



# Massachusetts Employer Health Insurance Survey

*Conducted by:*  
**Center for Survey Research.  
University of Massachusetts Boston**

*For:*  
**The Center for Health  
Information and Analysis**

## Winter 2014

**Before you begin, there are a couple of important things you need to know.**

- Your participation is greatly needed and appreciated. This is the best way we can learn about the decisions employers make about offering health insurance to employees.
- Your answers are **completely confidential**. The information from this study will not be presented or published in any way that would permit identification of you or your organization. Your answers will be combined with other employers' answers for statistical analysis. If you have any questions or concerns about this study, please contact Tony Roman at 1-800-492-5845.
- It is very important that you answer each question as honestly and accurately as you can.
- Mark one answer for each question by placing an **X** in the answer box (like this ☒) , or by writing your answer to the question in the space provided.
- Arrows (→) will direct you to answer follow-up questions or to skip over certain questions.
- If there is any question that you would prefer not to answer, please skip that question and go on to the next question.
- Your participation is, of course, voluntary.
- Please return the completed questionnaire in the enclosed postage-paid envelope to:

**Center for Survey Research  
University of Massachusetts Boston  
100 Morrissey Blvd  
Boston, MA 02125-3393**

## Introduction

The following questions refer to employees working for this organization at this site or location. The site or location could be a single store, office, or factory, or it could be an office complex or group of buildings that make up this particular location for this organization.

The number of employees should include both full- and part-time employees but should **exclude contract workers and temporary employees**. A contract worker is one hired to perform specific functions in a contractual relationship for a defined period of time. A temporary employee is one employed for a designated period of time.

Please **exclude** employees that may work for this organization at other locations in Massachusetts or elsewhere.

Throughout, please provide your best estimate for the number or percents requested.

### Exclude Contract Workers and Temporary Employees for the Following Questions

1. As of today, including management, how many full- and part-time employees are employed by this organization at this site?

Total # of Employees: \_\_\_\_\_

2. How many full- and part-time employees were employed by this organization at this site 12 months ago?

Total # of Employees 12 months ago: \_\_\_\_\_

3. How many hours per week must an employee work to be considered full-time?

Total # of Hours: \_\_\_\_\_

4. As of today, how many, or what percent, of employees work part-time?

*Note: A part-time employee works fewer hours than what your firm considers full-time.*

**Please answer with a number or percent, whichever is easier for you.**

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

5. How many, or what percent, of the employees worked part-time 12 months ago?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

- 5a. How many, or what percent, of the current employees work less than 30 hours a week?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

6. How many, or what percent, of the employees at this site are members of a union?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

☐ None → **If None, Go to #7**

☐ Don't know → **If Don't know, Go to #7**

- 6a. Considering only the union employees, how many or what percent are members of a multi-employer Taft-Hartley union that administers its own health plan?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

7. How many of the employees at this site are "temporary employees"?

*A temporary employee is one employed by your firm for a designated time period.*

Total # of Temporary Employees: \_\_\_\_\_

8. How many contract workers are employed at this site?

*A contract worker is one hired to perform specific functions in a contractual relationship for a defined period of time.*

Total # of Contract Workers:\_\_\_\_\_

8a. How many contract workers were employed at this site 12 months ago?

Total # of Contract Workers 12 months ago:\_\_\_\_\_

9. How many or what percent of all employees at this site are:

	Number		Percent	Don't Know
a. Under age 30?	_____	OR	_____%	<input type="checkbox"/>
b. 30-39?	_____	OR	_____%	<input type="checkbox"/>
c. 40-49?	_____	OR	_____%	<input type="checkbox"/>
d. 50-59?	_____	OR	_____%	<input type="checkbox"/>
e. 60 or older?	_____	OR	_____%	<input type="checkbox"/>

10. Considering the earnings of your full-time employees at this site (*including management but excluding contract workers, temporary employees and part-time employees*), to the best of your knowledge, how many, or what percent, earn:

	Number		Percent	Don't Know
a. About \$25,000 or less per year? This equals about \$12 per hour	_____	OR	_____%	<input type="checkbox"/>
b. About \$50,000 or more per year? This equals about \$25 per hour	_____	OR	_____%	<input type="checkbox"/>

