

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

Spring/Summer 2001

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 answers for statistical analysis.
- 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.

- A1.** As of today, including management, approximately how many employees either full or part time, are employed by your organization at this site? (Exclude contract employees.)

Number of Employees: _____

- A2.** Approximately how many or what percent of these employees are represented by a union? (Please answer either number or percent, whichever is easier for you.)

☐ None → If None, Go to A3

Number: _____ OR Percent: _____

- A2a.** Are union employees offered health insurance through their union?

☐ Yes

☐ No

☐ Don't know

- A3.** Approximately how many or what percent of all employees at this site are female? (Please answer number or percent, whichever is easier for you.)

Number: _____ OR Percent: _____

☐ Don't know

A4. Approximately how many or what percent of all employees at this site are...

		Number	OR	Percent	Don't know
a.	Below age 30?				<input type="checkbox"/>
b.	At least 30 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"/>

A5. Considering the earnings of all employees, including management, at this site, 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"/>

A6. 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"/>

A7. Does your organization offer health insurance to employees, other than that sponsored by a union?

☐ Yes

☐ No → **If No, Go to D1**

Section B: General Questions for Organizations That Offer Health Insurance

The next questions in this survey concern only those health insurance policies currently offered by your organization, thus excluding policies offered by a union.

B1. Are you the person who decides what health insurance plans get offered to employees located at your site?

☐ Yes → If Yes, Go to B2

☐ No

B1a. Is the person who makes this decision located at your site or somewhere else?

☐ On site

☐ Somewhere else

B2. What is the minimum number of hours per week an employee must work to be eligible for health insurance coverage?

☐ No minimum

Number of hours per week: _____

B3. In your organization, are each of the following groups offered health insurance?
(Please check one box in each row.)

		Yes	No	Don't know	No such employees
a.	Part-time employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Temporary employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Hourly employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Seasonal employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Employees who are union members?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B3f. Are there any other types of employees not offered health insurance in your organization?

☐ Yes → If Yes, Who are they? _____

☐ No

☐ Don't Know

B3g. For how many groups in questions B3a through B3g did you answer ‘No’?

☐ 1 ➔ **If 1 Group, Go to B5**

☐ 2 or more

B4. Of the groups just mentioned that are not offered health insurance, which group contains the greatest number of employees at your site?

Group: _____

B5. If part-time employees are not offered health insurance, go to question B6.

Do your part-time employees have to contribute more toward health insurance coverage than your full-time employees?

☐ Yes

☐ No

☐ Don't know

B6. 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

B7. Of the number eligible for health insurance, approximately how many or what percent are enrolled?

Number: _____ **OR** Percent: _____

☐ Don't know

B8. Must an employee provide proof of health insurance coverage from another source before they are allowed not to take the health insurance offered by your organization?

☐ Yes

☐ No

☐ Don't know

B9. If an employee chooses not to take health insurance coverage, does that employee receive compensation for not taking health insurance?

- ☐ Yes
☐ No
☐ Don't know

B10. Compared to the previous three years, has the percentage of employees who choose not to take health insurance increased, decreased, or remained about the same? (Please check only one.)

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

B11. Do you offer health insurance that covers each of the following groups?
(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.	Same-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Opposite-sex domestic partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11d. Do you offer health insurance that covers the children of employees?

- ☐ Yes
☐ No → **If No, Go to B13a**
☐ Don't know → **If Don't know, Go to B13a**

B12a. Up to what age do you cover dependents who are not enrolled as full-time students?

Age: _____

B12b. Up to what age do you cover dependents who are enrolled as full-time students?

Age: _____

B13a. Is there a waiting period before employees can be covered by health insurance?

- ☐ Yes
☐ No → **If No, Go to B14a**
☐ Don't know → **If Don't know, Go to B14a**

B13b. Is the length of this waiting period more than 1 month?

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

B14a. 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

B14b. 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

B15. Please complete the following table for each health plan your organization currently offers to employees at this site. Begin with the health plan that covers the largest number of employees.

		Is this plan fully insured or employer self-funded? (See below)			What number <u>or</u> percent of employees are enrolled in this plan?			Was this plan added in the last 12 months?		
	Plan Name:	Fully insured	Self-funded	Don't know	Number	Percent	Don't know	Yes	No	Don't know
a.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 from its own resources regardless of who administers the plan.

B19. Has your organization dropped any health plans in the last 12 months?

☐ Yes

☐ No → **If No, Go to B20**

☐ Don't know → **If Don't know, Go to B20**

B19a. Please list the name of any health plan your organization has dropped in the last 12 months:

A.		D.	
B.		E.	
C.		F.	

B20. Has your organization frozen enrollment in any health plans in the last 12 months?

☐ Yes

☐ No → **If No, Go to Section C**

☐ Don't know → **If Don't know, Go to Section C**

B20a. Please list the name of any health plan your organization has frozen enrollment in during the last 12 months:

A.		D.	
B.		E.	
C.		F.	

Section C: Health Plan Characteristics

Please answer the following questions about the health plan that is the most popular among employees at this site, that is the plan with the largest number of members.

C1. What is the name of the most popular plan at this site?

Plan name: _____

C1a. 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 C1.)

Insurance carrier: _____

C2. Is this plan fully insured or employer self-funded?

☐ Fully insured → **If Fully insured, Go to C7**

☐ Employer self-funded

C3. Did you purchase stop-loss insurance for this plan?

