



THE STATE
of **ALASKA**
GOVERNOR SEAN PARNELL

**Department of Labor and
Workforce Development**
Administrative Services Division
Research & Analysis

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Dear Sir or Madam:

This survey helps us determine the type and level of health benefits offered by Alaska employers and how they have changed over time. We appreciate your participation and ask that you return the completed survey no later than February 15, 2014.

Each company is assigned its own unique company ID located on the top right hand corner of page 1 on the paper survey sent to your company January 15, 2014 . If you don't know your unique company ID, contact Kathy Ermatinger at (907) 465-4508 or Caroline Schultz at (907) 465-6027 to get your company ID.

You can also complete the survey online at research.net/s/akhealth or download it as an Excel spreadsheet at laborstats.alaska.gov/healthsurvey/health.xls.

As you fill out the survey, please include all of your employees who worked in Alaska during the pay period that included July 12, 2013. If you need more space, attach a separate sheet of paper and include your company ID and the question number.

If you need assistance, call Kathy Ermatinger at (907) 465-4508 or e-mail kathleen.ermatinger@alaska.gov. If you're filling out the paper survey, please use the enclosed postage-paid envelope or FAX it to (907) 523-9654.

The information you provide is confidential and used for statistical purposes only. Thank you very much for your time and cooperation.

Sincerely,

A handwritten signature in black ink that reads "Dan Robinson".

Dan Robinson, Chief
Research and Analysis Section

Alaska Department of Labor and Workforce Development
2013 Health Care Benefit Survey for Alaska Employers

1 Company ID and contact information of the person completing this survey:

Company ID:	Name:	Phone number:
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2 Is your company/ organization a non profit?

Yes No

3 How many employees worked for your company during the pay period that included July 12, 2013?

Full-time 30+ hours per week year-round	Part-time Less than 30 hours per week year-round	Temporary/Seasonal

4 How important do you think work site wellness programs are for improving employee health and productivity?
(choose one)

Very important Important Somewhat important Not important

5 Does your company have a work site wellness program(s)? *(check one)*

Yes →

No:
Continue to Question 6

5a In general, how effective has your work site wellness program been in achieving its goals?
(check one) Effective Somewhat effective Ineffective Unknown

5b Please check if you offer any of the following as part of your work site wellness program.
(check all that apply)

	Individual	Family
Personal health risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
Biometric screening	<input type="checkbox"/>	<input type="checkbox"/>
Services of a personal health coach	<input type="checkbox"/>	<input type="checkbox"/>
Financial incentives for achievement of a personal health target <i>Example: Reaching a weight or cholesterol target or quitting tobacco</i>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please describe)		

Glossary available online at laborstats.alaska.gov/healthsurvey/healthdefin.htm

6 Does your company offer health insurance or health-related benefits/services for any of your employees?

Yes: *Continue to Question 7*

No → Please comment on why you do not offer health benefits or services.

7 Which of the following benefits does your company offer your employees? *(check all that apply)*

Glossary available online at laborstats.alaska.gov/healthsurvey/healthdefin.htm

	Full-time 30+ hours per week year-round		Part-time Less than 30 hours per week year-round		Temporary/ Seasonal	
	Individual	Family	Individual	Family	Individual	Family
Health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-term disability coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term disability coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long-term care insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health flexible spending account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health reimbursement account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salary bonus to support individual health insurance plan purchase in lieu of company-provided health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contribution to a union health benefits trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directly purchase medical services for your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directly provide medical services to your employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you **DO NOT** provide health insurance coverage, you have completed the survey.
 Thank you for taking the time to complete the survey. Please return by mail or fax to (907) 523-9654.

If you provide health insurance for your employees, please continue to question 8.

8 Are your employee health insurance plan(s) fully insured or self-funded by your company? *(check one)*

- Insured:** Where the employer purchases or provides insurance coverage from a licensed insurance company and the insurance company is liable for employee insurance claims
- Self-funded:** Where employers underwrite their own risk and are liable for employee insurance claims even though they may contract with an insurer or other third party to process claims

9 How long must an employee work at your company before he or she is eligible for health insurance benefit plan enrollment?

	Full-time 30+ hours per week year-round	Part-time Less than 30 hours per week year-round	Temporary/Seasonal
Length of wait			
Additional comments			

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Please provide the following information for the health plans you offer. If the total premium or share paid by the employee varies, please use the comment section to provide more information.

Glossary available online at laborstats.alaska.gov/healthsurvey/healthdefin.htm

				Comprehensive health plan		High deductible plan with health savings account		Catastrophic health plan		Other	
Full-time 30+ hours per week year-round	Number of Employees	Eligible									
		Enrolled									
			Individual	Family	Individual	Family	Individual	Family	Individual	Family	
	Total premium										
Share paid by the employee											
Part-time Less than 30 hours per week year-round	Number of Employees	Eligible									
		Enrolled									
			Individual	Family	Individual	Family	Individual	Family	Individual	Family	
	Total premium										
Share paid by the employee											
Temporary/ Seasonal	Number of Employees	Eligible									
		Enrolled									
			Individual	Family	Individual	Family	Individual	Family	Individual	Family	
	Total premium										
Share paid by the employee											

Additional Comments:

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Do you provide any of the following services or health plan features or include them in the design of any of your health plans?

	Yes	No
Primary Care Co-Payment Differential to encourage the use of primary care over specialty services and/or emergency room usage: For example, lower co-pay required for primary care visit compared to co-pay required for specialty or ER care	<input type="checkbox"/>	<input type="checkbox"/>
Medical Travel Reimbursement: Reimbursement for employees to travel at the health plan's expense to receive services outside the plan member's community.	<input type="checkbox"/>	<input type="checkbox"/>
Medical Centers of Excellence: Special financial arrangements for particular procedures with hospitals or medical centers identified as providing high quality, cost-efficient care for those procedures	<input type="checkbox"/>	<input type="checkbox"/>
Price Transparency: Employees receive information on the price of medical services available from different health care providers. For example, an Internet-based tool that lists the prices of services offered by hospitals and/or doctors, including information on the plan member's associated out-of-pocket cost	<input type="checkbox"/>	<input type="checkbox"/>
Quality Transparency: Employees receive information on the quality of medical services available from different health care providers.	<input type="checkbox"/>	<input type="checkbox"/>
Patient Decision Support: Access to information/or advice on the effectiveness of tests and procedures for which high-quality evidence is available	<input type="checkbox"/>	<input type="checkbox"/>