



# Georgia Utility Contractors Association, Inc. Member Health Benefits Survey 2011

Dear GUCA Members:

As we have discussed over the past few months, we are attempting to gauge interest in an Association health benefit plan for our members. We now have a health benefits survey for our members. This survey is provided by our group insurance brokers, Northwestern Benefit Corporation of Georgia. Questions marked with an asterisk (\*) are mandatory. Please complete and fax to the GUCA office at 404-362-9211.

1. \*Which of the following best describes your role in making decisions about health insurance for your business?
  - I am the owner or sole decision maker in my business
  - I make decisions with some input from others
  - I am part of a group that works together to make decisions
  - Other, please specify: \_\_\_\_\_
2. \*Including workers at all locations and sites, how many people are currently employed full or part time by your business? \_\_\_\_\_
3. \*When was your business started? \_\_\_\_\_
4. \*Is your business family owned? \_\_\_\_\_
5. \*What is the biggest challenge facing your business today?
  - Economy
  - Attracting & retaining good employees
  - Being able to afford health benefits
  - Competition from other businesses
  - Keeping cost in line, maintaining the profit margin
  - Obtaining business/increasing sales
  - Collections/getting paid for work done
  - Government/government regulations
  - Taxes
  - Insurance (general)
  - Customer retention/satisfaction
  - No problems or challenges
  - Other, please specify: \_\_\_\_\_
6. \*Which of the following benefits does your business OFFER employees?
  - Health Plan
  - Dental Plan
  - Long Term Care Plan
  - Long Term Disability Plan
  - Supplemental Life Insurance Plan
  - Other, please specify: \_\_\_\_\_
  - FSA (Flexible Spending Account)
  - Vision Plan
  - Short Term Disability Plan
  - Life Insurance Plan
  - 401k
7. \*Does your company provide a different level of benefits for different classes of employees? Example: Executive Benefits  Yes  No
8. If you answered yes to question #7, please explain in detail what benefits are offered and which class of employees the benefits are offered to.  
\_\_\_\_\_  
\_\_\_\_\_
9. \*How is your current group health plan funded?
  - Self Funded
  - Partially Self Funded
  - Fully Insured
  - Not Applicable
10. \*Why does your business offer a health plan? (Check all that apply)
  - Employee recruitment
  - Competitors offer it
  - Increases loyalty and decreases turnover
  - Reduces absenteeism and/or increases productivity by keeping employees healthy
  - Employees demand or expect it
  - One or more of your employees have medical problems
  - Tax benefit for employees and employer
  - It's the right thing to do
  - Not applicable
11. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on employee retention?
  - Major Impact
  - Minor Impact
  - No Impact
12. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on employee retention?
  - Major Impact
  - Minor Impact
  - No Impact
13. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on employee attitude and performance?
  - Major Impact
  - Minor Impact
  - No Impact
14. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on the health of your employees?
  - Major Impact
  - Minor Impact
  - No Impact
15. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on absenteeism?
  - Major Impact
  - Minor Impact
  - No Impact
16. \*Do you think offering a health plan to your employees has had a major impact, minor impact, or no impact on overall success of your company?
  - Major Impact
  - Minor Impact
  - No Impact
17. \*What was the percentage cost increase the insurance company requested for your medical plan at your last renewal (for the same plans)?
  - 0 - 10%
  - 11 - 20%
  - 21 - 30%
  - 31 - 50%
  - 50%+
18. \*Did your business change any aspect of its employee healthcare benefits design in the past plan year?  Yes  No
19. \*How did your business change its coverage? (check all that apply)
  - Switch to a new health insurance company
  - Increase employees share of the insurance premium
  - Increase employees out of pocket cost, such as deductible, coinsurance, or co payments
  - Otherwise cut back on the scope of benefits offered
  - Other, please specify: \_\_\_\_\_
20. \*At what premium percentage increase would you decide to change coverage (modify coverage) for the Medical plan?
  - 0%-5%
  - 6%-10%
  - 11%-20%
  - 21%-30%
  - 30%+
21. \*At what premium percentage increase would you decide to drop coverage for the Medical plan?
  - 5%-10%
  - 11%-20%
  - 21%-30%
  - 31%-40%
  - 40%+
22. \*Approximately how much does the insurance company currently charge per employee monthly for medical employee-only coverage? (If more than one plan is offered, base this on the plan that covers the most employees):
  - \$200-\$300
  - \$301-\$400
  - \$401-\$500
  - \$500+
23. \*What percentage does your business pay towards the cost of family coverage? (If more than one plan is offered, base this on the plan that covers the most families)  
\_\_\_\_\_
24. \*How has the cost of health care affected your business over the past year, other than through a possible change in the health insurance you offer your employees?  
\_\_\_\_\_  
\_\_\_\_\_
25. \*When is a new employee eligible to enroll in your organization's health care plan?
  - Date of Hire
  - First of the Month following Date of Hire
  - First of the Month following 30 days
  - First of the Month following 60 days
  - First of the Month following 90 days
  - Other, please specify: \_\_\_\_\_
26. \*What is the minimum number of hours an employee must work per week to be eligible for the health coverage?
  - 20
  - 25
  - 30
  - 35
  - 40