



**The Center for Health Information and Analysis
2021 Massachusetts Employer Survey**

Survey Questions

FINAL INSTRUMENT

May 2021

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Section I. Introduction and Screening Questions

2021 Massachusetts Employer Survey

We need your help. You've been selected to participate in this year's Massachusetts Employer Survey. This survey studies how firms provide health insurance to their employees. As a member of the business community, your feedback is important. Your answers help maintain the accessibility and affordability of employer-sponsored health insurance.

For your participation, we will provide you with a \$20 honorarium once the survey has been completed.

The Center for Health Information and Analysis (CHIA) has conducted the Massachusetts Employer Survey (MES) regularly since 2001. You can view past results here: <http://www.chiamass.gov/massachusetts-employer-survey>.

CHIA is a state agency responsible for providing information to the business community and state government policymakers about employer-sponsored health insurance coverage.

Thank you for your attention. **Click the arrow to continue.**

[CONSENT]

Before you begin, here are some important things for you to know:

1. Your answers will be kept confidential. The information from this study will not be presented or published in any way that would permit identification of you or your business.
2. For all questions on this survey, please provide your best estimate for the number or information requested.
3. The survey instruction booklet provides an outline that describes the types of information that you will be asked to provide. If you have not had a chance to review the instruction booklet, it is available on the survey website <https://mahealthsurveys.gov/instructions>. Or, click the following link to download a copy: Survey Instructions [HYPERLINK].
4. You can use the worksheets to help answer the questions. If you have not already obtained these worksheets, they are also available on the survey website. Click the following link to download the worksheet: Survey Worksheet [HYPERLINK].
5. Your participation is voluntary. If you have any questions or concerns about this study, please contact the project director at Market Decisions Research, Dr. Brian Robertson at 1-800-293-1538, ext. 102.

Click the forward arrow to continue.

INTRO1

First, are you the most appropriate person at your firm to answer questions regarding health purchasing and benefits for all of your firm's Massachusetts-based employees? (Y/N)

ASK IF NO TO INTRO1

INTRO2

Please enter the name, email address, and phone number of the appropriate person at your firm to answer questions regarding health plan purchasing and benefits for all Massachusetts-based employees.

Thank you for your time.

**Exit survey and dispositioned as INTERRUPTED. Display message "Thank you for your participation. We will be reaching out to your alternate contact shortly."

Section II. Employee Characteristics

EMPINTRO

In this section, we will gather information about the number of employees working for your firm.

Throughout the survey, questions will refer to your firm's full- and part-time employees, excluding contract workers and temporary employees.

Definition of Full-time and Part-time:

- **Full-time employee** is classified as someone who works [on average] 30 hours or more per week.
- **Part-time employee** is classified as someone who works [on average] fewer than 30 hours per week.

EXCLUDE:

- **Contract workers** that are hired to perform specific functions in a contractual relationship for a defined period of time.
- **Temporary employees** that are employed for a designated period of time.

Throughout this survey, please provide your best estimate for the data requested.

The worksheets that we provided to you with the invitation, also available [HERE](#), will help answer the questions in this section. If you did not complete the worksheet and would like to do so, you may exit the survey and your progress will be saved. You can complete the worksheet and re-access the survey using the link and your passcode from the invitation letter or email.

EMP01

Do you employ at least three (3) full- or part-time employees based in the state of Massachusetts? (Y/N)

**If NO > Screened Out. Will not receive completion incentive due to ineligibility.

EMP02

Do all of your firm's employees work in Massachusetts? Please include any Massachusetts-based employees working remotely. (Y/N)

SKIP IF YES TO EMP02

USEMP

How many employees does your firm employ nationally in the United States?
Enter the number of employees (e.g., 200).

EMP03

This question is about your Massachusetts employees. It is a core component of the survey. Please make sure you provide data for this question. Please enter the number of full-and/or part-time employees currently working for your firm in Massachusetts. Please include all employees working at your firm's location(s) in Massachusetts and any Massachusetts-based employees working remotely. If you do not employ either full or part-time workers, please enter a zero "0" for that group.

| | |
|---|--------------|
| Full-time employees in Massachusetts | ENTER NUMBER |
| Part-time employees in Massachusetts | ENTER NUMBER |

EMP03B

Approximately what percentage of your full- and/or part-time employees in Massachusetts are working remotely?

[Drop-down with 0-100% in 10% increments]

EMP03C

Please enter the number of full- and/or part-time employees employed by your firm in Massachusetts in **January 2020**.

| | |
|---|--------------|
| Full-time employees in Massachusetts | ENTER NUMBER |
| Part-time employees in Massachusetts | ENTER NUMBER |

EMP03D

Were any employees furloughed or laid off during the Covid-19 pandemic? (Y/N)

EMP03E

Did any employees leave voluntarily because of concerns related to the Covid-19 pandemic? (Y/N)

ASK IF YES TO EMP03E

EMP03F

Can you identify groups of workers that have left voluntarily due to concerns related to the Covid-19 pandemic? Select all that apply.

- Those close to retirement
- Older workers
- Those with children
- Women
- Those with underlying health conditions
- Part-time workers
- Contract workers
- Other? Please specify:

EMP04

Are any of your Massachusetts-based employees unionized? (Y/N)

ASK IF YES TO EMP04

EMP05

This question asks only about your unionized employees based in Massachusetts, including those working remotely. Of your (FILL FT MA EMPLOYEES) full-time and (FILL PT MA EMPLOYEES) part-time Massachusetts-based employees, how many are unionized?

| | |
|---|--------------|
| Number of Full-time Massachusetts-based employees that are unionized | ENTER NUMBER |
| Number of Part-time Massachusetts-based employees that are unionized | ENTER NUMBER |

**Check prevents respondent from entering more unionized (FT/PT) employees than they have in Massachusetts.

EMP06

How many of your firm's [Show MA Employment Total] Massachusetts-based employees are in each age group?

Your best estimate is fine, but please make sure you do not exceed your total number of employees.

- Under age 26
- 26 – 49
- 50 and older

**Check prevents respondent from entering more employees than they have in Massachusetts. A respondent may provide less than their total employment count as it is possible they do not know everyone's age. If respondent enters <50% of their MA employees, a prompt asks for their best estimate, but they will be allowed to proceed.

