

IF YOU ARE AN EMPLOYER WHO:
OFFERS HEALTH INSURANCE TO SOME OR ALL
EMPLOYEES,

PLEASE FILL OUT AND RETURN THIS FORM!!

Your experiences, thoughts and opinions are important to us!
Please Complete the Survey and mail it in the enclosed postage paid envelope.

Your help is voluntary, and your answers are completely confidential.

Your answers will help the Health Care Commission to prepare a plan to make affordable Health Care available to all Delawareans.

1. Which of the following best describes your role in making decisions about health insurance for your business? (*check one*)

- Someone else makes decisions with little input from you
- You are the owner or sole decision-maker in your business
- You make decisions with some input from others
- You are part of a group that works together to make decisions
- Don't know
- Refused

2. Which of the following benefits does your business offer employees? (*answer all*)

	Yes	No	Don't Know	Refused
a. Medical Savings Accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Disability insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Any type of pension or retirement plan, such as a 401(k) or profit sharing plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Long term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Flexible spending accounts for health care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Are any of the items listed a major reason, a minor reason, or not a reason why your business offers a health plan? (*answer all*)

	Major	Minor	Not a Reason	Don't Know	Refused
a. It helps with employee recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Competitors offer it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It increases loyalty and decreases turnover.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It reduces absenteeism by keeping employees healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It increases productivity by keeping employees healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employees demand or expect it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. One or more of your employees have medical problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Tax treatment for employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Tax deductible for the employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It is the right thing to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Is there any other reason why your business has a health plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No
[if yes what is that?]

4. Do you think that offering a health plan to your employees has had a major impact, minor, impact, or no impact at all on....? (answer all)

	Major	Minor	No Impact	Don't Know	Refused
a. Employee recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employee retention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Employee attitude and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The health of your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Absenteeism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. When did your business last get or switch to a new health insurance plan? By switching to a new plan we mean moving to or adding a completely different plan, not just a change or modification to a plan you already had. Did your business switch ... ? (NOTE: The new plan can be with the same or different insurance company.) (check one)

- | | |
|---|---|
| <input type="checkbox"/> Less than a year ago | <input type="checkbox"/> 10 or more years ago |
| <input type="checkbox"/> About a year ago | <input type="checkbox"/> Always had the same plan |
| <input type="checkbox"/> 2 to 3 years ago | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> 4 to 5 years ago | <input type="checkbox"/> Refused |
| <input type="checkbox"/> 6 to 9 years ago | |

6. There are several different kinds of health plans. Please indicate which of the following your business currently offers to employees. Do not include separate plans you may have for dental, vision or prescription drug coverage. (answer all)

	Yes	No	Don't Know	Refused
a. <u>Traditional Insurance</u> where your employees can pick any doctor they want and typically pay the same, fixed percentage for each service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <u>A PPO or Preferred Provider Organization</u> , which is like traditional insurance, but your employees pay less if they use doctors on the plan's approved list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. <u>An HMO or Health Maintenance Organization</u> , in which your employees must obtain medical care from a specific doctor or group of doctors or else none of their costs are covered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <u>A POS or Point of Service Plan</u> , which is like an HMO, but allows employees to seek care from any doctor without a referral from their primary care doctor at additional cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is your <u>company Self Insured</u> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you have any other type of health plan? Yes <input type="checkbox"/> No <input type="checkbox"/> [if yes what is that?]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Including both the employer and employee shares, what is the annual cost per worker or annual cost for all workers for employee only coverage under this plan (for the plan that covers the most workers)? (*check and answer one*)

- Per worker cost \$ _____ Don't know
 Cost for all workers \$ _____ Refused

8. What percentage does your business pay towards the cost of employee only coverage ? (for the plan that covers the most workers)

- _____percent Refused
 Don't know

9. What percentage does your business pay towards the cost of dependent coverage ? (for the plan that covers the most workers)

- _____percent Refused
 Don't know

10. Does your business pay for Coverage For Retirees? (*check one*)

- All Don't know
 Some Refused
 None

11. What percentage of your full time employees is eligible to participate in the health (plan/plans) offered by your business?

- _____percent Refused
 Don't know

12. What percentage of your part time employees is eligible to participate in the health (plan/plans) offered by your business?

- _____percent Don't know
 there are no part time employees Refused

13. Do you require eligible employees who do not wish to participate in the health (plan/plans) offered by your business to demonstrate that they have health insurance coverage elsewhere? (*check one*)

- Yes Don't know
 No Refused

14. What percentage of the eligible employees participate in the health (plan/plans) offered by your business?

- _____percent Refused
 Don't know

15. What percentage of the eligible employees have coverage for their dependents through the health (plan/plans) offered by your business?

- _____percent Refused
 Don't know

16. A list of statements related to health insurance coverage is provided. Please indicate whether you think these statements are true or false. (answer all)

	True	False	Don't Know	Refused
a. Health insurance premiums are 100% tax deductible to the employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Employees who purchase health insurance on their own generally can deduct 100% of their health insurance premiums for federal income tax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insurers may deny health insurance coverage to employers with 2 to 50 employees due to health status.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are limits on what insurers can charge employers with sick workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Employees do not pay tax on the share of their premiums that are paid by their employer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Employer – paid health insurance premiums are treated less favorably than general business expenses with regard to taxes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Small employers cannot spread the cost of sick employees across a large pool of workers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Is this business a family-owned business?

- Yes Don't know
 No Refused

18. Are you the owner or one of the owners of the business?

- Yes Don't know
 No Refused

19. (Are you/ Is the owner) covered by a health plan?

- Yes Don't know
 No Refused

20. In what year was the business started?

- Year: _____ Refused
 Don't know

21. What percentage of your work force "turns over" in a year?

- _____percent Refused
 Don't know

22. How many of your employees are full-time, (35 hours or more per week) and how many are employed part time (less than 35 hours a week) by your business? (answer all)

- a. _____ full time employees Don't know
b. _____ part time employees Refused

23. What percentage of your employees belongs to a union?

- _____percent Refused
 Don't know

24. What percentage of your employees is female?
_____percent Refused
 Don't know

25. What is the percentage of your employees under age 30?
_____ percent of employees are under age 30 Refused
 Don't know

26. How many of your employees are paid..... yearly by your business? (answer all)
a. Less than \$15,000 _____
b. \$15,000 to less than \$25,000 _____
c. \$25,000 to less than \$35,000 _____
d. \$35,000 to less than \$45,000 _____
e. \$45,000 or more _____
 Don't know
 Refused

27. For your typical full time salaried employee, what is the typical annual salary?
_____ \$
 Don't know
 Refused

28. For your typical hourly employee, what is the typical hourly wage?
_____ \$
 Don't know
 Refused

29. What was the approximate gross revenue of this business for your last completed fiscal year: (check one)

<input type="checkbox"/> Less than \$500,000	<input type="checkbox"/> \$5 million to less than \$10 million
<input type="checkbox"/> \$500,000 to less than \$1 million	<input type="checkbox"/> \$10 million or more
<input type="checkbox"/> \$1 million to less than \$2 million	<input type="checkbox"/> Don't know
<input type="checkbox"/> \$2 million to less than \$3 million	<input type="checkbox"/> Refused
<input type="checkbox"/> \$3 million to less than \$5 million	

THANK YOU FOR YOUR PARTICIPATION! If you would like to include your comments to the Health Care Commission please feel free to use the space provided below:
