

Welcome to the 2017 Cottingham & Butler Higher Education Benefits Benchmark Survey

Please complete all sections of this survey as they apply to your institution's current employee benefits package. After completing the survey, all participants will receive a personalized report with charts and graphs comparing your data to other higher education institutions. Reports will be available after the survey closes and the data is compiled. Your individual group's information will never be shared, sold, or utilized for any reason other than as needed for the generalization and distribution of your customized comparative benchmark report. Thank you for your participation. We are confident you will find this report to be a valuable tool for your future strategic planning.

For questions or concerns regarding this survey, please contact Mindy Boyer at aboyer@cottinghambutler.com or 563.587.5496.

Participant Information

* 1. General contact information

College/University name

First name

Last name

Title

Address

City

State

Zip

Email address

Phone number

* 2. How would you classify your higher education institution?

- Public college/university
- Private college/university
- Community college/technical school
- Other (please specify)

* 3. Total number of full-time employees:

* 4. What is your overall employee turnover percentage?

* 5. Do you offer any of the following paid leave to employees?

(Check all that apply)

	Yes	No
Paid vacation	<input type="radio"/>	<input type="radio"/>
Paid sick leave	<input type="radio"/>	<input type="radio"/>
Paid personal leave	<input type="radio"/>	<input type="radio"/>
Paid family leave	<input type="radio"/>	<input type="radio"/>
Undesignated leave or universal "paid time off" (PTO)	<input type="radio"/>	<input type="radio"/>

* 6. How do you purchase your benefits?

- Association or coalition Direct carrier
- Broker Purchasing group
- Other (please specify)

* 7. Who is your HRIS vendor?

- ADP UltiPro
- Paylocity We do not use an HRIS system.
- Other (please specify)

8. Have you ever completed a benefit eligibility audit?

- Yes
- No
- Not sure

9. How do your employees enroll in employee benefits?

- Paper
- Bswift (electronic)
- Employee Navigator (electronic)
- PlanSource (electronic)
- Other (please specify)

Medical Plan

* 10. How is your health plan funded?

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

11. How many *employees* are enrolled in your company-sponsored health plan?

12. How many *members* are enrolled in your company-sponsored health plan?

* 13. Who is your current health insurance carrier?

- Aetna Cigna
- Blue Cross Blue Shield United Healthcare
- Other (please specify)

14. How many health plan designs do you offer your employees?

- One
- Two
- Three or More (If more than 2, please provide data for your top 2 plans on the following questions.)

* 15. What is your *monthly* employee contribution for medical coverage?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Plan 1: Single

Plan 1: Family

Plan 2: Single

Plan 2: Family

* 16. What is your medical plan deductible?

Plan 1: Single

Plan 1: Family

Plan 2: Single

Plan 2: Family

* 17. What is your medical plan out-of-pocket maximum?

(including the deductible)

Plan 1: Single

Plan 1: Family

Plan 2: Single

Plan 2: Family

* 18. Do you have a copay for visiting a primary care physician?

Yes

No

Medical Plan

* 19. What is your copay for visiting a primary care physician?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Plan 1

Plan 2

* 20. Do you have a copay for visiting a specialist?

Yes

No

Medical Plan

* 21. What is your copay for visiting a specialist?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Plan 1

Plan 2

* 22. Do you have a copay for visiting an urgent care facility?

Yes

No

Medical Plan

* 23. What is your copay for visiting an urgent care facility?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Plan 1

Plan 2

* 24. Do you have a copay for visiting the emergency room?

Yes

No

Medical Plan

* 25. What is your copay for visiting the emergency room?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Plan 1

Plan 2

* 26. What is your medical plan coinsurance percentage?

(% your plan pays after the deductible is met)

Coinsurance Percentage

Plan 1: In Network

Plan 1: Out of Network

Plan 2: In Network

Plan 2: Out of Network

* 27. Does your plan have a prescription drug card benefit?

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

- Yes, 2 tier Rx
- Yes, 3 tier Rx
- Yes, 4 tier Rx
- Other prescription drug plan program
- No, prescription drugs are subject to deductible & coinsurance.

* 28. Are your Rx copays dollar-based or percentage-based?

(Including both medical and pharmacy costs.)

- Dollar-based
- Percentage-based
- Not sure

* 29. What is your copay for each of the following prescription drugs?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Generic

Preferred brand

Non-preferred brand

Specialty brand

* 30. Do you have a working spousal carve-out provision?