☐ Yes

☐ No

☐ Don't know

C4. Which of the following are reasons you decided to self-fund? (Please check one box in each row.)

		Yes	No	Don't know
a.	The expected savings 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"/>

C5. Has the plan been employer self-funded for more than five years?

☐ Yes → **If Yes, Go to C6**

☐ No

☐ Don't know

C5a. Has the plan been employer self-funded for more than 12 months?

☐ Yes

☐ No

☐ Don't know

C6. Does this plan include coverage for each of the following? (Please check one box in each row.)

		Yes	No	Don't know
a.	Maternity care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Well-baby or well-child care, including immunizations and check-ups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Contraception?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Infertility services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Inpatient mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Outpatient mental health services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Substance abuse treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Mammography screening?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C7. Does this plan include prescription drug coverage?

☐ Yes

☐ No → **If No, Go to C10**

☐ Don't know → **If Don't know, Go to C10**

C8. Is there a maximum annual out-of-pocket amount above which the insurance pays all costs of prescription drugs?

☐ Yes

☐ No

☐ Don't know

C9. Is there a maximum annual out-of-pocket amount above which the insurance pays nothing for prescription drugs?

- ☐ Yes
☐ No
☐ Don't know

C10. Has the overall design of this health plan changed in the past 12 months by...

		Yes	No	Don't know
a.	Increasing co-payments for physician services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Introducing a new pharmacy co-payment structure such as a tiered structure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Reducing benefits? If yes, which benefits? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Increasing benefits? If yes, which benefits? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Some other manner? If yes, what was that? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C11. Is this the least expensive plan for the employee?

- ☐ Yes
☐ No
☐ Don't know

C11a. What type of plan is this? (Please check only one box.)

- ☐ Health maintenance organization (HMO)
☐ Preferred Provider PLAN (PPP)
☐ Point of service plan (POS)
☐ Indemnity plan → **If Indemnity plan, Go to C14**

C12. What is the current copayment dollar amount for in-network providers for each of the following?

		Co-Payment	Don't know	Not covered
a.	A physician office visit?		<input type="checkbox"/>	<input type="checkbox"/>
b.	An emergency room visit?		<input type="checkbox"/>	<input type="checkbox"/>
c.	A generic prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>
d.	A preferred brand prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>
e.	A non-preferred brand prescription drug?		<input type="checkbox"/>	<input type="checkbox"/>

C13. Approximately how many COBRA continuants are enrolled in this plan?

Number of continuants: _____ → **Go to C18**

☐ Don't know → **Go to C18**

C14. What is the current maximum annual deductible for individual coverage with this plan?

\$ _____

☐ Don't know

C15. What is the current maximum annual deductible for family coverage with this plan?

\$ _____

☐ Don't know

C16. What is the current coinsurance percentage for each of the following?

		Coinsurance Percentage	Don't know	Not covered
a.	A physician office visit?	%	<input type="checkbox"/>	<input type="checkbox"/>
b.	An emergency room visit?	%	<input type="checkbox"/>	<input type="checkbox"/>
c.	A generic prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>
d.	A preferred brand prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>
e.	A non-preferred brand prescription drug?	%	<input type="checkbox"/>	<input type="checkbox"/>

C17. Approximately how many COBRA continuants are enrolled in this plan?

Number of continuants: _____

☐ Don't know

C18. Please answer the following questions about current costs for this plan.

			Don't know
a.	What is the current full-time employee contribution <u>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 full-time employee's individual coverage with this plan?	\$	<input type="checkbox"/>
c.	What is the current full-time employee contribution <u>per month</u> for coverage for a family with four members with this plan?	\$	<input type="checkbox"/>
d.	What is the current <u>total premium</u> amount paid <u>per month</u> for coverage for a family with four members with this plan?	\$	<input type="checkbox"/>

C18e. Was this plan offered to full-time employees 12 months ago?

☐ Yes

☐ No → **If No, Go to C20**

☐ Don't know → **If Don't know, Go to C20**

C19. Please answer the following questions about costs for this plan 12 months ago.

			Don't know
a.	What was the full-time employee contribution <u>per month</u> for individual coverage with this plan 12 months ago?	\$	<input type="checkbox"/>
b.	What was the <u>total premium</u> amount paid <u>per month</u> for individual coverage with this plan 12 months ago?	\$	<input type="checkbox"/>
c.	What was the full-time employee contribution <u>per month</u> for coverage for a family with four members with this plan 12 months ago?	\$	<input type="checkbox"/>
d.	What was the <u>total premium</u> amount paid <u>per month</u> for coverage for a family with four members with this plan 12 months ago?	\$	<input type="checkbox"/>

C20. 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 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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Boston, MA 02125-3393

We will mail you the results of this survey, as soon as they are available. This should take several 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**
- ☐ Don't know → **If Don't know, Go to D3**

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.	Either 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

D4a. How many employees does your organization have?

- ☐ 50 or fewer
☐ More than 50 → **If More than 50, Go to D7**

D5. 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 D7**

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

D6. 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.	It has a negative stigma associated with participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The income limit on 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"/>

D7. Following is a list of possible incentives 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Elimination of the required minimum employee participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Implementation of a small business purchasing alliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Government subsidy of premiums for low-income employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Tax credits for offering health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Being able to offer a very basic catastrophic hospital coverage plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D8. How likely is your organization to offer health insurance within the next two years?

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

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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