EMP07

Consider the earnings of your firm's [Show MA Employment Total] Massachusetts-based employees, including management. How many earn...

Your best estimate is fine, but please make sure you do not exceed your total number of employees.

- Less than \$17 per hour (\$34,820 per year)
- Between \$17 and \$42 per hour (\$34,821 to \$86,510 per year)
- \$42 or more per hour (\$86,511 per year)

**Check prevents respondent from entering more employees than they have in Massachusetts. A respondent may provide less than their total employment count as it is possible they do not have income data for all employees. If respondent enters <50% of their MA employees, a prompt asks for their best estimate, but they will be allowed to proceed.

EMPCHK

Please verify that your employment characteristics data is all correct. If your employment information is correct, select "Yes" using the drop-down menu. If you need to change your answers, select "No" and you will be able to make changes to the information.

| | Verify your employment information |
|--|------------------------------------|
| Is your employment information correct? | Yes/No |
| Massachusetts Total Employees | |
| Full-time Massachusetts-based Employees | |
| Part-time Massachusetts-based Employees | |
| Are any Massachusetts-based workers unionized? | |
| Full-time Unionized Massachusetts-based Employees | |
| Part-time Unionized Massachusetts-based Employees | |
| Age – Employees under 26 | |
| Age – Employees 26 to 49 | |
| Age – Employees 50 or older | |
| Income - Less than \$17 per hour (\$34,820 per year) | |
| Income - Between \$17 and \$37.92 per hour (\$34,821 to \$86,510 per year) | |
| Income - \$42 or more per hour (\$86,511 or more per year) | |

**Table rows are built dynamically based on which questions respondents provided input for in EMP02-EMP07.

ASK IF NO TO EMPCHK

EMPCHANGES

Please select the type of information you need to change. You will be brought back to that question to make changes.

- Employment Numbers
- Unionization Information
- Employee Age
- Employee Income

*Selecting one of these options will bring a respondent to the corresponding question where they can alter their answers. All survey logic and checks to ensure data quality will continue to run while a respondent corrects their information. After they make changes, they will be brought back to the EMPCHK table to verify their information.

Section III. Benefits Offered to Employees

BEN01A

Which of the following benefits does your firm currently offer to full- and/or part-time Massachusetts-based employees?

Note about the Individual Coverage HRA:

The individual coverage HRA option is a new benefit class as of January 2020. It is not the same as a traditional HRA. The individual coverage HRA is an employer-funded, pre-tax account employees can use to purchase insurance or pay for medical care. Unlike a traditional HRA, the individual coverage HRA is offered as a standalone benefit instead of traditional group health insurance. It cannot be offered to employees who are eligible for group health insurance at your firm.

Select all that apply:

- Dental insurance
- Vision plan
- Pre-tax flexible spending account for uncovered health expenses (Section 125 FSAs)
- Disability insurance (short or long term)
- Life insurance
- Paid sick leave
- Company sponsored retirement plan including 401K, Simple IRA, or a pension
- Wellness programs for employees (either company provided or provided as a part of health benefits coverage)
- Individual Coverage HRA (this kind of HRA is newly available as of January 1, 2020, and it is not associated with a health insurance plan).
- Reimbursement for child care
- Employee Assistance Programs
- None of the above

BEN01B

Are any of these benefits newly offered to Massachusetts-based employees since March 2020?
Select all that apply.

[DISPLAY THOSE SELECTED IN BEN01A and add a category for any others.]

SKIP IF SELECTED ALL BENEFITS IN BEN01A

BEN01C

Are there benefits that were offered to Massachusetts-based employees prior to March 2020 that are no longer offered? Select all that apply.

- [FILL IN LIST FROM BEN01A THAT WERE NOT OFFERED]
- We still offer all benefits that were offered pre-pandemic

BEN01D

Since March 2020, have you either increased or decreased company contributions to any of the following benefits?

[DISPLAY LIST OF BENEFITS OFFERED BY FIRM FROM BEN01A –EXCLUDE Sick leave, and Employee absence program]

[INCREASED DECREASED NO CHANGE]

SKIP IF NO SICK LEAVE OFFERED IN BEN01A

BEN01E

Since March 2020, have you either increased or decreased the amount of paid sick time offered to Massachusetts-based employees, aside from time related to specific requirements enacted through the Families First Coronavirus Response Act (FFCRA) or the America Rescue Plan?

[INCREASED, DECREASED, NO CHANGE]

**ASK IF INDIVIDUAL HRA SELECTED IN BEN01A
INDHRA**

You indicated that you offer employees an individual coverage health reimbursement account (HRA) instead of traditional group health insurance. **This individual coverage HRA is different from a traditional HRA and it cannot be offered to the employees who are eligible for your firm's group health insurance.** For example, if you offer full-time employees group health insurance, you cannot offer to them the individual coverage HRA. However, if you have part-time, contract, or another employee class to whom you do not offer group health insurance, you can offer the individual coverage HRA to those employees.

Please note, if you indicate that you offer the individual coverage HRA to **all** Massachusetts-based employees, you are confirming that you **do not** provide group health insurance to your Massachusetts-based employees.

Which types of employees do you offer the individual coverage HRA to?

Select all that apply:

- All Employees (You are confirming you **do not** offer traditional group insurance if you select this.)
- Full-time
- Part-time
- Seasonal
- Hourly
- Contract workers
- Other, please specify:

**If "All Employees", respondent is skipped to Health Care Decision Making.

BEN02

Does your firm offer health insurance to any Massachusetts-based employees? (Y/N)

We define health insurance as any program or plan that pays any part of a hospital or doctor bill. Please do not include any health insurance plan that covers only ONE type of service like plans for dental care, cancer or prescription drugs.

