

Your employer Benefit Survey

To assist your employer in developing and maintaining a quality and affordable benefit package for you and your family, we are asking for each employee's input. You are invited to participate in the following survey which should only take you about 10 minutes to complete. When complete, please mail back to us in the postage paid envelope.

Your thoughts and opinions will help influence and guide how the program evolves into the future. **Please note - your individual responses will be kept confidential. Only the aggregate compiled responses will be shared with your employer management.** You do have the option of providing us with your name, phone number and/or email address if you choose.

Thank you for your assistance in completing this survey.

1. In which benefit plans are you currently enrolled? Choose all that apply.

- Regence PPO
- Regence HDHP
- Kaiser HMO
- Kaiser HDHP

2. Are you a member of the VPG

- Yes
- No

3. If you are currently enrolled in the medical plan/s, what type of coverage do you have?

- Single
- Employee + Spouse
- Employee + Child or Children
- Employee + Family

4. If you are not currently enrolled in the medical plans, why not?

- Have coverage through spouse
- Have coverage through an individual policy
- Have no coverage, cost is too expensive
- Have no coverage, benefits are not important
- Have no coverage, I don't understand the benefits offered
- Not applicable

5. How important is it to you to have your employer provide the following benefits?

	Very important	Somewhat important	Not very important	Not important at all
a) Medical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Prescription drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Short term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Long term disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Optional life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Section 125/Flex plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- k) Employee assistance program
- l) Vacation time
- m) Wellness program

6. Would you prefer to have more money deducted from your paycheck for medical insurance or pay more money when you actually go to the doctor or hospital (for example, higher deductibles and/or copays)?

- More money from my paycheck
- More money only when I access medical services
- Don't understand

5.a) Benefit Renewal

It is likely that we will receive another large increase in premium costs at renewal. Which of the following options would you prefer to help offset the increase? (Please mark one choice)

- 1) Reduce benefits generating higher out of pocket costs from the current level of benefits, and keep the same payroll deductions.
- 2) Continue the same level of benefits, but increase payroll deductions
- 3) Combination of the above
- 4) Other _____
- 5) If benefits are reduced, would you prefer a change to:
 - Medical Plan
 - Prescription Drug Plan
 - Dental Plan

5.b) Payroll Contributions

If we increase payroll contributions, how much of an increase are you willing to absorb to keep the same benefits?

Current Monthly
Payroll
Contribution

- Employee
- Employee+Spouse
- Employee+Child(ren)
- Employee+Spouse+Child(ren)

Increase 10% - 20%

Increase 21% - 30%

Increase of 31% - 40%,

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5.c) If we change the benefit design to reduce costs, which two would you prefer?

1 = don't change
7 = change

Higher co-pay at physicians visit

Higher co-pay for lab/xray

Higher co-pay for hospital

Higher co-pay for surgeon

Higher co-pay for prescription drugs

Higher out-of-pocket maximum

Add a deductible

5.d) Is it important for you and your family to be able to go to the doctor of your choice, even if it means paying more for medical services? Please mark one answer.

Yes

No

7. In regard to the medical insurance, rank the following in order of importance to you, with 1 as the most important, 2 as the next most important and so on.

- _____ Cost of health insurance premiums per paycheck
- _____ Out of pocket costs of services
- _____ Cost of visiting doctor's office
- _____ Network of doctors and hospitals
- _____ Customer service and support
- _____ Timeliness of claims processing

8. If you were asked to contribute more toward the cost of medical insurance benefits would you:

- Keep the coverage
- Drop the coverage
- Depends on the cost
- Don't know

9. If your answer to question 9 was "depends on cost", what is the limit you would pay per month?
\$ _____

10. If the company were willing to sponsor various types of wellness initiatives, with financial incentives or rewards, how willing would you be to participate?

- Very willing
- Somewhat willing

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- Not very willing
- Not willing at all
- Never!

11. If you are interested in wellness initiatives, in which of the following would you like to see be available to you? Choose all that apply.

- Health fair during work hours
- Participation in Internet health websites
- On-site flu shots
- On-site health screenings (blood pressure, cholesterol, blood sugar, etc.)
- Assistance with or discounted health club memberships
- Company sponsored weight loss or smoking cessation programs
- None of the above

12. What other comments do you have about the current benefit package or benefits you would like to see in the future?

13. Your response to this survey is confidential and does not require your name or other personal information. If you choose to provide your name or if you would like us to contact you for any reason, please give us the following information:

- a. Name (optional) _____
- b. Phone (optional) _____
- c. Email (optional) _____
- d. Please contact me
Yes _____
No _____