2019 Survey Non Plan Design Questions	
Respondent General Information	
Question	Response
Company Name	
Questionnaire contact (Name of the person who will receive our queries)	
Name	
Title	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Email address	
Phone number	
Primary contact (Name of the person who should receive the report) Skip if same as above	
Name	
Title	
Address	
Address 2	
City/Town	
State/Province	
ZIP/Postal Code	
Country	
Email address	
Phone number	
If a subsidiary, parent company	
Corporate office location	
City	
State	
Zip code	
Respondent Specific Data	
The principal industry of your organization?	
What percent (%) of your employees are in the greater Houston area?	
What percent (%) of your employees are in Texas?	
What percent (%) of your employees participate in the medical plan?	
What percent (%) of workers eligible for health benefits?	
What percent (%) of your employees are hourly?	
What percent (%) of your employees are salaried?	
What percent (%) of your employees are female?	
Average age of the employees included in the survey response	
Among covered workers, waiting period to be eligible for health benefits	
If benefits eligibility differs by class, please indicate waiting period. If all employees the same. skip response.	
Non-exempt	
Exempt	
Union	
Other, please describe	
Other waiting period	
What are the minimum number of hours required for health benefits eligibility?	
Other	
What is the overall percent (%) change in employer cost of medical and Rx plan in 2020 compared to the previous year?	
2016 -	
2017 -	
2018 -	
2019 -	
2020 -	
What is the overall percent (%) change in employee payroll deduction cost of medical and Rx plan in 2020 compared to the previous year?	
2016 -	
2017 -	
2018 -	
2019 -	
2020 -	
What is the overall percent (%) increase in wages, excluding health premium changes?	
2016 -	
2017 -	
2018 -	
2019 -	
2020 -	
Is the 2020 merit increase budget impacted due to expected/projected 2020 benefit cost?	
In determining payroll deduction cost for 2020, which of following had an impact on your decision? Select all that apply.	
Migrate plan participants to the CDHP plan option(s)	
Migrate participants into a narrow network option	
Lose ratio of a given plan option	
Decrease the rate of subsidy for dependent coverage tiers for all plans options	
Decrease the rate of subsidy for dependent coverage tiers for some plan options	
Other (plan design) changes implemented	
What plan design changes were implemented?	
Stop Loss Coverage	
Do you purchase aggregate stop loss coverage for your medical plan?	
If "yes, "please specify the monthly aggregate stop-loss rate (S). Use composite rate/employee.	
Indicate the monthly aggregate attachment factor. Use composite rate/employee.	
Do you purchase specific stop loss coverage for your medical plan?	
If "yes, "please specify the individual stop loss rate. (S) Use composite rate/employee.	
Indicate the specific stop loss deductible ($)	
Have you raised the deductible on the most recent renewal?	
Amount of increase in deductible	
% increase on the most recent renewal before deductible change	
Plan Design Management	
Do you currently have spousal surcharge / spousal carve out?	
If applicable, please specify the monthly surcharge amount ($)	
Do you provide coverage for infertility treatment? Select all that apply.	
Yes, only through Center of Excellence or Episode of center vendor	
Yes, with no limits	
Coverage only for underlying medical condition	
Yes, provided that claimants meet certain medical qualifications	
Yes, with limits on the extent of treatment	
What is the dollar limit for treatment per year $ (skip if not applicable)	
Is there a limit of course of treatment	
If yes, please describe	
Do you provide coverage for bariatric procedures? Select all that apply.	
Yes, only through Center of Excellence or Episodic Care vendor	
Yes, with no limits	
Coverage only for underlying medical condition	
Yes, provided that claimants meet certain medical qualifications	
Yes, with limits on the extent of treatment	
What is the dollar limit for treatment per year (skip if not applicable)	
Is there a limit of course of treatment?	
If yes, please describe	
Do you provide coverage for obesity medication therapy?	
Do you offer a cash out option for your benefit elections?	
