OMB No. 0935-0110: Approval Expires 12/31/2014

2013 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

INTERNET RESPONSE

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

https://respond.census.gov/meps11

Your **Survey Key** to access the Internet form is:

RETURN TO

U.S. Census Bureau
1201 East 10th Street
Jeffersonville, IN 47132-0001 OR
Fax to 1–800–447–4613

29063013

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. Report data for the year **2013.**

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 copy of this completed form for your records.

7. In addition to the completed questionnaire, **please include a copy of each of your health insurance plan brochures** describing the benefits offered, or a copy of the benefits sheet summarizing the benefits offered by each of your plans.

8. If you have any questions or need assistance in completing the questionnaire, please call 1-888-206-5068.

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 U.S. Census Bureau, the Agency for Healthcare Research and Quality, and their authorized researchers and contractors.

29063021

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. If the enclosed mailing envelope has been misplaced, please use address on front page of form to return questionnaire.

Section A – NUMBER OF PLANS

Please respond for the government unit identified on the cover sheet.

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 2013?

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

001
1 ☐ Yes – *Continue with Question 1b*
2 ☐ No – ***Complete contact information below then SKIP to MEPS-11C(R), Section C***

b. How many different health insurance plan choices did your government unit make available or contribute to for its ACTIVE employees during the 2013 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 from the same insurance company count as TWO plans.

003 ☐ Number of health plans offered

c. Are health benefits brochures for those plans available on a website?

Please provide, in remarks section below, the general user information to access brochures, if needed and available.

671
1 ☐ Yes – *Please provide website address below*
2 ☐ No – ***Complete contact information below then CONTINUE with MEPS-11C(S), Section B***

500 Remarks

CONTACT INFORMATION – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name *(Please print)*	213 Title *(Please print)*
Signature	217 Email *(Please print)*

215 Telephone number	220 Extension	216 Fax
–		–

670 Brochure Website address	214 Date *(Month/Day/Year)*
http: //	2 0

29063039

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS