



**The Center for Health
Information and Analysis
2024 Massachusetts
Employer Survey (MES)
Survey Questions
Final Instrument February 2024**

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Section I. Survey Introduction

2024 Massachusetts Employer Survey

We invite you to participate in the 2024 Massachusetts Employer Survey. This survey studies how companies offer health insurance to their workforce. Your valuable insights, as a member of the business community, play a crucial role in shaping the accessibility and affordability of employer-sponsored health insurance.

For your participation, you will receive an honorarium once the survey has been completed. This will be provided through BHN, an online incentive management site, within one week of completing the survey.

The Center for Health Information and Analysis (CHIA) has been conducting the Massachusetts Employer Survey (MES) regularly since 2001. Past survey results can be accessed at: <http://www.chiamass.gov/massachusetts-employer-survey>

CHIA, a state agency dedicated to providing information to both the business community and state government policymakers, focuses on employer-sponsored health insurance coverage.

We recommend you complete this survey on a desktop or laptop computer. Given the length and complexity of the survey, it would be difficult to take the survey on a mobile device.

Thank you for your attention and participation in advancing our understanding of employer-provided health insurance practices.

Click the arrow to continue.

CONSENT

Before you begin, here are some important things for you to know:

1. Your answers will be kept confidential. The information from this study will not be presented or published in any way that would permit identification of you or your business.
2. For all questions on this survey, please provide your best estimate for the number or information requested.
3. A survey instruction booklet is available on the survey website and provides an outline of the types of information that you will be asked to provide.
<https://mahealthsurveys.gov/instructions>. You can also download a copy by clicking the following link: Survey Instructions [<https://mahealthsurveys.gov/instructions>].
4. Survey worksheets are available on the survey website and are designed to help you answer the questions. You can also download the worksheet by clicking the following link: Survey Worksheet [<https://mahealthsurveys.gov/instructions>].
5. Your participation is voluntary. If you have any questions or concerns about this study, please contact the project director at Market Decisions Research, Dr. Brian Robertson at MAEmployerSurvey@marketdecisions.com
6. If you want to confirm the validity of the survey, please contact CHIA's Senior Research and Analytic Advisor, Christine Loveridge, at (617) 701-8121.

Click the arrow to continue.

INTRO1

Are you the most appropriate person at your firm to answer questions regarding health plan purchasing and benefits for all of your firm's Massachusetts-based employees?

- 1, Yes [SKIP TO EMPINTRO]
- 2, No

ASK IF NO TO INTRO1

INTRO2

Please enter the name, email address, and phone number of the appropriate person at your firm to answer questions regarding health plan purchasing and benefits for all Massachusetts-based employees.

- 1, SPECIFY

Thank you for your time.

**Exit survey and dispositioned as INTERRUPTED. Display message "Thank you for your participation. We will be reaching out to your alternate contact shortly."

**Online survey will skip to INTERRUPTED screen.

Section II. Employee Characteristics

EMPINTRO

In this section, we will gather information about the number of employees working for your firm.

Throughout the survey, questions will refer to your firm's employees, including full-time and part-time employees.

INCLUDE:

- Permanent **full-time employees**, who work [on average] 30 hours or more per week, including those on the payroll in Massachusetts but working remotely outside of the state.
- Permanent **part-time employees**, who work [on average] fewer than 30 hours per week.

Unless otherwise specified, **EXCLUDE:**

- **Temporary or seasonal employees**
- **Contract workers who are not employees** of the firm.
- **Volunteers**

Throughout this survey, please provide your best estimate for the data requested.

The worksheets that we provided to you with the invitation, also available [HERE \[https://mahealthsurveys.gov/instructions\]](https://mahealthsurveys.gov/instructions), will help answer the questions in this section. If you did not complete the worksheet and would like to do so, you may exit the survey and your progress will be saved. You can complete the worksheet and re-access the survey using the link and your passcode from the invitation letter or email.

EMP01

For the purposes of this survey, a **Massachusetts-based employee** is defined as an employee who is currently working for your firm at any of its Massachusetts location(s), including employees who are physically present while working at these locations as well as employees working remotely who are on the payroll at these locations.

Do you employ at least three (3) full- or part-time Massachusetts-based employees? (Y/N)
**If NO > Screened Out. Will not receive completion incentive due to ineligibility.

