

Questionnaire for the Annual Survey of Employer Benefits

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Benefits for Full Time Workers

II. Health Related Coverage (Continued)

B. Prescription Drugs

	Hourly	Salary
Does your health coverage include a prescription benefit? <small>If no, please proceed to Section C.</small>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

	Hourly	Salary
What is the employee co-pay for:		

Co-pays are: Dollar Amounts
 Percentages

Retail Generic	<input type="text"/>	<input type="text"/>
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Retail Formulary	<input type="text"/>	<input type="text"/>
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Retail Non-Formulary	<input type="text"/>	<input type="text"/>
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Mail-Order Generic	<input type="text"/>	<input type="text"/>
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Mail-Order Formulary	<input type="text"/>	<input type="text"/>
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Mail-Order Non-Formulary	<input type="text"/>	<input type="text"/>
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C. Dental Insurance

	Hourly	Salary
Does your health coverage include a dental benefit? <small>If no, please proceed to Section D.</small>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

Hourly

Is an orthodontia benefit available? Yes No

Salary

Yes No

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

What is the annual deductible per person? \$

Salary

\$

What is the maximum ANNUAL BENEFIT per employee for

Single Coverage? \$

\$

Family Coverage? \$

\$

If coverage is separate from health insurance, how much does the **EMPLOYEE** pay each month for:

Employee only \$

\$

Employee plus spouse \$

\$

Employee plus child(ren) \$

\$

Family \$

\$

If coverage is separate from health insurance, how much does the **EMPLOYER** pay each month for:

Employee only \$

\$

Employee plus spouse \$

\$

Employee plus child(ren) \$

\$

Family \$

\$

Percent of dental bills insurance company cover?

Preventive %

%

Basic %

%

	Hourly	Salary
Major	<input type="text"/> %	<input type="text"/> %

D. Vision Coverage

	Hourly	Salary
Do you offer a separate vision benefit? <small>If no, please proceed to Section E.</small>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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"/>

If coverage is separate from health insurance, how much does the **EMPLOYEE** pay each month for:

	Hourly	Salary
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"/>
Family	\$ <input type="text"/>	\$ <input type="text"/>

If coverage is separate from health insurance, how much does the **EMPLOYER** pay each month for:

	Hourly	Salary
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"/>
Family	\$ <input type="text"/>	\$ <input type="text"/>

Are glasses and contacts covered?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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Are LASIK and similar procedures covered?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
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E. Short-term Disability

	Hourly	Salary
Do you offer a short-term disability benefit? <small>If no, please proceed to Section F.</small>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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
What percent of wages do employees receive while on disability?	<input type="text"/> %	<input type="text"/> %
What is the maximum duration (weeks) that benefits are paid?	<input type="text"/> weeks	<input type="text"/> weeks

F. Long-term Disability

	Hourly	Salary
Do you offer a long-term disability benefit?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

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
What percent of wages do employees receive while on disability?	<input type="text"/> %	<input type="text"/> %
At what age do employees no longer receive benefits?	<input type="text"/>	<input type="text"/>