

Welcome to the 2016 Healthcare Industry Benchmark Survey

Please complete all sections of this survey as they apply to your company's current employee benefit and compensation package.

After completing the survey all participants will receive a personalized 2016 Report. Reports will be available after the survey closes on October 14th, 2016 and all data has been collected. Results are provided in an aggregate format to each company along with full color charts and graphs comparing your company data to others in the industry.

Your individual company information will NEVER be shared with any other participant or third party without your written consent.

Thank you for your participation, we are confident you will find this report to be a valuable tool for your future strategic planning.

* 1. GENERAL COMPANY INFORMATION

Your company information will not be shared, sold or utilized for any reason other than as needed for the generation and distribution of your customized comparative benchmark report.

Company Name *

Name (person that should receive survey results) *

Address 1 * :

Address 2 :

City * :

State * :

Zip * :

Phone * :

Email Address * :

* 2. Which of the following best describes your company's industry?

- Hospital/Clinic
- Skilled Nursing
- Drug and Alcohol Treatment
- Special Needs Services or Advocacy
- Rehabilitation, Respite, In-Home, or Chiropractic Agency
- Other (please specify)

* 3. Is your company primarily:

- For-Profit
- Non-Profit
- Part of a larger system that makes benefits decisions for your company

* 4. Is there a Board that is actively involved with overseeing your employee benefits program?

- Yes
- No
- Other (please specify)

5. Does your organization have a Union presence that includes Benefits in negotiations?

- Yes
- No
- Other (please specify)

* 6. Is your organization directly impacted by Medicare and/or Medicaid reimbursements?

- Yes, both Medicare and Medicaid
- Yes, Medicare, but not Medicaid
- Yes, Medicaid, but not Medicare
- No, neither Medicare nor Medicaid

* 7. Total number of payroll (part-time and full-time) employees, including all satellite locations:

- 0-75 151-300 501-1000
 76-150 301-500 1000+

* 8. Total number of full-time employees, including all satellite locations:

- 0-75 151-300 501-1000
 76-150 301-500 1000+

* 9. Number of hours worked per week to be considered a full-time employee:

- 20-25
 26-30
 31-35
 36-40
 40+

* 10. Is employee retention a concern for your company?

- Yes
 No

* 11. What is your overall employee turnover percentage?

- 0-15%
 16%-30%
 31%-45%
 46%-60%
 61%-75%
 76%-90%
 91%-100%
 100+%

* 12. What is the primary reason for employee turnover?

- Salary and wages
- Benefit program strength
- Employee dissatisfaction
- Competition with other providers
- Opportunity for advancement
- Other (please specify)

Please contact Steve Pasdiora at spasdiora@cottinghambutler.com or (312) 789-5273 if you have any questions regarding this survey.

EMPLOYEE BENEFITS

Please use data from your most recent plan year (2015-2016) to complete this section.

* 13. Which of the following benefits do you offer to your employees? (Please check any and all that apply)

- | | |
|--|---|
| <input type="checkbox"/> 401K, 403B, IRA, and/or Profit Sharing Plan | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Health Plan (medical and rx coverage) | <input type="checkbox"/> Vision Coverage |
| <input type="checkbox"/> Dental Plan | <input type="checkbox"/> Flexible Spending - Reimbursement Accounts |
| <input type="checkbox"/> Basic Life Insurance | <input type="checkbox"/> Long Term Care Insurance |
| <input type="checkbox"/> Voluntary Life Insurance | <input type="checkbox"/> Employee Assistance Program |
| <input type="checkbox"/> Short Term Disability | <input type="checkbox"/> AFLAC or Voluntary Benefit Offerings through payroll deduction |
| <input type="checkbox"/> Other (please specify) | |

* 14. Does your company offer a retirement savings match?

- We do not offer a retirement savings plan
- We offer a retirement savings plan, with no company match
- 1-2% match
- 3-4% match
- 4-6% match
- 7%+ match

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BENEFITS PROGRAM DETAILS

Please use data from your most recent plan year (2015-2016) to complete this section.

