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

Medical Expenditure Panel Survey – Insurance Component

HEALTH INSURANCE COST STUDY

	Government Unit Questionnaire		
	Section C -	- RETI	REES
1.	In 1999, did your government unit provide health insurance to any employees who retired from your government unit? If your government unit does not have retirees, mark "No".	 551 	1 ☐ Yes – Continue with Question 2a 2 ☐ No 3 ☐ Don't know SKIP to Section D
2a.	Were retirees under 65 years of age eligible to receive health insurance in 1999?	209 	1 ☐ Yes 2 ☐ No
b.	Were retirees 65 years of age and over eligible to receive health insurance in 1999?	 210 	1 ☐ Yes 2 ☐ No
3.	How many RETIREE-ONLY hospital and/or physician plan choices did your government unit offer in 1999?	 510 511	Retiree-only plans OR None
4.	Did your government unit offer its retirees at least one portable plan? A portable plan allows the retiree to obtain care in almost all localities within the country.	512 	1 ☐ Yes 2 ☐ No
5a.	What was the total number of retirees covered by health insurance through your government unit in 1999?	513 	Retirees covered by insurance
b.	What percentage of these retirees were enrolled in single coverage?	 554 	% Retirees enrolled in single coverage
6a.	For a typical plan in 1999, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one TYPICAL retiree with single coverage?	515 	\$. 0 0 Government unit contribution
b.	For this same plan, what was the total monthly premium for this typical retiree with SINGLE coverage?	514 	\$. 0 0 Single coverage premium
7a.	For a typical plan in 1999, how much did the GOVERNMENT UNIT contribute toward the monthly plan premium for one TYPICAL retiree with family coverage?	556 	\$. 0 0 Government unit contribution
b.	For the same plan, what was the total monthly premium for this typical retiree with FAMILY coverage? For retirees, if premiums vary, report for a family of two.	555 	\$. 0 0 Family coverage premium

Section D – HEALTH COVERAGE CHARACTERISTICS				
Complete Section D if your government unit made insurance available to its employees in 1999.				
Estim	ates are acceptable.	I I		
1.	What was the total annual cost of coverage for ALL hospital and/or physician plans offered through THIS GOVERNMENT UNIT in 1999? Include both employer and employee contributions. Include the total cost of coverage for all active employees.	\$, , , , , , , , , , , , , , , , , , ,		
2a.	Which of the listed optional coverage services, if any, did your government unit offer to its active employees in 1999 at a premium separate from the comprehensive plan premium? Mark (X) all that apply. Report on single service insurance plans only. Do not include single services covered under a comprehensive health plan.	192		
b.	What was the total amount paid for optional coverage for all active employees enrolled through THIS GOVERNMENT UNIT in 1999?	\$, , , , , , , , , , , , , , , , , , ,		
	Section E – EMPLOYME	ENT CHARACTERISTICS		
1a.	How many employees were eligible for at least one health plan through your government unit?	Eligible employees		
b.	How many of those employees were enrolled in ANY health plan through your government unit?	Enrolled employees		
2a.	Did your government unit have any part-time employees in 1999?	563 1 Yes – Continue with Question 2b 2 No 3 Don't know SKIP to Question 3		
b.	How many of those part-time employees were eligible for at least one health plan through your government unit?	Eligible part-time employees		
C.	How many of those part-time employees were enrolled in ANY health plan through your government unit?	Enrolled part-time employees		
3.	Did your government unit offer health insurance to its temporary or seasonal employees in 1999?	564 1 Yes 2 No 3 No temporary or seasonal employees 4 Don't know		

Section F - GOVERNMENT CHARACTERISTICS				
1a.	Which of the following fringe benefits did your government unit offer in 1999?	050	☐ Paid vacation	
	See Definition Sheet included with this package for	050	Paid sick leave	
	explanation of benefits.	052	Life insurance	
	Mark (X) all that apply.	053	☐ Disability insurance	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	054	Retirement/pension plans	
	i	055	☐ Medical savings accounts (MSAs)	
		056	☐ Flexible spending accounts	
	i	057	Flexible benefit plan (Cafeteria Plan) <i>If marked</i> .	
			continue with Question 1b, otherwise SKIP to Section G.	
	į	566	□ None of the above	
		-		
b.	If your government unit offered a Flexible benefit	058	♠ Flexible benefit	
	If your government unit offered a Flexible benefit plan (Cafeteria plan), what was the average annual value of the plan, for a TYPICAL		\$. 0 0 Flexible benefit plan value	
	EMPLOYEE, at this government unit?		Continue with Section G	
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	Section G – EMPLOYE	EE CHA	ARACTERISTICS			
1a.	Provide information for a typical pay period in 1999. Estimates are acceptable. The following workforce characteristics are used to group similar government units together for analytical purposes. What percentage of the employees at this government unit were women?	 	% Women employees			
b.	What percentage of the employees at this government unit were 50 years old or older?	 017 	% Employees 50 years old or older			
C.	What percentage of the employees at this government unit were union members?	 018 	% Union members			
d.	For the employees at this government unit in 1999, approximately what percentage earned – Less than \$6.50 per hour? Approximately \$13,000 a year or less Between \$6.50 and \$15.00 per hour? Approximately \$13,000 to \$30,000 a year More than \$15.00 per hour? Approximately \$30,000 a year or more		Earned less than \$6.50 per hour Earned between \$6.50 and \$15.00 per hour Earned more than \$15.00 per hour			
2.	How many hours per week must an employee work to be considered full-time at this government unit?	041 	Hours Continue with Section H			
*** PLEASE NOTE *** Please complete Section H and END this form.						
Section H – PERSON COMPLETING THIS QUESTIONNAIRE						
²¹² Nam	ne (Please print)	²¹³ Title				
Signatu	re		Date (Month/Day/Year)			
215 Tele	phone number 220 Extension 216 FAX number		217 E-Mail address			