Maximum amount that can be cashed out ($)	
How long have you been with your current provider of services ? # Years	
Medical	
Stop loss	
Life and disability	
Pharmacy benefit manager	
Administration services	
Insurance consultant	
Well-being vendor	
Data integration provider	
Are you planning to bid the following coverages?	
Medical	
Stop loss	
Life and disability	
Pharmacy stand-alone	
Administration services	
Insurance consultant	
Well-being vendor	
Data integration vendor	
Satisfaction with Vendor Partnerships	
Accountable Care Organization	
Vendor name	
Primary Broker/Consultant	
Vendor name	
Health plan	
Vendor name	
Data integration & analysis	
Vendor name	
Primary medical network	
Vendor name	
Primary Rx network	
Vendor name	
Stop loss carrier	
Vendor name	
Well-being vendor	
Vendor name	
Price, navigation, advocacy, and/or consumerism partner	
Vendor name	
ACA 1094 & 1095 reporting	
Vendor name	
Well-being	
Does the company offer Well-being incentives to encourage healthy behavior? Skip section if answer is no.	
What type of Well-being program do you offer?	
What is the structure of your Well-being program? Select all that apply.	
A list of activities is available to satisfy Well-being goal	
Core requirements to satisfy Well-being goal	
Points assigned to activities, must meet total to obtain incentive	
Number of required activities (if applicable)	
Indicate which fitness programs are part of your Well-being strategy. Select all that apply.	
Onsite facility	
Oriented exercise classes	
Company sponsored fitness center membership	
Fitness reimbursements	
No fitness requirements	
Other (please specify)	
Which of the following Well-being activities are offered to encourage healthy behavior? Select all that apply.	
Health Risk Assessment	
Is health risk assessment data useful or actionable?	
Well-being check-up	
Preventive screenings	
Biometric screening	
Weight loss	
Physical fitness, e.g. fitness facilities, walking clubs, etc.	
Chronic condition management	
Emotional well-being	
Tobacco cessation	
Health literacy	
Other (please specify)	
Rate the following behaviors that your organization most wants to influence (1--most wanted, 5 - least wanted)	
Health Risk Assessment	
Wellness check-up	
Preventive screenings	
Biometric screening	
Weight loss	
Physical fitness, e.g. fitness facilities, walking clubs, etc.	
Chronic condition management	
Emotional well-being	
Tobacco cessation	
Health literacy	
Other, please specify	
Other rating	
What are the top three Well-being activities that employees participate in?	
Health risk assessment	
Wellness check-up	
Preventive screenings	
Biometric screenings	
Weight loss	
Physical fitness, e.e. fitness facilities, walking clubs, etc.	
Chronic condition management	
Emotional well-being	
Tobacco cessation	
Health literacy	
Do you offer digital / virtual wellness options?	
If yes, provide list of weight loss, chronic condition management, emotional well-being, tobacco cessation, health literacy, other	
Do you currently offer health screenings? Check all that apply.	
Yes, onsite	
Yes, physician form required	
Yes, accept carrier data feed of preventive exams	
Type of Well-being incentive. Select all that apply.	
Cash	
Premium reduction	
Gifts/prizes	
Plan design	
HRA or HSA contribution	
None	
Total maximum annual value of Well-being incentives. Indicate value for all that apply.	
Employee only ($)	
Employee + children ($)	
Employee + spouse ($)	
Family ($)	
What % of employees satisfy the minimum requirements to obtain a Well-being incentive?	
What are the barriers that might influence your Well-being program? Select all that apply.	
Cost/no budget	
Program sustainability	
Lack of resources/expertise	
Lack of leadership support	
Unable to demonstrate ROI to leadership	

Doesn't work. If Yes, then why?	
Member engagement	
How many staff your well-being team?	
Do you have a Well-being manager?	
Full-time employee	
Part-time employee	
Full time contract	
Part-time contract	
Population Health	
How do you obtain data for cost/utilization and population health management analysis? Select all that apply.	