* 15. Do you allow all employee classes to be covered on your group health plan?(Example: No, CNAs and PRNs are not offered coverage under our group health plan)

Yes

No, explain reason in comment box below.

Please Explain:

* 16. Does your company charge the same monthly premiums for all employees, or are different employees charged different amounts?

Yes, all employees are charged the same monthly premiums for insurance

No, explain reason in comment box below.

Please explain:

* 17. What is the approximate average age of employees enrolled on your health plan:

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MEDICAL PLAN

Please use data from your most recent plan year (2015-2016) to complete this section.

* 18. How many health plan options do you offer for your employees?

- One
- Two
- Three or more

* 19. What type of group health plan(s) do you offer (check all that apply):

- PPO
- POS
- HMO
- Indemnity (no out of network limitations)
- Other (please specify)

* 20. Does your company offer a Minimum Essential Coverage (MEC) Plan (this is a specific reimbursement program called MEC that typically does not include Deductibles or Out-of-Pockets)?

- Yes
- No
- Not Sure

* 21. Our company's group health plan is currently:

- Fully-insured
- Self-funded (using ASO or TPA - can be partially or totally self-funded)
- Split-funded or Minimum Premium (hybrid through a fully-insured arrangement)
- Not sure

* 22. What is the total monthly carrier bill for health insurance (Total monthly gross carrier billed amount)?

* 23. What is the total number of employees enrolled in your health plan?

* 24. What is the total number of members (employees, spouses, children) currently enrolled on your health plan(s):

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* 25. What is your individual or single deductible?

Pan 1: In-Network

Plan 1: Out-of-Network

* 26. What is your Co-insurance percentage?

(% your employee is responsible for after the deductible is met)

Plan 1: In-Network

Plan 1: Out-of-Network

* 27. What is your Individual or Single out-of-pocket maximum?

(including the deductible)

Plan 1: In-Network

Plan 1: Out-of-Network

* 28. What are your MONTHLY employee contributions?

(Please enter the amount charged per employee per month)

Plan 1: Employee Only

Plan 1: Employee +
Spouse

Plan 1: Employee +
Child(ren)

Plan 1: Full Family

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* 29. What is your Individual or Single deductible?

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

* 30. What is your Co-Insurance percentage?

(% your plan pays after the deductible)

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

* 31. What is your Individual or Single out-of-pocket maximum?

(including the deductible)

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

*** 32. What are your MONTHLY employee contributions?:**

(Please enter the amount charged per employee per month)

Plan 1: Employee Only

Plan 1: Employee +
Spouse

Plan 1: Employee +
Child(ren)

Plan 1: Full Family

Plan 2: Employee Only

Plan 2: Employee +
Spouse

Plan 2: Employee +
Child(ren)

Plan 2: Full Family

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* 33. What is your Individual or Single deductible?

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

Plan 3: In-Network

Plan 3: Out-of-Network

* 34. What is your Co-insurance percentage?

(% your plan pays after the deductible)

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

Plan 3: In-Network

Plan 3: Out-of-Network

* 35. What is your Individual or Single out-of-pocket maximum?

(including the deductible)

Plan 1: In-Network

Plan 1: Out-of-Network

Plan 2: In-Network

Plan 2: Out-of-Network

Plan 3: In-Network

Plan 3: Out-of-Network

* 36. What are your MONTHLY employee contributions?

