

Medical Expenditure Panel Survey  
Insurance Component

# 2019 HEALTH INSURANCE COST STUDY Government Questionnaire



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/mepsgov](https://econhelp.census.gov/mepsgov)**

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**

29189016



## INSTRUCTIONS

1. Please report for the government unit identified on the cover sheet, unless otherwise specified.
2. Please report data for the year **2019**.
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 1-888-273-3878 or visit:  
**[econhelp.census.gov/mepsgov](http://econhelp.census.gov/mepsgov)**

We are conducting this study under the authority of Section 913 of the Public Health Service Act (Title 42, United States Code (U.S.C.), Section 299b-2). Sections 924c and 308d of that Act (42 U.S.C. Section 299c-3(c) and 42 U.S.C. Section 242m, respectively) ensure that the information you report will be released only to authorized staff of the Census Bureau, the Agency for Healthcare Research and Quality, and their authorized researchers and contractors.

### 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, Mailstop 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 printed on the front page of this form.



## NUMBER OF PLANS

Respond for **ACTIVE** employees only.

**1** Did your government unit offer any health insurance plans to its **ACTIVE** employees in 2019?

001

1  Yes - Continue with **2**

2  No - **SKIP to 3**

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

**2** How many different health insurance plan choices did your government unit offer to its **ACTIVE** employees during the 2019 plan year?

003

Health insurance plan choices

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

- Single, employee-plus-one, and family coverage providing the same level of benefits from the same insurance company 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.

## PRIOR YEAR OFFERING

**3** In 2018, did your government unit offer any health insurance plans to its **ACTIVE** employees?

760

1  Yes – Offered

2  No – Not offered

3  Don't know

29189032



Continue with **4a**

## EMPLOYMENT CHARACTERISTICS

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

For Questions 4a through 8e, if the answer is **NONE**, please enter "0".

**Include:**

- Full-time and part-time employees
- Temporary and seasonal employees

**Exclude:**

- Former employees
- Leased or contract workers
- Retirees

<b>4</b>	<p><b>a. How many employees were on your government unit's payroll for a typical pay period in 2019?</b></p>	740	<input style="width: 100%; height: 20px;" type="text" value="740"/>	All employees
		782	<input type="checkbox"/>	No employees – <b>SKIP to Page 9</b> to complete form  <i>If your government unit did not offer health insurance in 2019, <b>SKIP to 5a</b>.</i>
	<p><b>b. How many of these employees were ELIGIBLE for at least one health plan through your government unit?</b></p>	201	<input style="width: 100%; height: 20px;" type="text" value="201"/>	Eligible employees
	<p><b>c. How many of these employees were ENROLLED in any health plan through your government unit?</b></p>	202	<input style="width: 100%; height: 20px;" type="text" value="202"/>	Enrolled employees
<b>5</b>	<p><b>a. For the same TYPICAL pay period, how many employees reported in Question 4a worked part-time?</b></p>	759	<input style="width: 100%; height: 20px;" type="text" value="759"/>	Part-time employees
				<i>If your government unit did not offer health insurance in 2019, <b>SKIP to 6</b>.</i>
	<p><b>b. How many of these part-time employees were ELIGIBLE for at least one health plan through your government unit?</b></p>	204	<input style="width: 100%; height: 20px;" type="text" value="204"/>	Eligible part-time employees
	<p><b>c. How many of these part-time employees were ENROLLED in any health plan through your government unit?</b></p>	205	<input style="width: 100%; height: 20px;" type="text" value="205"/>	Enrolled part-time employees
<b>6</b>	<p><b>How many of the employees reported in Question 4a worked fewer than 30 hours per week?</b></p>	742	<input style="width: 100%; height: 20px;" type="text" value="742"/>	Employees worked fewer than 30 hours
		743	<input type="checkbox"/>	No employees worked fewer than 30 hours.  <i>If your government unit did not offer health insurance in 2019, <b>SKIP to 8a</b>.</i>
<b>7</b>	<p><b>What was the minimum number of hours per week that an employee had to work in order to be eligible for health insurance?</b></p>	626	<input style="width: 100%; height: 20px;" type="text" value="626"/>	Minimum hours worked per week to be eligible
		721	<input type="checkbox"/>	No minimum number of hours required.

**Continue with 8a**









# RETIREE HEALTH COVERAGE CHARACTERISTICS - Continued

## NEW RETIREES

For Questions 20a through 20c, NEW RETIREES refers only to persons who retired from your government unit in 2019. Exclude any retirees that have coverage through COBRA or state continuation-of-benefits laws.

**20 a. Did your government unit 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 government unit offered health insurance, please complete the attached MEPS-11(S), Plan Information Questionnaire, for all plans offered. If your government unit DID NOT offer health insurance, you have completed the survey.**

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

29189099

