
2010 MEDICAL CONTRIBUTION & PRACTICES SURVEY QUESTIONNAIRE

Participation Deadline: **September 17, 2010**
Member participants receive a free copy of the results.

PLEASE PRINT:

Questionnaire completed by _____

Organization Name _____

Phone () _____ E-mail _____

-
1. Total number of employees eligible for medical benefits _____
 2. Total number of employees participating in medical coverage _____
 3. Please select your industry:
 - Manufacturing, Durables (Metals, Fabricated metals, etc.)
 - Manufacturing, Non-Durables (Textiles, Food products, Chemicals, etc.)
 - Services – Finance, Insurance & Real Estate
 - Wholesale and Retail Trade/Services
 - Services – Non-profit, Educational & Social
 - Other, please specify _____
 4. Do you currently offer a Health Reimbursement Account (HRA)? (If no, select “No” and go to question 6)
 - Yes No
 5. How is your HRA administered?
 - Insurance Carrier
 - In-house
 - Broker
 - Third Party Administrator
 - Other

6. If no, are you considering offering a Health Reimbursement Account (HRA) within the next 12 months?
- Yes, we will definitely offer the plan
 - We are strongly considering offering the plan
 - We are evaluating whether or not to offer the plan
 - No, we are not currently considering offering the plan
7. Do you currently offer a Health Savings Account (HSA) qualified medical plan? (If no, select "No" and go to question 10)
- Yes No
8. If yes, do you currently contribute to the HSA account?
- Yes No
9. Is the HSA qualified medical plan the only plan you offer?
- Yes No
10. If no, are you considering offering a Health Savings Account (HSA) within the next 12 months?
- Yes, we will definitely offer the plan
 - We are strongly considering offering the plan
 - We are evaluating whether or not to offer the plan
 - No, we are not currently considering offering the plan
11. Did your health insurance premiums change in 2010? (If no, choose no and skip to question 14)
- Yes No
12. How did your health insurance premiums change in 2010?
- Increased
 - Decreased
13. What was the percent change for your 2010 health insurance premiums? _____%

14. Did you make any changes in order to contain health care costs? (check all that apply)

- Yes, we increased deductibles
- Yes, we increased co-pays
- Yes, we changed insurance carriers
- Yes, we limited benefit choices (e.g. changed network, eliminated HMO/PPO coverage, etc.)
- Yes, we increased the employee portion of premiums
- No
- Other _____

15. Do you use a broker/consultant? (If no, select "No" and go to question 20)

- Yes
- No

16. How is your broker/consultant compensated?

- By insurance carrier
- Directly by employer
- Other _____

17. How is your broker compensated for their services?

- Percentage of premium
- Annual flat fee
- Monthly flat fee per employee/family
- Other: _____

18. If your group is large enough where broker/consultant compensation is negotiable have you renegotiated your broker/consultant's compensation in the past 12 months?

- Yes
- No
- N/A

19. Do you plan on negotiating your broker/consultant's compensation in the next 12 months?

- Yes
- No
- N/A

20. Do you anticipate a change for 2011 health insurance premiums? (If no, choose no and skip to question 23)

- Yes
- No

21. What type of change do you anticipate for 2011 health insurance premiums?

- Increase
- Decrease

22. What percent change do you anticipate for 2011 health insurance premiums? _____%

23. Are you anticipating making changes in the coming year in order to contain health care costs? (check all that apply)

- Yes, we plan to increase deductibles
- Yes, we plan to increase co-pays
- Yes, we plan to change insurance carriers
- Yes, we plan to limit benefit choices (e.g. change network, eliminate HMO/PPO coverage, etc.)
- Yes, we plan to increase the employee portion of premiums
- No
- Other _____

24. When do you begin your new benefit plan year?

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

25. Has the Patient Protection and Affordable Care Act (PPACC) affected your decisions regarding your medical program?

- Yes
- No
- Don't know

26. Will you limit your plan changes to maintain Grandfathered status under PPACC?

- Yes
- No
- Don't know

27. If you have 25 or less employees, will you qualify for the "Small Business Tax Credit"?

- Yes
- No
- Don't know
- N/A

28. Will you submit an application to receive financial assistance under the "Early Retiree Reinsurance Program"?

- Yes
- No
- Don't know

29. Has the extension of coverage for married young adults to age 26 impacted your medical plan?

- Yes
- No
- Don't know

HMO Definitions/Instructions:

- ▶ Employer Premium Cost – Portion of **Monthly** premium employer pays.
- ▶ Employee Premium Cost – Amount employee must contribute **Monthly** thru payroll deductions.
- ▶ Office Co-Pay – Out-of-pocket amount employee must pay for doctor visit.
- ▶ Please do not indicate % amount unless question indicates a % amount is needed.
- ▶ Data cannot be used if % amount is indicated where a \$ amount is needed.

