Continue with Question 2  
2  No – **SKIP to Page 4, Section C**

**2. What was the last year your organization offered health insurance coverage to its employees at this location?**

- 032     Last year offered

**Continue with Page 4, Section C**

## Section C – EMPLOYMENT CHARACTERISTICS

<p>Estimates are acceptable for all employment, eligibility, and enrollment figures.</p> <p><i>Include officers, owners, part-time, temporary and seasonal employees.</i></p> <p><i>Exclude former employees, leased or contract workers and retirees.</i></p> <p><b>1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2009?</b></p>	<p style="text-align: right;">034</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Employees at all locations</b></p>
<p><i>Complete questions 2–7 for <b>THE LOCATION</b> listed on the cover sheet.</i></p> <p><b>2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2009?</b></p>	<p style="text-align: right;">200</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>All employees at this location</b></p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2009, <b>SKIP to Question 3a.</b></i></p>
<p><b>b. How many of these employees were ELIGIBLE for at least one health plan through your organization?</b></p>	<p style="text-align: right;">201</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Eligible employees</b></p>
<p><b>c. How many of these employees were ENROLLED in ANY health plan through your organization?</b></p>	<p style="text-align: right;">202</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Enrolled employees</b></p>
<p><b>3a. For the same TYPICAL pay period in 2009, how many of the employees reported in question C2a worked part-time?</b></p>	<p style="text-align: right;">203</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Part-time employees</b></p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2009, <b>SKIP to Question 5.</b></i></p>
<p><b>b. How many of these part-time employees were ELIGIBLE for at least one health plan through your organization?</b></p>	<p style="text-align: right;">204</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Eligible part-time employees</b></p>
<p><b>c. How many of these part-time employees were ENROLLED in ANY health plan through your organization?</b></p>	<p style="text-align: right;">205</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Enrolled part-time employees</b></p>
<p><b>4. Did your organization offer health insurance to its temporary or seasonal employees at this location in 2009?</b></p> <p><i>Mark (X) only one.</i></p>	<p style="text-align: right;">564</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>4 <input type="checkbox"/> No temporary or seasonal employees</p> <p>3 <input type="checkbox"/> Don't know</p>
<p><b>5. Is the information you provided in questions 2 and 3 above for the location listed on the cover sheet OR did you provide information for multiple locations?</b></p>	<p style="text-align: right;">550</p> <p>1 <input type="checkbox"/> Information for specified location</p> <p>2 <input type="checkbox"/> Information for multiple locations</p> <p style="text-align: right;"><i>If your organization did not offer health insurance in 2009, <b>SKIP to Page 5, Question 7a.</b></i></p>
<p><b>6. If your company offered health insurance, what is the minimum number of hours per week that an employee must work in order to be eligible for health insurance?</b></p>	<p style="text-align: right;">626</p> <div style="border: 1px solid black; width: 80px; height: 20px; margin: 0 auto;"></div> <p style="text-align: right;"><b>Minimum hours</b> worked per week to be eligible</p> <p style="text-align: right;">721 <input type="checkbox"/> No minimum number of hours required</p>

**Section C – EMPLOYMENT CHARACTERISTICS – Continued**

*Provide information for a TYPICAL pay period in 2009.*

Estimates are acceptable.

The following workforce characteristics are used to group similar organizations together for analytical purposes.

*If none, enter "0".*

**7a. Approximately what percentage of the employees at this location were women?**

016  % Women employees

**b. Approximately what percentage of the employees at this location were 50 years old or older?**

017  % Employees 50 years old or older

**c. Approximately what percentage of the employees at this location were union members?**

018  % Union members

**d. For the employees at this location in 2009, approximately what percentage earned –**

**Less than \$11.00 per hour? . . . . .**  
Approximately \$22,880 a year or less

022  % Earned less than \$11.00 per hour

**Between \$11.00 and \$25.50 per hour? . . . . .**  
Approximately \$22,880 to \$53,040 a year

023  % Earned between \$11.00 and \$25.50 per hour

**More than \$25.50 per hour? . . . . .**  
Approximately \$53,040 a year or more

024  % Earned more than \$25.50 per hour

**Continue with Page 6, Section D**

**Section D – BUSINESS CHARACTERISTICS**

**1a. Did your organization offer the following fringe benefits to its employees at this location in 2009?**

	Yes (1)	No (2)	Don't know (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"/>

**b. Did your organization offer any of these tax-advantaged benefits to its employees at this location in 2009?**

*See the definition sheet included with this package for an explanation of these benefits.*

These benefits are also known as Section 125 Cafeteria plans.