USEMP

How many employees does your firm employ nationally in the United States?
Enter the number of employees (e.g., 200).

EMP03

This question is about your Massachusetts-based employees. It is a core component of the survey. Please make sure you provide data for this question.

Please enter the number of permanent full- and/or part-time Massachusetts-based employees. If you do not employ either full or part-time employees, please enter a zero "0" for that group.

Full-time Massachusetts-based employees	ENTER NUMBER
Part-time Massachusetts-based employees	ENTER NUMBER

*Note: A **Massachusetts-based employee** is defined as an employee who is currently working for your firm at any of its Massachusetts location(s), including employees who are physically present while working at these locations as well as employees working remotely who are on the payroll at these Massachusetts locations.*

EMPCHK

The table below captures the data or estimates that you have provided. If this table aligns with your intended response, select "Yes" using the drop-down menu. If you need to change your answers, select "No" and you will be able to make changes to the information.

	Verify your employment information
Is your employment information correct?	Yes/No
Total Massachusetts-based Employees	
Full-time Massachusetts-based Employees	
Part-time Massachusetts-based Employees	

**Table rows are built dynamically based on which questions respondents provided input for in

Section III. Benefits Offered to Employees

BEN01

Do you offer the following benefits to any of your full- or part-time Massachusetts-based employees?

Select all that apply.

- Dental insurance
- Vision plan
- Pre-tax flexible spending account for uncovered health expenses (Section 125 FSAs)
- Disability insurance (short or long term)
- Life insurance
- Company-sponsored retirement plan including 401K, Simple IRA, or a pension
- Wellness programs for employees (either company-provided or provided as a part of health benefits coverage)
- Reimbursement for child care
- Student loan repayment programs
- Employee Assistance Programs
- None of the above

INDHRAINTRO

The next question is about individual coverage health reimbursement arrangements (ICHRA) {and Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs)}, which are {an alternative / alternatives} to offering group health insurance for some or all of your employees. They are different from a Health Savings Account (HSA) or a traditional Health Reimbursement Arrangement (HRA). **They cannot be offered to employees who are eligible for group health insurance at your firm.**

- **ICHRA** is a new type of health reimbursement arrangement (HRA) that allows businesses of all sizes to provide tax-free reimbursement to employees for individually purchased health insurance premiums (or other medical care expenses) up to a maximum dollar amount set by the employer each year. Employers can offer an ICHRA and a traditional group health plan, but they have to be offered to different types of employees (e.g. part-time versus full-time).
- **QSEHRA**, also known as a Small Business HRA, allows firms with fewer than 50 full-time equivalent employees to provide tax-free reimbursements to employees to help cover their medical expenses including insurance premiums for plans purchased on the individual market.

Do you offer ICHRA {or QSEHRA} to any of your employees?

- Yes, offered ICHRA
- Yes, offered QSEHRA
- No, did not offer this arrangement [SKIP TO BEN02]
- Don't know [SKIP TO BEN02]

Programming note: only display language about QSEHRAs if firm has fewer than 50 total employees.

ASK IF YES (1 or 2) to INDHRAINTRO either ICHRA or QSEHRA above.

INDHRA

Which types of employees do you offer an {ICHRA/QSEHRA} to?

Please note, if you indicate that you offer {an ICHRA/a QSEHRA} to **all** Massachusetts-based employees, you are confirming that you **do not** provide group health insurance to your Massachusetts-based employees.

Select all that apply.

- All Employees (You are confirming you **do not** offer traditional group health insurance if you select this.)
- Full-time
- Part-time
- Seasonal
- Hourly
- Contract employees
- Other (please specify)

**If “All Employees”, respondent is skipped to Health Care Decision Making.

Programming Note: Display only ICHRA or QSEHRA language based on which was selected in previous question. If a firm had 50+ employees, use ICHRA.

BEN02

Does your firm offer health insurance to any full- or part-time Massachusetts-based employees?

