

# 2006 Minnesota Employer Health Insurance Survey

## Respondent's contact information:

First Name

Last Name

Company name

Job Title

Address

City

State

Zip

Phone Number

Email

INSTRUCTIONS: print CAPITAL LETTERS clearly with pen only. Do not touch the sides of the boxes.

Please fill circles completely. Do not use a check mark or an "x".

Sample

1  2  3  4 and  Yes

## Section A - Employment Characteristics

1. Which classification best describes this business?

For-profit  Non-profit  Government/Public

2. Does this company have more than one location?

Yes  No

2 a. If yes, about how many total employees does this company have:

Minnesota  Nationally (including MN)

3. What is the total number of employees at this location only, including the owner?

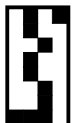
*Include only those on current payroll*

Total Number

4. How many of your total number of employees at this location are full time?

*Include only those on current payroll*

percentage  % or number



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5. How many of your total number of employees at this location are temporary or seasonal?

*Include only those on current payroll*

percentage                      number

%    or   

6. How many years has this company been in business?

Years

7. Does a union represent any of your employees at this location?

Yes     No

7 a. If yes, what percentage are unionized?

%

8. Approximately how many of the employees at this location earn:

Less than \$7.50                      percentage                      number  
hourly/\$15,599

annually                       %    or   

\$7.50 to \$10.99                      percentage                      number  
hourly / \$15,600 to

\$22,879 annually                       %    or   

\$11.00 to \$15.99                      percentage                      number  
hourly / \$22,880 to

\$33,279 annually                       %    or   

\$16.00 to \$21.99                      percentage                      number  
hourly / \$33,280 to

\$45,759 annually                       %    or   

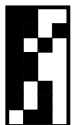
Greater than \$22.00                      percentage                      number  
hourly / \$45,760

annually                       %    or   

9. Does your company make available or contribute to health insurance for its employees?

Yes     No

*If you answered "no" please complete Section B on following page. If you answered "yes" please skip the next page and continue with Section C.*



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**Section B - For Companies Not Offering Health Insurance**

10. Have you offered health insurance to your employees in the past 2 years?

Yes  No

11. What is the primary reason for not offering health insurance to your employees? (mark only one)

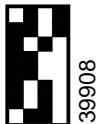
- Premiums too high
- Employee turnover is too great
- The firm is too newly established
- Employees generally covered by spouse or parent
- Administrative hassle
- Can attract good employees without offering
- Don't know
- Other (please describe)

If you answered "no" to question 9 and completed Section B, the survey is now complete. Please return the survey in the self-addressed stamped envelope provided, or mail the survey to:

Minnesota Department of Health  
Attn: Health Economics Program  
PO Box 64975  
St Paul, MN 55164-9711

If you answered "yes" to question 9, please answer the remaining questions in Section C about health insurance benefits at this location. If your establishment is part of a multi-location company and you cannot answer questions about health insurance benefits at this location, please provide contact information on the following page for someone who can provide this information and return the survey in the self-addressed stamped envelope provided, or mail the survey to:

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St Paul, MN 55164-9711



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If you are a single location company, please skip this page, and continue on with Section C on the following page and complete the survey

**Instructions for companies with more than one location:**

If you can provide information regarding health insurance benefits at this location, please skip this page, and continue to section C on the following page and complete the survey.

If your establishment is part of a multi-location company and you cannot provide information regarding health insurance benefits at this location please provide the contact information of someone who can provide this information and return the survey in the self-addressed stamped envelope provided, or mail the survey to:

Minnesota Department of Health  
Attn: Health Economics Program  
PO Box 64975  
St Paul, MN 55164-9711

**Respondent's contact information:**

First Name

Last Name

Company Name

Job Title

Address

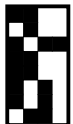
City

State

Zip

Phone Number

Email

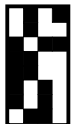


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**Section C - For Companies Offering Health Insurance**

*This section refers to medical plans that cover physician and hospital services. Please do not report for single service plans such as vision or dental*