11. Does this organization exist only at this site, or are there other sites in Massachusetts or in the United States?

- ☐ This is the only site
- ☐ There are other sites
- ☐ Don't know

12. For approximately how many years has this organization been operating?

- ☐ Less than 1 year
- ☐ At least 1 year, but less than 5 years
- ☐ At least 5 years, but less than 10 years
- ☐ 10 years or more
- ☐ Don't know

13. Which of the following best describes your role within this organization at this site?

**PLEASE CHECK ONLY ONE BOX.**

- ☐ Owner
- ☐ Office Manager
- ☐ Human Resources Staff
- ☐ Financial Staff
- ☐ Administrative Assistant
- ☐ Some other role. Please specify: \_\_\_\_\_

14. Which of the following best describes your role in making decisions about health insurance at this site?

**PLEASE CHECK ONLY ONE BOX.**

- ☐ I make the decisions alone
- ☐ I make the decisions with input from others
- ☐ I am part of a group that makes the decisions
- ☐ Someone else makes the decisions with significant input from me
- ☐ Someone else makes the decisions with little or no input from me
- ☐ Don't know

15. Which of the following benefits does this organization offer to full-time employees?

	Currently offer	Used to offer last year but not currently	Used to offer but dropped more than a year ago or never offered	Don't Know
a. Dental insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Vision plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Life insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Disability insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A retirement or pension plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Long-term care insurance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pre-tax flexible spending accounts for uncovered health expenses (Section 125 FSA's).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. Does this organization offer health insurance to employees? *Please exclude union-administered multi-employer Taft-Hartley health plans and their members from your consideration.*

- ☐ Yes
- ☐ No

The Affordable Care Act (ACA) is the new health care reform law in the United States, sometimes referred to as “Obamacare.”

17. Where do you go for assistance in order to better understand the ACA?

CHECK ALL THAT APPLY

- ☐ ACA website (www.healthcare.gov)
- ☐ Health Connector website (www.mahealthconnector.org)
- ☐ My broker
- ☐ Chamber of commerce
- ☐ Employer trade association (e.g., AIM, Retailer’s Association, National Federation of Independent Businesses)
- ☐ Other, specify: \_\_\_\_\_
- ☐ None

18. 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.

Has your organization ever used the Health Connector to:

	Yes	No	Don't Know
a. Get information about the ACA.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Compare rates.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shop for health insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Shop for dental insurance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Other, specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. Several new tax credits and rebates are available to employers. Are you aware of the following incentives?

	Yes	No	Don't Know
a. Federal tax credit for employees.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Small business tax credit through the Health Connector....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wellness Track rebate through the Health Connector.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wellness tax credit.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Federal Tax Credit for Employees (Premium Tax Credit):** These tax credits are advanced payments that are applied to a health plan’s premium to reduce the cost for an individual/family. They can only be applied to plans offered by the Health Connector. To be eligible employees must be at 0-400% of the Federal Poverty Level (FPL).

**Small Business Tax Credit:** A small business health care tax credit is available to eligible small employers that pay at least half of the cost of individual coverage for their employees. Employers can get up to a 50 percent federal tax 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.

**Wellness Tax Credit:** The Massachusetts Wellness Tax Credit Incentive gives small businesses in Massachusetts a state tax credit for having an employee wellness program. Massachusetts businesses that employ 200 or fewer workers may qualify for the tax credit for up to 25% of the cost of implementing a certified wellness program for their employees. Employers must meet eligibility requirements in addition to wellness program criteria.

**Wellness Track Rebate:** Wellness Track is a free program offered to eligible employers enrolled in a small business group health plan through the Health Connector. Wellness Track’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 Wellness Track rebate of up to 15% on their group’s health insurance premium contribution for coverage purchased through the Health Connector.

