

2016 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:

### **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**

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## INSTRUCTIONS

1. Please report for the location identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2016**.
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. If you have any questions or need assistance in completing the questionnaire, please call 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 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, 5600 Fishers Lane, Mail Stop 07W41A, Rockville, MD 20857. 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 2016?**

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 Question 2
  - 2  No – **SKIP to Question 3**

**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 2016 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

### PRIOR YEAR OFFERING

**3. In 2015, 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 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.*

- 1. What was the total number of employees your organization had at ALL locations for a TYPICAL pay period in 2016?**

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 2016?**

200

**All employees at this location**

*If your organization did not offer health insurance in 2016, **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 2016, how many of the employees reported in Question 2a worked part-time?**

*If none, enter "0".*

203

**Part-time employees**

*If your organization did not offer health insurance in 2016, **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  Information for specified location  
2  Information for multiple locations

*If your organization did not offer health insurance in 2016, **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 B – EMPLOYMENT CHARACTERISTICS - Continued**

Provide information for a TYPICAL pay period in 2016.

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".

**d. For the employees at this location in 2016, approximately what percentage earned –**

If none, enter "0".

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

**Between \$11.50 and \$28.50 per hour?** ..... 023    % Earned between \$11.50 and \$28.50 per hour  
Approximately \$24,000 to \$59,000 a year

**More than \$28.50 per hour?** ..... 024    % Earned more than \$28.50 per hour  
Approximately \$59,000 a year or more

**8. For the employees at this location in 2016, approximately how many earned more than \$44.50 per hour?**

Approximately \$93,000 a year or more

If none, enter "0".

726       Number of employees that earned more than \$44.50 per hour

**Section C – FRINGE BENEFITS CHARACTERISTICS**

**1. Did your organization offer the following fringe benefits to its employees at this location in 2016?**

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"/> |

Continue with Page 6, Question 2

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Section C - FRINGE BENEFITS CHARACTERISTICS - Continued

2. Did your organization offer any of these tax-advantaged benefits to its employees at this location in 2016?

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.

Table with 3 columns: Question ID, Question Description, Yes (1), No (2), Don't know (3). Rows include 627 Employee contributions to health insurance, 056 Flexible SPENDING Accounts (FSA) for healthcare, and 057 Flexible Benefits Plans.

If your organization DID make available or contribute to the cost of any health insurance coverage to its employees in 2016, continue with Section D.

If your organization DID NOT make available or contribute to the cost of any health insurance coverage to its employees in 2016, SKIP to Page 8, Section F.

Section D - HEALTH INSURANCE EXCHANGES AND INSURANCE BROKERS

SMALL BUSINESS, 100 OR FEWER EMPLOYEES

Complete only if your organization offered insurance and has 100 employees or fewer OR has 100 full-time equivalent employees or fewer at all locations (see definition sheet, MEPS-20(D)). Otherwise, SKIP to Question 4.

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

Form for question 1 with options Yes, No, Don't know and instruction to skip to question 3.

2. Will your organization claim a Small Business Health Care Tax Credit on its 2016 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 \$50,000 or less, AND 3) pays at least half of the health insurance premiums for its employees.

Form for question 2 with options Yes, No, Organization not eligible, Don't know.

3. Did your organization use a third party, such as an insurance broker or agent, to help purchase the insurance plan(s)?

Form for question 3 with options Yes, No, Don't know.

SKIP to Page 7, Section E

LARGE BUSINESS, MORE THAN 100 EMPLOYEES

Complete only if your organization offered insurance and has more than 100 employees. Otherwise, SKIP to Page 7, Section E.

4. 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.

Form for question 4 with options Yes, No, Don't know.

Continue with Page 7, Section E

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Section E - 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 2016 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 2016?

Include both employer and employee contributions.

720 Monthly optional coverage cost input field

2. For 2016, 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 paid 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 8, Section F

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**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 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 2016 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 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 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 2016, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with SINGLE coverage?**

574

**Employer** contribution for **single** premium

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

575

**Total single premium**

**f. For a typical plan in 2016, how much did the EMPLOYER contribute toward the monthly plan premium for one typical retiree with FAMILY coverage?**

576

**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

**Total family premium**

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

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**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 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 2016, 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 2016, 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 2016.

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**

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500 Remarks

500 Remarks

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**\*\*\* 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 plans).**

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

**Section G - PERSON COMPLETING THIS QUESTIONNAIRE**

|                                       |           |                     |                      |                                        |     |     |         |
|---------------------------------------|-----------|---------------------|----------------------|----------------------------------------|-----|-----|---------|
| <b>212</b> Name <i>(Please print)</i> |           |                     |                      | <b>213</b> Title <i>(Please print)</i> |     |     |         |
|                                       |           |                     |                      |                                        |     |     |         |
| <b>215</b>                            | Area code | Number              | <b>220</b> Extension | <b>214</b>                             | MM  | DD  | YYYY    |
|                                       | □ □ □ □   | - □ □ □ □ - □ □ □ □ | □ □ □ □              |                                        | □ □ | □ □ | □ □ □ □ |

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