

Section D – HEALTH COVERAGE CHARACTERISTICS

Complete Section D if your government unit made insurance available to its employees in 1999.

Estimates are acceptable.

- 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.*

199 \$, , , , , , , , . 0 0

Annual cost for hospital and/or physician plans

- 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 ☐ Dental
 193 ☐ Vision
 194 ☐ Prescription drugs
 195 ☐ Long-term care
 562 ☐ No optional coverage – **SKIP to Section E**
- } *Continue with Question 2b*

- b. What was the total amount paid for optional coverage for all active employees enrolled through THIS GOVERNMENT UNIT in 1999?**

196 \$, , , , , , , , . 0 0

Optional coverage cost

Section E – EMPLOYMENT CHARACTERISTICS

- 1a. How many employees were eligible for at least one health plan through your government unit?**

201 Eligible employees

- b. How many of those employees were enrolled in ANY health plan through your government unit?**

202 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?**

204 Eligible part-time employees

- c. How many of those part-time employees were enrolled in ANY health plan through your government unit?**

205 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?

See Definition Sheet included with this package for explanation of benefits.

Mark (X) all that apply.

- 050 ☐ Paid vacation
- 051 ☐ Paid sick leave
- 052 ☐ Life insurance
- 053 ☐ Disability insurance
- 054 ☐ Retirement/pension plans
- 055 ☐ Medical savings accounts (MSAs)
- 056 ☐ Flexible spending accounts
- 057 ☐ Flexible benefit plan (Cafeteria Plan) *If marked, continue with Question 1b, otherwise SKIP to Section G.*
- 566 ☐ None of the above

b. If your government unit offered a Flexible benefit plan (Cafeteria plan), what was the average annual value of the plan, for a TYPICAL EMPLOYEE, at this government unit?

058 Flexible benefit plan value

Continue with Section G

Section G – EMPLOYEE CHARACTERISTICS

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.

1a. What percentage of the employees at this government unit were women?

016

%

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

022

%

Earned less than \$6.50 per hour

Between \$6.50 and \$15.00 per hour?
Approximately \$13,000 to \$30,000 a year

023

%

Earned between \$6.50 and \$15.00 per hour

More than \$15.00 per hour?
Approximately \$30,000 a year or more

024

%

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

500 Remarks

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

Please complete Section H and END this form.

Section H – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)

213 Title

Signature

214 Date (Month/Day/Year)

M	M	D	D	Y	Y	Y	Y
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215 Telephone number
()

220 Extension

216 FAX number
()

217 E-Mail address

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FORM MEPS-11C(R) (5-25-2000)