**If “NO” respondent is skipped to No Insurance Section IX.

BEN03

Do you offer coverage to any of the following, in addition to offering coverage to your Massachusetts-based employees? (Y/N)

- Coverage for the employee [This option is defaulted to yes and hidden from view]
- Coverage for the employee plus spouse
- Coverage for the employee and dependent children
- Coverage for the employee, spouse, and dependent children

ASK IF COVERAGE OFFERED TO SPOUSES IN BEN03

BEN04A

If an employee’s spouse is offered health insurance from their employer or another source, is the spouse still able to enroll in your firm’s plan? (Y/N/DK)

ASK IF YES TO BEN04A

BEN05A

If a spouse is offered health insurance from another source, are they required to contribute more than other spouses, such as higher premiums or higher cost-sharing? (Y/N/DK)

ASK IF COVERAGE OFFERED TO SPOUSES IN BEN03

BEN03B

Does your firm offer health insurance coverage to UNMARRIED domestic partners?

| | |
|--------------------------------|----------|
| Same sex domestic partners | (Y/N/DK) |
| Opposite sex domestic partners | (Y/N/DK) |

ASK IF YES TO BEN03B

BEN04B

If an employee’s domestic partner is offered health insurance from their employer or another source, is the domestic partner still able to enroll in your firm’s plan? (Y/N/DK)

ASK IF YES TO BEN04B

BEN05B

If a domestic partner is offered health insurance from another source, are they required to contribute more than other domestic partners, such as higher premiums or higher cost-sharing? (Y/N/DK)

SKIP TO BEN08 IF NO PART-TIME EMPLOYEES

BEN06

Are any of your firm's part-time employees in Massachusetts eligible for health benefits? (Y/N)

Part-time employees are defined as those who work on average fewer than 30 hours per week.

ASK IF YES TO BEN06

BEN07

How many hours per week must a part-time employee in Massachusetts work to be eligible for health insurance coverage at your firm?

[ENTER NUMBER OF HOURS]

BEN08

How many of your [FULL TIME] and/or [PART TIME] Massachusetts (full-time/part-time) employees are currently eligible for health insurance offered by your firm? Please make sure that the number of eligible employees does not exceed the number who are employed.

| | Currently employed in MA | Enter the employees eligible for health insurance |
|--|--------------------------|---|
| The number of full-time employees eligible | SHOW # FT | ENTER NUMBER |
| The number of part-time employees eligible | SHOW # PT | ENTER NUMBER |

**Rows are hidden according to input to EMP03. Check prevents respondent from entering more (FT/PT) employees than they have in Massachusetts. Exceeding the MA total employment will cause an error message to display and ask for respondent to correct their input.

ASK IF FULL-TIME ELIGIBLE IS LESS THAN FULL-TIME EMPLOYEES IN MASSACHUSETTS

BEN08FTCHK

You have indicated that only [BEN08 FT Eligible] of your [EMP03 FT in MA] full-time employees in Massachusetts are eligible for insurance. Is this correct? (Y/N)

*If 'YES', proceed to BEN09.

*If 'NO', return to BEN08 with prompt to enter the correct number of employees.

SKIP TO BEN10 IF NO ELIGIBLE EMPLOYEES

BEN09

Of your [BEN08 ELIGIBLE FT EMPLOYEES] full-time and [BEN08 ELIGIBLE PT EMPLOYEES] part-time Massachusetts-based employees, eligible for health insurance, approximately how many are enrolled by your health insurance plan or plans?

| | Enter the number of employees enrolled |
|---|--|
| You have [BEN08 FT ELIGIBLE] eligible full-time employees | ENTER NUMBER |
| You have [BEN08 PT ELIGIBLE] eligible part-time employees | ENTER NUMBER |

**Rows are hidden according to input to EMP03. Part time question text and row in table are eliminated if NO to BEN06. Check prevents respondent from entering more enrolled employees (FT+PT) than they have eligible in MA.

ASK IF NO EMPLOYEES ENROLLED

BEN09CHK

You have indicated that none of your eligible employees are covered by your firm's health insurance. Is this correct? (Y/N)

*If 'YES', respondent will proceed through survey as normal but will skip the Enrollment section.

*If "NO", return to BEN09 with prompt to enter the correct number of employees.

BEN10

If an employee turns down health insurance coverage offered by your firm, does that employee receive money or other compensation? (Y/N)

BENCHK

Please review your employee benefits information below. If everything is correct, please select "Yes" using the drop-down menu. If you need to make changes, please select "No, I need to make changes" and you will be prompted to indicate what information needs revision.

| | |
|---|----------------------------------|
| | Verify your benefits information |
| Is your benefits information correct? | Yes/No |
| Health Insurance Offered to MA Employees | [BEN01] |
| Employee Only | [BEN03] |
| Employee plus spouse | [BEN03] |
| Employee plus child | [BEN03] |
| Employee plus spouse and child | [BEN03] |
| Spouse can enroll in your insurance if offered insurance from their employer | [BEN04A] |
| Higher cost sharing for spouses enrolled in your plan who can get insurance from their own employer | [BEN05A] |
| Insurance offered to opposite-sex domestic partners | [BEN03B] |
| Insurance offered to same-sex domestic partners | [BEN03B] |
| Domestic partner can enroll in your insurance if offered insurance from their employer | [BEN04B] |
| Higher cost sharing for domestic partners enrolled in your plan who can get insurance from their own employer | [BEN05B] |
| Part-time employees eligible for insurance | [BEN06] |
| Hours part-time employees must work to become eligible for insurance | [BEN07] |
| Insurance Eligible Full-Time Massachusetts-based Employees | [BEN08] |
| Insurance Eligible Part-Time Massachusetts-based Employees | [BEN08] |
| Enrolled Full-Time Massachusetts-based Employees | [BEN09] |
| Enrolled Part-Time Massachusetts-based Employees | [BEN09] |
| Compensation provided to employees that decline coverage | [BEN010] |

**Table is built dynamically to reflect information respondents provided to questions BEN01-BEN10.

Ask if No to EMPCHK

EMPCHANGES

Please select the type of information you need to change. You will be brought back to that question to make changes.

- Coverage offered
- Spousal coverage policy
- Domestic partner coverage policy
- Part-time employee eligibility
- Number of eligible employees
- Number of enrolled employees
- Compensation policy for declining coverage

*Selecting one of these options will bring a respondent to the corresponding question where they can alter their answers. All survey logic and checks to ensure data quality will continue to run while a respondent corrects their information. After they make changes, they will be brought back to the EMPCHK table to verify their information.

Section IV. Health Plan Characteristics

HPC01

In this section of the survey, you will provide information about the types of plans offered by your firm and information about each plan.

