

Massachusetts

Employer Health Insurance Survey



Conducted by:
Center for Survey Research,
University of Massachusetts Boston

For:
The Commonwealth of Massachusetts,
Division of Health Care Finance and Policy

Spring 2007

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 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.
- Your participation is greatly appreciated as this is the only way we can learn about the problems organizations confront 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**

Background Information

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 employees. A contract employee is a skilled temporary employee working under terms specified by a contract between the employee, or an agency representing the employee, and the employer.

We also do not want you to include employees that may work for this organization at other locations in Massachusetts or elsewhere.

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

Total # of Employees: _____

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

of Employees 12 months ago: _____

3. A part-time employee is any employee who works less than 35 hours a week. Approximately how many, or what percent, of these employees work part-time? **(Please answer with a number or percent, whichever is easier for you.)**

Number: _____ -OR- Percent: _____ %

4. Approximately how many, or what percent, of the employees at this site are members of a union?

Number: _____ -OR- Percent: _____ %

None → **If None, Go to #6**

Don't know → **If Don't Know, Go to #6**

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

Number: _____ -OR- Percent: _____ %

Don't know

6. Approximately how many or what percent of all employees at this site are female?

Number: _____ -OR- Percent: _____ %

Don't know

7. Approximately how many or what percent of all employees at this site are:

	Number	Percent	Don't Know
a. Under age 27?	_____	OR _____%	<input type="checkbox"/>
b. At least 27 but less than 40?	_____	OR _____%	<input type="checkbox"/>
c. At least 40 but less than 64?	_____	OR _____%	<input type="checkbox"/>
d. Age 65 or older?	_____	OR _____%	<input type="checkbox"/>

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

	Number		Percent	Don't Know
a. Minimum wage? (About \$10,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
b. Above minimum wage, but less than \$10 an hour? (Between \$10,000 and \$20,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
c. At least \$10 an hour, but less than \$15 an hour? (Between \$20,000 and \$30,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
d. At least \$15 an hour, but less than \$20 an hour? (Between \$30,000 and \$40,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
e. At least \$20 an hour, but less than \$25 an hour? (Between \$40,000 and \$50,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
f. At least \$25 an hour, but less than \$30 an hour? (Between \$50,000 and \$60,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
g. At least \$30 an hour, but less than \$40 an hour? (Between \$60,000 and \$80,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
h. At least \$40 an hour, but less than \$50 an hour? (Between \$80,000 and \$100,000 a year)	_____	OR	_____ %	<input type="checkbox"/>
i. At least \$50 an hour? (\$100,000 a year or more)	_____	OR	_____ %	<input type="checkbox"/>

9. Which of the following benefits does this organization offer to 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. Long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pretax flexible spending accounts for uncovered health expenses (Section 125 FSA's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Does this organization exist only at this site, or are there other sites within the United States?

- This is the only site
- There are other sites within the United States
- Don't know

11. Is this a "family-owned" business or organization?

- Yes
- No → **If No, Go to #13**
- Don't know → **If Don't Know, Go to #13**

12. Approximately how many, or what percent, of the employees of this business or organization are family members?

Number: _____ -OR- Percent: _____%

- Don't know

13. 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

14. 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 print.)
-

15. 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

16. Are decisions about health insurance (such as whether it is offered, which plans are offered or how much it will cost employees) made at this site?

- Yes
- No
- Don't know

17. 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 → **If No, Go to Section B on Page 12**

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 multi-employer union-administered Taft-Hartley plans.

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

- Yes → **If Yes, Go to #20**
- No

19. What is the minimum portion of each week a part-time employee must work to be eligible for health insurance coverage? (Please check only one box.)

- There is no minimum
- Less than half-time
- Half-time
- Greater than half-time but less than full-time
- We only offer health insurance to full-time employees
- Don't know

20. Does this organization purchase health insurance through a larger group such as a parent company or a purchasing consortium?

- Yes
- No
- Don't know

21. In this organization, which of the following groups are offered health insurance? (Please check one box in each row.)

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

22. Currently, including management but excluding contract employees, approximately how many, or what percent, of employees at this site are eligible for health insurance from this organization? (Please exclude employees eligible for union administered multi-employer Taft-Hartley plans.)

Number: _____ -OR- Percent: _____ %
 Don't know

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

Number: _____ -OR- Percent: _____ %
 Don't know

24. Approximately how many, or what percent, of the employees enrolled in a health insurance plan through this organization are enrolled in individual coverage?

Number: _____ -OR- Percent: _____ %
 Don't know

25. If you offer two-person coverage, such as for an employee and spouse or an employee and child, please consider it the same as family coverage.

Approximately how many, or what percent, of the employees enrolled in a health insurance plan through this organization are enrolled in family coverage?

Number: _____ -OR- Percent: _____ %
 Don't know
 We don't offer this type of coverage

26. Does this organization ask for proof of health insurance coverage from another source if an employee turns down coverage?

- Yes
- No
- Don't know

27. 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

28. Does your organization offer a “cafeteria plan” that allows employees to apply points or credit toward another benefit if they choose not to receive health insurance coverage?