We define health insurance as any program or plan that pays at least some part of both hospital and doctor bills. Please do not include any health insurance plan that covers only ONE type of service like plans for dental care, cancer or prescription drugs. (Y/N)

**If “NO” respondent is skipped to No Insurance Section IX.

BEN03

Do you offer health care coverage for:
(Y/N CHOICE GRID)

- Coverage for the employee [This option is defaulted to yes and hidden from view]

- Coverage for the employee plus spouse
- Coverage for the employee plus dependent children [SKIP TO BEN06]

ASK IF COVERAGE OFFERED TO SPOUSES IN BEN03

BEN04A

If an employee’s spouse is offered health insurance from their employer or another source, is the spouse still able to enroll in your firm’s plan? (Y/N)

** If ‘No’ or ‘Don’t know’ skip to BEN03B

ASK IF YES TO BEN04A

BEN05A

If a spouse is offered health insurance from another source, are they required to contribute more than other spouses, such as higher premiums or higher cost-sharing? (Y/N/DK)

ASK IF COVERAGE OFFERED TO SPOUSES IN BEN03

BEN03B

Does your firm offer health insurance coverage to UNMARRIED domestic partners? (Yes, No, Don’t know CHOICE GRID)

Same sex domestic partners	(Y/N/DK)
Opposite sex domestic partners	(Y/N/DK)

ASK IF YES TO BEN03B

BEN04B

If an employee’s domestic partner is offered health insurance from their employer or another source, is the domestic partner still able to enroll in your firm’s plan? (Y/N/DK)

**If ‘No’ or ‘Don’t know’ skip to BEN06

ASK IF YES TO BEN04B

BEN05B

If a domestic partner is offered health insurance from another source, are they required to contribute more than other domestic partners, such as higher premiums or higher cost-sharing? (Y/N/DK)

SKIP TO BEN08 IF NO PART-TIME EMPLOYEES

BEN06

Are any of your firm's part-time Massachusetts-based employees eligible for health benefits?

Part-time employees are defined as permanent employees, including apprentices or on-the-job trainees, who work on average fewer than 30 hours per week. (Y/N)

BEN08

How many of your [FULL TIME] and/or [PART TIME] Massachusetts-based (full-time/part-time) employees are currently eligible for health insurance offered by your firm? Your best estimate is fine.

	Current MA-based employees	Enter the MA-based employees eligible for health insurance
The number of full-time employees eligible	SHOW # FT	ENTER NUMBER
The number of part-time employees eligible	SHOW # PT	ENTER NUMBER

**Rows are hidden according to input to EMP03. Check prevents respondent from entering more (FT/PT) employees than they have in Massachusetts. Exceeding the MA total employment will cause an error message to display and ask for respondent to correct their input.

ASK IF FULL-TIME ELIGIBLE IS LESS THAN FULL-TIME EMPLOYEES IN MASSACHUSETTS

BEN08FTCHK

You have indicated that only [BEN08 FT Eligible] of your [EMP03 FT in MA] full-time Massachusetts-based employees are eligible for insurance. Is this correct? (Y/N)

**If 'No' return to BEN08 with prompt to enter the correct number of employees.

SKIP TO BEN10 IF NO ELIGIBLE EMPLOYEES

BEN09

Of your [BEN08 ELIGIBLE FT EMPLOYEES) full-time and [BEN08 ELIGIBLE PT EMPLOYEES] part-time Massachusetts-based employees who are eligible for health insurance, how many are enrolled in your health insurance plan or plans? Your best estimate is fine.

	Enter the number of MA-based employees enrolled
You have [BEN08 FT ELIGIBLE] eligible full-time MA-based employees	ENTER NUMBER
You have [BEN08 PT ELIGIBLE] eligible part-time MA-based employees	ENTER NUMBER

**Rows are hidden according to input to EMP03. Part time question text and row in table are eliminated if NO to BEN06. Check prevents respondent from entering more enrolled employees (FT+PT) than they have eligible in MA.

ASK IF NO EMPLOYEES ENROLLED

BEN09CHK

You have indicated that none of your eligible full- or part-time Massachusetts-based employees are covered by your firm’s health insurance. Is this correct? (Y/N)

**If ‘Yes’ respondent will proceed through survey but will skip the enrollment section.

**If ‘No’ return to BEN09 with prompt to enter the correct number of employees.

BEN10

If an employee turns down health insurance coverage offered by your firm, does that employee receive money or other compensation? (Y/N)

BENCHK

Please review your employee benefits information below. If everything matches what you entered above (your best estimates are fine), please select "Yes" using the drop-down menu. If you need to make changes, please select "No" and you will be prompted to indicate what information needs revision.