(Please enter the amount charged per employee per month)

Plan 1: Employee Only

Plan 2:Employee Only

Plan 3:Employee Only

Plan 1: Employee +
Spouse

Plan 2:Employee +
Spouse

Plan 3:Employee +
Spouse

Plan 1:Employee +
Child(ren)

Plan 2:Employee +
Child(ren)

Plan 3:Employee +
Child(ren)

Plan 1: Full Family

Plan 2: Full Family

Plan 3: Full Family

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* 37. Please answer the following question as it relates to office visit copays (if no copay please enter 0):

Primary Care Physician
Copay Amount

Specialist Copay Amount

* 38. What percent (%) of the premium does your company pay towards the cost of the health insurance plan: *(Please use the closest percentage point listed)*

	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
Employee Only	<input type="radio"/>										
Employee + Spouse	<input type="radio"/>										
Employee + Child(ren)	<input type="radio"/>										
Full Family	<input type="radio"/>										

* 39. Which type of prescription drug card benefit does your plan offer?

(If each plan is different, please pick the plan that the majority of the employees are enrolled in)

- 2 tier Rx card
- 3 tier Rx card
- 4 tier Rx card
- Other Prescription Drug Program

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* 40. Is your prescription drug card benefit copay or percentage based? (If your plan offers more than 1 tier prescription drug card please indicate in the comment section what benefit is offered for each tier.)

- Percentage
- Copay
- Other

Specify benefit for each tier prescription drug card:

PRESCRIPTION DRUG BENEFITS

* 41. (2 tier Rx Card) Please enter the co-pay dollar amount for each:

Generic co-pay

Brand co-pay

* 42. (3 tier Rx Card) Please enter the co-pay dollar amount for each:

Generic co-pay

Preferred brand co-pay

Non-preferred brand co-pay

* 43. (4 tier Rx Card) Please enter the co-pay dollar amount for each:

Generic co-pay

Preferred brand co-pay

Non-preferred brand co-pay

Specialty medication co-pay

* 44. Is it important for you to incent steerage of your employees to your own facility for care?

- Yes, and we have an adequate steerage program in place
- Yes, but we need to improve our program
- Yes, but we have not yet begun a steerage program
- No/Not Applicable

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EMPLOYEE PREMIUM CONTRIBUTIONS TO HEALTH PLAN

* 45. Please describe your philosophy towards dependent coverage on your healthplan?

- We tend to contribute more to our dependent tiers than our single-only tier
- We contribute the same amount of premium to each employee, regardless of election
- We tend to contribute more to our single-only tier our dependent tiers
- Other (please specify)

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ADDITIONAL HEALTH PLAN DETAIL

* 46. Does your company have a spousal carve-out or a spousal surcharge provision?

- Yes
- No
- Not currently, but considering

* 47. Does your company offer an "Opt Out" or "Pay-in-Lieu" benefit if employees have coverage elsewhere and do not elect coverage under your plan?

- Yes
- No
- Not currently, but considering

* 48. Do you offer a plan coupled with HRAs (Health Reimbursement Arrangements) or HSAs (Health Savings Accounts)?

- No
- Yes, we offer a plan that is combined with a Health Reimbursement Account (HRA)
- Yes, we offer a plan that is HSA Qualified
- Yes, we offer a plan that is HSA Qualified and we partially fund the accounts

49. In the next several years, are you considering offering an HSA plan?

- Not at this time
- Yes, we would like to offer an HSA for the tax benefit
- Yes, we would like to offer an HSA to reduce premiums
- Yes, however we are concerned our employees will not understand how an HSA works

* 50. Has your company conducted a dependent eligibility audit?

- No we have not conducted an audit
- Yes, we have conducted an audit within the last 12 months
- No, but we plan to conduct an audit in the next 12 months

* 51. How many times has your company changed health insurance carriers or TPAs in the last 5 years?

- Zero
- At least once
- At least twice
- At least three times
- Four times or more

* 52. What has been your primary reason for changing insurance carrier or TPA?

- Cost
- Customer Service or Claims Issues
- Member/Employee Dissatisfaction
- PPO or HMO Network Issues
- Better Plan Benefits
- Other (please explain):

* 53. Who is your primary Group Health Plan Insurance Carrier or TPA?

Examples: Blue Cross Blue Shield, UnitedHealth Care, Aetna, CIGNA, SISCO, etc.