- Yes
- No
- Don't know

29. Have any of your current employees turned down health insurance coverage?

- Yes
- No → **If No, Go to #32**

30. To your knowledge, among current employees who have turned down coverage, what number or percent are uninsured (i.e. they are not covered by another source such as a spouse or Medicaid/MassHealth)?

Number: _____ -OR- Percent: _____ %

- Don't know

31. From last year to this year, did the percentage of eligible employees who turned down health insurance increase, decrease, or remain about the same?

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

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

- Yes
- No → **If No, Go to #34**
- Don't know → **If Don't know, Go to #34**

33. 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

34. When answering this question, please exclude mandated COBRA continuation from consideration and check only one box.

For retirees under age 65, who have worked the required number of years, does this organization offer:

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

35. When answering this question, please continue to exclude mandated COBRA continuation from consideration and check only one box.

For retirees age 65 or over who have worked the required number of years, does this organization offer:

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

36. Did the Medicare Part D pharmacy coverage cause this organization to change its retiree health benefits?

- Yes, we decided to stop offering retiree health benefits.
- Yes, we changed our retiree health benefits in some way.
- No, it had no influence on decisions regarding our retiree health benefits.
- Don't know

37. 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 (ERISA) if an organization pays the cost of the claims itself regardless of any third party that administers the plan.

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. (Remember, exclude Taft-Hartley employees.)

Plan Name	Is this plan fully-insured or employer self-funded (ERISA)?			Of those enrolled in a health plan at this site, what number or percent 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"/>	_____	OR _____ %	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	OR _____ %	<input type="checkbox"/>

38. Some organizations introduced changes to their health insurance program this plan year or are planning to introduce changes next plan year. Regarding the following health insurance characteristics, did this organization change that characteristic this plan year or is it planning to change it next plan year, or neither?

	Did change in last year	Plan to change in next year	No change made or planned	Don't know
a. Change insurers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Offer fewer health plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eliminate health insurance as a benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Change the portion the employer contributes toward the premium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Change the rules about which employees are eligible for health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Offer employees a fixed dollar amount for them to purchase health insurance themselves or to pay health expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impose a surcharge for spousal coverage when spouse is eligible for health insurance from their employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Some other change (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. How many employees does this organization have, counting employees at all locations but excluding contract employees in Massachusetts?
- 50 or fewer
 - More than 50 → **If More than 50, Go to #42**

40. Commonwealth Choice is a health insurance program that is administered through the Commonwealth Connector. Coverage under Commonwealth Choice will be through a variety of high quality, affordable, private health insurance plans. The Connector will help individuals and small employers choose, purchase and enroll in the plan that works best for them.

Have you ever heard of Commonwealth Choice or the Commonwealth Connector?

- Yes
- No → **If No, Go to #42**

For information on Commonwealth Choice and the Commonwealth Connector, go to www.mass.gov/connector.

41. Do you currently plan on purchasing health insurance coverage through the Commonwealth Connector?
- Yes
 - No

Health Plan Characteristics

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

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

Plan name : _____

43. The definitions of employer self-funded (ERISA) and fully-insured plans are provided at question #36.

Is this plan employer self-funded (ERISA) or fully-insured?

- Employer self-funded (ERISA)
- Fully-insured → **If Fully-insured, Go to #45**
- Don't know → **If Don't Know, Go to #45**

44. Which of the following are reasons this organization decided to self-fund? (Please check one box in each row.)

	Yes	No	Don't Know
a. We expected to save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. To make health benefits at this location consistent with benefits offered at other locations of this organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. To not have to offer state mandated benefits	<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. To have more control over health care costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Some other reason (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. When answering the next question, please refer to the plan that has the highest enrollment.

Many organizations introduced changes to their health insurance plans this plan year or are planning to introduce changes next plan year. For each of the following changes, did this organization introduce that change this plan year or are you planning to introduce it next plan year or neither? (Please check one box in each row.)

	Did change in last year	Plan to change in next year	No change made or planned	Don't know
a. Change deductibles or co-payment amounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Place limits on specific benefits such as mental health visits, number of prescriptions, or other such limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Offer a plan with a limited or reduced hospital or physician network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Offer a plan with an incentive for employees to use less expensive hospitals, such as community hospitals instead of teaching hospitals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Institute a disease management program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Offer a plan with a “pay for performance” bonus to high quality providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Institute a high deductible consumer driven health plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Some other change (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Co-payment	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"/>

47. Please continue to think about the plan offered by your organization that has the highest enrollment. The next questions ask about variations in employee contributions to this plans premium, other than variations due to the cost of individual versus family coverage.