**IF THIS FIRM DOES NOT OFFER HEALTH INSURANCE  
(THE ANSWER TO QUESTION 16 WAS 'NO'), GO TO SECTION B ON PAGE 16**

**Organizations that Offer Health Insurance**

**The questions in this section concern the rules followed by this organization in offering health insurance. Please exclude any rules and policies pertaining to union-administered multi-employer Taft-Hartley plans.**

**A1.** Are any part-time employees eligible for health insurance coverage offered by your firm (a part-time employee works less than what your firm considers full-time)?

- ☐ Yes
- ☐ No → **If No, Go to #A3**
- ☐ Don't know → **If Don't know, Go to #A3**

**A2.** How many hours per week must a part-time employee work to be eligible for health insurance coverage?

Total # of Hours: \_\_\_\_\_

- ☐ Don't know

**A3.** Are any temporary employees eligible for health insurance coverage?

*A temporary employee is one employed by your firm for a designated period of time.*

- ☐ Yes
- ☐ No
- ☐ Don't know

**A4.** Are any contract workers eligible for health insurance coverage?

*A contract worker is one hired to perform specific functions in a contractual relationship for a defined period of time.*

- ☐ Yes
- ☐ No
- ☐ Don't know

**A5.** In this organization, which of the following groups are offered health insurance?

**PLEASE CHECK ONE BOX IN EACH ROW**

	Yes	No	Don't Know
<b>a.</b> Opposite-sex spouses of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Same-sex spouses of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Opposite-sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Same-sex domestic partners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Dependent children of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A6.** Currently, approximately how many, or what percent, of employees at this site are eligible for health insurance from this organization?

*Please include management, but exclude contract workers, temporary employees, any dependents and retiree health plan participants in this number. Please exclude employees eligible for union-administered multi-employer Taft-Hartley plans.*

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

☐ Don't know

**A7.** Of those employees eligible for health insurance, approximately how many, or what percent, are enrolled or covered by your health insurance plan?

Number: \_\_\_\_\_ -OR- Percent: \_\_\_\_\_%

☐ Don't know

**A8.** The next questions are about the types of coverage your employees sign up for, such as single, single plus one, or family coverage. How many or what percentage of your covered employees sign up for each of the following? Reported percentages should add up to 100% and your best guess is acceptable. *Do not include domestic partners.*

	Number		Percent	Don't Know	Don't Offer
<b>a. Single coverage</b>	_____	OR	_____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Single plus one</b> - <i>Includes either an employee plus a spouse or an employee with a child.</i>	_____	OR	_____%	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Family</b> - <i>Even if your firm does not contribute anything extra for family coverage, but only pays the same amount you pay for single coverage that counts as offering family coverage. Anything other than single or single plus one coverage should be counted here.</i>	_____	OR	_____%	<input type="checkbox"/>	<input type="checkbox"/>

**A9.** If an employee turns down health insurance coverage offered by this organization, does that employee receive money or other compensation?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A10.** If an employee turns down health insurance coverage offered by this organization, does that employee have the option of applying points or credit toward another benefit (cafeteria plan)?

- ☐ Yes
- ☐ No
- ☐ Don't know



**A11.** Have any of your employees turned down your health insurance coverage?

- ☐ Yes
- ☐ No → **If No, Go to #A13**
- ☐ Don't know → **If Don't know, Go to #A13**

**A12.** Approximately how many, or what percentage, of employees have turned down health insurance coverage?

Number:\_\_\_\_\_ -OR- Percent:\_\_\_\_\_ %

- ☐ Don't know

**A13.** During your most recent open-enrollment period, did the percentage of eligible employees who turned down health insurance increase, decrease, or remain about the same as compared to your previous open-enrollment period?

- ☐ Increased
- ☐ Decreased
- ☐ Remained about the same
- ☐ Don't know

**A14.** Is there a waiting period before employees become eligible to enroll in your health insurance?

- ☐ Yes
- ☐ No → **If No, Go to #A16**
- ☐ Don't know → **If Don't know, Go to #A16**

**A15.** What is the length of this waiting period?

- ☐ Less than 1 month
- ☐ At least 1 month but less than 3 months
- ☐ At least 3 months but less than 6 months
- ☐ 6 months or longer
- ☐ Don't know

**A16.** Please complete the following table for **each health plan** this organization currently offers to employees at this site, excluding any union-administered multi-employer Taft-Hartley plan. Begin with the health plan that covers the largest number of employees.

