

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

Summer 2003

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 groups' answers for statistical analysis. If you have any questions, or concerns about this study, please contact Tony Roman at (617) 287-7200.
- 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.

A1a. As of today, including management, approximately how many full- and part-time employees are employed by your organization at this site? (Exclude contract employees.)

Total Number of Employees:

A1b. Approximately what percent of these employees are part-time? _____%

A2. Approximately how many or what percent of your employees at this site are members of a union?

None

Number: _____ **OR** Percent: _____

Don't know

A3. Approximately how many or what percent of all employees (including management but excluding contract employees) at this site are...

		Number	OR	Percent	Don't know
a.	Below age 25?				<input type="checkbox"/>
b.	At least 25 but less than 55?				<input type="checkbox"/>
c.	At least 55 but less than 65?				<input type="checkbox"/>
d.	Age 65 or older?				<input type="checkbox"/>

A4. Considering the earnings of all full-time employees at this site (including management but excluding contract employees), to the best of your knowledge, how many or what percent earn...

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

A5. Which of the following benefits do you offer to your full-time employees?

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

A6. Does your organization offer health insurance to employees? (Please exclude union-administered (Taft-Hartley) health and welfare plans and their members from your consideration.)

Yes

No → **If No, Go to D1 on Page 13.**

Section B: General Questions for Organizations That Offer Health Insurance

The next questions in this survey concern those health insurance policies currently offered by your organization. Please exclude any rules and policies pertaining to union-administered (Taft-Hartley) plans.

B1a. Is health insurance only offered to full-time employees?

- Yes → **If Yes, Go to B2**
 No

B1b. What is the minimum number of hours per week a part-time employee must work to be eligible for health insurance coverage?

Number of hours per week: _____
 No minimum

B2. In your organization, is each of the following groups offered health insurance? (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.	Dependent children of employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Same-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Opposite-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3. 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

B4. Of those employees eligible for health insurance, approximately how many or what percent are enrolled?

Number: _____ **OR** Percent: _____
 Don't know

B5. Approximately what percent of the employees enrolled in a health insurance plan through your organization are enrolled in:

Individual coverage ___%

Coverage for 2 people ___%

Coverage for a family ___%

We do not offer this type of coverage

We do not offer this type of coverage

B6. Must an employee provide proof of health insurance coverage from another source before they can turn down the coverage offered by your organization?

Yes

No

Don't know

B7a. If an employee chooses not to take health insurance coverage, does that employee receive compensation for not taking health insurance?

Yes

No

We have a cafeteria plan – employees can apply points/credit to another benefit if they choose

Don't know

Our organization falls under small group regulation, so all eligible employees must enroll in coverage

B7b. To your knowledge, of those who turn down coverage, what number or percent are uninsured? (i.e. they are not covered by another source such as a spouse, Medicaid or other)

Number: _____

OR

Percent:

No one turned down coverage

Don't know

B8. Has the percentage of eligible employees who choose not to take health insurance increased, decreased, or remained about the same since your last renewal period? (Please check only one.)

Increased

Decreased

Remained about the same

Don't know

B9a. Is there a waiting period before employees can be covered by health insurance?

- Yes
- No → **If No, Go to B10a**
- Don't know → **If Don't know, Go to B10a**

B9b. Is the length of this waiting period more than 1 month?

- Yes → **If Yes, How long is the waiting period?** _____
- No

B10a. 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

B10b. 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

B11. Please complete the following table for each health plan your organization currently offers to employees at this site, **excluding** any union administered (Taft-Hartley) plan. Begin with the health plan that covers the largest number of employees. (Remember, exclude Taft-Hartley employees.)

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 itself regardless of any third party that administers the plan.

	Plan Name:	Is this plan fully insured or employer self-funded? (See definitions above)			What number <u>or</u> percent of employees who take-up insurance are enrolled in this plan?		
		Fully insured	Self-funded	Don't know	Number	Percent	Don't know
a.		<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"/>
c.		<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"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>

B12. Approximately how many or what percent of your health insurance eligible employees are covered by a union-administered (Taft-Hartley) plan?

No such employees

Number: _____ **OR** Percent: _____

Don't know

B13. Is your organization considering any changes, in the next few years, to your health plan options?

- Yes
- No → **If No, Go to Section C on page 8**
- Don't Know → **If Don't Know, Go to Section C on page 8**

B13a. Which of the following changes are you considering? **(please check as many as apply)**

- Changing deductible and copayment amounts
- Decreasing the size of the plan's hospital/physician network to try to lower premium costs
- Eliminating specific benefits such as pharmacy
- Changing insurers
- Creating a greater incentive for plan members to use community hospitals instead of teaching hospitals (such as a higher copayment for teaching hospitals or a higher premium for a plan including teaching hospitals)
- Instituting a disease management program
- Creating a defined contribution plan (Defined as: A plan where employees are allocated a fixed dollar amount from the employer to be used to purchase health insurance and/or pay other health expenses each year.)
- Changing health insurance eligibility rules for employees
- Eliminating health insurance as a benefit
- Changing the formula for employer/employee contribution to the premium:

Please explain: _____

- Other: _____
- Don't know

Section C: Health Plan Characteristics

Please answer the following questions about the health plan you offer with the highest enrollment. Please exclude any union-administered (Taft-Hartley) plan, even if that plan has the most members.