12. Out of the total number of employees reported at this location in question 3, how many are eligible to sign up for health insurance coverage?	percentage <input type="text"/> % or number <input type="text"/>
13. Out of the total number of employees reported in question 12, how many are enrolled in health insurance coverage?	percentage <input type="text"/> % or number <input type="text"/>
14. Can part-time employees sign up for coverage?	<input type="radio"/> Yes <input type="radio"/> No
15. Can temporary or seasonal employees sign up for coverage?	<input type="radio"/> Yes <input type="radio"/> No
16. Can employees enroll their dependents (such as a spouse or children) in coverage?	<input type="radio"/> Yes <input type="radio"/> No
17. Is there a waiting period before a new employee becomes eligible for coverage?  17 a. If yes, how long is the typical waiting period?	<input type="radio"/> Yes <input type="radio"/> No ----- days <input type="text"/> or weeks <input type="text"/> or months <input type="text"/>
18. Is there a minimum number of hours an employee must work to be eligible for coverage?  18 a. If yes, how many hours per week?	<input type="radio"/> Yes <input type="radio"/> No ----- <input type="text"/> per week



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19. Compared to last year, have the health insurance benefits offered by your company changed at all?

Yes  No  Don't know  Did not offer last year

19 a. If yes, what has changed?

	Increased	Decreased	No Change
Deductible	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment/Coinsurance for office or hospital visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment/Coinsurance for prescriptions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. Does your company offer more than one plan to employees at this location?

Yes  No

*For a definition of multiple plans please refer to the instruction sheet*

20 a. If yes, how many plans are offered at this location?

Plans

21. Can any of the plans available to employees at this location be linked to a Health Savings Account (HSA)?

Yes  No

*For a definition of HSA please refer to the instruction sheet*

21 a. If yes, how many employees at this location are enrolled in plans that can be linked to an HSA?

number

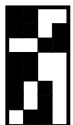
22. Can any of the plans available to employees at this location be linked to a Health Reimbursement Account (HRA)?

Yes  No

*For a definition of HRA please refer to the instruction sheet*

22 a. If yes, how many employees at this location are enrolled in plans that can be linked to an HRA?

number



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For the remainder of this survey please respond for up to two health plans your company offers at this location. If your company offers more than two plans, please report for the two most popular plans.

**23. How many employees at this location are enrolled in health insurance coverage?**

*Please do not count dependents in your answer*

*In addition to family coverage, some companies provide additional options for enrolling dependents at a different premium level, such as employee + spouse, employee + child, or employee + 1 options. If your company does not provide these options, please enter information only for the employee and family coverage categories. If your company offers employee + 1 coverage, please report this information in the employee + spouse category*

*For a definition of these categories please refer to the instruction sheet*

**Plan # 1**

Employee (single)

Employee + spouse (or employee +1)

Employee + child

Family

Total Enrollment

**Plan # 2**

Employee (single)

Employee + spouse (or employee +1)

Employee + child

Family

Total Enrollment

**24. The following questions are about premiums. Please select a time period for answering these questions.**

Weekly                       Quarterly

Bi-weekly                       Yearly

Monthly

Weekly                       Quarterly

Bi-weekly                       Yearly

Monthly

**25. How much is the total premium per enrollee for employee (Single) coverage?**

*For a definition of a premium please refer to the instruction sheet*

**25 a . Of this amount, what share is paid by:**

**Total**  
\$   ,    .   0 0

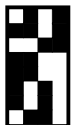
**Employee Share**  
\$   ,    .   0 0    or     %

**Employer Share**  
\$   ,    .   0 0    or     %

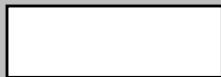
**Total**  
\$   ,    .   0 0

**Employee Share**  
\$   ,    .   0 0    or     %

**Employer Share**  
\$   ,    .   0 0    or     %



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Plan # 1

Plan # 2



26. How much is the total premium per enrollee for employee + spouse (or employee +1) coverage?

If this question does not apply, please skip to question 27

26 a . Of this amount, What share is paid by:

Total

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Total

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

27. How much is the total premium per enrollee for employee + child coverage?

If this question does not apply, please skip to question 28

27 a . Of this amount, what share is paid by:

Total

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Total

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

28. How much is the total premium per enrollee for family coverage?

If this question does not apply, please skip to question 29

28 a . Of this amount, what share is paid by:

Total

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Total

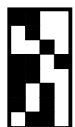
\$ [ ][ ] , [ ][ ][ ][ ] . 0 0

Employee Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %

Employer Share

\$ [ ][ ] , [ ][ ][ ][ ] . 0 0 or [ ] %



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[ ]

Plan # 1

Plan # 2

29. How much does an enrollee pay for copayment / coinsurance?

Doctor/office visits  
 \$ [ ] [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Doctor/office visits  
 \$ [ ] [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Please report for in-network services

For a definition of copayment/coinsurance please refer to the instruction sheet

Hospitalization  
 \$ [ ] [ ] [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Hospitalization  
 \$ [ ] [ ] [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

30. Are prescription drugs covered by this health plan?

Yes  No If no, skip to question 32

Yes  No If no, skip to question 32

31. How much does an enrollee pay for different tiers of prescription drugs?

If the amount does not vary enter your response in the lowest cost tier box. If reporting for two-tiers, enter your response in the lowest cost and highest costs boxes

Report for in-network pharmacies, excluding mail-order programs

For an explanation of a tiered prescription drug plan, please refer to the instruction sheet

Lowest cost to enrollee (Tier 1)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Lowest cost to enrollee (Tier 1)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Middle cost to enrollee (Tier 2)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Middle cost to enrollee (Tier 2)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Highest cost to enrollee (Tier 3)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

Highest cost to enrollee (Tier 3)  
 \$ [ ] [ ] . 0 0 And/or [ ] %  
 Copayment Coinsurance

32. How much is the annual deductible for this plan?

For a definition of a deductible please refer to the instruction sheet

Employee (single) Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Employee (single) Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Employee + Spouse Coverage (or employee +1)  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

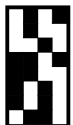
Employee + Spouse Coverage (or employee +1)  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Employee + Child Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Employee + Child Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Family Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

Family Coverage  
 \$ [ ] [ ] , [ ] [ ] [ ] . 0 0

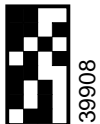


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	Plan # 1	Plan # 2
<p><b>33. Can employees enrolled in this plan participate in a Health Savings Account (HSA)?</b></p> <p><i>For a definition of HSA please refer to the instruction sheet</i></p> <p><b>33 a. If yes, how much does your company contribute to an employee's savings account each year?</b></p>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Don't Know</p> <p><b>Employee (single) Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Spouse Coverage (or employee +1)</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Child Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Family Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Don't Know</p> <p><b>Employee (single) Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Spouse Coverage (or employee +1)</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Child Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Family Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p>
<p><b>34. Does your company offer a Health Reimbursement Arrangement (HRA) to employees enrolled in this plan?</b></p> <p><i>For a definition of HRA please refer to the instruction sheet</i></p> <p><b>34 a. If yes, how much does your company contribute to an employee's reimbursement account each year?</b></p>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Don't Know</p> <p><b>Employee (single) Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Spouse Coverage (or employee +1)</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Child Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Family Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p>	<p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> Don't Know</p> <p><b>Employee (single) Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Spouse Coverage (or employee +1)</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Employee + Child Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p> <p><b>Family Coverage</b> \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> 0 0</p>
<p><b>35. Is this plan purchased from an insurance company/agent or is it self-insured?</b></p> <p><i>For a definition of purchased and self insured plans please refer to the instruction sheet</i></p>	<p><input type="radio"/> Purchased <input type="radio"/> Self-insured</p>	<p><input type="radio"/> Purchased <input type="radio"/> Self-insured</p>

The survey is now complete. Thank you for completing this important survey. Please return the survey in the self-addressed stamped envelope provided, or mail to:

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