	Verify your benefits information
Is your benefits information correct?	Yes/No
Health insurance offered to MA-based employees	[BEN01]
Employee only	[BEN03]
Employee plus spouse	[BEN03]
Employee plus child	[BEN03]
Employee plus spouse and child	[BEN03]
Spouse can enroll in your insurance if offered insurance from their employer	[BEN04A]
Higher cost sharing for spouses enrolled in your plan who can get insurance from their own employer	[BEN05A]
Insurance offered to opposite-sex domestic partners	[BEN03B]
Insurance offered to same-sex domestic partners	[BEN03B]
Domestic partner can enroll in your insurance if offered insurance from their employer	[BEN04B]
Higher cost sharing for domestic partners enrolled in your plan who can get insurance from their own employer	[BEN05B]
Part-time employees eligible for insurance	[BEN06]
Insurance Eligible Full-Time Massachusetts-based Employees	[BEN08]
Insurance Eligible Part-Time Massachusetts-based Employees	[BEN08]
Enrolled Full-Time Massachusetts-based Employees	[BEN09]
Enrolled Part-Time Massachusetts-based Employees	[BEN09]
Compensation provided to employees that decline coverage	[BEN010]

**Table is built dynamically to reflect information respondents provided to questions BEN01-BEN10.

ASK IF NO TO BENCHK

BENCHANGES

Please select the type of information you need to change. You will be brought back to that question to make changes.

- Coverage offered
- Spousal coverage policy
- Domestic partner coverage policy
- Number of eligible full-time employees
- Number of eligible part-time employees
- Number of enrolled employees
- Compensation policy for declining coverage

*Selecting one of these options will bring a respondent to the corresponding question where they can alter their answers. All survey logic and checks to ensure data quality will continue to run while a respondent corrects their information. After they make changes, they will be brought back to the BENCHK table to verify their information.

Section IV. Health Plan Characteristics

HPC01

In this section of the survey, you will provide information about the types of plans offered by your firm and information about each plan.

This will include:

- The number of plans offered
- The types of plans offered

Then for each plan you will provide information on:

- Plan deductible
- Out-of-pocket limit
- Premiums paid by your firm and the employee
- Whether the plan is a high deductible health plan
- Whether the plan is self-insured by your firm
- Waiving of copays for chronic illness treatment

Worksheets are available HERE [<https://mahealthsurveys.gov/instructions>] to help answer the questions in this section. If you would like to complete the worksheet, you may exit the survey and your progress will be saved. You can complete the worksheet and re-access the survey using the link and your passcode from the invitation letter or email.

HCP02

To start with, how many of each of the following types of plans are offered to your firm's Massachusetts-based employees across all health plan carriers?

Plan Type Definitions:

HMO. With an HMO, a person must receive their care from an HMO physician; otherwise the expense is not covered. When they use HMO physicians, cost sharing is often very low.

POS. In a POS plan, employees are reimbursed at a lower rate for services they receive outside the network, but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.

PPO. With a PPO, employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network, but out-of-network care is also covered. A preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.

Indemnity. Under conventional or indemnity health insurance, there are no preferred provider networks and a person faces the same cost-sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible. Also referred to as "fee-for-service" plans.

Use the drop-down menus to select the number of plans of each type you offer to Massachusetts-based employees.

Type of plan	
HMO	ENTER NUMBER
POS	ENTER NUMBER
PPO	ENTER NUMBER
Indemnity	ENTER NUMBER

SHOW IF NONE FOR ALL PLAN TYPES IN HCP02

HCP02CHK

You have indicated that your firm does not offer any HMO, POS, PPO, or Indemnity plans to any Massachusetts-based employees. Is this correct? (Y/N)

**If 'No' return to HCP02 to correct their input

NOPLANS [SHOW IF YES TO HCP02CHK]

Please describe the insurance benefits or plans you provide to your eligible Massachusetts-based employees.

**Branch to Health Care Decision Making

TYPE

You have indicated that your firm provides [SUM OF HCP02 PLANS] plans for your Massachusetts-based employees. We are collecting information on your five largest plans by enrollment. In this question, please consider your five largest plans based upon how many employees are enrolled in each.

Beginning with Plan 1, please select the Plan Type of your largest plan. Then, then select the Plan Type of your second largest plan, and so on.

You may enter a name or identifier for each plan, such as the plan name found in your certificate of benefits. This will help you identify your plans as you enter information in later questions.

If you do not want to enter a name or identifier, please proceed to the next question after you have selected plan types for your five largest plans.

