

1999 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

**RETURN TO**

**U.S. Census Bureau  
1201 East 10th Street  
Jeffersonville, IN 47132-0001**

PLEASE RETURN ENTIRE PACKAGE WITHIN

**PLEASE DO NOT REMOVE COVER**

# 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 **1999**.
3. Estimates are acceptable.
4. Refer to the Definition Sheet included with this package for explanation of unfamiliar terms.
5. If you have any questions or need assistance in completing the questionnaire, please call 1-888-206-8023.

## Paperwork Reduction Act and Burden Statements

We expect that it will take 45 minutes, on average, per company, to complete the basic questionnaire. Companies with more than one health plan will take an additional 10 minutes per plan, on average, up to the maximum of three 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 Cost and Financing Studies, Agency for Healthcare Research and Quality, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.

**Section A – GENERAL HEALTH COVERAGE CHARACTERISTICS**

**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 1999 employment are you reporting?**

528  % Company employment

529 *Briefly explain*

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*Respond for active employees only.*

**2a. Did your company make available or contribute to the cost of any health insurance plans for its employees in 1999?**

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

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

**b. On average, how many different health insurance choices did your company make available or contribute to for its employees at a TYPICAL establishment during the 1999 plan year?**

003  Health insurance choices at a typical establishment

*Report for a single establishment within your company which you think offers 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 and family plans providing the same level of benefits count as one plan.*
- *High and standard options count as two plans.*
- *An HMO and a conventional plan count as two plans.*

## Section B – EMPLOYMENT CHARACTERISTICS

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

*Include officers, owners, part-time, temporary and seasonal employees.*

*Exclude leased or contract workers.*

**1a. What was the total number of employees your company had at ALL locations for a typical pay period in 1999?**

034

**Employees at all locations**

*If your company did not offer health insurance in 1999, **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 1999, how many of the employees reported in B1a worked part-time?**

203

**Part-time employees**

*If your company did not offer health insurance in 1999, **SKIP to Question 3a.***

**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

**3a. For the same typical pay period in 1999, how many of the employees reported in B1a were temporary or seasonal employees?**

206

**Temporary or seasonal employees**

*If your company did not offer health insurance in 1999, **SKIP to Page 5, Question 5a.***

**b. How many of these temporary or seasonal employees were ELIGIBLE for at least one health plan through your company?**

207

Eligible temporary or seasonal employees

**c. How many of these temporary or seasonal employees were ENROLLED in any health plan through your company?**

208

Enrolled temporary or seasonal employees

**Section B – EMPLOYMENT CHARACTERISTICS – Continued**

**4. Of the active employees enrolled in a health insurance plan your company offered in 1999, what percentage were enrolled in each of the following types of plans?**

**Exclusive providers** – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

**Conventional or indemnity providers** – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

**Mixture of preferred and any providers** – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

**Active enrollment by type –**

518  % **Exclusive providers** (Examples: Most HMO, IPA, and EPO type plans)

519  % **Conventional or indemnity providers**

520  % **Mixture of preferred and any providers** (Examples: Most PPO and POS type plans)

*Provide information for a typical pay period in 1999.*

*Estimates are acceptable.*

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

**5a. Approximately, what percentage of the total employees at your company were women?**

016  % Women employees

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

017  % Employees 50 years old or older

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

018  % Union members

**d. For the employees at your company 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

*If your company did not offer health insurance please SKIP to Page 7, Section D.*

## Section C – RETIREE ENROLLMENT CHARACTERISTICS

<p><b>1. In 1999, did your company provide health insurance to any employees who retired from your company?</b> <i>If your company did not have retirees, mark "No".</i></p>	<p>551 1 <input type="checkbox"/> Yes – <i>Continue with Question 2a</i>                  2 <input type="checkbox"/> No – <b>SKIP to Page 7, Section D</b>                  3 <input type="checkbox"/> Don't know</p>
<p><b>2a. Were retirees under 65 years of age eligible to receive health insurance in 1999?</b></p>	<p>209 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>b. Were retirees 65 years of age and over eligible to receive health insurance in 1999?</b></p>	<p>210 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>3. How many RETIREE-ONLY hospital and/or physician plan choices did your company offer in 1999?</b></p>	<p>510 <input style="width: 50px;" type="text"/> Retiree-only plans <b>OR</b> 511 <input type="checkbox"/> None</p>
<p><b>4. Did your company offer its retirees at least one portable plan?</b> <i>A portable plan allows the retiree to obtain care in almost all localities within the country.</i></p>	<p>512 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>
<p><b>5a. What was the total number of retirees covered by health insurance through your company at all of its locations in 1999?</b></p>	<p>513 <input style="width: 50px;" type="text"/> Retirees covered by insurance</p>
<p><b>b. What percentage of these retirees were enrolled in single coverage?</b></p>	<p>554 <input style="width: 50px;" type="text"/> % Retirees enrolled in single coverage</p>
<p><b>6a. For a typical plan in 1999, how much did the EMPLOYER contribute toward the monthly plan premium for ONE TYPICAL retiree with single coverage?</b></p>	<p>515 \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0 Employer contribution</p>
<p><b>b. For the same plan, what was the total monthly premium for this typical retiree with SINGLE coverage?</b></p>	<p>514 \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0 <b>Single coverage premium</b></p>
<p><b>7a. For a typical plan in 1999, how much did the EMPLOYER contribute toward the monthly plan premium for ONE TYPICAL retiree with family coverage?</b></p>	<p>556 \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0 Employer contribution</p>
<p><b>b. For the same plan, what was the total monthly premium for this typical retiree with FAMILY coverage?</b> <i>For retirees, if premiums vary, report for a family of two.</i></p>	<p>555 \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0 <b>Family coverage premium</b></p>

## Section D – BUSINESS CHARACTERISTICS

**1a. Did your company offer any of these fringe benefits to its employees 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 Question 2.***
- 569  None of the above

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

058     \$   ,   .  0  0     Flexible benefit plan value

**2. Which one of these categories BEST describes your type of business ownership?**

*Mark (X) only one.*

- 062
- 1  S corporation
  - 2  Corporation
  - 3  Partnership
  - 4  Sole proprietorship
  - 5  Government (Federal, state, or local)
  - 6  Joint venture or cooperative

**3. Which one of these categories BEST describes the principal business activity of your company?**

*If more than one apply, mark the category which generates the most revenue.*

*Mark (X) only one.*

- 060
- 1  Retail trade
  - 2  Personal services (e.g., beauty shops, dry cleaners)
  - 3  Business services (e.g., advertising, computer processing)
  - 4  Other services (e.g., legal and health services)
  - 5  Manufacturing
  - 6  Wholesale trade
  - 7  Finance, insurance, or real estate
  - 8  Transportation, communication, electric, gas, or sanitary services
  - 9  Construction
  - 10  Agriculture or forestry
  - 11  Mining

**4. Approximately, how many years has your company been in business?**

064      Years in business

**5. How many establishments does your company operate nationally?**

530      Establishments

*If your company did not offer health insurance please **SKIP to Page 8, Section F.***

