



Governor's Office of Health Policy and Finance

2004 Maine Small Business Health Insurance Survey

Thank you for agreeing to participate in this important study on health insurance in Maine. This research is being conducted on behalf of the Governor's Office of Health Policy and Finance and the survey findings will be compiled by the Maine Center for Economic Policy. This study is designed to help policy makers better understand the types of health insurance coverage available to workers and how the health insurance needs of small businesses can be met here in Maine. Please be assured that your participation is voluntary and information will be held in the strictest of confidence.

We are asking you to take a few moments to complete and return this survey. Answering the questions should take about 20-30 minutes of your time. As you go through the survey if you find questions that you cannot answer yourself, please feel free to get the input of others in the business. If you would like to receive a copy of the survey results, please be sure to include your contact information in the space provided on page 11 of the survey.

If you have any questions about this survey or this research study, please feel free to call the project director, Dr. Brian Robertson of Market Decisions at 207-767-6440, ext. 149. If you would prefer, you may also email Dr. Robertson at brianr@marketdecisions.com.

To complete this survey, please indicate your answer by placing a check mark or filling in the box for your answer. If you would like to add any additional comments, there is space for you to do so at the end of the survey.

Please complete the survey and return it in the envelope provided within one week of receiving this survey packet.

Mail postage paid to: Market Decisions

1. How many employees work in your business?
Definition of part-time: works less than 20 hours per week and employed at least 26 weeks
Full-time_____ **Part-time**_____

2. Please check the classification which best describes your business:

PLEASE CHECK ONE:

- | | |
|---|--|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Wholesale | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Food Service/Restaurant |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Service |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Other (Specify)_____ |

3. Number of years in business - **PLEASE CHECK ONE:**

- < 1 year 1-5 years 6-10 years 11-20 years 21+ years

4. Please check the range that includes your company's total sales or revenues in 2003:

- < \$.5 million \$.6-1.5 million \$1.6-5 million
 \$5.1-10 million 10.1-\$25 m >\$25 m

5. Which of the following best describes your company's ownership:

CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> cooperative or employee-owned | <input type="checkbox"/> owned outside of the U.S. |
| <input type="checkbox"/> owned totally in Maine | <input type="checkbox"/> headquartered outside of Maine |
| <input type="checkbox"/> publicly owned and headquartered in Maine | <input type="checkbox"/> privately owned outside of Maine |
| <input type="checkbox"/> owned partly in Maine and partly outside of Maine | |

6. Do you have employees that work outside of Maine?

- Yes** **No**

IF YES: How many of your total number of employees work in Maine? Number _____

7. Does your company currently offer a health insurance plan to your employees?

- Yes No

IF YES: GO TO QUESTION #10 ON PAGE 4

8. If you DO NOT offer health insurance, what is the MAIN reason?
PLEASE CHECK ONE:

- Cost
 All/most employees covered elsewhere
 Employees pay for their own health coverage or health care
 Not necessary
 Company too small
 Business too new
 Largely part-time employees or a seasonal business
 Salary compensates for lack of coverage
 Other (please specify below)

9. If you DO NOT currently offer employee health insurance, have you offered coverage sometime since January 1, 2002 and dropped it?

- Yes No

IF YES: PLEASE SKIP TO QUESTION #19, ON PAGE 7
IF NO: PLEASE SKIP TO QUESTION #23 ON PAGE 9

**ANSWER QUESTIONS 10-19 ONLY IF YOU OFFER HEALTH INSURANCE COVERAGE TO
YOUR EMPLOYEES**

Definition of paid coverage: the employer pays at least part of the monthly premium

10. a.) Are all full-time employees offered paid coverage?

Yes **No**

IF NO: What % of FT employees are offered coverage ? % _____
IF "ZERO" PLEASE SKIP TO QUESTION 11 BELOW

b.) Are all eligible full-time employees family members offered paid coverage?

Yes **No**

c.) At least how many hours per week must employees work to be considered full-time for health coverage? **Number of hours** _____

d.) What amount of the monthly premium is paid by the business? Indicate percentage and/or dollar amount at each level.

Employee only	% _____	\$ _____
Employee & spouse	% _____	\$ _____
Employee and children	% _____	\$ _____
Family	% _____	\$ _____

11. a.) Are all part-time employees offered paid coverage?

Yes **No**

IF NO: What % of PT employees are offered coverage ? % _____
IF "ZERO" PLEASE SKIP TO QUESTION 12 ON PAGE 5

b.) Are all eligible part-time employees' family members offered paid coverage?

Yes **No**

c.) At least how many hours per week must employees work to be considered part-time for paid coverage? **Number of hours** _____

d.) Are part-time employees health benefits provided on a prorated basis?

Yes **No**

12. a.) Are there employees who are eligible for your health insurance plan, have no other coverage, but do not participate in your health plan?