	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) <i>For healthcare</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
057 Flexible Benefits Plans <i>Full cafeteria plan that offers employees a set of benefits from which to choose.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Approximately how many years has your organization been in business?**

*If your organization operates at more than one location, enter the number of years the parent company has been in business.*

588	1 <input type="checkbox"/> Less than 1 year	4 <input type="checkbox"/> 5–9 years
	2 <input type="checkbox"/> 1–2 years	5 <input type="checkbox"/> 10–19 years
	3 <input type="checkbox"/> 3–4 years	6 <input type="checkbox"/> 20 years or more

**If your organization DID offer health insurance coverage to its employees in 2009, continue to Page 7, Section E.**

**If your organization DID NOT offer health insurance coverage to its employees in 2009, SKIP to Page 8, Section F.**



## Section F – RETIREE HEALTH COVERAGE CHARACTERISTICS

Please complete questions 1–5 for **ALL LOCATIONS**.

Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws. See the definition sheet included with this package for an explanation of these terms.

**1. Does your organization provide health insurance coverage to any person who retired in 2009 OR BEFORE, or to any of their survivors?**

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

551  Yes – Continue with Question 2  
 No  
 Don't know } **SKIP to Page 10, Section G**

**2. In a typical month, how many retirees were enrolled in health insurance through your organization at all of its locations?**

513  Number of retirees enrolled

### UNDER 65 YEARS OF AGE

Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

If this was a Self-Insured Plan, report the premium equivalent.

**3a. Were any of the enrolled retirees, reported in Question F2, under 65 years of age?**

628  Yes – Continue with Question 3b  
 No – **SKIP to Page 9, Question 4a**

**b. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your organization at all of its locations?**

572  Number of retirees under 65 enrolled in health insurance

**c. What percentage of these retirees were ENROLLED in SINGLE coverage?**

573  % Retirees under 65 enrolled in single coverage

**d. For a typical plan in 2009, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574 \$  ,  .  0  0 **Employer contribution for single premium**

**e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?**

575 \$  ,  .  0  0 **Total single premium**

**f. For a typical plan in 2009, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

For retirees, if premium varied by family size, report for a family of two.

576 \$  ,  .  0  0 **Employer contribution for family premium**

**g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

577 \$  ,  .  0  0 **Total family premium**

**h. Did a typical plan provide coverage for outpatient prescription drugs for retirees under 65 years of age?**

724  Yes  
 No  
 Don't know

**Continue with Page 9, Question 4a**

**Section F - RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued**

**AGE 65 YEARS OR OVER**

*Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.*

*If this was a Self-Insured Plan, report the premium equivalent.*

**4a. Were any of the enrolled retirees, reported in Question F2, 65 years of age or over?**

629 1  Yes – Continue with Question 4b  
2  No – **SKIP to Question 5a**

**b. In a typical month, how many retirees 65 years of age or over were enrolled in health insurance through your organization at all of its locations?**

578  Number of retirees 65 or over enrolled in health insurance

**c. What percentage of these retirees were ENROLLED in SINGLE coverage?**

579  % Retirees 65 or over **enrolled in single** coverage

**d. For a typical plan in 2009, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

580 \$  ,  .  0  0 **Employer** contribution for **single** premium

**e. For this same plan, what was the TOTAL monthly premium for this typical retiree with SINGLE coverage?**

581 \$  ,  .  0  0 **Total single** premium

**f. For a typical plan in 2009, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

*For retirees, if premium varied by family size, report for a family of two.*

582 \$  ,  .  0  0 **Employer** contribution for **family** premium

**g. For this same plan, what was the TOTAL monthly premium for this typical retiree with FAMILY coverage?**

583 \$  ,  .  0  0 **Total family** premium

**h. Did a typical plan provide coverage for outpatient prescription drugs for retirees 65 years of age or over?**

725 1  Yes  
2  No  
3  Don't know

**NEW RETIREES**

*For questions 5a through 5c, NEW RETIREES refers only to persons who retired from your organization in 2009.*

*Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.*

**5a. Did your organization offer health insurance to any NEW RETIREES?**

630 1  Yes – Continue with Question 5b  
2  No  
3  Don't know } **SKIP to Page 10, Section G**

**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 65 years of age or over eligible for health insurance?**

632 1  Yes  
2  No  
3  Don't know

**Continue with Page 10, Section G**

500 Remarks

**Section G - PERSON COMPLETING THIS QUESTIONNAIRE**

**\*\*\* PLEASE NOTE \*\*\***

**If your organization offered health insurance, please complete Section G and an attached MEPS-10(S), Plan Information Questionnaire, for each plan offered up to four.**

**If your organization DID NOT offer health insurance, please complete Section G and END the form.**

212 Name (Please print)

213 Title

Signature

214 Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
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215 Telephone number  
( )

220 Extension

216 FAX number  
( )

217 E-Mail address