

2015 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Company 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 secure web address:

econhelp.census.gov/meps

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**

PLEASE RETURN ENTIRE PACKAGE WITHIN

PLEASE DO NOT REMOVE THIS COVER SHEET

INSTRUCTIONS

1. Please report for the company identified on the cover sheet, unless otherwise specified.

A COMPANY, for the purposes of this study, is a business with its own management and legal structure. A company represents the entire organization, including the headquarters and all divisions, subsidiaries, and branches within the organizational family.

2. Please report data for the year **2015**.
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 1-888-206-8023 or visit 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 expect that it will take 45 minutes, on average, per company, to complete the basic questionnaire. Companies 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 5220, 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

1a. Are you reporting for your entire company?

- 535 1 Yes - **SKIP to Question 2a**
- 2 No - Continue with Question 1b

b. If you are reporting for a portion of your total company, approximately what percentage of the company's total 2015 employment are you reporting?

528 % Company employment

Briefly explain

529

Respond for **ACTIVE** employees only.

2a. Did your company make available or contribute to the cost of any health insurance plans for its ACTIVE employees in 2015?

- 001 1 Yes - Continue with Question 2b
- 2 No - **SKIP to Page 4, Section B**

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

b. How many different health insurance plan choices did your company make available or contribute to for its ACTIVE employees at a TYPICAL location during the 2015 plan year?

003 Health insurance plan choices at a typical location

Report for a single establishment within your company which you think offered a "TYPICAL" array of health insurance plans.

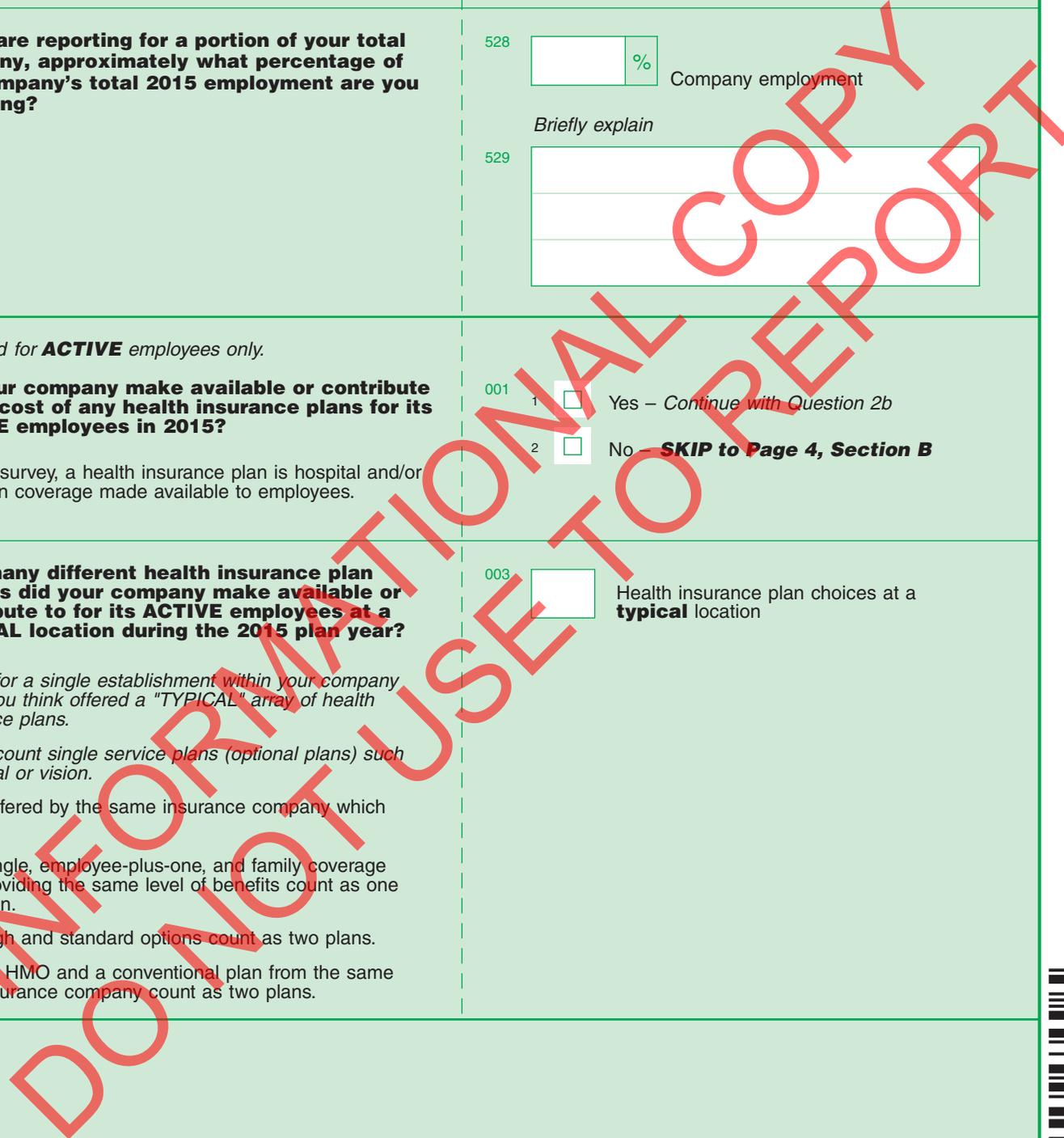
Do not count single service plans (optional plans) such as dental or vision.