This will include:

- The number of plans offered
- The types of plans offered

Then for each plan you will provide information on:

- Plan deductible
- Out-of-pocket limit
- Premiums paid by your firm and the employee
- Whether the plan is a high deductible health plan
- Whether the plan is self-funded by your firm
- Use of tiered networks
- Use of limited provider networks
- Accountable care organizations (ACOs)
- Waiving of copays for chronic illness treatment

The worksheets that we provided to you with the invitation, also available [HERE](#) [HYPERLINK], will help answer the questions in this section. If you did not complete the worksheet and would like to do so, you may exit the survey and your progress will be saved. You can complete the worksheet and re-access the survey using the link and your passcode from the invitation letter or email.

HCP02

To start with, how many of each of the following types of plans are offered to your firm's Massachusetts-based employees at any location, including remote workers, across all health plan carriers?

Plan Type Definitions:

HMO. With an HMO, a person must receive their care from an HMO physician; otherwise the expense is not covered. When they use HMO physicians, cost sharing is often very low.

POS. In a POS plan, employees are reimbursed at a lower rate for services they receive outside the network, but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.

PPO. With a PPO, employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network, but out-of-network care is also covered. A preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.

Indemnity. Under conventional or indemnity health insurance, there are no preferred provider networks and a person faces the same cost-sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible. Also referred to as "fee-for-service" plans.

Use the drop-down menus to select the number of plans of each type you offer to Massachusetts employees.

| Type of plan | |
|--------------|--------------|
| HMO | ENTER NUMBER |
| POS | ENTER NUMBER |
| PPO | ENTER NUMBER |
| Indemnity | ENTER NUMBER |

SHOW IF NONE FOR ALL PLAN TYPES IN HCP02

HCP02CHK

You have indicated that your firm does not offer any HMO, POS, PPO, or Indemnity plans. Is this correct? (Y/N)

**If "YES", respondent goes to NOPLANS.

**If "NO", return to HCP02 to correct their input.

NOPLANS

Please describe the insurance benefits or plans you provide to your eligible employees.

**Branch to Health Care Decision making

TYPE

You have indicated that your firm provides [SUM OF HCP02 PLANS] plans for your employees. We are collecting information on your five largest plans by enrollment. In this question, please consider your five largest plans based upon how many employees are enrolled in each.

Beginning with Plan 1, please select the Plan Type of your largest plan. Then, then select the Plan Type of your second largest plan, and so on.

You may enter a name or identifier for each plan, such as the plan name found in your certificate of benefits. This will help you identify your plans as you enter information in later questions.

If you do not want to enter a name or identifier, please proceed to the next question after you have selected plan types for your five largest plans.

| | Select Plan Type | Plan Name | |
|--------|--------------------------------------|-----------------------------------|---|
| Plan 1 | Drop-down (HMO, POS, PPO, Indemnity) | (Enter a plan name or identifier) | [This is your largest plan] |
| Plan 2 | Drop-down (HMO, POS, PPO, Indemnity) | (Enter a plan name or identifier) | [This is the smallest of your two plans] |
| Plan 3 | Drop-down (HMO, POS, PPO, Indemnity) | (Enter a plan name or identifier) | [This is the smallest of your three plans] |
| Plan 4 | Drop-down (HMO, POS, PPO, Indemnity) | (Enter a plan name or identifier) | [This is the smallest of your four plans] |
| Plan 5 | Drop-down (HMO, POS, PPO, Indemnity) | (Enter a plan name or identifier) | [This is the smallest of your top five plans] |

**Question text is variable depending upon the total number of plans and whether there is a mix of plans or just several of the same type.

**Table builds rows dynamically, up to five rows

**If all plans are the same type, the "Select Plan Type" column is pre-filled with the type from HCP02 to eliminate response burden.

**The fourth column text fills dynamically based on how many plans are offered. No text is displayed if one plan is offered. The largest and smallest are displayed for the largest highest and lowest plan number – intervening plans (2,3,4 in a 5 plan offering) do not get any text.

**Based on plan types selected in HCP02, options in the dropdown will be hidden to eliminate mistaken selection of the wrong plan types.

ASK IF MORE THAN ONE PLAN

HCP03

Are all the plans offered by your firm provided through one insurance carrier? (Y/N)

ASK IF ONE PLAN OR YES TO HCP03

HCP04

Please select the name of the carrier that provides your firm's health plan(s)

- Blue Cross Blue Shield of MA
- Harvard Pilgrim Health Care (include Health Plans Inc.)
- Tufts Health Plan (include Network Health)
- Fallon Health
- Health New England
- AllWays Health Partners
- United Healthcare
- Aetna
- Cigna
- Anthem/Unicare/Wellpoint
- Other

ASK IF NO TO HCP03

HCP05

Please select the carrier that offers each of your firm's plans

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|------------------------------|-----------|-----------|-----------|-----------|-----------|
| Select carrier for each plan | Drop-down | Drop-down | Drop-down | Drop-down | Drop-down |

**Table is built dynamically to reflect the number of plans, up to 5.

**If a respondent indicated that they only have one carrier, this question is auto populated with their choice from HCP04 and the respondent skips this question. The responses here are piped into subsequent questions where carrier name is referenced.

HCP06

For each plan offered by your firm, please enter the annual deductible for single coverage using in-network providers.

Enter your response as a whole number (e.g., 200).

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|------------------------|--------------|--------------|--------------|--------------|--------------|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | Enter Amount |

**Table is built dynamically to reflect the number of plans, up to 5.

**Plans with a deductible greater than \$1350 are flagged as HDHP and are displayed in HCP08.

HCP07

For each plan offered by your firm, please enter the annual out-of-pocket limit for single coverage using in-network providers.

Enter your response as a whole number (e.g., 200).

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---------------------------|--------------|--------------|--------------|--------------|--------------|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | Enter Amount |

**Table is built dynamically to reflect the number of plans, up to 5.

Ask if any plan qualifies as a HDHP

HCP08

High Deductible Health Plans (HDHPs) are plans with an annual single deductible of at least \$1,400 and a family deductible of at least \$2,800 for in-network or preferred providers.

[FILL NUMBER] of your plans meet this definition.

