

2016 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:

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



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 **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 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 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

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 2016 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 2016?

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

For this survey, a health insurance plan is defined as a plan where hospital and/or physician coverage is 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 2016 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 2016?

034

Employees at all locations

If your company did not offer health insurance in 2016, **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 2016, how many of the employees reported in Question 1a worked part-time?

If none enter "0".

203

Part-time employees

If your company did not offer health insurance in 2016, **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 2016, **SKIP to Page 5, Question 6a**

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 2016, 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 2016.

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

d. For the employees at your company in 2016, approximately what percentage earned –

If none, enter "0".

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 \$28.50 per hour?
Approximately \$24,000 to \$59,000 a year

023 % Earned between \$11.50 and \$28.50 per hour

More than \$28.50 per hour?
Approximately \$59,000 a year or more

024 % Earned more than \$28.50 per hour

7. For the employees at your company 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

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 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 checked="" type="checkbox"/>	<input type="checkbox"/>
054 Retirement/pension plans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b. Did your company offer any of the following tax-advantaged benefits to its employees 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.

	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

Section D - PRIVATE HEALTH INSURANCE EXCHANGES

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

1. Did your company 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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Continue with Page 7, Section E



Section F – 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 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 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 9, 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 2016?

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

\$, .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 2016, 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 9, Question 4a

500 Remarks

500 Remarks

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

If your company offered health insurance, please complete Section G 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 G and SKIP to the attached MEPS-15(E), Establishment Worksheet.

Section G - PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)				213 Title (Please print)			
215	Area code	Number	220 Extension	214	MM	DD	YYYY
	-	-	-		-	-	
	[][]	[][][][]	[][][][]		[][]	[][]	[][][][]

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

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