

# Massachusetts Employer Health Insurance Survey

Conducted by  
The Center for Survey Research  
University of Massachusetts Boston

for  
The Massachusetts Division of  
Health Care Finance and Policy

Spring/Summer 2001

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

- 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 answers for statistical analysis.
- 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 in 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 just skip that question and go on to the next question.
- Your participation is, of course, voluntary.
- Your participation is greatly appreciated as this is the only way we can learn about the problems confronting organizations in offering health insurance to employees.
- 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**

## Section A: Background Information

The following questions will refer to the number of employees working for your organization at this site or location. The number of employees should include both full and part time employees but exclude contract employees. The site or location could be a single store, office, or factory, or it could mean an office complex or group of buildings that make up this particular location for your business. We do not want you to include employees that may work for your organization at other locations in Massachusetts or elsewhere.

- A1.** As of today, including management, approximately how many employees either full or part time, are employed by your organization at this site? (Exclude contract employees.)

Number of Employees: \_\_\_\_\_

- A2.** Approximately how many or what percent of these employees are represented by a union? (Please answer either number or percent, whichever is easier for you.)

None → If None, Go to A3

Number: \_\_\_\_\_ OR Percent: \_\_\_\_\_

- A2a.** Are union employees offered health insurance through their union?

- Yes  
 No  
 Don't know

- A3.** Approximately how many or what percent of all employees at this site are female? (Please answer number or percent, whichever is easier for you.)

Number: \_\_\_\_\_ OR Percent: \_\_\_\_\_

Don't know

**A4.** Approximately how many or what percent of all employees at this site are...

		Number	OR	Percent	Don't know
<b>a.</b>	Below age 30?				<input type="checkbox"/>
<b>b.</b>	At least 30 but less than 55?				<input type="checkbox"/>
<b>c.</b>	At least 55 but less than 65?				<input type="checkbox"/>
<b>d.</b>	Age 65 or older?				<input type="checkbox"/>

**A5.** Considering the earnings of all employees, including management, at this site, to the best of your knowledge, how many or what percent earn...

		Number	OR	Percent	Don't know
<b>a.</b>	Less than \$20,000 annually?				<input type="checkbox"/>
<b>b.</b>	Between \$20,000 and \$40,000 annually?				<input type="checkbox"/>
<b>c.</b>	More than \$40,000 annually?				<input type="checkbox"/>

**A6.** Which of the following benefits do you offer to your full-time employees?

		Yes	No	Don't know
<b>a.</b>	Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Life insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	A retirement or pension plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Pretax accounts for uncovered health expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**A7.** Does your organization offer health insurance to employees, other than that sponsored by a union?

Yes

No → If No, Go to D1

## Section B: General Questions for Organizations That Offer Health Insurance

The next questions in this survey concern only those health insurance policies currently offered by your organization, thus excluding policies offered by a union.

**B1.** Are you the person who decides what health insurance plans get offered to employees located at your site?

Yes → If Yes, Go to B2

No

**B1a.** Is the person who makes this decision located at your site or somewhere else?

On site

Somewhere else

**B2.** What is the minimum number of hours per week an employee must work to be eligible for health insurance coverage?

No minimum

Number of hours per week: \_\_\_\_\_

**B3.** In your organization, are each of the following groups offered health insurance? (Please check one box in each row.)

		Yes	No	Don't know	No such employees
a.	Part-time employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Temporary employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Hourly employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Employees who are union members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B3f.** Are there any other types of employees not offered health insurance in your organization?

Yes → If Yes, Who are they? \_\_\_\_\_

No

Don't Know

**B3g.** For how many groups in questions B3a through B3g did you answer 'No'?

1 → If 1 Group, Go to B5

2 or more

**B4.** Of the groups just mentioned that are not offered health insurance, which group contains the greatest number of employees at your site?

Group: \_\_\_\_\_

**B5.** If part-time employees are not offered health insurance, go to question B6.

Do your part-time employees have to contribute more toward health insurance coverage than your full-time employees?

Yes

No

Don't know

**B6.** Including management, approximately how many or what percent of your employees are eligible for health insurance from your organization?