C1a. What is the name of the most popular, or only, plan at this site?

Plan name:

C1b. 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 C1a.)

Insurance carrier:

C2. Is this plan fully insured or employer self-funded?
Please see question B11 on page 6 for definitions of these terms.

- Fully insured → **If Fully insured, Go to C4**
- Employer self-funded

C3. Which of the following are reasons you decided to self-fund?
Please check one box in each row.

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

C4. Does this plan include prescription drug coverage?

- Yes
- No → **If No, Go to C7 on Page 9.**
- Don't know → **If Don't know, Go to C7 on Page 9.**

C5. Is there a maximum annual out-of-pocket amount above which the insurance pays all costs of prescription drugs?

- Yes
- No
- Don't know

C6. Is there an overall maximum annual limit or cap above which insurance pays nothing for prescription drugs?

- Yes
- No
- Don't know

C7. At the time of your last renewal, did the overall design of this health plan change by...
(Please answer “yes” only if you introduced these changes in your last renewal cycle.)

		Yes	No	Don't know
a.	Increasing co-payments for any service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Increasing any deductibles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Adding a disease management program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Incenting/encouraging enrollees, in some way, to use generic prescription drugs instead of brand names?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Reducing benefits? If yes, which benefits? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Increasing benefits? If yes, which benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Some other manner? If yes, what was that?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C8. What is the current copayment dollar amount or deductible, where applicable, for in-network providers for each of the following?

		Co-payment	Deductible	Don't know	Not Covered
a.	A primary care physician office visit?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
b.	A specialist physician office visit?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
c.	An emergency room visit?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
d.	An inpatient hospitalization?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
e.	An outpatient mental health visit?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
f.	A generic prescription drug?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
g.	A preferred brand prescription drug?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>
h.	A non-preferred brand prescription drug?	\$	\$	<input type="checkbox"/>	<input type="checkbox"/>

C9. Approximately how many COBRA continuants are enrolled in this plan?

Number of continuants:

Don't know

C10. Do employee contributions to this plan's premium vary (apart from an employee paying more for family coverage than individual)?

(Please check as many as apply)

- By seniority, with employees working for the company longer, contributing less
- By an employees' part-time or full-time status, requiring part-time employees to contribute more
- By requiring the employee to contribute a higher proportion of the premium for their dependent(s)
- By whether an employee is an executive or senior-level staff, with those employees contributing... more less
- By whether an employee is union or non-union, with union employees contributing... more less
- Some other way: _____
- Employees do not contribute toward the health insurance premium; the employer pays 100%
- No, employee contribution does not vary

C11. Please answer the following questions about current costs for this plan. If amounts can vary, enter the amounts that would be correct for the largest number of employees.

		Per Month	Do not offer this coverage	Don't know
a.	What is the current <u>full-time employee contribution 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 a full-time employee's individual coverage with this plan?	\$		<input type="checkbox"/>
c.	What is the current <u>full-time employee contribution per month</u> for coverage for two people 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 two people with this plan?	\$	<input type="checkbox"/>	<input type="checkbox"/>
e.	What is the current <u>full-time employee contribution per month</u> for coverage for a family with this plan?	\$	<input type="checkbox"/>	<input type="checkbox"/>
f.	What is the current <u>total premium</u> amount paid <u>per month</u> for a full-time employee's coverage for a family with this plan?	\$	<input type="checkbox"/>	<input type="checkbox"/>

C12. Is this plan's premium the least expensive of all plans offered?

- Yes
- No
- Only 1 plan is offered to employees
- Don't know

C13a. At the time of your most recent renewal, what percent premium increase did you experience for this plan?

For Individual coverage: ____%

For 2 person plan coverage: ____%

For Family coverage: ____%

Do not offer this type of coverage

Do not offer this type of coverage

C13b. At the time of your most recent renewal, did you change the percent of the employer's contribution to the premium?

- No, we made **no** changes to the percent of the employer contribution
- Yes, we changed the **employer** contribution:
 - a. for individual plans from _____% TO _____%
 - b. for 2-person plans from _____% TO _____%
 - c. for family plans from _____% TO _____%
- Other: _____
- Don't know

C14. 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

You are now 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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We will mail you the results of this survey as soon as they are available, or, feel free to access our website at www.state.ma.us/dhcfp to see the results in a few months.
Thank you again for your time and cooperation.

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 on Page 14.**
- Don't know → **If Don't know, Go to D3 on Page 14.**

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.	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

D5a. How many employees does your organization have, counting employees at all locations in Massachusetts?

- 50 or fewer
- More than 50 → **If More than 50, Go to D6 on Page 15.**

D5b. 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 D6 on Page 15.**

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

D5c. 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.	There is a negative stigma associated with participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The income limit for 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"/>

D6. Following is a list of factors 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 by offering a plan with only basic hospital coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Lower premium rates by offering a plan with fewer hospitals and physicians in the network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Lower premium rates by offering a plan with service restrictions, for example limited physician visits, limited pharmacy, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Elimination of the required minimum employee participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Government subsidy of premiums for low-income employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Federal tax credits for offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Requiring a business to pay a fee, tied to the cost of individual coverage, if the business does not offer health insurance to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D7. How likely is your organization to offer health insurance within the next two years?

- Very likely
- Somewhat likely
- Not likely at all

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

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Thank you again for your time and cooperation.
