

2018 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](https://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 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 **2018**.
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](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 estimate this survey will take 45 minutes, on average, to complete, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you offered more than two plans, we estimate an extra 11 minutes per additional plan. 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 send questionnaire to the address on the front page of this form.

### NUMBER OF PLANS

**1a. Are you reporting for your entire company?**

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

**b. If you are reporting for a portion of your total company, approximately what percentage of the company's total 2018 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 2018?**

- 001
- 1  Yes – Continue with **2b**
- 2  No – **SKIP to 3a**

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 2018 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.

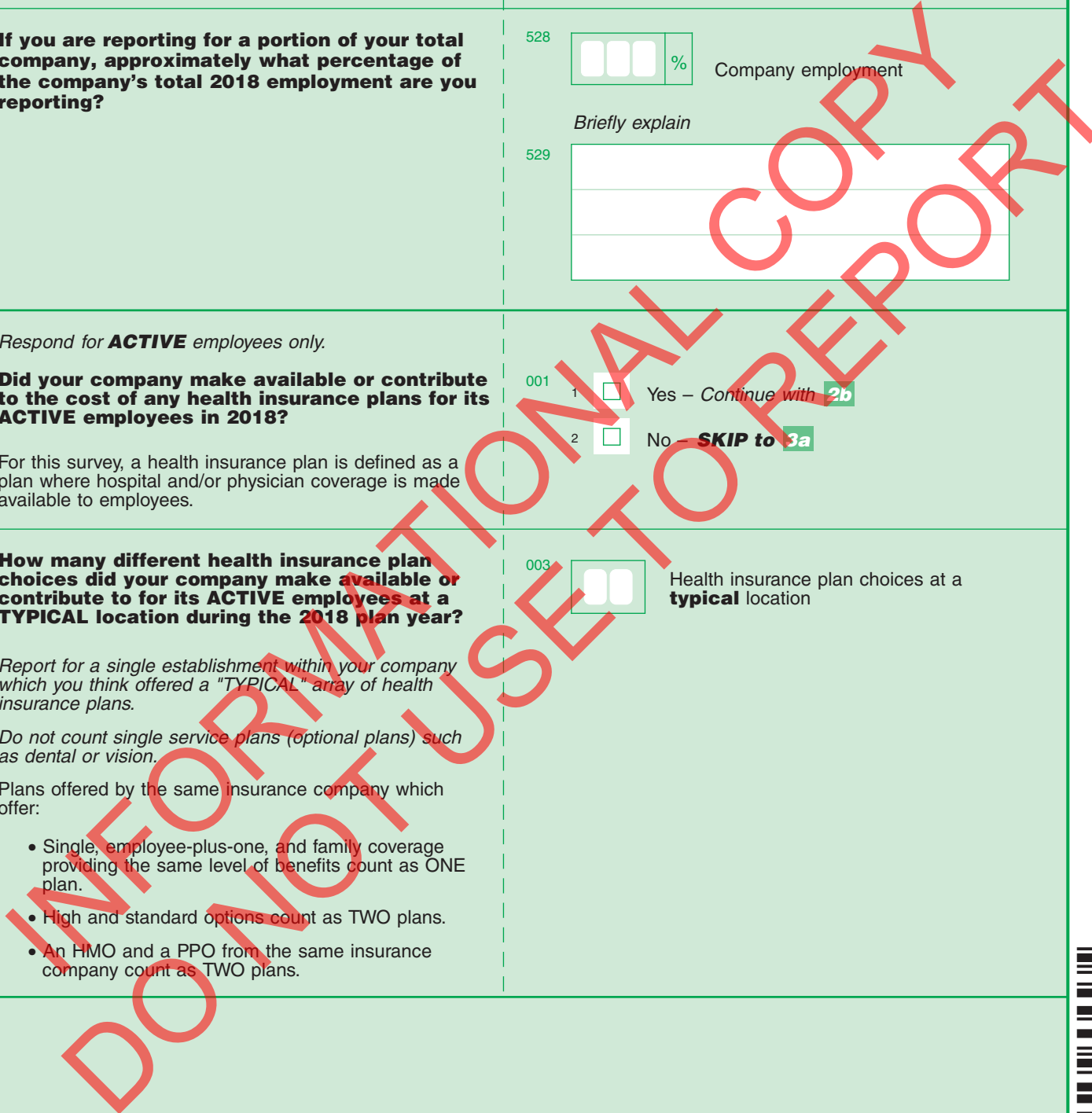
Do not count single service plans (optional plans) such as dental or vision.