For each high deductible health plan offered by your firm please indicate whether plan includes a health reimbursement arrangement or a health savings account.

HRA and HAS Definitions:

Health Reimbursement Arrangement (HRA): An HRA is funded on a pre-tax basis only by an employer, not the worker, and the funds are not portable from job to job. Employees use the funds for medical care or services.

Health Savings Account (HSA): A medical savings account available to employees enrolled in a High Deductible Health Plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|-----------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | [HCP07] | [HCP07] | [HCP07] | [HCP07] | [HCP07] |
| Includes HRA or HSA? | HRA, HSA, BOTH, Neither |

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with deductible \$1350 or greater are shown.

ASK IF ANY HDHP HAS AN HRA AND/OR HSA

HCP09

For the plan(s) with a Health Reimbursement Arrangement, what is your firm’s annual contribution (in dollars) for each employee.

Enter your response as a whole number (e.g., 200).

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---|---------------|---------------|---------------|---------------|---------------|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | [HCP07] | [HCP07] | [HCP07] | [HCP07] | [HCP07] |
| Includes HRA | [HCP08] | [HCP08] | [HCP08] | [HCP08] | [HCP08] |
| Annual company contribution to HRA - Individual | Enter Amount |
| Annual company contribution to HRA – Family (Spouse and/or Children) | Enter Amount |

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with deductible of \$1350 or greater are shown.

**Only plans with HRA or BOTH selected in HCP08 are shown.

**Family contribution is shown if additional coverages are selected in BEN03 (spouse, children, spouse/children). Else, it is hidden.

Ask if any plan qualifies as a HDHP with an HSA or BOTH (HCP08)

HCP10

For those employees that are enrolled in a High Deductible Health Plan with a Health Savings Account (HSA), please enter the annual amount (in dollars) your firm contributes **annually** to the Health Savings Account.

Enter your response as a whole number (e.g., 200).

If your firm does not contribute to the HSA for a given plan, please leave the space blank.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---|---------------|---------------|---------------|---------------|---------------|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | [HCP07] | [HCP07] | [HCP07] | [HCP07] | [HCP07] |
| Includes HSA | [HCP08] | [HCP08] | [HCP08] | [HCP08] | [HCP08] |
| Annual company contribution to HSA - Individual | Enter Amount |
| Annual company contribution to HRA – Family (Spouse and/or Children) | Enter Amount |

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with deductible \$1350 or greater are shown.

**Only plans with HSA or BOTH selected in HCP08 are shown.

**Family contribution is shown if additional coverages are selected in BEN03 (spouse, children, spouse/children). Else, it is hidden.

HCP11

For each plan, please indicate whether the plan is fully self-funded, partially self-funded, or not self-funded.

Definition:

Self-Funding: A plan is self-funded if the firm takes the financial risk and is either billed directly for claims, or claims are handled through a third-party administrator. A plan can be partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage. Coverage is underwritten by the insurer (also known as fully insured) if the firm pays a fixed amount to the insurance company or health plan each month, and the plan pays workers' claims.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|----------------------------|---|---|---|---|---|
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | [HCP07] | [HCP07] | [HCP07] | [HCP07] | [HCP07] |
| Is plan self-funded | Fully, Partially, Not Self-Funded |

**Table is built dynamically to reflect the number of plans, up to 5.

HCPCHK

Please review your health plan characteristic information below. Confirm that the information is correct for each plan by selecting "Yes" from each drop-down menu. If you need to make a change to information for one or more plans, select "No" from the drop-down menu for each plan requiring changes and you will be able to modify your responses.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|--|---------------|---------------|---------------|---------------|---------------|
| Is your plan information correct? | YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |
| Carrier | [HCP05] | [HCP05] | [HCP05] | [HCP05] | [HCP05] |
| Plan Type | [TYPE] | [TYPE] | [TYPE] | [TYPE] | [TYPE] |
| Deductible (\$) | [HCP06] | [HCP06] | [HCP06] | [HCP06] | [HCP06] |
| Out of Pocket (\$) | [HCP07] | [HCP07] | [HCP07] | [HCP07] | [HCP07] |
| Includes HSA | [HCP08] | [HCP08] | [HCP08] | [HCP08] | [HCP08] |
| Annual company contribution to HRA - Individual | [HCP09-IND] | [HCP09-IND] | [HCP09-IND] | [HCP09-IND] | [HCP09-IND] |
| Annual company contribution to HRA - Family | [HCP09-FAM] | [HCP09-FAM] | [HCP09-FAM] | [HCP09-FAM] | [HCP09-FAM] |
| Annual company contribution to HSA - Individual | [HCP10-IND] | [HCP10-IND] | [HCP10-IND] | [HCP10-IND] | [HCP10-IND] |
| Annual company contribution to HSA - Family | [HCP10-FAM] | [HCP10-FAM] | [HCP10-FAM] | [HCP10-FAM] | [HCP10-FAM] |
| Is plan self-funded | [HCP11] | [HCP11] | [HCP11] | [HCP11] | [HCP11] |

**Table is built dynamically to reflect the number of plans, up to 5.

**Table is built dynamically to reflect the responses to previous questions.

**If respondent confirms all plan info is correct, they proceed to HCP12.

**If respondent indicates plan information is not correct, they are prompted to select the type of information they need to change in the next question.

Ask if NO to any of the plans in HCPCHK

HCPCHANGE

Please select the information you need to change. You will be taken to that question and be able to modify your responses.

- Plan type
- Carrier information
- Out of pocket
- Inclusion of HRA/HAS
- Self-funding

**After selecting an item to modify, respondent will go to that question series and make their changes. All original skip and check logic will continue to function if they have to go back and make edits. After changing a series of questions, they will be returned to the HCPCHK question to confirm their information again.

Using Carrier, Plan Type, Deductible, and HAS/HRA responses, create a plan descriptor for each plan type. For example:
Blue Cross Blue Shield HMO with \$1,500 Deductible and HRA

HCPDESCRIPTION

This next series of questions ask about the monthly premiums charged for each health plan. For each plan, please enter

- Your firm's contribution to the monthly premium
- The monthly contribution paid by the employee

Together these will add up to the total monthly premium that is charged to your firm for an employee's health insurance.