Carrier data	
Separate health data management platform	
Consultant provided from carrier data	
Consultant provided from third party data	
Other- please describe	
Unknown	
Do you offer a CDHP? If so,	
What percent of plan members reach the CDHP deductible amount? (%)	
$1300-$1999 deductible (%)	
$2000 - $2999 deductible (%)	
$3000 + deductible (%)	
Unknown	
Do you offer Centers of Excellence?	
Independent program from your carrier	
Indicate the % of the eligible population that utilize Centers of Excellence for the following conditions.	
Unknown	
Maternity	
Cancer	
Gastroenterology	
Orthopaedic	
Cardiovascular	
Transplants	
Other	
Does your Center of Excellence program include:	
Separate from carrier	
Travel allowance for employee	
Hotel costs for family members	
Warranty period	
Do you contract for condition Bundled Payments/Episodes of Care. If so, check all that apply.	
Maternity	
Cancer	
Gastroenterology	
Orthopaedic	
Cardiovascular	
Other	
Indicate the data you use to determine the impact of the total cost of health benefits. Select all that apply	
Medical	
Pharmacy	
Behavioral health , e.g., depression/anxiety, all others	
Long- & Short-term Disability	
Workers compensation	
Well-being	
Biometric data	
Health risk assessment	
Absenteeism	
Productivity	
Other	
Not applicable	
Indicate % of males totally compliant with age-appropriate preventive screening exams.	
unknown	
Indicate % of females totally compliant with age-appropriate preventive screening exams.	
unknown	
Indicate the % of eligible participants that have an designated Primary Care Physician (PCP) relationship	
Unknown	
Do you track the cost and frequency of the following conditions/diseases? Select all that apply.	
Cardio-pulmonary	
Diabetes	
Cancer	
Stroke	
Hypertension	
Back disorders	
Hyperlipidemia	
Asthma	
Accidents	
Drug addiction	
Obesity	
Behavioral health, e.g., depression/anxiety, all others	
Other	
Indicate the top three health conditions that result in high cost claims in 2019.	
Unknown	
Cardio-pulmonary	
Diabetes	
Cancer	
Stroke	
Hypertension	
Back disorders	
Hyperlipidemia	
Asthma	
Accidents	
Drug Addiction	
Obesity	
Behavioral health, e.g., depression/anxiety, all others	
Other	
Indicate the % of eligible participants that have three or more co-morbid chronic conditions	
Unknown	
% with 3 or more conditions	
What percentage of eligible participants were identified with obesity by the following methods?	
Health Risk Assessment	
Biometric Screening	
Health claim ICD codes	
Other, describe	
Unknown	
What is the % utilization of plan members for the following services	
Emergency room	
Urgent care	
Telehealth	
Do you measure prescription drug compliance rates for medication adherence for your population?	
Unknown	
% compliant	
Do your receive gap in healthcare reports?	
Once a gap in healthcare is identified what action is taken? Select all that apply	
No action, information only	
Letter is sent to the member	
Letter is sent to the doctor	
Onsite nurse or clinic becomes involved	
Outbound phone call to the member	
Outbound phone call to the doctor	
Unknown	
Please identify any barriers to use of integrated health data management platform. Select all that apply.	
Perceived added value not sufficient to warrant investment	
Priority of benefits department	
Priority of senior management	
Current providers not willing/able to cooperate	
Lack of consultant/vendor	
Legal/Privacy concerns	
Not applicable	
Other	
Rate the overall support you receive from the C-Suite to improve the cost, quality and experience of you health benefits?	