Yes

No

Not sure

* 31. Do you have a working spousal surcharge provision?

Yes

No

Not sure

* 32. Do you offer a health savings account plan?

Yes

No

Not sure

* 33. Do you offer a flexible spending plan?

Yes

No

Not sure

* 34. Do you offer retiree coverage?

Yes

No

Not sure

* 35. Do you have a telemedicine program as a part of your health plan?

Yes

No

Not sure

Dental Plan

* 36. Does your higher education institution offer a dental plan?

Yes

No

Dental Plan

* 37. How is your dental plan funded?

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

* 38. Who is your current dental plan insurance carrier?

- Ameritas
- Delta
- Metlife
- Other (please specify)

* 39. What is the *monthly* employee contribution for dental coverage?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Single

Family

* 40. What is your *annual* dental deductible per employee?

- \$0
- \$25
- \$50
- Other (please specify)

* 41. What is your *annual* dental benefit maximum?

\$750

\$1,000

\$1,500

\$2,000

Other (please specify)

42. Do you have orthodontic coverage?

Yes

No

Dental Plan

43. What is your lifetime orthodontic coverage amount?

\$1,000

\$1,500

\$2,000

Other (please specify)

Vision Plan

* 44. Does your higher education institution offer a vision plan?

Yes

No

Vision Plan

* 45. How is your vision plan funded?

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

* 46. Who is your current vision plan insurance carrier?

- Avesis
- Eyemed
- VSP
- Other (please specify)

* 47. What is the *monthly* employee contribution for vision coverage?

(Please use a "\$" or "%" to indicate if your plan is dollar or percentage-based.)

Single

Family

Life Insurance

* 48. Does your higher education institution offer life insurance?

Yes

No

Life Insurance

* 49. Do you offer voluntary buy-up as a life insurance option?

- Yes
- No
- Not sure

50. Is your life insurance benefit salary-based or dollar-based?

- Salary-based
- Dollar-based
- Other (please specify)

Life Insurance

51. What is your *salary-based* life insurance benefit amount?

- 1 x salary
- 2x salary
- 3 x salary
- Other (please specify)

Life Insurance

* 52. What is your *dollar-based* current life insurance benefit amount?

- \$10,000 \$50,000
- \$20,000 \$75,000
- Other (please specify)

Short-Term Disability

* 53. Does your higher education institution offer a short-term disability plan?

Yes

No

Short-Term Disability

* 54. Is your short-term disability paid for by your higher education institution, or is it voluntary?

Higher education institution

Voluntary

Other (please specify)

Long-Term Disability

* 55. Does your higher education institution offer a long-term disability plan?

Yes

No

Long-Term Disability

* 56. Is your long-term disability paid for by your higher education institution, or is it voluntary?

Higher education institution

Voluntary

Other (please specify)

Voluntary Programs

* 57. Does your higher education institution offer any of the following voluntary programs?

(Check all that apply)

	Yes	No
Voluntary critical illness	<input type="radio"/>	<input type="radio"/>
Voluntary accident	<input type="radio"/>	<input type="radio"/>
Hospital indemnity	<input type="radio"/>	<input type="radio"/>

58. Does your higher education institution offer any additional voluntary programs not mentioned in the previous question? If yes, please list the programs and coverage for each.

Tuition Assistance

* 59. Does your higher education institution offer a tuition assistance program?

Yes

No

Tuition Assistance

60. What percentage of tuition costs does your tuition assistance program cover?

- 25%
- 50%
- 75%
- 100%
- Other (please specify)

Wellness Programs

* 61. Does your higher education institution conduct a wellness program?

Yes

No

Wellness Programs

* 62. Do you offer an incentive to participate in the wellness program?

- Yes
- No
- Not sure
- Other (Please specify)

* 63. Does your wellness program include a blood draw and/or biometrics screening?

- Yes
- No
- Not sure

Wellness Programs

* 64. Does your higher education institution offer any of the following wellness programs?

(Check all that apply)

	Yes	No
Disease management	<input type="radio"/>	<input type="radio"/>
Health club reimbursements or discounts	<input type="radio"/>	<input type="radio"/>
Onsite fitness equipment	<input type="radio"/>	<input type="radio"/>
Smoking cessation programs or benefits	<input type="radio"/>	<input type="radio"/>
Weight loss programs or discounts	<input type="radio"/>	<input type="radio"/>
Wellness newsletters	<input type="radio"/>	<input type="radio"/>