

2015 Medical Expenditure Panel Survey  
Insurance Component

# HEALTH INSURANCE COST STUDY

*(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](http://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 location identified on the cover sheet, unless otherwise specified.
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 or visit: [econhelp.census.gov/meps](http://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 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 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

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 2015?**

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 2015 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  Health insurance plan choices at this location

### Section B – PRIOR YEAR OFFERING

**1. In 2014, did your organization make available or contribute to the cost of any health insurance plans for its ACTIVE employees at this location?**

- 741
- 1  Yes – Offered
- 2  No – Not offered
- 3  Don't know

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Continue with Page 4, Section C

## Section C – 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.*

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

034

**Employees at all locations**

*Complete Questions 2–8 for **THE LOCATION** listed on the cover sheet.*

- 2a. How many employees were on your organization's payroll AT THIS LOCATION for a TYPICAL pay period in 2015?**

200

**All employees at this location**

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

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

201

**Eligible employees**

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

202

**Enrolled employees**

- 3a. For the same TYPICAL pay period in 2015, how many of the employees reported in Question 2a worked part-time?**

203

**Part-time employees**

*If your organization did not offer health insurance in 2015, **SKIP to Question 4***

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

204

**Eligible part-time employees**

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

205

**Enrolled part-time employees**

- 4. How many of the employees reported in Question 2a worked less than 30 hours per week?**

742

**Employees worked less than 30 hours**

743

No employees worked less than 30 hours

- 5. Is the information you provided in Questions 2, 3 and 4 above for the location listed on the cover sheet OR did you provide information for multiple locations?**

550

1

2

Information for specified location

Information for multiple locations

*If your organization did not offer health insurance in 2015, **SKIP to Page 5, Question 7a***

- 6. If your organization 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

**Continue with Page 5, Question 7a**

**Section C - EMPLOYMENT CHARACTERISTICS - Continued**

*Provide information for a TYPICAL pay period in 2015.*

Estimates are acceptable.