You will enter information about each plan separately.

ASKED OF PLANS 1 to 5 (or less depending on reported number of plans)
HCP12a-e
Monthly premiums for [PLAN DESCRIPTOR].

Please provide the firm and employee monthly contributions towards monthly premiums for the following types of coverage

Enter premium amount as a whole number (e.g., 200)

| Coverage Type | Plan Coverage | FIRM CONTRIBUTION | EMPLOYEE CONTRIBUTION |
|---------------|--|-------------------|-----------------------|
| 1 | Coverage for the employee | ENTER NUMBER | ENTER NUMBER |
| 2 | Coverage for the employee plus spouse | ENTER NUMBER | ENTER NUMBER |
| 3 | Coverage for the employee and dependent children | ENTER NUMBER | ENTER NUMBER |
| 4 | Coverage for the employee, spouse and dependent children | ENTER NUMBER | ENTER NUMBER |

**Table rows are built dynamically to reflect levels of coverage offered from BEN03.

HCP13

Do any of your firm's health plans include a tiered provider network?

Definition:

Tiered Provider Network: A tiered provider network, also known as "performance-based tiering," assigns physicians within the preferred provider network into additional benefit tiers based on a provider's relative cost and, where available, quality. Tiered networks use cost-sharing (co-payment, coinsurance, or deductible) or other incentives to encourage patients to utilize providers in less costly tiers.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| Includes tiered network provider? | Yes/No/Don't know |

**Table is built dynamically to reflect the number of plans, up to 5.

HCP14

Do any of your firm's health plans includes a limited provider network?

Definition:

Limited Provider Network: A limited provider network is a selective network of hospitals, health care professionals and labs that have contracted with a health plan to provide health care services. These networks are smaller than a typical HMO network.

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---|-------------------|-------------------|-------------------|-------------------|-------------------|
| Tiered network provider | [HCP13] | [HCP13] | [HCP13] | [HCP13] | [HCP13] |
| Includes limited provider network? | Yes/No/Don't know |

**Table is built dynamically to reflect the number of plans, up to 5.

HCP15

Do any of your health plans use payment contracts with provider groups that encourage the development of accountable care organizations (ACOs)?

Definition:

ACO: An ACO is a group of health care providers who give coordinated care, chronic disease management, and seek to improve the quality of care their patients receive. The organization's payment is tied to achieving health care quality goals and outcomes that result in cost savings (e.g., Blue Cross' Alternative Quality Contract).

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| Tiered network provider | [HCP13] | [HCP13] | [HCP13] | [HCP13] | [HCP13] |
| Limited provider network? | [HCP14] | [HCP14] | [HCP14] | [HCP14] | [HCP14] |
| Encourages Development of ACOs? | Yes/No/Don't know |

**Table is built dynamically to reflect the number of plans, up to 5.

HCP16

Do any of your health plans waive copays for medications and/or treatment adherence for chronic diseases?

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Tiered network provider | [HCP13] | [HCP13] | [HCP13] | [HCP13] | [HCP13] |
| Limited provider network? | [HCP14] | [HCP14] | [HCP14] | [HCP14] | [HCP14] |
| Encourages Development of ACOs | [HCP15] | [HCP15] | [HCP15] | [HCP15] | [HCP15] |
| Waives copays? | Yes/No/Don't know |

**Table is built dynamically to reflect the number of plans, up to 5.

ASK IF BEN01 Includes Wellness Benefits**HCP17**

Earlier you indicated that your firm offers a wellness program to employees. Which of your health plans provide this wellness program?

| | Plan 1 | Plan 2 | Plan 3 | Plan 4 | Plan 5 |
|---------------------------------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Tiered network provider | [HCP13] | [HCP13] | [HCP13] | [HCP13] | [HCP13] |
| Limited provider network? | [HCP14] | [HCP14] | [HCP14] | [HCP14] | [HCP14] |
| Encourages Development of ACOs | [HCP15] | [HCP15] | [HCP15] | [HCP15] | [HCP15] |
| Waives copays? | [HCP16] | [HCP16] | [HCP16] | [HCP16] | [HCP16] |
| Plan Offers Wellness Program? | Yes/No/Don't know |

**Table is built dynamically to reflect the number of plans, up to 5.

ASK IF BEN01 Includes Wellness Benefits

HCP18

Does your firm offer an employee wellness program that is not part of a health plan? (Y/N)

HCP19

Since January 2020, have any of the following changes been implemented for any of your health plans? (Y/N/DK)

1. Waived or Reduced Cost-Sharing for the following:
 - a. COVID-19 Treatment Coverage
 - b. Mental Health or Substance Use Services
2. Expanded number of Mental Health or Substance Abuse Providers In the Plan's Network
3. Increased coverage for out-of-network Mental Health or Substance Use services
4. Expanded Access to Telehealth

Section V. Health Plan Enrollment

HPE01

How many Massachusetts-based employees are enrolled in each of the following health plans?

You have **[MA Total Enrolled]** Massachusetts-based employees enrolled in your health plans.

Please break out plan enrollment counts by the coverage type(s) you offer.

| | Plan 1 Descriptor | Plan 2 Descriptor | Plan 3 Descriptor | Plan 4 Descriptor | Plan 5 Descriptor |
|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Employee only | Enter count |
| Employee plus spouse | Enter count |
| Employee plus child | Enter count |
| Employee plus spouse and child | Enter count |

**Table is built dynamically to reflect the number of plans, up to 5.

** Table is built dynamically to reflect the levels of coverage offered.

**Enrollment count must be provided for at least one coverage level in each plan column, but a count does not need to be provided for every coverage level within a plan column.

HCPE01CHK

Please verify the enrollment information you provided below. For each plan, confirm that your information is correct by selecting "Yes" from the drop-down menu. If your information is not correct for a plan, select "No". If you selected "No" for any plan, you will be prompted to make changes.

| | Plan 1 Descriptor | Plan 2 Descriptor | Plan 3 Descriptor | Plan 4 Descriptor | Plan 5 Descriptor |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|
| Coverage and Plan Totals are Correct? | YES/NO | YES/NO | YES/NO | YES/NO | YES/NO |
| Employee only | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] |
| Employee plus spouse | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] |
| Employee plus child | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] |
| Employee plus spouse and child | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] | [HCPE01] |
| Total Plan Enrollment | SUM OF PLAN ENROLLMENT |

**Table is built dynamically to reflect the number of plans, up to 5.

** Table is built dynamically to reflect the levels of coverage offered.

**If respondent indicates counts are not correct for a plan, they are returned to the enrollment entry screen to make changes.