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 PPO from the same insurance company count as TWO plans.

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Continue with **3a**



## 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.*

**3a. What was the total number of employees your company had at ALL locations for a TYPICAL pay period in 2018?**

034

**Employees at all locations**

*If your company did not offer health insurance in 2018, SKIP to 4a*

**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**

**4a. For the same TYPICAL pay period in 2018, how many of the employees reported in Question 3a worked part-time?**

*If none enter "0".*

203

**Part-time employees**

*If your company did not offer health insurance in 2018, SKIP to 5*

**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**

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

742

**Employees worked fewer than 30 hours**

743

No employees worked fewer than 30 hours

*If your company did not offer health insurance in 2018, SKIP to 8a*

**6. 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 7**

**EMPLOYMENT CHARACTERISTICS - Continued**

**7. Of the active employees enrolled in a health insurance plan your company offered in 2018, 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	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	<b>Exclusive providers</b> (Examples: Most HMO, IPA, and EPO-type plans)
519	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	<b>Any providers</b> (Examples: Most fee-for-service plans)
520	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	<b>Mixture of preferred and any providers</b> (Examples: Most PPO and POS-type plans)

Provide information for a TYPICAL pay period in 2018.

Estimates are acceptable.

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

**8a. Approximately what percentage of the total employees at your company were union members?**

018	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Union members
729	<input type="checkbox"/> No union members	

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

*If none, enter "0".*

016	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Women employees
-----	---	-----------------

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

*If none, enter "0".*

017	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Employees 50 years old or older
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**d. For the employees at your company in 2018, approximately what percentage earned –**

*If none, enter "0".*

**Less than \$12.00 per hour?** .....

Approximately \$25,000 a year or less

022	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Earned less than \$12.00 per hour
-----	---	-----------------------------------

**Between \$12.00 and \$30.00 per hour?** .....

Approximately \$25,000 to \$62,000 a year

023	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Earned between \$12.00 and \$30.00 per hour
-----	---	---

**More than \$30.00 per hour?** .....

Approximately \$62,000 a year or more

024	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> %	Earned more than \$30.00 per hour
-----	---	-----------------------------------

1 0 0 %

**e. For the employees at your company in 2018, approximately how many earned more than \$47.00 per hour?**

Approximately \$98,000 a year or more

*If none, enter "0".*

726	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Number of employees that earned more than \$47.00 per hour
-----	---	--

**Continue with 9**

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**FRINGE BENEFITS CHARACTERISTICS**

**9. Did your company offer the following fringe benefits to its employees in 2018?**

*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"/>

**10. Did your company offer any of the following tax-advantaged benefits to its employees in 2018?**

*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"/>

**PRIVATE HEALTH INSURANCE EXCHANGES**

*Complete only if your company offered insurance. Otherwise, SKIP to 12a.*

**11. Did your company offer health insurance to active employees through a private exchange (also known as a corporate exchange)? (See definition sheet, MEPS-20(D).)**

*A private exchange is 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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### GENERAL HEALTH COVERAGE CHARACTERISTICS

**12a. Which of the listed optional coverage services, if any, did your company offer to its ACTIVE employees in 2018 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 13**
- } Continue with **12b**

**b. What was the total amount paid for optional coverage for all ACTIVE employees during a TYPICAL MONTH at your company in 2018?**

*Include both employer and employee contributions.*

720   
Monthly total optional coverage cost

**13. For 2018, 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

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

- 723
- 1  Yes
  - 2  No
  - 3  Don't know

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

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

**16. Did your company 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"/> |

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Continue with **17**









### RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

#### NEW RETIREES

For Questions 20a through 20c, NEW RETIREES refers only to persons who retired from your company in 2018.

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

**20a. Did your company offer health insurance to any NEW RETIREES?**

- 630
- 1  Yes – Continue with **20b**
  - 2  No
  - 3  Don't know

**SKIP to the bottom of this page to complete form**

**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 age 65 or older eligible for health insurance?**

- 632
- 1  Yes
  - 2  No
  - 3  Don't know

500 Remarks

#### PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)

213 Title (Please print)

215 Area code    Number    220    Extension

-   -   -

214 MM    DD    YYYY

/   /

217 Email

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

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

**If your company DID NOT offer health insurance, SKIP to the attached MEPS-15(E), Establishment Worksheet.**

**PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS**

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