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.

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Continue with Page 4, Section B



Section B - EMPLOYMENT CHARACTERISTICS

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

Include officers, owners, full-time, part-time, temporary and seasonal employees.

Exclude former employees, leased or contract workers and retirees.

1a. What was the total number of employees your company had at ALL locations for a TYPICAL pay period in 2015?

034

Employees at all locations

If your company did not offer health insurance in 2015, **SKIP to Question 2a**

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

201

Eligible employees

c. How many of these employees were ENROLLED in ANY health plan through your company?

202

Enrolled employees

2a. For the same TYPICAL pay period in 2015, how many of the employees reported in Question 1a worked part-time?

203

Part-time employees

If your company did not offer health insurance in 2015, **SKIP to Question 3**

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

204

Eligible part-time employees

c. How many of these part-time employees were ENROLLED in ANY health plan through your company?

205

Enrolled part-time employees

3. How many of the employees reported in Question 1a above, worked less than 30 hours per week?

742

Employees worked less than 30 hours

743

No employees worked less than 30 hours

If your company did not offer health insurance in 2015, **SKIP to Question 5, Page 5**

4. If your company offered health insurance, 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

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Continue with Page 5, Question 5

Section B - EMPLOYMENT CHARACTERISTICS - Continued

5. Of the active employees enrolled in a health insurance plan your company offered in 2015, what percentage were ENROLLED in each of the following provider arrangements?

Exclusive providers - Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

Any providers - Enrollees may go to providers of their choice with no cost incentive to use a particular group of providers.

Mixture of preferred and any providers - Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

Active enrollment by type -

518 [] % Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)
519 [] % Any providers (Examples: Most fee-for-service plans)
520 [] % Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)

Provide information for a TYPICAL pay period in 2015.

Estimates are acceptable.

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

6a. Approximately what percentage of the total employees at your company were union members?

018 [] % Union members
729 [] No union members

b. Approximately what percentage of the total employees at your company were women?

If none, enter "0".

016 [] % Women employees

c. Approximately what percentage of the total employees at your company were 50 years old or older?

If none, enter "0".

017 [] % Employees 50 years old or older

If none, enter "0".

d. For the employees at your company in 2015, approximately what percentage earned -

Less than \$11.50 per hour? Approximately \$24,000 a year or less

022 [] % Earned less than \$11.50 per hour

Between \$11.50 and \$28.00 per hour? Approximately \$24,000 to \$58,000 a year

023 [] % Earned between \$11.50 and \$28.00 per hour

More than \$28.00 per hour? Approximately \$58,000 a year or more

024 [] % Earned more than \$28.00 per hour

7. For the employees at your company in 2015, approximately how many earned more than \$43.50 per hour? Approximately \$90,000 a year or more

If none, enter "0".

726 [] Number of employees that earned more than \$43.50 per hour

Continue with Page 6, Section C

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Section C - FRINGE BENEFITS CHARACTERISTICS

1a. Did your company offer the following fringe benefits to its employees in 2015?

Mark (X) all that apply.