Section VI. Health Plan Co-pays

Please provide information about the copayments and co-insurance for your largest (or only) health plan:

[PLAN1 DESCRIPTION]

After the employee has met the general annual deductible, if applicable, for this plan, what is the current co-payment dollar amount and/or co-insurance percent for in-network providers for each of the following services?

Please enter only a co-payment or a co-insurance amount for each type of care. Do not enter both for the same type of care.

Enter responses as whole numbers (e.g., 200).

For tiered prescription drug cost-sharing, please provide the co-payment and/or co-insurance amounts for a **30-day retail** amount.

If you cannot provide either a co-payment or co-insurance amount for a specific type of care, please select "N/A" in the third column for that type of care.

| Care Type | Co-payment (\$) | Co-insurance (%) | N/A for this plan |
|--|-----------------|------------------|-------------------|
| A primary care physician office visit | | | |
| An outpatient mental health visit | | | |
| An emergency department visit | | | |
| An inpatient hospitalization | | | |
| A generic prescription drug (Tier 1) | | | |
| A preferred brand prescription drug (Tier 2) | | | |
| A non-preferred brand prescription drug (Tier 3) | | | |
| A lifestyle or specialty drug (Tier 4) | | | |

Section VII. Health Care Decision Making

HCDM01

Which of the following best describes the person who make decisions regarding health benefits at your firm?

- Owner, CEO, or President
- CFO
- Chief Human Resources Officer, Human Resources Director
- Executive responsible for health benefits programs
- Office Manager or Benefits Administrator
- Other, please specify:

HCDM01B

Please specify the ownership of the business. Select all that apply.

- Veteran-Owned
- Woman-Owned
- African American or Black-Owned
- Asian-Owned
- Hispanic-Owned
- Other minority ownership
- None of the above

**If offers individual HRA to all, respondent branches to HCDM09.

HCDM02

How does your firm primarily purchase health insurance plans and products?

Public exchange is the state-established marketplace known as the Health Connector for Business, formerly "SHOP" or Business Express.

Private exchange is one created by a private organization such as a consulting firm or insurance company that allows employees from multiple companies to choose from a larger number of health plans or insurance company options than one firm would generally be able to provide on its own.

- Works with carriers directly
- Purchases through a public exchange
- Purchases through a private exchange
- Purchases through an agent, broker or consultant
- Other, please specify:

ASK IF USES AN AGENT, BROKER, OR CONSULTANT IN HCDM02

HCDM03

When your firm used an agent, broker or consultant to purchase insurance, did they help you with your decisions to choose particular health insurance plans or products? (Y/N)

SKIP IF HCDM02 IS "Purchases through a private exchange"

HCDM04

Have you considered using private exchanges that also offer choices of plans and carriers, and assist in the administration of managing and enrolling in health benefits?

- Yes, we are currently using a private exchange
- Yes, we are considering using a private exchange
- Yes, we considered using a private exchange but chose not to use it
- No, we have not considered using a private exchange
- No, we are not aware of any private exchanges
- Don't know

ASK IF CURRENTLY USING EXCHANGE IN HCDM04

HCDM05

Which private exchange does your firm use? (SPECIFY)

HCDM06

What are the most important factors in your firm's business decision to select a health insurance carrier or plan?

Please rank your top three by entering a numeric rank of 1 for top priority, 2 for second priority, and 3 for third priority.

- Name brand recognition of carrier or plan
- Employee preference
- Referral by broker/agent
- Referral by business association
- Provider network
- Cost of plan
- Flexibility to create plan options that meet your needs
- Services covered by the plan
- Previous experience with a carrier or plan

HCDM07

What are the most important reasons that your firm offers health insurance as a benefit to its employees?

Please rank your top three by entering a numeric rank of 1 for top priority, 2 for second priority, and 3 for third priority.

- Helps with employee recruitment
- Competitors offer it
- Helps with employee retention
- Reduces absenteeism by keeping employees healthy
- Increases productivity by keeping employees healthy
- Avoid state and federal penalties
- It's the right thing to do for employees

ASK IF THEY OFFER MORE THAN ONE PLAN**HCDM08**

Which of the following strategies best describes your firm's contribution to health insurance premiums? Select all that apply:

- Same percentage of premium contribution applied to all health plans
- Same dollar amount of premium contribution regardless of plan chosen
- Different percentage of premium contribution for different health plans
- We only offer one plan, so we do not have varying contribution strategies**
- Other, please specify:

**Automatically selected when firms with 1 plan are skipped past this question

HCDM09

In the past year, has your organization shopped for a new health insurance plan or insurance carrier? (Y/N)

ASK IF YES TO HCDM09**HCDM10**

In the past year, did your organization change insurance carriers or decide to offer alternative plans with the existing insurance carrier? (Y/N)

HCDM11

In the past year, which of the following strategies has your firm enacted to control the firm's cost of health coverage? Select all that apply:

- Increased co-pays/deductibles/coinsurance
- Cut firm contribution levels to premiums
- Changed health carriers or plans
- Offered narrow network plan
- Offered tiered network plan
- Offered wellness programs/incentives
- Offered HDHPs
- Restricted eligibility (e.g., increased number of hours employees must work to be eligible)
- Outsourced work to contractors or temporary workers
- Offered an Individual Coverage HRA
- Incentivize employees to enroll in lower-cost plans among my firm's offerings
- Other, please specify:
- None of the above

HCDM12

From your firm's prior experience, which of the below strategies are most effective in controlling the firm's cost of health coverage? Select all that apply:

- Increased co-pays/deductibles/coinsurance
- Cut firm contribution levels to premiums
- Changed health carriers or plans
- Offered narrow network plan
- Offered tiered network plan
- Offered wellness programs/incentives
- Offered HDHPs
- Restricted eligibility (e.g., increased number of hours employees must work to be eligible)
- Outsourced work to contractors or temporary workers
- Incentivize employees to enroll in lower-cost plans among my firm's offerings
- Other, please specify:
- None of the above

Section VIII. The Health Connector

SECTION SKIPPED IF MA EMPLOYEE COUNT IS GREATER THAN 50

HC01

Has your firm used or explored using the MA Health Connector to purchase health insurance for its employees?

