
EMPLOYER BENEFIT *and* WORK/LIFE SURVEY



Thank you for your participation in the 1st Annual Greater Washington Employer Benefit and Work/Life Survey. The survey is sponsored by Dulles SHRM, NOVA SHRM, the Washington Technical Professional Forum (WTPF), Metropolitan Washington Work/Life Coalition, and Wachovia Insurance Services. A comprehensive benefits survey has not been available in the Metropolitan Washington area for many years. As a result, this coalition of local human resource professionals is teaming up to provide up-to-date, competitive information on benefits policies and practices for a range of industry and employer sizes.

The survey is the most comprehensive questionnaire of benefits and work/life programs in the local marketplace. In addition, it is the only survey of its kind available **FREE** to employers who complete the survey. That's right, an electronic copy of the survey results are available **FREE OF CHARGE** to all employers who complete the survey. The survey results will be available to non-participants at a cost of \$500. Most questions are in a simple multiple choice format and can be answered with a click of your mouse. You should be able to complete the survey in less than one hour.

All of the information collected via this survey will be published at the summary level or, in the case of quotations, anonymously. None of the published results of this survey will be personally identifiable.

TIMELINE

The survey will launch Wednesday, January 18 and close on Friday, February 10. Results will be published electronically no later than Monday, April 3.

RESULTS

The survey will give local employers the ability to evaluate their benefits based on size and industry with a focus on local trends and benchmarks. Survey data will be collected electronically and will cover the full range of employee benefits and work/life programs. A full description of the benefit plans and policies included in the survey can be found beginning on page 3 of this document.

Respondents will also be eligible to receive three free data "cuts" based on several group characteristics including employer size, annual revenue, industry, and geography. A minimum of 15 respondents in a particular "cut" will be required to provide statistically valid responses.

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WEB-BASED SURVEY TOOL

The Greater Washington Employer Benefit and Work/Life Survey must be completed online. The survey tool is powered by InsightExpress and is designed to minimize the time required to complete the questionnaire. InsightExpress is the world's leading provider of fully automated market research. Their patented technology and proven methodology successfully leverage the power of the Internet to deliver timely, affordable, and reliable research conducted among targeted audiences, customers, and employees.

You can access the survey at www.insightexpress.com/s/benefitsurvey.asp. Before completing the survey, please review the following list of frequently asked questions that summarize some of the unique aspects of the survey tool's functionality. This information will help you complete the survey more efficiently. Most questions may be answered with a convenient radio button response, and participants should be able to complete the survey in less than one hour. **Please note that you are not able to go back to questions to re-answer or correct your responses. If you skip a question, you will not be able to go back to answer it at a later date.**

How do I access the survey?	You may access the survey by typing or pasting the website address: www.insightexpress.com/s/benefitsurvey.asp into your Internet browser.
Do I need a login name or password to access the survey?	No, you do not need a login name or password to access the survey. The survey's recognition functionality uses Internet "cookies" to identify new and returning respondents. Please be sure you have not deactivated the "cookies" tracking capability of your Internet browser.
Can I start the survey, leave, and come back to complete it at a later date?	Yes, you may leave the survey and come back as many times as necessary. The survey's recognition functionality uses Internet "cookies" to identify new and returning respondents. When you return the survey will bring you back to the last question that you completed. Please be sure you have not deactivated the "cookies" tracking capability of your Internet browser.
Will the survey timeout if there is no activity for a specific amount of time?	No, the survey does not timeout due to a lack of activity.

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How do I fill in questions that require a number, dollar, or percentage responses?	Only fill in the numerical figure for these questions. You do not need to add a dollar sign (\$) or percentage sign (%) in these responses. For example, if your medical plan requires a \$150 employee only deductible, you would fill in 150 in the corresponding box for an employee only deductible.
How do I know if my responses have been recorded?	Once you have completed the survey a message will appear on the screen telling you that the survey has been completed. Then simply close your Internet browser window.
Can I print a copy of my responses?	No, the survey tool does not allow you to print a hard copy of your responses.

SURVEY CONTENT

The survey is divided into several sections based on the type of benefit plan or policy. Questions focus on benefit plan design features, administrative processes, employer and employee costs. The following sections are covered by the questionnaire.

Company Background	Key characteristics of your organization
Eligibility/Waiting Periods	Plan participation requirements
Medical Plans	Medical plan participation, plan design features, costs
Prescription Drug Plans	Pharmacy benefit plan design and administration
Dental Plans	Dental plan participation, plan design features, costs
Vision Plans	Vision plan design features
Flexible Spending Accounts (FSA)	FSA participation levels and features
Life Insurance and Accidental Death & Dismemberment Insurance (AD&D)	Employer and Employee paid life insurance and AD&D plans

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Paid and Unpaid Leave	<ul style="list-style-type: none">• Vacation,• Sick Leave• Holidays• Short-Term Disability• Long-Term Disability
Human Resources Policies	<ul style="list-style-type: none">• Flexible Work Schedules/Telework• Internet Connectivity• Referral Bonus Program• Reduction in Force Policy
Ancillary and Voluntary Benefits	Discount, Voluntary, and Subsidized programs offered to your employees
Retirement and Stock Purchase Plans	Retirement Plan and Stock Purchase Plan program designs and administration

The final questions request your feedback on topics that you would like us to expand or include next year. Your feedback on the survey is appreciated.

REFERENCE MATERIALS

As previously mentioned, most survey questions may be answered with a convenient radio button response, and participants should be able to complete the survey in less than one hour. You may want to have the following information and documents handy when completing the survey. This may help reduce the time required to complete the questionnaire.

- Open enrollment materials
- New hire materials
- Summary Plan Descriptions
- Insured rates and self-funded rate equivalents for benefit programs
- Employee contribution schedules
- Employee handbook/policy manual
- Your most recent open enrollment participation levels (employee census)

QUESTIONS

Should you have technical questions related to completing your survey, or if you need support related to content questions, please contact Chris Bartnik at 202.772.4221 or at Chris.Bartnik@wachovia.com.

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SURVEY TIPS & TRICKS

Survey Navigation in the Document

There have been several requests for a hard copy of the survey questions. Attached below is a list of all the questions included in the online survey. Please note that there are a large number of questions, some of which may not apply to your organizations. In the questions you may see a Q with a number (Q127) or the words Unconditional Skip. These terms are logic the website uses to navigate you through the questions that are applicable to you. For example:

Do you offer an Indemnity Plan?

- Yes
- No Q12

This means if you do not have an Indemnity Plan, you do not have to answer this section of the survey. You can skip to Question 12. An Unconditional Skip takes you to the Question referenced (Q12) once you have completed the section.

Completing the Survey

If several individuals have responsibility for the different programs covered by the survey, you may want to give each of them a hard copy of their questions to complete before you enter the responses on the Website.

We strongly recommend having one person complete the online survey tool. The survey does not lend itself well to having multiple users because of the way it uses “Internet Cookies” to track participation.

Please note: All information contained within the survey is proprietary to the organizations sponsoring the survey.

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Greater Washington

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1. Organizational Affiliation

Are you a member of any of these human resource organizations? Select all that apply:

- Dulles Chapter of SHRM
- Northern Virginia Chapter of SHRM
- Washington Technical Professional Forum (WTPF)
- Washington Work Life Coalition
- Other – Fill in

2. How did you learn about this survey?

- Dulles Chapter of SHRM
- Northern Virginia Chapter of SHRM
- Washington Technical Professional Forum (WTPF)
- Washington Work Life Coalition
- Other – Fill in

3. Company Background

This section focuses on information related to your organization. Key information related to the number of employees, annual revenue, and industry will help us conduct more focused analysis of the survey responses.

- 4. Name of organization
 - o Fill in
- 5. Contact name
 - o Fill in
- 6. Contact phone number
 - o Fill in

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7. How many employees are in your organization?
 - Less than 50
 - 50 to 199
 - 200 to 499
 - 500 to 999
 - 1,000 to 1,999
 - 2,000 to 4,999
 - 5,000 or more

8. Where are the majority of your local employees located?
 - Maryland
 - Virginia
 - Washington, DC

9. What is your primary industry?
 - Telecommunications
 - Hospital/Health Care Services
 - Hospitality
 - Government
 - Non Profit
 - Consulting/Professional Services
 - Technology
 - Other

10. Does more than 50% of your organization's annual revenue come from Federal Government contracts?
 - Yes
 - No

11. What is your organization's annual revenue?
 - Less than \$25 million
 - \$25 to \$49 million
 - \$50 to \$249 million
 - \$250 to \$499 million
 - More than \$500 million

12. What is the full-time employee (FTE) headcount of your Human Resources function?
 - Fill in

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13. What is your company's fringe benefit rate **including** Social Security and other employment taxes (i.e., annual fringe benefit cost as a percentage of labor cost)?
- Fill in
14. What is your company's fringe benefit rate **excluding** Social Security and other employment taxes (i.e., annual fringe benefit cost as a percentage of labor cost)?
- Fill in
15. What cost elements are included in your fringe benefit rate? Select all that apply:
- Group Insurance
 - Pension/Retirement/401(k)
 - Disability
 - Paid Leave
 - Rewards/Recognition
 - Reduction in Workforce Benefits
 - Relocation
 - Training
 - Tuition Reimbursement
 - Workers' Compensation
 - FICA/FUTA/SUTA
 - Social Events
16. Do you have Service Contract Act employees?
- Yes
 - No Q19
17. Do you include these employees in your standard benefit plan or do you segregate them into their own benefit programs?
- Standard benefit plan
 - Own benefit programs
 - Other – fill in

18. Eligibility/Waiting Periods

This section focuses on the eligibility and waiting periods required for plan participation. Questions focus on full-time employees and fixed part-time employees. Fixed part-time employees are those

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part-time employees that work a fixed hourly schedule. Answer the following questions for the **participation rules** in effect on January 1, 2006.

19. How many hours must an employee work to be considered full-time benefits eligible?
 - Fill in

20. What is the waiting period for full-time benefits eligibility?
 - Date of hire
 - First of the month after the date of hire
 - 30 days from day of hire
 - 60 days from date of hire
 - 90 days from date of hire
 - Other – Fill in

21. Do you offer benefits to Fixed Part-Time employees?
 - Yes
 - No Q27

22. How many hours must a Fixed Part-Time employee work to be eligible for benefits?
 - Fill in

23. What is the waiting period for part-time benefits eligibility?
 - Date of hire
 - First of the month after the date of hire
 - 30 days from day of hire
 - 60 days from date of hire
 - 90 days from date of hire
 - Other – Fill in

24. What do you charge Fixed Part-Time employees to participate for plans where contributions are required?
 - Same as Full-Time
 - More than Full-Time
 - Less than Full-Time
 - No contribution is required

25. Are Fixed Part-Timers offered the same plans as Full-Time employees?

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- Yes
- No

26. Medical Plans

This section focuses on participation levels, plan design features, and costs for your medical plans. Answer the following questions for the **medical plans** offered on January 1, 2006. You may need to refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- COBRA participant information kit

27. What percentage of eligible employees participate in your medical plans?
Fill in box

28. Indemnity Plans

Do you offer an **Indemnity plan(s)**?

- Yes
- No Q39

29. What percentage of the eligible employees participating in your medical plans are enrolled in your **Indemnity plan(s)**?

- Fill in box

30. Is your **Indemnity plan** with the largest enrollment:

- Fully-Insured
- Self-insurance with stop loss coverage
- Self-insurance without stop loss coverage
- Other – Fill in box

31. Does your **Indemnity plan** have an annual **deductible** that must be met before benefits are paid? Answer for the plan with the highest enrollment.

- Yes
- No Q34

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32. What are the **in-network** and **out-of-network deductibles** for your **Indemnity plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee		
Employee +1		
Family		

33. Does your **Indemnity plan** have **coinsurance** for hospitalization? Answer for the plan with the highest enrollment.

- Yes
- No Q36

34. What are the **in-network** and **out-of-network coinsurance** levels for your **Indemnity plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee pays		
Plan pays		

35. Does your **Indemnity Plan** have **out-of-pocket maximums** that limit the amount a participant will pay out of pocket annually? Answer for the plan with the highest enrollment.

- Yes
- No Q38

36. What are the **in-network** and **out-of-network out-of-pocket maximums** for your **Indemnity plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee		
Employee +1		
Family		

37. Provide the **monthly cost** and **monthly employee payroll contributions** for the **Indemnity plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate

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equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative fee)	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

38. PPO Plans

Do you offer a **PPO plan(s)**?

- Yes
- No Q56

39. What percentage of the eligible employees participating in your medical plans are enrolled in your **PPO plan(s)**?

- Fill in box

40. Is your **PPO plan** with the largest enrollment:

- Fully-Insured
- Self-insurance with stop loss coverage
- Self-insurance without stop loss coverage
- Other – Fill in box

41. Does your **PPO plan** have an annual **deductible** that must be met before benefits are paid? Answer for the plan with the highest enrollment.

- Yes
- No Q44

42. What are the **in-network and out-of-network deductibles** for your **PPO plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee		
Employee +1		

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Family		
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43. Does your **PPO plan** have **coinsurance** for hospitalization? Answer for the plan with the highest enrollment.

- Yes
- No Q46

44. What are the **in-network** and **out-of-network coinsurance** levels for your **PPO plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee pays		
Plan pays		

45. Does your **PPO plan** have a separate **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment.

- Yes
- No 49

46. What is the amount of the **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment

- \$100
- \$150
- \$200
- \$250
- Other – Fill in box

47. How frequently must this copayment or deductible be paid?

- Per admission
- Per day
- Per year
- Other – Fill in box

48. Does your **PPO plan** have **out-of-pocket maximums** that limit the amount a participant will pay out of pocket annually? Answer for the plan with the highest enrollment.

- Yes
- No Q51

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49. What are the **in-network** and **out-of-network out-of-pocket maximums** for your **PPO plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee		
Employee +1		
Family		

50. Does your **PPO plan** require a copayment for in-network doctor’s office visits? Answer for the plan with the highest enrollment.

- Yes
- No Q53

51. What is the in-network doctor’s office visit copayment?

- \$5
- \$10
- \$15
- \$20
- \$25
- Other – Fill in box

52. Does your PPO plan require a copayment for Emergency Room visits? Answer for the plan with the highest enrollment.

- Yes
- No Q55

53. What is the Emergency Room visit copayment?

- \$25
- \$35
- \$50
- \$75
- \$100
- Other – Fill in box

54. Provide the monthly cost and monthly employee payroll contributions for the PPO plan with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

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Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative fee)	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

55. POS Plans

Do you offer a **POS plan(s)**?

- Yes
- No Q73

56. What percentage of the eligible employees participating in your medical plans are enrolled in your **POS plan(s)**?

57. Is your **POS plan** with the largest enrollment:

- Fully-Insured
- Self-insurance with stop loss coverage
- Self-insurance without stop loss coverage
- Other – Fill in box

58. Does your **POS plan** have an annual **deductible** that must be met before benefits are paid?

Answer for the plan with the highest enrollment.

- Yes
- No Q61

59. What are the **in-network and out-of-network deductibles** for your **POS plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee		
Employee +1		
Family		

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60. Does your **POS plan** have **coinsurance** for hospitalization? Answer for the plan with the highest enrollment.

- Yes
- No Q63

61. What are the **in-network** and **out-of-network coinsurance** levels for your **POS plan**? Answer for the plan with the highest enrollment.

	in-network	out-of-network
Employee pays		
Plan pays		

62. Does your **POS plan** have a separate **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment.

- Yes
- No Q66

63. What is the amount of the **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment

- \$100
- \$150
- \$200
- \$250
- Other – Fill in box

64. How frequently must this copayment or deductible be paid?

- Per admission
- Per day
- Per year
- Other – Fill in box

65. Does your **POS plan** have **out-of-pocket maximums** that limit the amount a participant will pay out of pocket annually? Answer for the plan with the highest enrollment.

- Yes
- No Q68

66. What are the **in-network** and **out-of-network out-of-pocket maximums** for your **POS plan**? Answer for the plan with the highest enrollment.

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	in-network	out-of-network
Employee		
Employee +1		
Family		

67. Does your **POS plan** require a **copayment** for **in-network doctor’s office visits**? Answer for the plan with the highest enrollment.

- Yes
- No Q70

68. What is the in-network doctor’s office visit copayment?

- \$5
- \$10
- \$15
- \$20
- \$25
- Other – Fill in box

69. Does your **POS plan** require a **copayment** for **Emergency Room** visits? Answer for the plan with the highest enrollment.

- Yes
- No Q72

70. What is the Emergency Room visit copayment?

- \$25
- \$35
- \$50
- \$75
- \$100
- Other – Fill in box

71. Provide the **monthly cost** and **monthly employee payroll contributions** for the **POS plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative l	Monthly Employee Contribution Amount

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Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

72. HMO Plans

Do you offer an **HMO plan(s)**?

- Yes
- No Q86

73. What percentage of the eligible employees participating in your medical plans are enrolled in your **HMO plan(s)**?

74. Is your **HMO plan** with the largest enrollment:

- Fully-Insured
- Self-insurance with stop loss coverage
- Self-insurance without stop loss coverage
- Other – Fill in box

75. Does your **HMO plan** have an annual **deductible** that must be met before benefits are paid? Answer for the plan with the highest enrollment.

- Yes
- No Q78

76. What are the **in-network deductibles** for your **HMO plan**? Answer for the plan with the highest enrollment.

	in-network
Employee	
Employee +1	
Family	

77. Does your **HMO plan** have a separate **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment.

- Yes

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- No Q81
78. What is the amount of the **copayment** or **deductible** for **hospital admissions**? Answer for the plan with the highest enrollment
- \$100
 - \$150
 - \$200
 - \$250
 - Other – Fill in box
79. How frequently must this copayment or deductible be paid?
- Per admission
 - Per day
 - Per year
 - Other – Fill in box
80. Does your **HMO plan** require a **copayment** for **doctor's office visits**? Answer for the plan with the highest enrollment.
- Yes
 - No Q83
81. What is the doctor's office visit copayment?
- \$5
 - \$10
 - \$15
 - \$20
 - \$25
 - Other – Fill in box
82. Does your **HMO plan** require a **copayment** for **Emergency Room visits**? Answer for the plan with the highest enrollment.
- Yes
 - No Q85
83. What is the Emergency Room visit copayment?
- \$25
 - \$35
 - \$50
 - \$75
 - \$100

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- Other – Fill in box

84. Provide the **monthly cost** and **monthly employee payroll contributions** for the **HMO plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative fee)	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

85. Consumer Driven Healthcare Plan

Do you offer a **Consumer Driven Healthcare plan(s)**?

- Yes
- No Q96

86. What percentage of the eligible employees participating in your medical plans are enrolled in your **Consumer Driven Healthcare plan(s)**?

87. Is your **Consumer Driven Healthcare plan** with the largest enrollment:

- Fully-Insured
- Self-insurance with stop loss coverage
- Self-insurance without stop loss coverage
- Other – Fill in box

88. Does your Consumer Driven Healthcare plan utilize an:

- Health Reimbursement Account (HRA)
- Health Savings Account (HSA)
- Neither Q92
- Both

89. How much does your employer contribute to the HRA or HSA annually? Fill in a zero if your employer does not make a contribution to the HRA or HSA account.

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	Annual Dollar Contribu
Employee	
Employee + 1	
Family	

90. Do you provide financial incentives in the HRA or HSA if an employee participates in wellness programs or complete a health risk appraisal?
- Yes
 - No

91. What are the deductibles for the overlaying insurance plan or high deductible health insurance plan?

	in-network	out-of-network
Employee		
Employee +1		
Family		

92. How are **preventive services** covered under your **Consumer Driven Healthcare plan**?
- Preventive services are not covered
 - Covered at 100% for a defined set of services
 - Covered at 100% with an annual dollar limit
 - Covered the same as other services
 - Other – Fill in box

93. How are **prescription drugs** covered under your **Consumer Driven Healthcare plan**?
- Prescription drugs are not covered
 - Employee pays the cost until the annual deductible is met, then cost sharing applies
 - Copayments
 - Other – fill in box

94. Provide the **monthly cost** and **monthly employee payroll contributions** for the **Consumer Driven Healthcare plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost	Monthly Employee	I
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	(Insured Rate or COBRA without 2% administrative fee)	Contribution Amount
Employee only		
Employee + Spouse		
Employee + 1		
Employee + Child(ren)		
Employee + Family		

95. Medical Trends

These questions focus on the rate of increase for your healthcare plans over the last two years and the changes you have made to address these increases.

96. Did your company's overall healthcare costs increase from 2004 to 2005?

- Yes
- No Q99

97. How much did your healthcare costs increase from 2004 to 2005?

- 0% to 5%
- 6% to 10%
- 11% to 15%
- 16% to 20%
- Over 20%

98. Did your company's healthcare costs increase from 2005 to 2006?

- Yes
- No Q102

99. How much did your company's costs increase from 2005 to 2006?

- 0% to 5%
- 6% to 10%
- 11% to 15%
- 16% to 20%
- Over 20%

100. Which of the following changes did you make for 2006 to address increased healthcare costs? Select all that apply:

- Increased monthly payroll contributions for employee only coverage

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- Increased monthly payroll contributions for family coverage
- Reviewed the market for more competitively priced plans
- Increased deductibles
- Increased pharmacy copayments
- Increased office visit copayments
- Introduced a Consumer Driven Healthcare plan
- Changed your method of funding medical coverage
- Increased coinsurance requirements
- Introduced Disease Management or Wellness programs
- Carved-out pharmacy benefits to a Pharmacy Benefit Manager
- Other – Fill in

101. Prescription Drug

This section focuses on the administration of your pharmacy benefits. Key areas include pharmacy deductibles, copayments, and care management. Answer the following questions for the **pharmacy plans** offered on January 1, 2006.

102. How is your prescription drug benefit administered?
- The Healthcare plan
 - A Third Party Pharmacy Benefit Manager
 - A Third Party Pharmacy Benefit Manager through a Consortium
 - Our plan does not cover prescription drugs Q115
 - Other – Fill in

103. Does your pharmacy plan require a separate deductible?
- Yes
 - No Q106

104. What is the annual pharmacy deductible?

	Annual Deductible Amount
Employee	
Employee + 1	
Family	

105. How do employees/dependents pay for their prescription drugs?

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- Two tier copayment Q107
- Three tier copayment Q108
- Four tier copayment Q109
- Coinsurance Q110
- Covered under the provisions of a Consumer Driven Healthcare plan
- Other – fill in

UNCONDITIONAL SKIP to 111

106. Fill in the copays that apply:

	Copayment Amount
Generic	
Brand	

UNCONDITIONAL SKIP to 111

107. Fill in the copays that apply:

	Copayment Amount
Generic	
Preferred Brand	
Non Preferred Brand	

UNCONDITIONAL SKIP to 111

108. Fill in the copays that apply:

	Copayment Amount
Generic	
Preferred Brand	
Non Preferred Brand	
Fourth Tier	

UNCONDITIONAL SKIP to 111

109. Fill in the copays that apply:

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	Coinsurance Amount
Employee pays	
Plan pays	

UNCONDITIONAL SKIP to 111

110. Do you have a mandatory generic provision in your prescription drug plan (employee must select generic, if they select a brand drug, they must pay the brand copay and the difference, or some other penalty)?
- Yes
 - No
111. Does your plan utilize step therapy (specific high cost drugs are covered by the health plan only after more appropriate, cost-effective drugs have been tried)?
- Yes
 - No
112. Does your plan exclude lifestyle drugs (Viagra, Cialis, etc.)?
- Yes
 - No
113. Do you use a Specialty Pharmacy to administer injectible drugs?
- Yes
 - No

114. Dental Plans

This section focuses on participation levels, plan design features, and costs for your dental plans. Answer the following questions for the **dental plans** offered on January 1, 2006. You may need to refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- COBRA participant information kit

115. Dental Indemnity Plan

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Do you offer a Dental Indemnity Plan?

- Yes
- No Q133

116. Is your **Dental Indemnity plan** with the largest enrollment:

- Fully-Insured
- Self-insured
- Other – Fill in box

117. Does your **Dental Indemnity plan** with the highest enrollment have an annual deductible?

- Yes
- No Q121

118. What is the **annual deductible** for your **Dental Indemnity plan** with the highest enrollment?

	in-network
Employee	
Employee +1	
Family	

119. Does the deductible apply to preventive services?

- Yes
- No
- Dental Indemnity plan does not cover preventive services Q123

120. Does your **Dental Indemnity plan** with the highest enrollment cover preventive services?

- Yes
- No Q123

121. What is the **coinsurance** level for **preventive services** in the **Dental Indemnity plan**?

	in-network	out-of-network
Employee pays		
Plan pays		

122. Does your **Dental Indemnity plan** with the highest enrollment cover **basic restorative services** (filling, extractions, endodontics, etc.)?

- Yes

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- No Q125

123. What is the **coinsurance** level for **basic restorative services** in the **Dental Indemnity plan**?

	in-network	out-of-network
Employee pays		
Plan pays		

124. Does your **Dental Indemnity plan** with the highest enrollment cover **major restorative services** (crowns, inlays, onlays, etc.)?

- Yes
- No Q127

125. What is the **coinsurance** level for **major restorative services** in the **Dental Indemnity plan**?

	in-network	out-of-network
Employee pays		
Plan pays		

126. Does your **Dental Indemnity plan** with the highest enrollment cover **orthodontia**?

- Yes
- No Q131

127. Does your **Dental Indemnity plan** cover **orthodontia** for:

- Children to age 19
- Children to age 23 (if a full time student)
- Children to age 19 and adults
- Children to age 23 (if a full time student) and adults
- Other – fill in box

128. Is there a separate **deductible** for **orthodontia** coverage?

- Yes, please specify the per individual deductible – fill in box
- No

129. What is the **lifetime maximum** benefit for **orthodontia** in your **Dental Indemnity plan**?

- Fill in box

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130. What is the **maximum annual benefit** for your **Dental Indemnity plan** with the highest enrollment?

- Fill in box

131. Provide the **monthly cost** and **monthly employee payroll contributions** for the **dental Indemnity plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative l	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

132. Dental PPO Plan

Do you offer a Dental PPO Plan(s)?

- Yes
- No Q150

133. Is your **Dental PPO** with the largest enrollment:

- Fully-Insured
- Self-insured
- Other – Fill in box

134. Does your **Dental PPO** with the highest enrollment have an **annual deductible**?

- Yes
- No Q138

135. What is the **annual deductible** for your **Dental PPO** with the highest enrollment?

	in-network
Employee	
Employee +1	

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Family	
--------	--

136. Does the **deductible** apply to **preventive services**?
- Yes
 - No
 - Dental PPO does not cover preventive services Q140

137. Does your **Dental PPO** cover **preventive services**?
- Yes
 - No Q140

138. What is the **coinsurance** level for **preventive services** in the **Dental PPO** with the highest enrollment?

	in-network	out-of-network
Employee pays		
Plan pays		

139. Does your **Dental PPO** cover **basic restorative services** (filling, extractions, endodontics, etc.)?
- Yes
 - No Q142

140. What is the **coinsurance** level for **basic restorative services** in the **Dental PPO** with the highest enrollment?

	in-network	out-of-network
Employee pays		
Plan pays		

141. Does your **Dental PPO** cover **major restorative services** (crowns, inlays, onlays, etc.)?
- Yes
 - No Q144

142. What is the **coinsurance** level for **major restorative services** in the **Dental PPO** with the highest enrollment?

	in-network	out-of-network

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Employee pays		
Plan pays		

143. Does your **Dental PPO** with the highest enrollment cover **orthodontia**?
 Yes
 No Q148
144. Does your **Dental PPO** with the highest enrollment cover **orthodontia** for:
 Children to age 19
 Children to age 23 (if a full time student)
 Children to age 19 and adults
 Children to age 23 (if a full time student) and adults
 Other – fill in box
145. Is there a **separate deductible** for **orthodontia coverage**?
 Yes, please specify the per individual deductible – fill in box
 No
146. What is the **lifetime maximum benefit** for orthodontia in your **Dental PPO** with the highest enrollment?
 Fill in box
147. What is the **maximum annual benefit** for your **Dental PPO** with the highest enrollment?
 Fill in box
148. Provide the monthly cost and monthly employee payroll contributions for the **dental PPO plan** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative fee)	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse		
Employee + 1		
Employee + Child(ren)		
Employee + Family		

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149. Dental HMO

150. Do you offer a **Dental HMO(s)** ?

- Yes
- No Q168

151. Is your **Dental HMO** with the largest enrollment:

- Fully-Insured
- Self-insured
- Other – Fill in box

152. Does your **Dental HMO** with the highest enrollment have an **annual deductible**?

- Yes
- No Q156

153. What is the **annual deductible** for your **Dental HMO** with the highest enrollment?

	in-network
Employee	
Employee +1	
Family	

154. Does the **deductible** apply to **preventive services**?

- Yes
- No
- Dental Indemnity plan does not cover preventive services Q158

155. Does your **Dental HMO** with the highest enrollment cover **preventive services**?

- Yes
- No Q158

156. What is the **coinsurance** level for **preventive services** in the **Dental HMO** with the highest enrollment?

	in-network
Employee pays	
Plan pays	

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157. Does your **Dental HMO** with the highest enrollment cover **basic restorative services** (filling, extractions, endodontics, etc.)?
- Yes
 - No Q160

158. What is the **coinsurance** level for **basic restorative services** in the **Dental HMO** with the highest enrollment?

	in-network
Employee pays	
Plan pays	

159. Does your **Dental HMO** with the highest enrollment cover **major restorative services** (crowns, inlays, onlays, etc.)?
- Yes
 - No Q162

160. What is the **coinsurance** level for **major restorative services** in the **Dental HMO** with the highest enrollment?

	in-network
Employee pays	
Plan pays	

161. Does your **Dental HMO** with the highest enrollment cover **orthodontia**?
- Yes
 - No Q166

162. Does your **Dental HMO** with the highest enrollment cover **orthodontia** for:
- Children to age 19
 - Children to age 23 (if a full time student)
 - Children to age 19 and adults
 - Children to age 23 (if a full time student) and adults
 - Other – fill in box

163. Is there a **separate deductible** for **orthodontia** coverage?
- Yes, please specify the per individual deductible – fill in box
 - No

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164. What is the **lifetime maximum benefit** for **orthodontia** in your **Dental HMO** with the highest enrollment?
 Fill in box
165. What is the **maximum annual benefit** for your **Dental HMO** with the highest enrollment?
 Fill in box
166. Provide the **monthly cost** and **monthly employee payroll contributions** for the **Dental HMO** with the highest enrollment. If your plan is self-insured, please use your COBRA rate equivalent without the 2% administrative amount for the Total Monthly Cost Column. If you do not use the tiers listed below, please fill in the tiers that most closely match your plan.