Yes **No** **Unsure**

b.) What percentage of eligible employees with no other coverage do not participate in your health insurance plan?

1-25% 25-50% 51-99% 100% Unsure

c.) Does your company make a payment to eligible employees who do not enroll in your health insurance plan?

Yes **No**

IF YES: Do you require written proof that they have other coverage?

Yes **No**

13. Do you buy your insurance through a broker?

Yes **No**

IF YES: Who is your current health insurance broker? _____

14. Is your coverage provided through an association?

Yes **No**

IF YES: What is the name of the association? _____

1. a.) What type of health plan do you purchase for your employees? **CHECK ALL THAT APPLY:**

- Indemnity HMO Preferred Provider Org.
 Choice of Plans Point of Service Self-insured

b.) Who is your current health insurance carrier? _____

c.) What is the overall deductible for your policy? **PLEASE CHECK ONE EACH:**

For employees: None < \$1000 \$1000-\$2499 \$2500-\$4999 \$5000+

For families: None < \$1000 \$1000-\$2499 \$2500-\$4999
 \$5000 - \$9999 \$10,000+

d.) What is the out-of-pocket annual maximum per policy (if applicable)?

For employees: None < \$1000 \$1000-\$2500 \$2500-\$4999 \$5000+

For families: None < \$1000 \$1000-\$2500 \$2500-\$4999
 > \$5000 - \$9999 \$10,000+

e.) Does your business self-fund any employee assistance to meet the deductible?

- Yes** **No**

IF YES: Please describe your policy _____

f.) Does your plan offer the following:

- Preventative care (e.g. routine physicals) **Yes** **No**
Prescription drug coverage **Yes** **No**
Baby checks **Yes** **No**
Screening checks **Yes** **No**

2. What percentage of total work time does the person in your company who handles insurance purchasing and administration spend on employee health insurance administration?

- 0-5% 6-10% 11-20% 21-30% >30% N/A Unsure

17. What premium rate increase would cause you to decrease coverage in the future?

- 0-5% 6-10% 11-20% 21-30% 31 - 50%
 >50% Will not decrease coverage

18. At your last health plan annual renewal did your company take any of the following actions in response to health insurance costs?

	YES	NO
a.) Changed insurance company.	<input type="checkbox"/>	<input type="checkbox"/>
b.) Changed to an HMO or other type of managed care plan.	<input type="checkbox"/>	<input type="checkbox"/>
c.) Reduced health benefits.	<input type="checkbox"/>	<input type="checkbox"/>
d.) Raised deductible.	<input type="checkbox"/>	<input type="checkbox"/>
e.) Increased employees' co-payments.	<input type="checkbox"/>	<input type="checkbox"/>
f.) Increased the employee share of premium cost.	<input type="checkbox"/>	<input type="checkbox"/>
g.) Dropped dependent coverage.	<input type="checkbox"/>	<input type="checkbox"/>
h.) Delayed wage increases.	<input type="checkbox"/>	<input type="checkbox"/>
i.) Switched all or part of workforce to part-time	<input type="checkbox"/>	<input type="checkbox"/>

-
19. How many different health insurance carriers have you had since January 1, 2002? **Number** _____

20. Within the last three years, what percentage increase was required by your carrier to keep the same level of benefits at the time of your annual health plan renewal and what level did your company choose to take on?

Increase from prior year to:	Percentage of Premium Increase Required to Maintain Previous Benefit level	Percentage of Premium Increase the Company Took On	If you dropped coverage during this year please check
2002	%	%	<input type="checkbox"/>
2003	%	%	<input type="checkbox"/>
2004	%	%	<input type="checkbox"/>

21. Over the past **three years** (exclusive of any actions described in question 20) did your company take any of the following actions in response to health insurance costs?

	YES	NO
a.) Changed insurance company.	<input type="checkbox"/>	<input type="checkbox"/>
b.) Changed to an HMO or other type of managed care plan.	<input type="checkbox"/>	<input type="checkbox"/>
c.) Reduced health benefits.	<input type="checkbox"/>	<input type="checkbox"/>
d.) Raised deductible.	<input type="checkbox"/>	<input type="checkbox"/>
e.) Increased employees' co-payments.	<input type="checkbox"/>	<input type="checkbox"/>
f.) Shifted part of premium cost to employees.	<input type="checkbox"/>	<input type="checkbox"/>
g.) Dropped dependent coverage.	<input type="checkbox"/>	<input type="checkbox"/>
h.) Dropped all health benefits	<input type="checkbox"/>	<input type="checkbox"/>
i.) Delayed wage increases	<input type="checkbox"/>	<input type="checkbox"/>
j.) Switched all or part of workforce to part-time.	<input type="checkbox"/>	<input type="checkbox"/>
k.) Reduced workforce.	<input type="checkbox"/>	<input type="checkbox"/>
l.) Increased benefits to attract employees and cut costs elsewhere.	<input type="checkbox"/>	<input type="checkbox"/>
m.) Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