	Select Plan Type	Plan Name	
Plan 1	Drop-down (HMO, POS, PPO, Indemnity)	(Enter a plan name or identifier)	[This is your largest plan]
Plan 2	Drop-down (HMO, POS, PPO, Indemnity)	(Enter a plan name or identifier)	[This is the smallest of your two plans]
Plan 3	Drop-down (HMO, POS, PPO, Indemnity)	(Enter a plan name or identifier)	[This is the smallest of your three plans]
Plan 4	Drop-down (HMO, POS, PPO, Indemnity)	(Enter a plan name or identifier)	[This is the smallest of your four plans]

Plan 5	Drop-down (HMO, POS, PPO, Indemnity)	(Enter a plan name or identifier)	[This is the smallest of your top five plans]
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**Question text is variable depending upon the total number of plans and whether there is a mix of plans or just several of the same type.

**Table builds rows dynamically, up to five rows

**If all plans are the same type, the “Select Plan Type” column is pre-filled with the type from HCP02 to eliminate response burden.

**The fourth column text fills dynamically based on how many plans are offered. No text is displayed if one plan is offered. The largest and smallest are displayed for the largest highest and lowest plan number – intervening plans (2,3,4 in a 5 plan offering) do not get any text.

**Based on plan types selected in HCP02, options in the dropdown will be hidden to eliminate mistaken selection of the wrong plan types.

ASK IF MORE THAN ONE PLAN

HCP03

Are all the plans offered by your firm to Massachusetts-based employees provided through one insurance carrier? (Y/N)

ASK IF ONE PLAN OR YES TO HCP03

HCP04

Please select the name of the carrier that provides your firm’s health plan(s) for Massachusetts-based employees:

- Blue Cross Blue Shield of MA
- Harvard Pilgrim Health Care (include Health Plans Inc.)
- Tufts Health Plan (include Tufts Health Public Plans (THPP))
- Fallon Health
- Health New England
- MGBHP (Mass General Brigham Health Plan)
- United Healthcare
- Aetna
- Cigna
- Anthem/Unicare/Wellpoint
- WellSense (formerly BMC HealthNet)
- Other

ASK IF NO TO HCP03

HCP05

Please select the carrier that offers each of your firm’s plans for Massachusetts-based employees:

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Select carrier for each plan	Drop-down	Drop-down	Drop-down	Drop-down	Drop-down

**Table is built dynamically to reflect the number of plans, up to 5.

**If a respondent indicated that they only have one carrier, this question is auto populated with their choice from HCP04 and the respondent skips this question. The responses here are piped into subsequent questions where carrier name is referenced.

HCP06

For each plan offered by your firm to Massachusetts-based employees, please enter the annual deductible for **single coverage** using **in-network providers**.

Enter your response as a whole number (e.g., 200).

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount

**Table is built dynamically to reflect the number of plans, up to 5.

**Plans with a deductible greater than \$1600 are flagged as HDHP and are displayed in HCP08.

HCP07

For each plan offered by your firm to Massachusetts-based employees, please enter the annual out-of-pocket limit for **single coverage** using **in-network providers**.

Enter your response as a whole number (e.g., 200).

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount

**Table is built dynamically to reflect the number of plans, up to 5.

ASK IF ANY PLAN QUALIFIED AS A HDHP

HCPO8

High Deductible Health Plans (HDHPs) are health plans with an annual single deductible of at least \$1,600 and a family deductible of at least \$3,200 for in-network or preferred providers.

[FILL NUMBER] of your plans for Massachusetts-based employees meet this definition.

For each high deductible health plan offered by your firm, please indicate whether the plan includes a health reimbursement arrangement or a health savings account.

HRA and HSA Definitions:

Health Reimbursement Arrangement (HRA): An HRA is funded on a pre-tax basis only by an employer, not the employee, and the funds are not portable from job to job. Employees use the funds for medical care or services.

Health Savings Account (HSA): A medical savings account available to employees enrolled in a High Deductible Health Plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	[HCP07]	[HCP07]	[HCP07]	[HCP07]	[HCP07]
Includes HRA or HSA?	HRA, HSA, BOTH, Neither	HRA, HSA, BOTH, Neither	HRA, HSA, BOTH, Neither	HRA, HSA, BOTH, Neither	HRA, HSA, BOTH, Neither

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with individual deductible \$1600 or greater are shown.

ASK IF ANY HDHP HAS AN HRA AND/OR HSA

HCP09

For the plan(s) with a Health Reimbursement Arrangement (HRA), what is your firm’s annual contribution (in dollars) for each employee?

An employer can offer an HRA by setting up an account to reimburse employees for medical expenses not covered by health insurance.

DO NOT report ICHRA or QSEHRA here.

HRAs are NOT Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs).

Enter your response as a whole number (e.g., 200).

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	[HCP07]	[HCP07]	[HCP07]	[HCP07]	[HCP07]
Includes HRA	[HCP08]	[HCP08]	[HCP08]	[HCP08]	[HCP08]
Annual company contribution to HRA - Individual	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount
Annual company contribution to HRA – Family (Spouse and/or Children)	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with deductible of \$1600 or greater are shown.

**Only plans with HRA or BOTH selected in HCP08 are shown.

**Family contribution is shown if additional coverages are selected in BEN03 (spouse, children, spouse/children). Else, it is hidden.

ASK IF ANY PLAN QUALIFIED AS A HDHP WITH AN HSA OR BOTH (HCP08)

HCP10

For those employees that are enrolled in a High Deductible Health Plan with a Health Savings Account (HSA), please enter the annual amount (in dollars) your firm contributes **annually** to the HSA.

Enter your response as a whole number (e.g., 200).

If your firm does not contribute to the HSA for a given plan, please leave the space blank.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	[HCP07]	[HCP07]	[HCP07]	[HCP07]	[HCP07]
Includes HSA	[HCP08]	[HCP08]	[HCP08]	[HCP08]	[HCP08]
Annual company contribution to HSA - Individual	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount
Annual company contribution to HSA – Family (Spouse and/or Children)	Enter Amount	Enter Amount	Enter Amount	Enter Amount	Enter Amount

**Table is built dynamically to reflect the number of plans, up to 5.

**Only plans with deductible \$1600 or greater are shown.

**Only plans with HSA or BOTH selected in HCP08 are shown.

**Family contribution is shown if additional coverages are selected in BEN03 (spouse, children, spouse/children). Else, it is hidden.

HCP11

For each plan, please indicate whether the plan is self-insured, partially self-insured, or fully insured.

Definition:

Self-Insurance: A plan is self-insured if the firm takes the financial risk and is either billed directly for claims, or claims are handled through a third-party administrator. A plan can be partially self-insured up to a certain dollar amount, sometimes known as reinsurance, stop loss coverage, or level funding. Coverage is underwritten by the insurer (also known as fully insured) if the firm pays a fixed amount to the insurance company or health plan each month, and the plan pays employee’s claims.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	[HCP07]	[HCP07]	[HCP07]	[HCP07]	[HCP07]
Is plan self-insured	Self-Insured, Partially Self-Insured, Fully Insured	Self-Insured, Partially Self-Insured, Fully Insured	Self-Insured, Partially Self-Insured, Fully Insured	Self-Insured, Partially Self-Insured, Fully Insured	Self-Insured, Partially Self-Insured, Fully Insured

**Table is built dynamically to reflect the number of plans, up to 5.

HCPCHK

Please review your health plan characteristic information below. Confirm that the information matches what you entered above (your best estimates are fine) by selecting "Yes" from each drop-down menu. If you need to make a change to information for one or more plans, select "No" from the drop-down menu for each plan requiring changes and you will be able to modify your responses.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Is your plan information correct? (drop down Y/N)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Carrier	[HCP05]	[HCP05]	[HCP05]	[HCP05]	[HCP05]
Plan Type	[TYPE]	[TYPE]	[TYPE]	[TYPE]	[TYPE]
Deductible (\$)	[HCP06]	[HCP06]	[HCP06]	[HCP06]	[HCP06]
Out of Pocket (\$)	[HCP07]	[HCP07]	[HCP07]	[HCP07]	[HCP07]
Includes HRA/HSA	[HCP08]	[HCP08]	[HCP08]	[HCP08]	[HCP08]
Annual company contribution to HRA - Individual	[HCP09-IND]	[HCP09-IND]	[HCP09-IND]	[HCP09-IND]	[HCP09-IND]
Annual company contribution to HRA - Family	[HCP09-FAM]	[HCP09-FAM]	[HCP09-FAM]	[HCP09-FAM]	[HCP09-FAM]
Annual company contribution to HSA - Individual	[HCP10-IND]	[HCP10-IND]	[HCP10-IND]	[HCP10-IND]	[HCP10-IND]
Annual company contribution to HSA - Family	[HCP10-FAM]	[HCP10-FAM]	[HCP10-FAM]	[HCP10-FAM]	[HCP10-FAM]
Is plan self-insured	[HCP11]	[HCP11]	[HCP11]	[HCP11]	[HCP11]

**Table is built dynamically to reflect the number of plans, up to 5.

**Table is built dynamically to reflect the responses to previous questions.

**If respondent confirms all plan info is correct, they proceed to HCP12.

**If respondent indicates plan information is not correct, they are prompted to select the type of information they need to change in the next question.

ASK IF NO TO ANY OF THE PLANS IN HCPCHK

HPCCHANGE

Please select the information you need to change. You will be taken to that question and be able to modify your responses.

- Plan type [GO BACK TO HCP11]
- Carrier information [GO BACK TO HCP08]
- Out of pocket [GO BACK TO HCP07]
- Inclusion of HRA/HSA [FOR HRA GO BACK TO HCP04, FOR HSA GO BACK TO HCP05]
- Self-insurance [GO BACK TO TYPE]

**After selecting an item to modify, respondent will go to that question series and make their changes. All original skip and check logic will continue to function if they have to go back and make edits. After changing a series of questions, they will be returned to the HCPCHK question to confirm their information again.

Using Carrier, Plan Type, Deductible, and HSA/HRA responses, create a plan descriptor for each plan type. For example:

Blue Cross Blue Shield HMO with \$1,500 Deductible and HRA

HCPDESCRIPTION

This next series of questions ask about the monthly premiums charged for each health plan offered to full- or part-time Massachusetts-based employees. For each plan, please enter

- Your firm's contribution to the monthly premium in dollars
- The monthly contribution paid by the employee in dollars

Together these will add up to the total monthly premium that is charged to your firm for an employee's health insurance.

You will enter information about each plan separately.

ASKED OF PLANS 1 TO 5 (OR LESS DEPENDING ON REPORTED NUMBER OF PLANS)

HCP12a-e

Monthly premiums for [PLAN DESCRIPTOR].

Please provide the firm and employee monthly contributions towards monthly premiums for the following types of coverage.

Enter contribution amount as a whole number (e.g., 200)

Coverage Type	Plan Coverage	FIRM CONTRIBUTION (Dollar amount)	EMPLOYEE CONTRIBUTION (Dollar amount)
1	Coverage for the employee	ENTER NUMBER	ENTER NUMBER
2	Coverage for the employee plus spouse	ENTER NUMBER	ENTER NUMBER
3	Coverage for the employee and dependent children	ENTER NUMBER	ENTER NUMBER
4	Coverage for the employee, spouse and dependent children	ENTER NUMBER	ENTER NUMBER

**Table rows are built dynamically to reflect levels of coverage offered from BEN03.

HCP16

Do any of your health plans offered to full- or part-time Massachusetts-based employees waive copays for medications and/or treatment adherence for chronic diseases? (Y/N/DK)

HCP20 (new)

Telemedicine is health care services provided to a patient from a provider who is at a different location, including video chat and remote monitoring. How does your firm cover telemedicine services?

Note: Telemedicine does not include email, exclusively web-based non-interactive resources, OR online information a plan may make available unless a health professional provides information specific to the enrollee's condition.

- Exclusively through a specialized telemedicine service provider, such as Teledoc, Doctor on Demand, or MDLIVE
- Through the health plan (if S2 = 2) insert {"or plan administrator"}
- Both through a specialized provider and the health plan (if S2 = 2) insert {"or plan administrator"}
- Some other arrangement
- Our firm does not cover any telemedicine services}
- Don't know

Section V. Health Plan Enrollment

HPE01

How many full- or part-time Massachusetts-based employees are enrolled in each of the following health plans?

You have [**MA Total Enrolled**] full- or part-time Massachusetts-based employees enrolled in your health plans.

Please break out plan enrollment counts by the coverage type(s) you offer.