Number: \_\_\_\_\_ OR Percent: \_\_\_\_\_

Don't know

**B7.** Of the number eligible for health insurance, approximately how many or what percent are enrolled?

Number: \_\_\_\_\_ OR Percent: \_\_\_\_\_

Don't know

**B8.** Must an employee provide proof of health insurance coverage from another source before they are allowed not to take the health insurance offered by your organization?

Yes

No

Don't know

**B9.** If an employee chooses not to take health insurance coverage, does that employee receive compensation for not taking health insurance?

- Yes
- No
- Don't know

**B10.** Compared to the previous three years, has the percentage of employees who choose not to take health insurance increased, decreased, or remained about the same? (Please check only one.)

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

**B11.** Do you offer health insurance that covers each of the following groups?  
(Please check one box in each row.)

		Yes	No	Don't know
a.	Spouses of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Same-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Opposite-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B11d.** Do you offer health insurance that covers the children of employees?

- Yes
- No → If No, Go to B13a
- Don't know → If Don't know, Go to B13a

**B12a.** Up to what age do you cover dependents who are not enrolled as full-time students?

Age: \_\_\_\_\_

**B12b.** Up to what age do you cover dependents who are enrolled as full-time students?

Age: \_\_\_\_\_

**B13a.** Is there a waiting period before employees can be covered by health insurance?

- Yes
- No → If No, Go to B14a
- Don't know → If Don't know, Go to B14a

**B13b.** Is the length of this waiting period more than 1 month?

- Yes → If Yes, How long is the waiting period? \_\_\_\_\_  
 No

**B14a.** For retirees under age 65, who have worked the required number of years, does your organization offer the following coverage? (Please check only one box.)

- Health coverage to all such retirees under age 65  
 Health coverage to only those hired before a specific year  
 A subsidy to purchase medical coverage on their own  
 No health coverage or subsidy

**B14b.** For retirees age 65 or over, who have worked the required number of years, does your organization offer the following coverage? (Please check only one box.)

- Supplemental or wraparound health coverage to all such retirees over age 65  
 Supplemental or wraparound health coverage to only those hired before a specific year  
 A subsidy to purchase supplemental medical coverage on their own  
 No supplemental or wraparound health coverage or subsidy

**B15.** Please complete the following table for each health plan your organization currently offers to employees at this site. Begin with the health plan that covers the largest number of employees.

	Plan Name:	Is this plan fully insured or employer self-funded? (See below)			What number <u>or</u> percent of employees are enrolled in this plan?			Was this plan added in the last 12 months?		
		Fully insured	Self-funded	Don't know	Number	Percent	Don't know	Yes	No	Don't know
a.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A health plan is fully insured if it is purchased from an insurance company or other underwriter who assumes full risk for employees' medical expenses. A health plan is employer self-funded if an organization pays the claims from its own resources regardless of who administers the plan.

**B19.** Has your organization dropped any health plans in the last 12 months?

- Yes
- No → **If No, Go to B20**
- Don't know → **If Don't know, Go to B20**

**B19a.** Please list the name of any health plan your organization has dropped in the last 12 months:

A.		D.	
B.		E.	
C.		F.	

**B20.** Has your organization frozen enrollment in any health plans in the last 12 months?

- Yes
- No → **If No, Go to Section C**
- Don't know → **If Don't know, Go to Section C**

**B20a.** Please list the name of any health plan your organization has frozen enrollment in during the last 12 months:

A.		D.	
B.		E.	
C.		F.	

## Section C: Health Plan Characteristics

Please answer the following questions about the health plan that is the most popular among employees at this site, that is the plan with the largest number of members.

**C1.** What is the name of the most popular plan at this site?

Plan name: \_\_\_\_\_

**C1a.** What is the name of the insurance carrier of this plan? (Please answer this question if the answer is not already contained in the answer to question C1.)