Tier	Total Monthly Cost (Insured Rate or COBRA without 2% administrative l	Monthly Employee Contribution Amount
Employee only		
Employee + Spouse Employee + 1		
Employee + Child(ren)		
Employee + Family		

167. Vision Plans

This section focuses on plan design features for the vision benefits available in your medical plans or on a stand alone basis. Answer the following questions for the **vision benefits/plans** offered on January 1, 2006. You may refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- COBRA participant information kit

168. Does your medical plan provide coverage or discounts for the following? Select all that apply:
- Routine eye exam
 - Frames

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- Lenses
- Contact lenses
- None of the above

169. Do you offer a stand alone vision plan?

- Yes
- No Q172

170. Does the plan require or encourage the use of a network?

- Yes
- No

171. Flexible Spending Accounts (FSA)

This section focuses on participation levels and features for the Flexible Spending Accounts (FSA) you offer to your employees. Information for Healthcare, Dependent Care, Premium Reimbursement, and Transportation FSAs are included. Answer the following questions for the **FSA's** offered on January 1, 2006. You may refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)

172. Do you offer a Healthcare Flexible Spending Account?

- Yes
- No Q177

173. What is the maximum annual amount employees can defer on a pre-tax basis?

- Fill In

174. What % of eligible employees participate in the Healthcare FSA?

- Fill In

175. Do you offer a Healthcare FSA Debit Card?

- Yes
- No

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176. Do you offer a Dependent Care FSA?
- Yes
 - No Q180
177. What is the maximum annual amount employees can defer on a pre-tax basis?
- Fill In
178. What % of eligible employees participate in the Dependent Care FSA?
- Fill In
179. Do you offer a Premium Reimbursement Account?
- Yes
 - No
180. Do you offer a Transportation Flexible Spending Account?
- Yes
 - No
181. Do you have paid parking?
- Yes, all location
 - Yes, some locations
 - No
 - Other – Fill in
182. Do you reimburse for parking at a client site?
- Yes
 - No
183. Do you offer the following transportation services? Select all that apply:
- Transportation fares
 - Free ride home
 - NuRide
 - Bike racks
 - Showers
 - Lockers

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- Other – please specify
- None of the above

184. Life and Accidental Death and Dismemberment (AD&D) Insurance

This section focuses on employer paid and employee paid life insurance and AD&D benefits for employees and dependents. Answer the following questions for the **life and AD&D plans** offered on January 1, 2006. You may need to refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- Insurance certificates

185. Basic Term Life Insurance

Do you offer employer paid basic life insurance?

- Yes
- No Q190

186. What is the basic life insurance benefit level?

- 1 times pay
- 1.5 times pay
- 2 times pay
- Another multiple of pay
- Flat amount
- Other – please specify
- None of the above

187. What is the maximum benefit amount for basic life insurance?

- Fill In

188. Can employees opt out of coverage if the amount is over \$50,000 (to avoid imputed income charge)?

- Yes
- No

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- Not applicable

189. Supplemental Employee Term Life Insurance

Do you offer employee paid supplemental term insurance coverage for the employee?

- Yes
- No Q192

190. How is the employee paid supplemental term insurance benefit calculated?

- Flat amount
- Multiple of pay
- % of salary
- Other – please specify

191. Supplemental Dependent Term Life Insurance

Do you offer supplemental dependent term life insurance for spouses?

- Yes
- No Q194

192. What is the maximum benefit amount for spouses?

- Fill In

193. Do you offer supplemental dependent term life insurance for children?

- Yes
- No Q196

194. What is the maximum benefit amount for children?

- Fill In

195. Basic Accidental Death and Dismemberment (AD&D) Insurance

Do you offer employer paid basic AD&D insurance?

- Yes
- No Q199

196. What is the basic AD&D benefit level?

- 1 times pay

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- 1.5 times pay
- 2 times pay
- Another multiple of pay
- Flat amount
- Other – please specify

197. What is the maximum basic AD&D benefit amount?

- Fill In

198. Supplemental AD&D Insurance

Do you offer supplemental AD&D insurance for the following? Select all that apply:

- Employee
- Spouse
- Children
- None of the above

199. Paid and Unpaid Leave

This section focuses on your paid and unpaid leave benefits and policies. All of the following programs are included in this section:

- Vacation
- Sick Leave
- Holidays
- Short-Term Disability
- Long-Term Disability
- Paternity Leave
- Jury Duty/Witness Leave
- Bereavement
- Call-for-Duty Military Leave
- Unpaid Leave/Sabbaticals

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If you have multiple paid and unpaid leave programs, please respond with the benefit plan design and/or policy that covers the majority of employees in the Greater Washington Area. You may refer to following documents when completing this section:

- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- Employee Handbook

200. Vacation, Holidays, and Sick Leave

For the majority of your employees located in the Greater Washington Area, do you utilize a:

- Paid time off (PTO) bank
- Separate schedule of vacation and sick days Q207
- None of the above Q213

201. What is your PTO policy based on? Select all that apply:

- Years of service
- Career years of service (takes into account other employment experience)
- Title
- Same for all employees
- Other – please specify

202. How many PTO days do you grant employees annually?

	Days
< 1 year	
2 to 4 years	
5 to 9 years	
10 to 14 years	
15+ years	

203. Do you allow employees who do not use all of their PTO allowance in a given year to sell back any portion of unused time?

- Yes
- No

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204. Do you allow employees to buy additional PTO time?

- Yes
- No

205. Do you allow employees to carry over unused PTO? Respond “Yes” if you allow employees to accrue an amount above your annual accrual maximum.

- Yes
- No

UNCONDITIONAL SKIP TO 213

206. On which of the following is your vacation schedule based upon? Select all that apply.

- Years of service
- Career years of service (takes into account other employment experience)
- Title
- Same for all employees
- Other – please specify

207. How many vacation days do you grant your employees annually?

	Days
< 1 year	
2 to 4 years	
5 to 9 years	
10 to 14 years	
15+ years	

208. Do you allow employees to carry over unused vacation days?

- Yes
- No

209. On which of the following sick day schedule based upon? Select all that apply.

- Years of service
- Career years of service (takes into account other employment experience)
- Title

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- Same for all employees
- Other – please specify

210. How many sick days do you grant employees annually?

	Days
< 1 year	
2 to 4 years	
5 to 9 years	
10 to 14 years	
15+ years	

211. Do you allow employees to carry over unused sick days?

- Yes
- No

212. Holidays

How many holidays do you grant employees annually?

- Fill in

213. Do you grant additional floating holidays?

- Yes
- No

214. Are holidays considered time worked for the purposes of calculating overtime for non-exempt employees?

- Yes
- No

215. How do you compensate exempt employees who work on holidays

- Employee can take the holiday at a later date
- Employee is paid overtime
- Other – please specify
- Not applicable

216. Short-Term Disability

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These questions focus on the administration of short-term disability programs for your employees. The questions refer to two methods of administering these programs.

1. Formal Short-Term Disability plan – this refers to a plan that is fully insured and administered by an insurance carrier
2. Salary Continuation plan – this refers to a plan that is typically self-funded by the employer and may include a form of medical claims management from a third-party administrator

If you have multiple Short-Term Disability programs, please respond with the benefit plan design and/or policy that covers the majority of employees in the Greater Washington Area.