If Paid Time Off (PTO) is offered, mark (X) Yes for paid vacation AND paid sick leave.

	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 company offer any of the following tax-advantaged benefits to its employees in 2015?

See the definition sheet MEPS-20(D) 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) 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"/>

Section D - PRIVATE HEALTH INSURANCE EXCHANGES

Complete only if your organization offered insurance. Otherwise, **SKIP to Page 7, Section E.**

1. Did your organization offer health insurance for active employees through a private exchange (also known as a corporate exchange)? (see definition sheet MEPS-20(D))

A private exchange is one 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

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Section E - RETIREE HEALTH COVERAGE CHARACTERISTICS

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.

1. Did your company provide health insurance coverage to any person who retired in 2015 OR BEFORE, or to any of their survivors?

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

- 551
- 1 Yes – Continue with Question 2
 - 2 No
 - 3 Don't know

SKIP to Page 9, Section F

2. In a typical month, how many retirees were enrolled in health insurance through your company?

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 2, under 65 years of age?

- 628
- 1 Yes – Continue with Question 3b
 - 2 No
 - 3 Don't know

SKIP to Page 8, Question 4a

b. In a typical month, how many retirees under 65 years of age were enrolled in health insurance through your company at all of its locations in 2015?

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 2015, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

574 \$, .00 Employer contribution for single premium

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

575 \$, .00 Total single premium

f. For a typical plan in 2015, 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 \$, .00 Employer contribution for family premium

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

577 \$, .00 Total family premium

Continue with Page 8, Question 4a

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Section E – 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 2, 65 years of age or over?

629

- 1 Yes – Continue with Question 4b
- 2 No
- 3 Don't know

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 company in 2015?

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 2015, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?

580

Employer contribution for **single** premium

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

581

Total single premium

f. For a typical plan in 2015, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?

582

Employer contribution for **family** premium

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 for this typical retiree with FAMILY coverage?

583

Total family premium

NEW RETIREES

For Questions 5a through 5c, NEW RETIREES refers only to persons who retired from your company in 2015.

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

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

630

- 1 Yes – Continue with Question 5b
- 2 No
- 3 Don't know

SKIP to Page 9, Section F

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 9, Section F

Section F - GENERAL HEALTH COVERAGE CHARACTERISTICS

1a. Which of the listed optional coverage services, if any, did your company offer to its ACTIVE employees in 2015 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 cover the cost of institutional and home care required by the chronically ill or disabled.

Mark (X) all that apply.

- 192 Dental
193 Vision
194 Prescription drugs
195 Long-term care
562 No optional coverage - SKIP to Question 2

Continue with Question 1b

b. What was the total amount paid for optional coverage for all ACTIVE employees during a TYPICAL MONTH at your company in 2015?

Include both employer and employee contributions.

720 Monthly optional coverage cost input field showing \$.00

2. For 2015, did your company impose a waiting period before new employees could be covered by health insurance?

- 197 1 Yes
2 No
3 Don't know

3. Did your company provide any financial compensation or incentives to employees if they did not elect to receive health insurance coverage?

- 723 1 Yes
2 No
3 Don't know

4. Were employees' SPOUSES eligible for health insurance coverage through your company?

- 745 5 All spouses eligible, greater employee contribution if spouse eligible through own employer.
6 All spouses eligible, same contribution.
7 All spouses eligible, don't know contribution.
2 Limited spouses eligible, only if not offered by own employer.
3 No spouses eligible.
4 Don't know

5. Did your organization offer health insurance coverage to UNMARRIED domestic partners?

- 730 Same sex domestic partners Yes (1) No (2) Don't know (3)
731 Opposite sex domestic partners Yes (1) No (2) Don't know (3)

Continue with Page 10, Section G

500 Remarks

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Section G - PERSON COMPLETING THIS QUESTIONNAIRE

***** PLEASE NOTE *****

If your company offered health insurance, please complete Section F and an attached MEPS-15(S), Plan Information Questionnaire, for each plan offered (up to four plans).

If your company DID NOT offer health insurance, please complete Section F and SKIP to the attached MEPS-15(E), Establishment Worksheet.

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212 Name (Please print)

213 Title (Please print)

Signature

214 Date (Month/Day/Year)

2 0

215 Telephone number

220 Extension

216 Fax

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