Insurance carrier: \_\_\_\_\_

**C2.** Is this plan fully insured or employer self-funded?

Fully insured → **If Fully insured, Go to C7**

Employer self-funded

**C3.** Did you purchase stop-loss insurance for this plan?

Yes

No

Don't know

**C4.** Which of the following are reasons you decided to self-fund? (Please check one box in each row.)

		Yes	No	Don't know
<b>a.</b>	The expected savings from self-funding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	To keep consistency with a national plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	The discretion to be free from state mandates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	To offer a richer benefit package than routinely available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C5.** Has the plan been employer self-funded for more than five years?

Yes → **If Yes, Go to C6**

No

Don't know

**C5a.** Has the plan been employer self-funded for more than 12 months?

Yes

No

Don't know

**C6.** Does this plan include coverage for each of the following? (Please check one box in each row.)

		Yes	No	Don't know
<b>a.</b>	Maternity care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Well-baby or well-child care, including immunizations and check-ups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Contraception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	Infertility services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Inpatient mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b>	Outpatient mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b>	Substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b>	Mammography screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C7.** Does this plan include prescription drug coverage?

Yes

No → **If No, Go to C10**

Don't know → **If Don't know, Go to C10**

**C8.** Is there a maximum annual out-of-pocket amount above which the insurance pays all costs of prescription drugs?

Yes

No

Don't know

**C9.** Is there a maximum annual out-of-pocket amount above which the insurance pays nothing for prescription drugs?

- Yes
- No
- Don't know

**C10.** Has the overall design of this health plan changed in the past 12 months by...

		Yes	No	Don't know
<b>a.</b>	Increasing co-payments for physician services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b>	Introducing a new pharmacy co-payment structure such as a tiered structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b>	Reducing benefits? If yes, which benefits? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b>	Increasing benefits? If yes, which benefits? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b>	Some other manner? If yes, what was that? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C11.** Is this the least expensive plan for the employee?

- Yes
- No
- Don't know

**C11a.** What type of plan is this? (Please check only one box.)

- Health maintenance organization (HMO)
- Preferred Provider PLAN (PPP)
- Point of service plan (POS)
- Indemnity plan → **If Indemnity plan, Go to C14**

**C12.** What is the current copayment dollar amount for in-network providers for each of the following?

		Co-Payment	Don't know	Not covered
a.	A physician office visit?		<input type="checkbox"/>	<input type="checkbox"/>
b.	An emergency room visit?		<input type="checkbox"/>	<input type="checkbox"/>
c.	A generic prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>
d.	A preferred brand prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>
e.	A non-preferred brand prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>

**C13.** Approximately how many COBRA continuants are enrolled in this plan?

Number of continuants: \_\_\_\_\_ → Go to C18

Don't know → Go to C18

**C14.** What is the current maximum annual deductible for individual coverage with this plan?

\$ \_\_\_\_\_

Don't know

**C15.** What is the current maximum annual deductible for family coverage with this plan?

\$ \_\_\_\_\_

Don't know

**C16.** What is the current coinsurance percentage for each of the following?

		Coinsurance Percentage	Don't know	Not covered
a.	A physician office visit?	%	<input type="checkbox"/>	<input type="checkbox"/>
b.	An emergency room visit?	%	<input type="checkbox"/>	<input type="checkbox"/>
c.	A generic prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>
d.	A preferred brand prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>
e.	A non-preferred brand prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>

**C17.** Approximately how many COBRA continuants are enrolled in this plan?

Number of continuants: \_\_\_\_\_

Don't know

**C18.** Please answer the following questions about current costs for this plan.

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

**C18e.** Was this plan offered to full-time employees 12 months ago?

Yes

No → **If No, Go to C20**

Don't know → **If Don't know, Go to C20**

**C19.** Please answer the following questions about costs for this plan 12 months ago.

			Don't know
a.	What was the full-time employee contribution <u>per month</u> for individual coverage with this plan 12 months ago?	\$	<input type="checkbox"/>
b.	What was the <u>total premium</u> amount paid <u>per month</u> for individual coverage with this plan 12 months ago?	\$	<input type="checkbox"/>
c.	What was the full-time employee contribution <u>per month</u> for coverage for a family with four members with this plan 12 months ago?	\$	<input type="checkbox"/>
d.	What was the <u>total premium</u> amount paid <u>per month</u> for coverage for a family with four members with this plan 12 months ago?	\$	<input type="checkbox"/>

**C20.** At some time in the future, we may want to ask you to participate in a group discussion about health insurance in business. This would, of course, be completely voluntary and you may be paid for your time. Would it be all right if we contacted you in the future?

Yes

No

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**You are finished with this survey.**

**We appreciate the time you have taken to participate. Please place this questionnaire in the enclosed postage paid return envelope and mail it to:**

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## Section D: General Questions for Organizations that Do Not Offer Health Insurance

**D1.** Has your organization ever offered health insurance?

- Yes
- No → **If No, Go to D2**
- Don't know → **If Don't know, Go to D2**

**D1a.** Approximately how long ago did you stop offering health insurance?

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

**D2.** Do you offer a voucher or stipend, that is a specific amount of cash or a check to your employees, so they can purchase health insurance?

- Yes
- No → **If No, Go to D3**
- Don't know → **If Don't know, Go to D3**

**D2a.** Are employees required to use this voucher only to purchase health insurance?

- Yes
- No
- Don't know

**D2b.** What is the average value per employee of this voucher or stipend? (Check only one box and fill in only one value.)

- \$ \_\_\_\_\_ per week
- \$ \_\_\_\_\_ per 2 weeks
- \$ \_\_\_\_\_ per month
- \$ \_\_\_\_\_ per year
- Don't know

**D3.** Following is a list of reasons why organizations might not have an employee health insurance plan. For each reason listed, please answer how important this reason was in your organization's decision not to offer health insurance to your employees. (Please check one box in each row.)

		Very important	Somewhat important	Not at all important	Don't know
a.	Premiums are too high	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Employee turnover is too great	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Employees generally are covered under other plans obtained elsewhere, such as through a spouse, a union, or Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	It is an administrative hassle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Most employees are part-time, temporary or contracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	The organization can attract good employees without offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The organization is too newly established	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	The financial status of the organization prohibits it at this time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Either past negative claim experiences or past catastrophic cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D4.** To your knowledge, are any of your employees buying health insurance independently?

- Yes
- No
- Don't know

**D4a.** How many employees does your organization have?

- 50 or fewer
- More than 50 → **If More than 50, Go to D7**

**D5.** Are you aware of the state-sponsored "Insurance Partnership" which helps to pay for health insurance for both employers and employees in small businesses with up to 50 employees?

- Yes
- No → **If No, Go to D7**

For information about the Insurance Partnership, call 1-800-399-8285.

**D6.** Following is a list of reasons why an organization might not make use of the Insurance Partnership. For each reason listed, please answer how important it was in your organization's decision not to use the Insurance Partnership. (Please check one box in each row.)

		Very important	Somewhat important	Not at all important	Don't know
a.	The subsidies to employers are too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	It is administratively difficult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	It has a negative stigma associated with participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The income limit on employee participation is too low	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Other? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D7.** Following is a list of possible incentives that might motivate an organization to start offering health insurance to its employees. For each reason listed, please answer how likely it would be to motivate your organization to offer health insurance. (Please check one box in each row.)

		Very likely	Somewhat likely	Not likely at all	Don't know
a.	Lower premium rates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Elimination of the required minimum employee participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Implementation of a small business purchasing alliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Government subsidy of premiums for low-income employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Tax credits for offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Being able to offer a very basic catastrophic hospital coverage plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D8.** How likely is your organization to offer health insurance within the next two years?

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

**E1.** At some time in the future, we may want to ask you to participate in a group discussion about health insurance in business. This would, of course, be completely voluntary and you may be paid for your time. Would it be all right if we contact you in the future?