Is there a deductible that must be satisfied before insurance begins to cover expenses for:

	Yes	No	Don't Know
a. Inpatient hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

48. Do employees make any contributions to this plan's premium, or does your organization pay 100% of the premium costs?

- Employees contribute to the premium
- Employer pays 100% → **If Employer Pays 100%, Go to #54**

49. Do employee contributions to this plan's premium vary depending on the employee's pay?

- Yes
- No → **If No, Go to #51**

50. Do employees who earn higher pay contribute more or less to this plan's premium?

- More
- Less

51. Do employee contributions to this plan's premium vary depending on whether the employee is union or non-union?

- Yes
- No → **If No, Go to #53**

52. Do union employees contribute more or less to this plan's premium?

- More
- Less

53. Apart from an employee paying more for family coverage than individual coverage, do employee contributions to this plan's premium vary:

	Yes	No
a. By seniority, with employees working for the company longer contributing less	<input type="checkbox"/>	<input type="checkbox"/>
b. By an employee's part-time or full-time status, requiring part-time employees to contribute more	<input type="checkbox"/>	<input type="checkbox"/>
c. In some other way (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>

54. Please answer the following questions about current monthly costs for this plan. If amounts can vary, enter the amounts 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"/>

55. Is this an IRS Section 125 plan that allows employees to contribute their portion of the premium on a pretax basis?

- Yes
- No
- Don't know

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

Number: _____ -OR- Percent: _____ %

- Don't know

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

Number: _____ -OR- Percent: _____ %

- Don't know
- We do not offer family coverage

58. At the time of your most recent renewal, if you experienced a premium increase for this plan, did your broker or insurer present detailed data to you showing the basis for the premium increase?

- Yes
- No
- Don't know

59. Does this organization offer a health insurance plan for two people such as for an employee and a spouse or an employee and a child?

- Yes
- No
- Don't know

60. For your employees that are not eligible for health insurance, do you assist them in any way in applying for MassHealth (Medicaid)?

- Yes
- No
- Don't know

61. Does your organization receive from your broker or insurer, at least annual data on the health care utilization of this organization's employees?

- Yes
- No
- Don't know

62. Does your organization offer more than one insurance plan to employees?

- Yes
- No → **If No, Go to #64**

63. Please answer the following questions about current monthly costs for the plan that covers the second highest number of employees. If amounts can vary, enter the amounts that would be correct for the largest number of employees.

	Per Month	Coverage Not Offered	Don't Know
a. 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"/>
b. 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"/>

64. At some time in the future, we may want to ask you to participate in a group discussion about employer-sponsored health insurance or simply contact you again with a few additional questions. This would, of course, be completely voluntary. Would it be all right if we contacted you in the future?

- Yes
- No

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

Please feel free to access our website at
www.state.ma.us/dhcfp
to see the results of this survey in a few months.

Thank you again for your time and cooperation!

**Section B:
General Questions for 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 #17 on page 3)

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 paying for employees' incurred medical bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. We assist employees in applying for MassHealth (Medicaid).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. We assist employees in some other way. (Please print.)	<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. Following 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
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 plans obtained elsewhere, such as through a spouse, a union, or Medicaid/MassHealth	<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 offering health insurance 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"/>
j. Our employees express a preference for higher pay instead of health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Employees have access to insurance through the Commonwealth Connector’s Health Insurance Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B5. To the best of your knowledge, are any of the employees at your organization uninsured?

- Yes
- No → **If No, Go to B8**

B6. To the best of your knowledge, have any of this organization’s uninsured employees or their family members incurred expenses of \$5000 or more for health care in the last year?

- Yes
- No
- Don’t know

B7. To the best of your knowledge, have any of this organization’s uninsured employees or their family members used the Uncompensated Care Pool to pay for health care in the last year?

- Yes
- No
- Don’t know

B8. How many employees does this organization have, counting employees at all locations, excluding contract employees in Massachusetts?

- 50 or fewer
- More than 50 → **If More than 50, Go to B11**

B9. 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 50 or fewer employees?

- Yes
- No → **If No, Go to B13**
- Don’t know → **If Don’t Know, Go to B13**

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

B10. Following is a list of reasons why an eligible organization might not make use of the Insurance Partnership. For each reason listed, please answer how important it was in this 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. Some other reason (Please print below.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. Commonwealth Choice is a health insurance program that is administered through the Commonwealth Connector. Coverage under Commonwealth Choice will be through a variety of high quality, affordable, private health insurance plans. The Connector will help individuals and small employers choose, purchase and enroll in the plan that works best for them.

Have you ever heard of Commonwealth Choice or the Commonwealth Connector?

- Yes
- No → **If No, Go to B13**

For information on Commonwealth Choice and the Commonwealth Connector, go to www.mass.gov/connector.

B12. Do you currently plan on purchasing health insurance coverage through the Commonwealth Connector?

- Yes
- No

B13. If this organization could limit health insurance in some ways 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
a. Limited benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A limited provider network	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. High co-payments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. High co-payments for high-wage earners and low co-payments for low-wage earners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A high deductible before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A high deductible for high-wage employees and a low deductible for low-wage employees before coverage begins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B14. In your opinion, how likely is this organization to offer health insurance within the next two years?

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

B15 At some time in the future, we may want to ask you to participate in a group discussion about employer-sponsored health insurance or simply contact you again with a few additional questions. This would, of course, be completely voluntary. Would it be all right if we contact you in the future?

- Yes
- No

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

Please feel free to access our website at
www.state.ma.us/dhcfp
to see the results of this survey in a few months.

Thank you again for your time and cooperation!