Plan Name	Is this a new plan this plan year?		Is this plan fully-insured or employer self-funded (ERISA)*?			Is this a High Deductible Health Plan (\$1250/2500)**?		Of those enrolled in a health plan at this site, what number or percent are enrolled in this plan?		
	YES	NO	Fully-insured	Self-funded	Don't Know	YES	NO	Number	Percent	Don't Know
<b>a.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
<b>b.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
<b>c.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
<b>d.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>

\* A health plan is **fully-insured** if it is purchased from an insurance company or other underwriter that assumes full risk for employees' medical expenses. A health plan is **employer self-funded (ERISA)** if an organization pays the cost of the claims itself regardless of any third party that administers the plan.

\*\* **High Deductible Health Plan:** Health insurance plans with an annual deductible that is not less than \$1,250 for individual coverage or \$2,500 for family coverage. High deductible plans may be combined with a health savings account.

**A16a.** If any of your plans are self-funded, does your organization carry stop-loss insurance to mitigate the risk your organization assumes as a self-funded employer?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ We are not a self-funded employer

**A17.** Does your firm's health plan include a tiered provider network?

*A **tiered provider network** assigns physicians into benefit tiers based on a provider's relative cost and, where available, quality. Tiered networks use cost-sharing (copayment, coinsurance, or deductible) or other incentives to encourage patients to utilize providers in less costly tiers. Tiered networks may also be referred to as "performance based tiering."*

- ☐ Yes
- ☐ No
- ☐ Don't know

**A17a.** Does your firm's health plan include a 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.*

- ☐ Yes
- ☐ No
- ☐ Don't know

**A18.** This question is about changes you might have made or plan to make to any of your health plans. For each of the following changes, please tell us if you made the change for this plan year and/or if you plan to make the change for the next plan year.

CHECK ALL THAT APPLY

	Changed for this plan year	Plan to change for next plan year	No change made or planned	Don't know
<b>a.</b> Increase the amount that employees have to pay for <b>premiums</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Increase the amount that employees have to pay for <b>deductibles</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Increase the amount that employees have to pay for <b>co-pays</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Increase the amount that employees have to pay for <b>coinsurance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Increase the amount that employees have to pay for <b>prescription drugs</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Become <b>self-funded</b> ( <i>see A16 for definition</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Restrict employees' <b>eligibility</b> for coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> Eliminate <b>coverage for spouses</b> who can get insurance through their employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Eliminate <b>the company contribution to family coverage</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b> <b>Drop coverage</b> entirely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k.</b> Give workers an <b>incentive to shop on "the exchange"</b> ( <b>Health Connector</b> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l.</b> Place <b>limits on specific benefits</b> such as number of visits or prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>m.</b> Offer a plan with a <b>tiered provider network</b> ( <i>see A17 for definition</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n.</b> Offer a plan with a <b>limited provider network</b> ( <i>see A17a for definition</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o.</b> Offer a <b>High Deductible Health Plan</b> ( <i>see A16 for definition</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p.</b> Institute a <b>wellness program</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A19.** There are several types of benefits that employers may offer to their employees. For each of the following benefits, please tell us if they are offered and whether they are paired with a High Deductible Health Plan (HDHP).

	Are the benefits offered?			If offered, are the benefits paired with a High Deductible Health Plan (HDHP) (\$1250/2500)**?		
	Yes	No	Don't Know	Yes	No	Don't Know
a. Flexible Spending Account (FSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Health Reimbursement Arrangement (HRA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Health Savings Account (HSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FSA** - An account that allows employees to set aside pre-tax dollars to pay for certain health care or dependent care costs during a specific time period (usually one year). Employees deposit funds in the accounts each pay period. Funds that are not spent by the end of the plan year may be lost.

**HRA** - An employer-funded account that employees use to pay health care costs. The HRA pays 100 percent of eligible expenses until it is used up. HRA dollars used to pay for eligible medical expenses can be applied to the employee's annual deductible. Some employers allow HRA dollars to roll over from year to year.

**HSA** - A tax-advantaged savings account used to pay for qualified health care costs. The account may be funded by the employee, the employer or both. A person must be covered by a qualified High Deductible Health Plan (HDHP) to contribute to an HSA. Unused funds in the account roll over.

**\*\*High Deductible Health Plan** - See A16 for definition.

## Health Plan Characteristics

Please answer the questions in this section about the health plan this firm offers that has the highest enrollment. Please exclude any union-administered multi-employer Taft-Hartley plan, even if that plan has the most members.

**A20.** What is the current co-payment dollar amount and/or co-insurance percent for in-network providers for each of the following?

	Co-payment	AND /OR	Co-insurance	Don't Know	Not Covered
a. A primary care physician office visit.....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
b. An emergency room visit.....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
c. An inpatient hospitalization .....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
d. An outpatient mental health visit .....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
e. A generic prescription drug (or Tier 1).....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
f. A preferred brand prescription drug (or Tier 2).....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>
g. A non-preferred brand prescription drug (or Tier 3).....	\$ _____		_____ %	<input type="checkbox"/>	<input type="checkbox"/>

**A21.** Please answer the following questions about current monthly costs for your plan with the highest enrollment. If amounts can vary, enter the amount that would be correct for the largest number of employees.

	Per Month	Coverage Not Offered	Don't Know
a. What is the current <u>full-time</u> employee contribution <u>per month</u> for an employee's <u>individual</u> coverage with this plan?.....	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
b. What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's <u>individual</u> coverage with this plan? .....	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
c. What is the current <u>full-time</u> employee contribution <u>per month</u> for coverage for a <u>family</u> with this plan? .....	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>
d. What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's coverage for a <u>family</u> with this plan? .....	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>

**A22.** Is your plan with the highest enrollment an IRS Section 125 plan that allows employees to contribute their portion of the premium on a pre-tax basis?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A23.** At the time of your most recent renewal, what percent premium change did you experience for the plan with the highest enrollment for the following?

	Percent increase	Percent decrease	No change in percent	Don't Know	Don't Offer
<b>a. Single coverage</b>	_____%	_____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. Single plus one</b> - <i>Includes either an employee plus a spouse or an employee with a child.</i>	_____%	_____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c. Family</b> - <i>Even if your firm does not contribute anything extra for family coverage, but only pays the same amount you pay for single coverage that counts as offering family coverage. Anything other than single or single plus one coverage should be counted here.</i>	_____%	_____%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A24.** For the premiums cited above, in what month and year were these premiums effective?

**MONTH** \_\_\_\_\_ **YEAR** \_\_\_\_\_

**A25.** How do you primarily purchase health insurance plans and products?

**PLEASE CHOOSE ONE RESPONSE**

- ☐ Work with insurers directly
- ☐ Buy from the Health Connector
- ☐ Buy through a Cooperative (e.g., Retailers Association of Massachusetts, Massachusetts Association of Chamber of Commerce Executives, Spring Health Insurance Cooperative, Massachusetts Society of CPAs, or Associated Subcontractors of Massachusetts )
- ☐ Buy through an intermediary (e.g., Small Business Service Bureau and Massachusetts Business Association – The MBA Group)
- ☐ Other, specify: \_\_\_\_\_

**A26.** At the time of your most recent renewal, did your insurer present detailed data to you showing the basis for the premium?

- ☐ Yes
- ☐ No
- ☐ Don't know
- ☐ Our organization purchases directly from a broker

**A27.** What is the most important factor in your organization's business decision to select your health insurance plans?

**CHOOSE ONLY ONE**

- ☐ Name brand recognition of the plan
- ☐ Employee preference
- ☐ Referral by your broker
- ☐ Referral by a business association
- ☐ Cost of the plan
- ☐ Flexibility to create plan options that meet your needs
- ☐ Other, specify: \_\_\_\_\_

**A28.** Does your organization receive annual data on the health care utilization of your employees either from your broker, insurer, or some other source?

	Yes	No	Don't Know
a. Broker.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Insurance company.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other, specify:_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IF YOU DO NOT USE BROKERS AT ALL → Thank you! You are finished. PLEASE GO TO PAGE 18.**

**A29.** At the time of your most recent renewal, did your broker present detailed data to you showing the basis for the premium?