How do you handle Short-Term Disability for your benefit eligible employees?

- Formal Short-Term Disability plan
- Salary Continuation plan Q226
- Other – please specify Q231
- Do not offer Short-Term Disability plan to our employees Q231

217. What portion of the premium is company paid?

- 100%
- 50% to 99%
- Less than 50%
- None

218. Is the benefit:

- The same for all benefit eligible employees
- Based on years of service
- Based on title
- A combination of the options above
- Other – please specify

219. What is the waiting period for benefits?

	Period in Days
Accident	
Sickness	

220. May employees used banked sick leave or vacation to offset the waiting period?

- Yes
- No

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- Not applicable
- 221. Are pre-existing conditions specifically excluded from short-term disability coverage?
 - Yes
 - No
- 222. What percentage of salary is covered by the benefit?
 - 50%
 - 60%
 - 66 2/3%
 - Other- please specify
- 223. What is the maximum monthly benefit?
 - Fill in
- 224. How long do benefits last?
 - 0 to 30 days
 - 31 to 60 days
 - 61 to 90 days
 - 90 days or more

UNCONDITIONAL SKIP 231

- 225. Is the benefit?
 - The same for all benefit eligible employees
 - Based on years of service
 - Based on title
 - A combination of the options above
 - Other – please specify
- 226. What percentage of salary is covered by the benefit?
 - 50%
 - 60%
 - 66 2/3%
 - Other- please specify
- 227. What is the maximum monthly benefit?
 - Fill in

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228. How long do benefits last?
- 0 to 30 days
 - 31 to 60 days
 - 61 to 90 days
 - 90 days or more
229. Are pre-existing conditions specifically excluded from salary continuation coverage?
- Yes
 - No

230. Long Term Disability

Do you offer a long-term disability policy for your employees?

- Yes
 - No Q241
231. What is the waiting period?
- At onset of disability
 - 30 days
 - 60 days
 - 90 days
 - 180 days
 - Greater than 180 days
232. What portion of the premium is company paid?
- 100%
 - 50% to 99%
 - Less than 50%
 - None
233. What percentage of salary is covered by the benefit?
- 50%
 - 60%
 - 66 2/3%
 - Other- please specify
234. What is the maximum monthly benefit?
- Fill in

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235. How long do benefits last?
- 0 to 30 days
 - 31 to 60 days
 - 61 to 90 days
 - 90 days or more
236. Are pre-existing conditions specifically excluded from salary continuation coverage?
- Yes
 - No
237. Do you offer an Executive Long-Term Disability plan?
- Yes
 - No
238. Do you offer a voluntary buy-up option on your company sponsored plan?
- Yes
 - No
 - Not applicable
239. When do you terminate employees who are on long-term disability?
- At onset of disability
 - At 3 months
 - At 6 months
 - At 1 year
 - Case by case
 - Other – please specify
 - Not applicable

240. Paternity Leave

Do you offer paid Paternity Leave?

- Yes, please specify the number of days_____
- No

241. Jury Duty/Witness

Do you offer paid jury duty leave?

- Yes, please specify the number of days_____

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- No

242. Do you offer paid witness duty leave?
- Yes, please specify the number of days _____
 - No

243. Bereavement

- Do you offer paid bereavement leave?
- Yes, please specify the number of days _____
 - No

244. Call-for-Duty Military Leave

- Do you offer paid call-for-duty military leave?
- Yes, please specify the number of days _____
 - No Q249

245. Do you continue benefits for any portion of call-for-duty military leave?
- Yes
 - No Q249

246. Which benefits do you continue? Select all that apply:

- Medical/Rx
- Dental
- Vision
- Life
- Disability
- Other – please specify

247. Do you continue the company contribution during any portion of the call-for-duty military leave?
- Yes
 - No

248. FMLA

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Which paid time off plans do you count towards FMLA leave? Select all that apply:

- Sick leave
- Short-Term Disability
- Vacation
- Other – please specify

249. Unpaid Leave

Do you offer a formal unpaid leave program?

- Yes
- No Q253

250. What is the maximum number of days an employee can be out for an unpaid leave of absence?

- Fill in

251. For how long (in days) during an unpaid leave will an employee's job or a similar job remain open?

- Fill in

252. Human Resource Policies

This section focuses on several of your Human Resource Policies. All of the following programs are included in this section:

- Flexible Work Schedules/Telework
- Internet Connectivity
- Referral Bonus Program
- Reduction in Workforce (Severance) Policy
- Relocation
- Training
- Tuition Reimbursement

If you have multiple policies, please respond with the benefit plan design and/or policy that covers the majority of employees in the Greater Washington Area. You may refer to following documents when completing this section:

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- Open enrollment materials
- New hire information kit
- Summary Plan Descriptions (SPDs)
- Employee Handbook

254. Flexible Work Schedules/Telework

Does your organization have a formal flexible work option policy?

- Yes
- No Q258

255. Does it include telework?

- Yes
- No

256. What categories of employees are eligible for flexible work options to include telework? Select all that apply:

- Executive
- Management
- Non-management professional
- Non-exempt
- Case-by-case

257. What percentage of your employees currently telecommute on a:

Percentage

Full-time basis _____
Part-time basis _____

258. Internet Connectivity

Does your company reimburse employees for the cost of home office internet connectivity?

- Yes
- No Q260

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259. On which of the following is reimbursement based?

- Flat dollar amount
- Not to exceed amount
- Other – please specify

260. Referral Bonus

Are employees eligible for employee referral bonuses?

- Yes
- No Q265

261. When are referral bonuses paid?

- 100% effective date of employment
- 100% upon completion of required service
- Incremental beginning on of after employment date
- Other – please specify

262. Are additional bonus premiums paid for any of the following? Select all that apply:

- Position level
- Hard-to-find skills
- Location
- Security clearance

263. What is the standard referral bonus amount?

- Please fill in the amount _____
- Do not know

264. What percentage of new hires comes through the employee referral program?

- Please fill in the amount
- Do not know

265. Reduction in Workforce (Severance) Policy

Does your company have a formal reduction-in-workforce policy?