22. Have you had the following other health insurance changes in the last three years with any of your health insurers?

PLEASE ANSWER ALL QUESTIONS

	YES	NO
a.) Insurer decreased health benefits.	<input type="checkbox"/>	<input type="checkbox"/>
b.) Difficulties with claim payments.	<input type="checkbox"/>	<input type="checkbox"/>
c.) Other (please specify below)	<input type="checkbox"/>	<input type="checkbox"/>

23. Does your company grant the following employee benefits?
PLEASE ANSWER ALL QUESTIONS

	YES	NO
a.) Profit sharing	<input type="checkbox"/>	<input type="checkbox"/>
b.) Opportunity for employee ownership in company	<input type="checkbox"/>	<input type="checkbox"/>
c.) Paid vacation time	<input type="checkbox"/>	<input type="checkbox"/>
d.) Paid sick time	<input type="checkbox"/>	<input type="checkbox"/>
e.) Paid family medical leave	<input type="checkbox"/>	<input type="checkbox"/>
f.) Company-paid tuition or training by third parties:		
For managers	<input type="checkbox"/>	<input type="checkbox"/>
For other employees	<input type="checkbox"/>	<input type="checkbox"/>
g.) Bonuses	<input type="checkbox"/>	<input type="checkbox"/>

24. Does your company contribute financially toward any of the following employee benefits?

	YES	NO
a.) Pension plan other than Social Security	<input type="checkbox"/>	<input type="checkbox"/>
b.) Dental benefits	<input type="checkbox"/>	<input type="checkbox"/>
c.) Disability benefits	<input type="checkbox"/>	<input type="checkbox"/>
d.) Child care assistance financed in any portion by the company	<input type="checkbox"/>	<input type="checkbox"/>
e.) Life insurance	<input type="checkbox"/>	<input type="checkbox"/>
f.) Section 125 Account	<input type="checkbox"/>	<input type="checkbox"/>

25. To what extent is it important to your company to provide employee health insurance coverage in order to attract and retain employees? **CHECK ONE**

- Very important Somewhat important Not very important Not at all important

26. To what extent is it important to your company to provide employee health insurance coverage as a matter of principle or employer philosophy? **CHECK ONE**

- Very important Somewhat important Not very important Not at all important

27. To what extent are health insurance costs a financial concern for your company? **CHECK ONE**

- Major concern Moderate concern Minor concern No concern at all

28. Please give your level of satisfaction with the following:

	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Unsure
a) The quality of health care available for you and your employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The cost of health insurance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Administrative ease in purchasing employee health insurance and submitting claims for reimbursement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

29. What is your estimated cost of fringe benefits as a percentage of total employee compensation? (Include FICA, U.I., Workers Comp. health, dental, disability, retirement) **CHECK ONE**

Full -Time:

- < 15% 15-20% 21-25% 26-30% 31-35% 36-40% >40%

Part -Time:

- < 15% 15-20% 21-25% 26-30% 31-35% 36-40% >40%

Note: The information in these last two questions is extremely important to insure that reasonable coverage options are developed to meet the needs of all Maine workers. Please answer both questions!

30. What is the number of employees (including owners) you had on the last payroll by age and gender?

	<u>Age</u>	<u># Male</u>		<u># Female</u>	
		<u>Full-Time</u>	<u>Part-Time</u>	<u>Full-Time</u>	<u>Part-Time</u>
a.)	18-25 years	_____	_____	_____	_____
b.)	26-39 years	_____	_____	_____	_____
c.)	40-50 years	_____	_____	_____	_____
d.)	> 50 years	_____	_____	_____	_____

31. What is the number of employees (including owner[s]) you had on the last payroll by wage scale?
 (Include employees who meet either the hourly wage or annual pay scales.)

Hourly Wage	Annual Salary at 40 hours/wk	No. Full-time Employees	No. Part-time Employees	Total No. Employees
< \$6.25	< \$13,000			
\$6.25 - \$8.00	\$13,000 - \$16,640			
\$8.01 - \$10.00	\$16,641 - \$20,800			
\$10.01 - \$14.00	\$20,801 - \$29,120			
> \$14.00	>\$29,121			
Grand Total Number of Employees (should match Question 1)				

32. What do you know about the Dirigo Health Program?

33. Would you be like to be contacted about the Dirigo Health Program?

Yes No

34. Would you like to receive a copy of this survey report?

Yes No

35. If you would like to be contacted by the Dirigo Health Program or would like a copy of the survey results, please provide the following information:

Your Name: _____ Position: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Tel: _____

Email: _____