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

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

018  %

Union members

729  No union members

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

016  %

Women employees

*If none, enter "0".*

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

017  %

Employees 50 years old or older

*If none, enter "0".*

*If none, enter "0".*

**d. For the employees at this location in 2015, approximately what percentage earned**

**Less than \$11.50 per hour?** ..... 022  %  
Approximately \$24,000 a year or less

Earned less than \$11.50 per hour

**Between \$11.50 and \$28.00 per hour?** ..... 023  %  
Approximately \$24,000 to \$58,000 a year

Earned between \$11.50 and \$28.00 per hour

**More than \$28.00 per hour?** ..... 024  %  
Approximately \$58,000 a year or more

Earned more than \$28.00 per hour

**8. For the employees at this location in 2015, approximately how many earned more than \$43.50 per hour?**

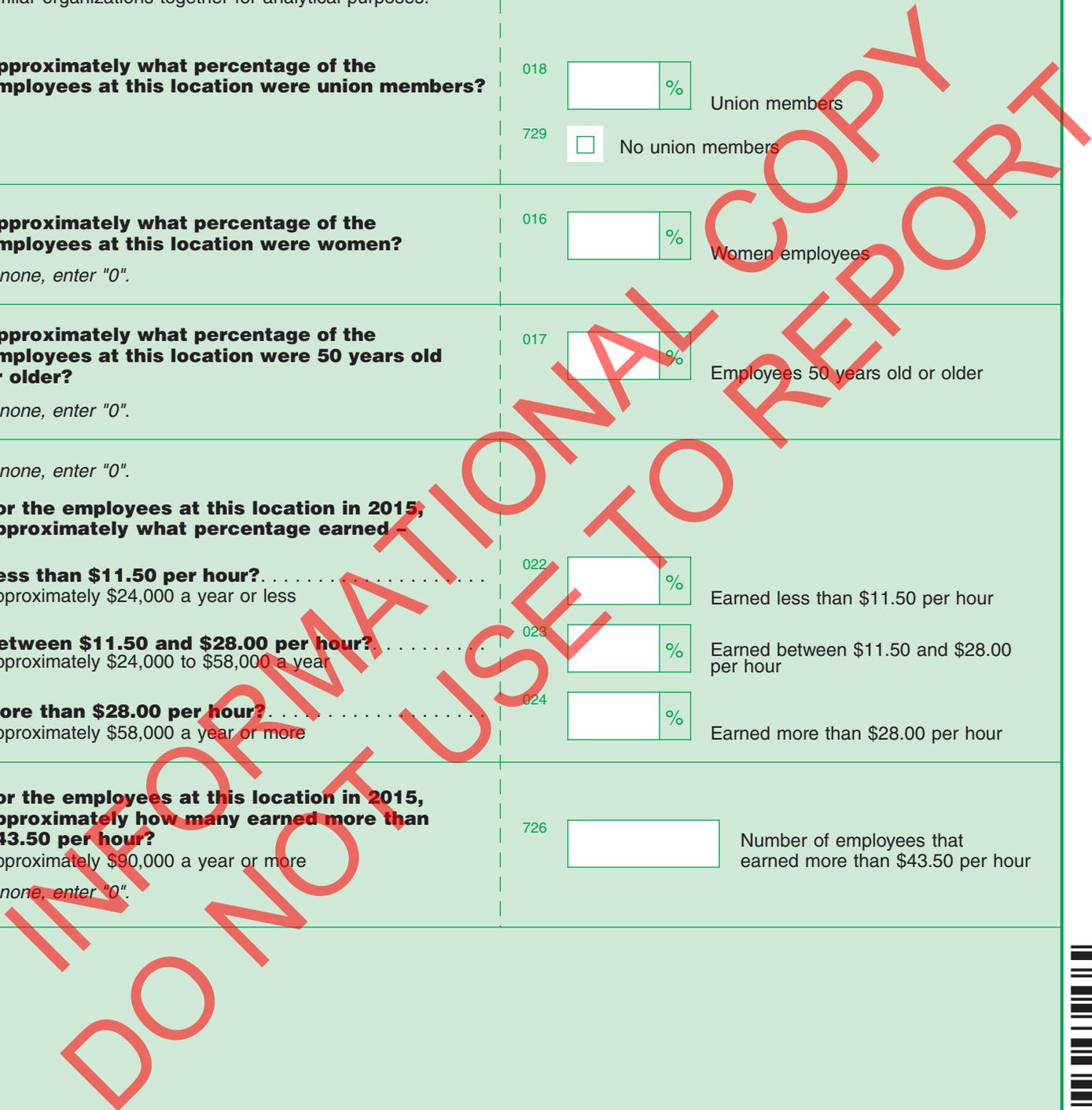
726

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

Approximately \$90,000 a year or more

*If none, enter "0".*

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**Continue with Page 6, Section D**

## Section D – FRINGE BENEFITS CHARACTERISTICS

**1. Did your organization offer the following fringe benefits to its employees at this location in 2015?**

*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"/>

**2. Did your organization offer any of these tax-advantaged benefits to its employees at this location 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 . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Full cafeteria plans that offer employees a set of benefits from which to choose.

**If your organization DID make available or contribute to the cost of any health insurance coverage to its employees in 2015, continue with Section E.**

**If your organization DID NOT make available or contribute to the cost of any health insurance coverage to its employees in 2015, SKIP to Page 8, Section G.**

## Section E – HEALTH INSURANCE EXCHANGES

### SMALL BUSINESS, 50 OR FEWER EMPLOYEES

*Complete only if your organization offered insurance and has 50 employees or fewer OR has 50 full-time equivalent employees or fewer at all locations (see definition sheet, MEPS-20(D)). Otherwise, SKIP to Question 3.*

**1. Did your organization offer health insurance through a Small Business Health Options Program (SHOP) exchange or marketplace in your state?**

744	1	<input type="checkbox"/>	Yes
	2	<input type="checkbox"/>	No – <b>SKIP to Page 7, Section F</b>
	3	<input type="checkbox"/>	Don't know – <b>SKIP to Page 7, Section F</b>

**2. Will your organization claim a Small Business Health Care Tax Credit on its 2015 federal taxes?**

*A small employer may be eligible for this credit on its federal income taxes if 1.) it has fewer than 25 full-time equivalent employees, 2.) pays an average wage of less than \$50,000 per year, AND 3.) pays at least half of the health insurance premiums for its employees.*

728	1	<input type="checkbox"/>	Yes
	2	<input type="checkbox"/>	No
	3	<input type="checkbox"/>	Organization not eligible
	4	<input type="checkbox"/>	Don't know <b>SKIP to Page 7, Section F</b>

### LARGE BUSINESS, MORE THAN 50 EMPLOYEES

*Complete only if your organization offered insurance and has more than 50 employees. Otherwise, SKIP to Page 7, Section F.*

**3. 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	<input type="checkbox"/>	Yes
	2	<input type="checkbox"/>	No
	3	<input type="checkbox"/>	Don't know

**Continue with Page 7, Section F**

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### Section F – GENERAL HEALTH COVERAGE CHARACTERISTICS

**1a. Which of the listed optional coverage services, if any, did your organization offer to its ACTIVE employees at this location 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 this location in 2015?**

*Include both employer and employee contributions.*

720

\$  .00

Monthly optional coverage cost

**2. For 2015, did your organization 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 organization 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 organization?**

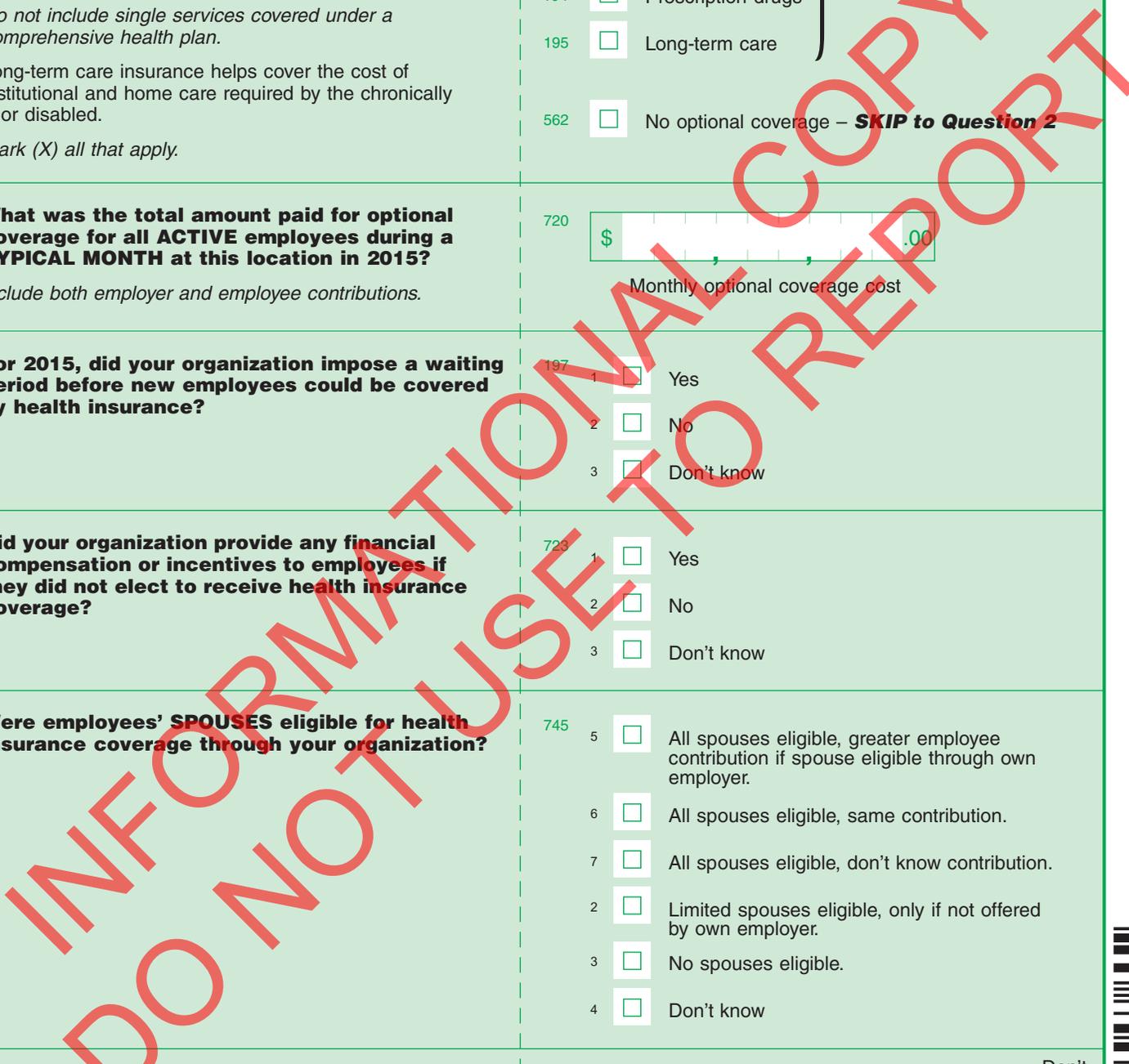
- 745 5  All spouses eligible, greater employee contribution if spouse eligible through own employer.
- 6  All spouses eligible, same contribution.
- 7  All spouses eligible, don't know contribution.
- 2  Limited spouses eligible, only if not offered by own employer.
- 3  No spouses eligible.
- 4  Don't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

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

- |  | Yes<br>(1)               | No<br>(2)                | Don't know<br>(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"/> |

**Continue with Page 8, Section G**

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### Section G – 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 MEPS-20(D) included with this package for an explanation of these terms.

**1. Did your organization 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 10, Section H**

**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 2, under 65 years of age?**

628

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

**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 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?**

576

 \$  ,  .00
 

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?**

577

 \$  ,  .00
 

Total family premium

Continue with Page 9, Question 4a

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

580

\$  ,  .00

Employer contribution for single premium

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

581

\$  ,  .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?**

582

\$  ,  .00

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

\$  ,  .00

Total family premium

**NEW RETIREES**

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

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 H**

**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 H**

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500 Remarks

500 Remarks

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**Section H – PERSON COMPLETING THIS QUESTIONNAIRE**

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

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

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

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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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