Please Note:

If your organization offers more than one HMO plan (i.e., one for office and one for bargaining unit employees), please photocopy this survey page and provide data for each additional plan.

HMO PLAN

30. Do you currently offer an HMO plan? (If no HMO Plan, choose “No” and go to PPO Plan question 36)

- Yes No

31. What is the Premium Cost for the following?

	Employee Only	Employee & Spouse	Employee & Child	Family
EMPLOYER Monthly Contribution	\$ _____	\$ _____	\$ _____	\$ _____
EMPLOYEE Monthly Contribution	\$ _____	\$ _____	\$ _____	\$ _____

32. What is the Office Visit Co-Pay? \$ _____

33. Do you have HMO prescription drug coverage? (If no, choose no and go to question 36)

- Yes
 No

34. How many co-pay tiers does your HMO prescription drug coverage have?

- One
 Two
 Three
 Four

35. What is the retail cost for your HMO prescription drug coverage co-pays?

Enter dollar amount or percentage and provide data for the # of tiers that match your answer to question 34.

\$ _____ Tier One	~OR~	_____ % Tier One
\$ _____ Tier Two		_____ % Tier Two
\$ _____ Tier Three		_____ % Tier Three
\$ _____ Tier Four		_____ % Tier Four

PPO Definitions/Instructions:

- ▶ Employer Premium Cost – Portion of **Monthly** premium employer pays.
- ▶ Employee Premium Cost – Amount employee must contribute **Monthly** thru payroll deductions.
- ▶ Deductible – Amount insured must pay **per person** prior to insurance paying.
- ▶ Office Co-Pay – Out-of-pocket amount employee must pay for doctor visit.
- ▶ Please do not indicate % amount unless question indicates a % amount is needed.
- ▶ Data cannot be used if % amount is indicated where a \$ amount is needed.

Please Note:

If your organization offers more than one PPO plan (i.e., one for office and one for bargaining unit employees), please photocopy this survey page and provide data for each additional plan.

PPO PLAN

36. Do you currently offer a PPO Plan?

- Yes No (end of survey)

37. What is the Premium Cost for the following?

	Employee Only	Employee & Spouse	Employee & Child	Family
EMPLOYER Monthly Premium Cost	\$ _____	\$ _____	\$ _____	\$ _____
EMPLOYEE Monthly Premium Cost	\$ _____	\$ _____	\$ _____	\$ _____

38. Answer the following for Employee Only (paid as a dollar amount):

	Employee pays: In Network	Employee pays: Out of Network
Per Person Deductible	\$ _____	\$ _____
Out-of Pocket maximum amount (excluding deductible)	\$ _____	\$ _____

39. Answer the following for Employee Only (paid as a percentage):

	Plan pays: In Network	Plan pays: Out of Network
Co-insurance amount	_____ %	_____ %

40. Please enter either a dollar amount OR a percentage amount for the in and out of network office visit co-pay that the **employee pays**:

	In Network	Out of Network	~OR~	In Network	Out of Network
Office Visit Co-Pay	\$ _____	\$ _____		% _____	% _____

PPO Definitions/Instructions:

- ▶ Employer Premium Cost – Portion of **Monthly** premium employer pays.
- ▶ Employee Premium Cost – Amount employee must contribute **Monthly** thru payroll deductions.
- ▶ Deductible – Amount insured must pay **per person** prior to insurance paying.
- ▶ Office Co-Pay – Out-of-pocket amount employee must pay for doctor visit.
- ▶ Please do not indicate % amount unless question indicates a % amount is needed.
- ▶ Data cannot be used if % amount is indicated where a \$ amount is needed.

Please Note:

If your organization offers more than one PPO plan (i.e., one for office and one for bargaining unit employees), please photocopy this survey page and provide data for each additional plan.

41. Do you have PPO prescription drug coverage?

- Yes
- No (end of survey)

42. How many co-pay tiers does your PPO prescription drug coverage have?

- One
- Two
- Three
- Four

43. What is your retail cost for PPO prescription drug coverage co-pays?

Enter dollar amount or percentage and provide data for the # of tiers that match your answer to question 42.

\$ _____ Tier One	~OR~	_____ % Tier One
\$ _____ Tier Two		_____ % Tier Two
\$ _____ Tier Three		_____ % Tier Three
\$ _____ Tier Four		_____ % Tier Four

End of survey. Thank you for Participating! Please enter your data online or fax to: 630-963-2800