Benefit Trends	
Evaluate the following statements relating to the health and welfare benefits design with the best suitable answer. Is your company planning to -	
Utilize different employee contribution rates for tobacco users versus non-tobacco users	
Vary employee premium contributions based on salary tiers	
Vary employee contributions based on length of tenure	
Provide annual benefits and compensation statements	
Enroll volunteers benefits online with core benefits	
Offer bundled reimbursement rates/episodes of care for certain procedures (Examples: maternity, knee or hip replacement)	
Provide benefits through an Accountable Care Organization	
Contract directly with health systems and/or physician networks	
Provide Narrow Networks options based on price and quality	
Adopt a Patient Centered Medical Home delivery model	
Adopt a Primary Care Physician delivery model	
Adopt Primary care Physician integrated care for behavioral health	
Use onsite/near-site healthcare clinics	
Utilize a specialty pharmacy vendor different from the PBM	
Use third-party auditor for PBM and medical pharmacy benefits	
Utilize local reference based pricing for selected medical procedures	
Contract for hospital services based on a % Medicare paid formula	
Offer third party expert physician referral services for complex health care (is this service mandatory?)	
Offer carve-out management for high cost complex conditions	
Cover and promote the use of second opinions for surgery	
Monitor off-label use of pharmacy medications	
Monitor the use and cost of site of care for specialty pharmacy medications	
Track the use and cost of pharmaceuticals through the medical plan	
Offer enhanced education/guidance to employees on how to be better healthcare consumers	
Evaluate the following opportunities to increase transparency in benefits design and healthcare delivery. Is your company planning to -	
Require your health plan to provide what you pay relative to Medicare paid for the same services by hospital	
Require your health plan to participate in National Alliance of Healthcare Purchaser Coalitions eValue8 quality of service benchmarking	
Require your consultant/broker to achieve Health Rosetta Certification	
Require your PBM to provide an accounting of all rebates received	
Provide plan members with in-network price transparency tools?	
Require point solution vendors to achieve validation Institute Certification	
Provide plan members with access to Leapfrog Group safety ratings	
Evaluate the following statements concerning healthcare navigation and utilization	
Provide onsite source health benefits advocacy and navigation resource	
Provide plan members tools to improve benefits and health literacy	
Use onsite nurses for healthcare guidance	
Require participation in case management and disease management services	
Survey employees to determine if the health plan cost sharing arrangements create a financial hardship	
Offer array of employer navigational tools to enhance user experience	
Offer medical plan option out of pocket modeling based on projected use of the plan by the employee	
Provide information on how to manage their chronic conditions	
Provide information on what questions to ask your doctor in an office visit (Choosing wisely)	
Evaluate the following statements concerning work life programs	
Legal assistance plan	
Identity theft plan	
Child care referral assistance	
Fitness assistance	
Offer school care referral assistance	
Extended maternity leave	
Extended sabbaticals	
Financial/investment counseling	
Retirement medical counseling	
Retirement financial counseling	
Life span counseling	
Counseling to provide treatments options for parents/grandparents	
Work from home options	
Participation fees for local community health events	
Other	
Membership Survey	
Who completed the health plan portion of the survey?	
How long did it take to complete the health plan section?	
How long did it take to complete the well-being, population health and trends sections?	
What questions would you like to be added or deleted in next year's survey?	
List your top three health benefit issues in order of importance.	
#1 Issue	
#2 Issue	
#3 Issue	
Rank the following condition management topics that you would like for HRCH to address in the next year.	
Co-morbid conditions	
Diabetes	
Behavioral health	
Metabolic syndrome	
Musculoskeletal conditions	
Obesity	
Oncology	
Opioids	
stress	
Respiratory disorders	
Cardiovascular	
Gastrointestinal	
Other, please describe	
Rank the following general topics that you would like for HRCH to have prioritized for the next year.	
Hospital price transparency	
Accountable Care Organizations	
Bundled Payments /Episodes of Care	

Capitated Primary Care to manage chronic health conditions	
Primary care physician collaborative care for behavioral health	
Direct Contracting with hospitals	
Quality of in-patient & out-patient hospital care	
Health and productivity data and innovation	
Quality of health-plan client services	
Healthcare legislative issues	
Pharmacy supply chain transparency & management	
Pharmacy biosimilars	
Well being and wellness programs	
Healthcare literacy improvement	
Other (please specify)	
Thank you for completing the survey. Please provide any feedback or comments as needed	