

Questionnaire for the Annual Survey of Employer Benefits

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Benefits for Full Time Workers

II. Health Related Coverage

A. Health Insurance

	Hourly	Salary
Does your organization offer health insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Does your organization offer health coverage for family members?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Is your organization considering dropping health coverage in the coming year?	<input type="radio"/> Yes <input type="radio"/> No	
Single Plan or Multiple Plans?	<input type="radio"/> Single <input type="radio"/> Multi	<input type="radio"/> Single <input type="radio"/> Multi
Self Insured	<input type="checkbox"/>	
Indemnity Plan	<input type="checkbox"/>	

Types of Plans Offered (check one or both)

Traditional (Complete section 1 below)
 High Deductible (Complete section 2 below)

HSA and HRA plans

	Hourly	Salary
My organization offers only HSA or HRA plans	<input type="radio"/>	<input type="radio"/>
My organization offers optional HSA or HRA plans	<input type="radio"/>	<input type="radio"/>
My organization doesn't offer HSA or HRA plans	<input type="radio"/>	<input type="radio"/>

Hourly **Salary**

If your company offers HSA/HRA plans, what is the annual company contribution?

Hourly

Salary

Single \$ [input]

\$ [input]

Family \$ [input]

\$ [input]

What is the maximum annual out of pocket expense?

Single \$ [input]

Family \$ [input]

Wellness incentives

Hourly

Salary

Does your company offer wellness incentives? Yes No

Yes No

What is the maximum an employee may earn in wellness incentives? \$ [input]

\$ [input]

1. Insurance Costs/Traditional Plan

If you offer only high deductible plans, skip to Question 2

When are employees eligible for coverage?

Hourly

Salary

- Immediately to 30 days Hourly Salary
- One month to three months Hourly Salary
- Three months to six months Hourly Salary
- Six months to a year Hourly Salary
- After one year Hourly Salary

Hourly

Salary

Does your organization offer coverage to family members? Yes No

Yes No

How much does the EMPLOYEE pay each month for:

Employee only \$ [input]

\$ [input]

Employee plus spouse \$ [input]

\$ [input]

Employee plus child(ren) \$ [input]

\$ [input]

Family \$ [input]

\$ [input]

How much does the EMPLOYER pay each month for:

Employee only \$ [input]

\$ [input]

	Hourly	Salary
Employee plus spouse	\$ <input type="text"/>	\$ <input type="text"/>
Employee plus child(ren)	\$ <input type="text"/>	\$ <input type="text"/>
Family	\$ <input type="text"/>	\$ <input type="text"/>
What is the annual deductible per person?	\$ <input type="text"/>	\$ <input type="text"/>
What is the annual deductible per family?	\$ <input type="text"/>	\$ <input type="text"/>
Many plans split health costs between insurance and employee with, for example, insurance paying 80 percent and the employee responsible for 20 percent. If that's the case at your organization, what is the average percentage paid by the insurer?	<input type="text"/> %	<input type="text"/> %
What is the average co-pay for routine office visits?	\$ <input type="text"/>	\$ <input type="text"/>

What is the maximum annual out of pocket expense?

Per Employee?	\$ <input type="text"/>	\$ <input type="text"/>
Per Family?	\$ <input type="text"/>	\$ <input type="text"/>

2. High Deductible Plan

When are employees eligible for coverage?

	Hourly	Salary
Immediately to 30 days	<input type="radio"/>	<input type="radio"/>
One month to three months	<input type="radio"/>	<input type="radio"/>
Three months to six months	<input type="radio"/>	<input type="radio"/>
Six months to a year	<input type="radio"/>	<input type="radio"/>
After one year	<input type="radio"/>	<input type="radio"/>

	Hourly	Salary
Does your organization offer coverage to family members?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

How much does **EMPLOYEE** pay each month for:

Employee only	\$ <input type="text"/>	\$ <input type="text"/>
Employee plus spouse	\$ <input type="text"/>	\$ <input type="text"/>
Employee plus child(ren)	\$ <input type="text"/>	\$ <input type="text"/>

Hourly

Salary

Family

\$

\$

How much does **EMPLOYER** pay each month for:

Employee only

\$

\$

Employee plus spouse

\$

\$

Employee plus child(ren)

\$

\$

Family

\$

\$

What is the annual deductible per person?

\$

\$

What is the annual deductible per family?

\$

\$

Many plans split health costs between insurance and employee with, for example, insurance paying 80 percent and the employee responsible for 20 percent. If that's the case at your organization, what is the average percentage paid by the insurer?

%

%

What is the average co-pay for routine office visits?

\$

\$

What is the maximum annual out of pocket expense?

Per Employee?

\$

\$

Per Family?

\$

\$

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Questionnaire for the Annual Survey of Wages and Benefits

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