- Yes, we are currently using the Health Connector
- Yes, we are planning to use the Health Connector in the next few years
- Yes, and we are still considering using the Health Connector
- Yes, we have considered the Health Connector, but do not plan to use it
- No, we have not considered using the Health Connector
- No, we are not aware of the Health Connector
- Don't know

The Health Connector is a state-established marketplace (or “exchange”) designed to make shopping for health insurance more understandable and affordable while providing benefits and tax credits to some businesses and individuals.

The Health Connector's program for employers is called Health Connector for Business. In the past, it was also sometimes referred to as SHOP or Business Express.

Ask if answer to HC01 is “Yes, we have considered the Health Connector, but do not plan to use it” or “No, we have not considered using the Health Connector”

HC02

Would you consider shopping at the Health Connector if you could:

- Offer your employees a way to pick their own plans
- Save through a wellness program
- Comparison shop and find lower cost options
- Have access to any carrier in the marketplace without a fee
- What else would make you consider shopping at the Health Connector? (SPECIFY):
- None of the above

HC03

The Health Connector offers employers several exclusive opportunities for premium savings and enrollment options.

Are you aware of the Small Business Tax Credit through the Health Connector? (Y/N)

Small Business Tax Credit through the Health Connector: A small business health care tax credit is available to eligible small employers that pay at least half of the cost of individual credit when they buy health insurance through the Health Connector, if they: have 25 or fewer full-time employees, pay average annual wages below \$50,000, and pay at least half of the premiums for employee health insurance.

HC04

Are you aware of the ConnectWell Rebate through the Health Connector? (Y/N)

ConnectWell Rebate through the Health Connector: ConnectWell is a free program offered to eligible employers enrolled in a small business group health plan through the Health Connector. ConnectWell's online website provides participating small employers and their employees with a suite of tools to promote a healthier work environment. Eligible employers who participate may qualify for a ConnectWell rebate of up to 15% on their group's health insurance premium contribution for coverage purchased through the Connector.

HC05

Are you aware of the following Employee Choice Options though the Health Connector? (Y/N entry for each)

- Choose a Plan
- Choose a Benefit Level
- Choose a Carrier

Employee Choice Options: New Employee Choice models allow employers the flexibility to offer employees a range of plans and lock in premium costs. With Employee Choice, the employer chooses the firm's premium contribution amount and one of three plan offerings:

Choose a Plan - Your firm chooses a plan and company contribution amount. All employees can enroll in that plan.

Choose a Benefit Level - Your firm chooses a benefit level and company contribution amount. Employees can choose among plans offered by a range of carriers at that benefit level.

Choose a Carrier - Your firm chooses an insurance carrier and company contribution amount. Employees can choose a plan from that carrier at any benefit level.

Section IX. Firms that do not Offer Health Insurance

This section is presented to all firms that:

- **Do not offer health insurance (No to BEN02)**
- **Indicate they do not offer any traditional plan types**
- **Only offer individual HRA to all of the MA employees**

NOINS01

You answered that your firm does not offer health insurance to its employees in Massachusetts. Please provide more information about why your firm does not offer health benefits.

Has your firm ever offered health insurance to its employees? (Y/N)

Ask if yes to NOINS01

NOINS02

In what year did your firm last offer health insurance?

NOINS03

Did your firm pay a penalty for not offering health insurance to your employees in 2019? (Y/N)

NOINS04

Below is a list of reasons why organizations might not offer employees health insurance. What are the most important reasons why your firm does not offer health insurance to its employees? (Please select up to three responses)

- Cost of insurance is too high
- Employees are covered under another plan, including coverage on a spouse's plan, Health Connector, or MassHealth/Medicaid
- Most employees are part-time or temporary workers
- Employees will get a better deal on health insurance exchanges on their own
- The firm can attract good employees without offering health insurance
- The firm is not required to offer health insurance due to small size
- Other, please describe:

NOINS05

Are you considering offering health insurance in 2021? (Y/N)

NOINS06

If your firm were to offer health insurance, about how much do you think your firm could afford to pay for health insurance coverage per month for an employee with single coverage?

This figure would be just your firm's share of the premium. Your best estimate is fine. (ENTER NUMBER)

Section X. Survey Close

INCENTIVE

As compensation for your time and completion of this survey, we would like to send you a \$20 honorarium. These honorariums are processed by a service called Rybbon which allows you to choose a from a variety of e-gift cards.

If company policy does not allow you to accept compensation, you may donate the honorarium to one of the charities available through Rybbon. We apologize if a preferred charity is not available.

Please provide your preferred email address to receive your honorarium. It will be used only for the purpose of sending this reward, and your information will remain confidential.

Enter your email address in the space below.

[ENTER EMAIL ADDRESS]

REPORT

In appreciation for your participation, we can provide a copy of the 2021 findings by email.

Please indicate if you would like to receive a copy of this report when it is available.

- Yes, please send me a copy of the report
- No, I do not want a copy of the report

PLUS5

Before submitting your answers on the next screen, we have a final question for you. Your firm offers [TOTPLANS] health plans to its Massachusetts employees. This means you are among a very small group of Massachusetts employers who offer more than 5 health plans. We are interested in collecting some limited information about those additional plans to help CHIA understand more about large employers with many plan offerings.

As compensation for your time, we will provide you with an additional \$50 cash reward - this is on top of the amount you will receive just for completing the current survey.

If you are willing to provide some additional information, please select "Yes" and confirm your phone number below. A researcher from Market Decisions Research will contact you to explain more. At that point, you may still choose not to participate.

- Yes, I would like to help (confirm phone number)
- No, I prefer not to provide additional information

CLOSE3

Submit your responses.

For more information about the Massachusetts Employer Survey, you can visit www.chiamass.gov

Please '**SUBMIT**' below to submit your responses.

END OF SURVEY. REDIRECT TO RYBBON SITE FOR INCENTIVE FULFILLMENT.