Yes

No

**You are finished with this survey.**

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NON-GROUP HEALTH INSURANCE SURVEY

1. What type of plan is your current non-group health insurance policy?  
 HMO (Health Maintenance Organization)  
 PPO (Preferred Provider Organization)  
 POS (Point-of-Service)  
 Traditional Indemnity Medical Plan  
 Don't know
  
2. Overall, how satisfied are you with the *coverage* provided by your current plan/policy?  
 Very satisfied  
 Somewhat satisfied  
 Neither satisfied nor dissatisfied  
 Dissatisfied  
 Very dissatisfied
  
3. How long have you been covered under your current non-group policy?  
 Less than 1 year       Between 1 and 3 years       3 years or more
  
4. Immediately before you were covered by this health insurance policy, did you have health insurance?  
 Yes       No      *If you answered NO, please skip to question #6.*
  
5. If you answered YES to question #4, how did you obtain the health insurance you had immediately prior to your current policy?  
 Through a family member  
 Through an employer  
 Through COBRA continuance after leaving a job  
 Through MassHealth, Medicaid or CommonHealth  
 Through a MassHealth or Medicaid sponsored program or HMO such as Neighborhood Health, Fallon, Boston HealthNet or Cambridge Network Health  
 Through CHAMPUS, CHAMPUS VA, VA or other military plan  
 Purchased it directly from an insurance agent or company other than the one I use now  
 Through a group such as a labor union, professional association or other group  
    What group was that? \_\_\_\_\_  
 By some other method      What was that? \_\_\_\_\_
  
6. If you answered NO to question #4, how long were you uninsured before you purchased this insurance?  
 Less than 1 year       Between 1 and 3 years       3 years or more
  
7. What changed in your circumstances that you currently purchase your health insurance policy directly from this company? \_\_\_\_\_  
\_\_\_\_\_
  
8. What is the current premium that you pay for this health insurance policy?  
\$ \_\_\_\_\_ PER (please check one):     month     quarter     year
  
9. Who does this policy cover?  
 Myself only  
 Myself plus my spouse  
 Myself plus my spouse and children

*Please continue the survey on the back of this page.*

10. In general, do you think the premium amount you pay is:  
 about right,  a little too much, or  much too much?
11. Out-of-pocket expense is all money paid by you for health care, excluding the cost of premiums. This includes the costs of deductibles and co-payments, which are partial payments made in order to receive medical care or prescriptions. Would you say that out-of-pocket expenses *for yourself and all family members* covered under this policy in the year 2000 were approximately:  
 Less than \$200  \$1,000-\$1,999  
 \$200-\$499  \$2,000 or more  
 \$500-\$999  Don't know
12. Has a doctor or other medical caregiver ever suggested a test or treatment for you (or another family member covered by this health plan) that the health plan would not cover or pay for?  
 Yes  No  
 If YES, What were these tests or treatments? \_\_\_\_\_  
 Did you or other family member have that test or treatment anyway?  
 Yes  No
13. If it were available to you at a lower cost than your current premium, would you buy health insurance that:
- covered you/your family for only catastrophic medical expenses such as hospitalizations, but you paid out of pocket for routine and less expensive services (such as check-ups, vaccines, office visits, most prescription drugs, etc.)  Yes  No
  - covered you/your family for most medically necessary services, but only after you paid an annual deductible of \$1,000  Yes  No

***Please complete the following about yourself:***

Male  Female  Age on last birthday ZIP code where you live: \_\_\_\_\_

Married  Never married  Divorced  Separated  Widowed

Number of people living in your household:  Adults  Children under 18

Your annual household income:  Below \$20,000  Between \$40,000 and \$49,999  
 Between \$20,000 and \$29,999  Between \$50,000 and \$59,999  
 Between \$30,000 and \$39,999  Above \$60,000

Self-employed?  Retired?  Not Employed?  Student? **OR**

Employed full time (35 or more hours per week with one employer)? **OR**

Employed part time (less than 35 hours per week or 2 or more jobs totaling 35 hours per week)?

If employed, does your employer offer health insurance that you are eligible for?  Yes  No

If YES, why don't you obtain it through your employer? \_\_\_\_\_

Would you be willing to participate in a focus group (an in-person small group discussion) later this year about the availability and cost of health insurance in Massachusetts?     Yes     No

*If YES, please fill out the information below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number:

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Email address: \_\_\_\_\_

Thank you very much for answering this important survey. Please return your survey in the enclosed postage-paid reply envelope.

If envelope is misplaced, please return to: Commonwealth of Massachusetts  
Division of Health Care Finance & Policy  
2 Boylston Street  
Boston, MA 02116  
Attn: HSMIG