- Yes
- No Q281

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266. To which of the following types of termination does the policy apply? Select all that apply:
- All involuntary terminations
 - Involuntary terminations except for gross misconduct
 - Job elimination
 - Other – please specify
267. What categories of employees are eligible for reduction-in-workforce benefits? Select all that apply:
- Executive
 - Management
 - Non-management professional
 - Non-exempt
268. Is payout of reduction-in-workforce benefits contingent on receipt of a general release from the employee?
- Yes
 - No
269. When layoffs or downsizing are required, what is the most common criterion for determining which employees will be selected for termination?
- Job performance
 - Skill sets
 - Position level
 - Years of service
 - Other
270. When possible, does your company provide notice in lieu of reduction-in-workforce pay?
- Yes
 - No
271. What is the primary criterion for determining the amount of separation pay?
- Years of service
 - Position level Q274
 - Case-by-case Q274
 - Other – please specify Q274
272. If service is the method used, what is the formula?
- Less than one week for each year of service

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- One week for each year of service
 - More than one week for each year of service
 - Other
- 273.** Is there a maximum number of weeks that may be paid?
- Yes, please specify the number of weeks _____
 - No
- 274.** Can employees elect to have severance paid via (select all that apply):
- Lump sum
 - Salary continuation
 - Other – please specify _____
- 275.** Are group insurance benefits extended during the payout period?
- Yes
 - No Q277
 - Case-by-case
 - Other, please specify _____ Q277
- 276.** Which benefits are extended? Select all that apply:
- Medical/Rx
 - Dental
 - Vision
 - Other
- 277.** Does your company pay for COBRA benefit coverage as part of a severance package?
- Yes
 - No Q279
- 278.** How many months of COBRA coverage does your organization pay for?
- < 3 months
 - 4 to 6 months
 - 7 to 12 months
 - >12 months
 - Varies by title/position
- 279.** Do you offer outplacement services?

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- Yes
- No Q281

280. Who is eligible for outplacement services? Select all that apply:

- Executives
- Management
- Non-management professionals
- Non-exempt
- Other – please specify

281. Relocation

Does your company have a formal relocation policy?

- Yes
- No Q285

282. Which of the following determines the primary reimbursement method for relocation expenses?

- Flat dollar amount with no receipts
- Not-to-exceed amounts with receipts
- Receipts for actual expenses with no dollar amount
- Other

283. Must relocating employees reimburse the company for relocation expenses if they voluntarily leave the organization within a certain waiting period following completion of relocation?

- Yes, within 12 months
- Yes, within 13 to 24 months
- Yes, within 25 to 36 months
- No, there is no penalty

284. Do you gross up reimbursement to your employees to offset the impact of taxes?

- Yes
- No

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285. Training

Does your company have a training budget?

- Yes
- No Q290

286. Is your training budget approval process centralized or decentralized?

- Centralized
- Decentralized
- A combination
- Other – please specify

287. Do you calculate your training budget as:

- A % of payroll
- A % of revenue
- Other – please specify

288. What do you spend (on average) for training per person per year?

- Please specify the amount _____
- Do not know

289. How many hours of formal training do you provide per person per year?

- Please specify the number of hours _____
- Do not know

290. Tuition Reimbursement

Does your company have a tuition reimbursement policy?

- Yes
- No Q296

291. When are new employees eligible?

- Immediately on hire
- After months of service
- Other – please specify

292. What is the maximum allowable assistance per year for an individual? (insert

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amount in \$)

- o Fill in

- 293. Is there a service obligation following reimbursement?
o Yes, please specify the number of months _____
o No

- 294. Which of the following are reimbursed? Select all that apply:
[] Undergraduate tuition
[] Graduate tuition
[] Books – full reimbursement
[] Books – partial reimbursement
[] Lab/computer fees
[] Parking fees
[] Other – please specify _____

- 295. What is the grade requirement to obtain reimbursement?
o There is no grade requirement
o At least a “C” or better
o Other – please specify _____

296. Ancillary and Voluntary Benefits

This section focuses on Ancillary and Voluntary benefits that may be available to your employees. Please identify if the benefit is available and if your company subsidizes these programs.

Do you offer access to the following benefits:

Table with 4 columns: Benefit Name, Yes with employer subsidy, Yes without subsidy, and No. Rows include Credit Union, Elder care assistance, Long-term care, 529 Plan, and EAP.

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Individual Benefit Statements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prepaid Legal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Auto Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Homeowners Insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concierge services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Discounted tickets and fares	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional memberships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lactation facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre-retirement counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Savings bonds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Per insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Subsidized meals at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-site child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Back-up child care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resource and referral services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical Illness Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dependent scholarships	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

297. Outsourcing

Do you outsource any of the following services?

	Yes	No
401 (k) Administration	<input type="radio"/>	<input type="radio"/>
FMLA Processing	<input type="radio"/>	<input type="radio"/>
EAP	<input type="radio"/>	<input type="radio"/>
Stock Plan Administration	<input type="radio"/>	<input type="radio"/>
Open Enrollment	<input type="radio"/>	<input type="radio"/>
Workers' Compensation	<input type="radio"/>	<input type="radio"/>
Unemployment Claims	<input type="radio"/>	<input type="radio"/>
Rewards/Recognition	<input type="radio"/>	<input type="radio"/>
Annual Benefits Statements	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

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298. Retirement and Stock Purchase Plans

401 (k)

Do you offer a 401 (k) retirement plan?

- Yes
- No Q306

299. Which of the following do you use to determine 401(k) eligibility? Select all that apply:

- Length of service, minimum number of months employment required to participate? Fill in _____
- Hours, minimum number of hours required to participate? Fill in _____
- Age, minimum age requirement to participate? Fill in _____
- Other, fill in _____

300. Do you provide an employer match?

- Yes
- No Q303

301. What is your company match? (Specify ____% of the first ____% deferred by the employee)

- Fill in box

302. What is your vesting schedule for the employer match?

- Immediate
- 1-2 years
- 3-4 years
- 5 years
- Other

303. How many funds does your plan offer?

- Fill in

304. Do you have company stock in the plan?

- Yes, as a fund option

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- Yes, as a matching contribution option
- No

- 305.** Do you offer automatic enrollment?
- Yes, please specify in percentage _____
 - No

306. Employee Stock Purchase Program

Do you offer an Employee Purchase Program?

- Yes
- No Q308

- 307.** Do you offer stock at a discounted price?
- Yes, please specify discount percentage _____
 - No

308. Pension Plan

Do you offer a formal pension retirement plan?

- Yes
- No Q310

- 309.** Is your plan a:
- Defined Benefit Plan
 - Defined Contribution or Cash Balance plan
 - Other – please specify

310. End of Survey

Thank you for your participation! Please take some time to provide your feedback in the box below. Let us know if there are any topics that you would like us to include in 2007.