- Blue Cross Blue Shield
- United Health Care
- Aetna
- Cigna
- SISCO
- Other (please specify)

* 54. What has been the average percentage of renewal increase on your company's Medical plan, before plan changes, for the past two years?

- 0-5%
- 6-10%
- 11-15%
- 16-20%
- 21-25%
- 26-30%
- 30% +
- Not Sure

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HEALTH CARE REFORM & COMPLIANCE

* 55. Does your company have clear cut objectives that helped you design the benefit package you offer today?

Yes

No

* 56. Is your health plan currently Grandfathered under Health Care Reform?

Yes

No

Not Sure

* 57. Have you actively identified the specific financial impact of the Affordable Care Act (ACA) on your business?

Yes

No

* 58. What is your primary resource for ACA knowledge and advising?

Yourself

Your current Broker

The news

A legal advisor

Industry seminars/events

Associations, please list those most helpful:

* 59. How has your company offset the increasing costs associated with ACA? *please check any and all that apply*)

- No planned changes
- Increase employee contribution percentage
- Change benefits (raise deductibles, copays, etc.)
- Cut wages
- Eliminate positions
- Charge customers more/raise rates
- It has not impacted us

Other (please explain):

* 60. Please describe your stance on affordability, related to ACA penalties:

- We have calculated affordability for all employees and are using a safe-harbor to ensure no gap in affordability
- We have calculated affordability for all employees but have set premiums slightly higher. We are ok with incurring penalties on some employees
- We have not calculated affordability for our health premiums
- We don't know if our premiums are affordable to our staff or not
- We have not changed employee premiums and may incur penalties
- Other, please explain:

* 61. How is your company tracking employee status (full-time, part-time, hourly) for health plan eligibility?

- Internally
- Payroll vendor
- Broker
- Other (please specify)

* 62. How is COBRA currently handled for your company?

- Internally
- Outsourced
- Not Sure
- Not Applicable

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WELLNESS & HEALTH IMPROVEMENT INITIATIVES

* 63. Which of the following wellness or health improvement programs does your company currently offer or sponsor? (Check all that apply)

- None
- Disease Management Program (through health plan)
- Health Risk Assessments with Biometric Screening
- Weight Loss Programs and/or Discounts
- Health Club Membership Reimbursements or Discounts
- Walking Program
- Health Awareness & Education (flyers and/or payroll stuffers)
- Wellness Newsletters
- Smoking Cessation Program or Benefits
- Onsite Fitness Equipment
- Nothing Currently Offered
- Other (please explain):

* 64. Do you currently offer a premium differential for employees who participate and/or meet scoring criteria on their Health Risk Assessment?

- Yes
- No

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* 65. How much is your monthly premium incentive for participating and/or meeting scoring criteria on the Health Risk Assessment?

* 66. Does your company charge higher employee premiums for tobacco users?

- Yes
- No
- No, but thinking about implementing

* 67. Which of the following wellness or health improvement programs is your company currently considering offering or sponsoring?(Check all that apply)

- None
- Disease Management Program (through health plan)
- Health Risk Assessments with Biometric Screening
- Weight Loss Programs and/or Discounts
- Health Club Membership Reimbursements or Discounts
- Walking Program
- Health Awareness & Education (flyers and/or payroll stuffers)
- Wellness Newsletters
- Smoking Cessation Program or Benefits
- Onsite Fitness Equipment
- Other (please explain):

* 68. What is your single greatest difficulty in managing your employee benefits program? Example: Claims issues, ACA Requirements, Employee Communication, Plan design and premium support)

* 69. How did you hear about this survey?

- Email
- Postcard
- LinkedIn
- Cottingham & Butler Representative
- Other (please specify):

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Thank you!

70. Your comments are important to us! Please let us know how we can improve our survey:

Congratulations! You have reached the end of the survey.

If all answers are completed to your satisfaction please click "Done".

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