- ☐ Yes
- ☐ No
- ☐ Don't know

**A30.** When using a broker, which of the following happens most of the time?

- ☐ The broker selects the best health plan and products for your organization
- ☐ You and the broker explore various health plans and products together before making a selection
- ☐ Your firm specifies its requirements and asks your broker to obtain different options and quotes that meet your specified criteria and preferences
- ☐ Don't know

**A31.** Does your broker also help you to do the following? **CHECK ALL THAT APPLY**

- ☐ Find affordable health insurance coverage for workers and their dependents
- ☐ Help determine a price range
- ☐ Help determine desired benefits
- ☐ Help obtain premium quotes from insurers
- ☐ "Spreadsheet" different options to compare rates and benefits across plans
- ☐ Explain benefits to employees
- ☐ Assist in the accurate completion of forms
- ☐ Help employees with problems such as denied claims
- ☐ Help educate the firm and its employees about regulations and compliance
- ☐ Participate in open enrollment meetings

**A32.** Do you know how your broker is compensated for the services he/she provides to your organization?

- ☐ Yes
- ☐ No

**A33.** Approximately how much do you pay in broker commissions/fees each year?

\$ amount \_\_\_\_\_ - OR- As % of your total annual premium \_\_\_\_\_

- ☐ Don't know

**Thank you! You are finished. Please go to page 18.**



**Section B:**  
**Organizations that Do NOT Offer Health Insurance**

Please complete this section only if this organization does not offer health insurance (i.e., you answered “No” to question #16 on page 4)

**B1.** Does your organization assist employees with health expenses in any of the following ways?

**PLEASE CHECK ONE BOX IN EACH ROW**

	Yes	No	Don't Know
a. We contribute to employees' premiums when they get health insurance from another source, such as a spouse or in the non-group market.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. We contribute to employees' incurred medical bills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We assist employees in applying for MassHealth (Medicaid) or coverage via the Health Connector.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We assist employees in some other way. Please specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B2.** Has this organization ever offered health insurance?

- ☐ Yes
- ☐ No → **If No, Go to B4**
- ☐ Don't know → **If Don't know, Go to B4**

**B3.** Approximately how long ago did you stop offering health insurance?

- ☐ Less than 1 year ago
- ☐ \_\_\_\_\_ years ago
- ☐ Don't know

- B4.** Below is a list of reasons why organizations might not offer employees health insurance. For each reason listed, please answer how important this reason was in this organization's decision not to offer health insurance to its employees.

**PLEASE CHECK ONE BOX IN EACH ROW.**

	Very important	Somewhat important	Not at all important	Don't Know
<b>a.</b> Premiums are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Employee turnover is too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Employees have options for insurance coverage from other sources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> It is an administrative hassle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Most employees are part-time, temporary or contracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> The organization can attract good employees without offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> The organization is too newly established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> The firm is too small	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Employees have access to insurance through the Health Connector or MassHealth (Medicaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B5.** If this organization could limit health insurance to make it more affordable, how acceptable would each of the following limits be?

**PLEASE CHECK ONE BOX IN EACH ROW**

	Definitely acceptable	Possibly acceptable	Not at all acceptable	Don't know
<b>a.</b> Limited benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> A limited provider network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Change co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> A high deductible before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- B6.** In your opinion, how likely is this organization to offer health insurance within the next year?

- ☐ Very likely
- ☐ Somewhat likely
- ☐ Not at all likely
- ☐ Don't know

**Thank you!**

You are now finished with this survey.

We appreciate the time you have taken to participate.

Please return this questionnaire in the enclosed postage-paid return envelope to:

Center for Survey Research  
University of Massachusetts Boston  
100 Morrissey Boulevard  
Boston, MA 02125-3393

**We encourage you to visit our website  
[www.mass.gov/chia](http://www.mass.gov/chia)  
to see the results of this survey in July 2014.**

**Thank you again for your time and cooperation!**

Please write any general comments about the survey below or on the back cover.