	Plan 1 Descriptor	Plan 2 Descriptor	Plan 3 Descriptor	Plan 4 Descriptor	Plan 5 Descriptor
Employee only	Enter count	Enter count	Enter count	Enter count	Enter count
Employee plus spouse	Enter count	Enter count	Enter count	Enter count	Enter count
Employee plus child	Enter count	Enter count	Enter count	Enter count	Enter count
Employee plus spouse and child	Enter count	Enter count	Enter count	Enter count	Enter count

**Table is built dynamically to reflect the number of plans, up to 5.

** Table is built dynamically to reflect the levels of coverage offered.

**Enrollment count must be provided for at least one coverage level in each plan column, but a count does not need to be provided for every coverage level within a plan column.

HCPE01CHK

Please verify the enrollment information you provided below. For each plan, confirm that the information matches what you entered above(your best estimates are fine) by selecting

"Yes" from the drop-down menu. If your information is not correct for a plan, select "No". If you selected "No" for any plan, you will be prompted to make changes.

	Plan 1 Descriptor	Plan 2 Descriptor	Plan 3 Descriptor	Plan 4 Descriptor	Plan 5 Descriptor
Coverage and Plan Totals are Correct? (DROP DOWN)	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO
Employee only	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]
Employee plus spouse	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]
Employee plus child	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]
Employee plus spouse and child	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]	[HCPE01]
Total Plan Enrollmen t	SUM OF PLAN ENROLLMEN T	SUM OF PLAN ENROLLMEN T	SUM OF PLAN ENROLLMEN T	SUM OF PLAN ENROLLMEN T	SUM OF PLAN ENROLLMEN T

**Table is built dynamically to reflect the number of plans, up to 5.

** Table is built dynamically to reflect the levels of coverage offered.

**If respondent indicates counts are not correct for a plan, they are returned to the enrollment entry screen to make changes.

Section VI. Health Plan Co-pays

CoCost

Please provide information about the copayments and co-insurance for your **largest (or only)** health plan offered to full- or part-time Massachusetts-based employees:

[PLAN1 DESCRIPTION]

After the employee has met the general annual deductible, if applicable, for this plan, what is the current co-payment dollar amount and/or co-insurance percent for in-network providers for each of the following services?

Please enter only a co-payment in dollars and/or a co-insurance amount as a percentage for each type of care. Do not enter both for the same type of care.

Enter responses as whole numbers (e.g., 200).

For tiered prescription drug cost-sharing, please provide the co-payment and/or co-insurance amounts for a **30-day retail** amount.

If you cannot provide either a co-payment or co-insurance amount for a specific type of care, please select "N/A" in the third column for that type of care.

Care Type	Co-payment (Dollar amount)	Co-insurance (percentage)	N/A for this plan
A primary care physician office visit			
An outpatient mental health visit			
An emergency department visit			
An inpatient hospitalization			
A generic prescription drug (Tier 1)			
A preferred brand prescription drug (Tier 2)			
A non-preferred brand prescription drug (Tier 3)			
A lifestyle or specialty drug (Tier 4)			

Section VII. Health Care Decision Making

HCDM01B

The following questions ask about your firm and its process in making health care decisions.

Please specify the ownership of the business.

Select all that apply.

- Veteran-Owned
- Woman-Owned
- African American or Black-Owned
- Asian-Owned
- Hispanic-Owned
- Other minority ownership (please specify)
- None of the above
- I prefer not to answer

[PRELOAD: IF INDHRAINTRO=3 AND BEN02=2, GO TO HCDM09]

HCDM02

How does your firm primarily purchase health insurance plans and products for its Massachusetts-based employees?

A public exchange is the state-established marketplace known as the Health Connector for Business, formerly "SHOP" or Business Express.

A private exchange is one created by a private organization such as a consulting firm or insurance company that allows employees from multiple companies to choose from a larger number of health plans or insurance company options than one firm would generally be able to provide on its own.

- Works with carriers directly
- Purchases through a public exchange
- Purchases through a private exchange
- Purchases through an agent, broker, or consultant
- Other (please specify)

[PRELOAD: SKIP IF INDHRAINTRO=3 AND BEN02=2 OR HCDM02 <>4]

HCDM03

When your firm used an agent, broker or consultant to purchase insurance, did they help you with your decisions to choose particular health insurance plans or products? (Y/N)

[PRELOAD: SKIP IF INDHRAINTRO=3 AND BEN02=2 OR HCDM02 <>4]

HCDM03A (new)

What specific aspects of your insurance and benefits decision-making process did you rely on a broker for?

Select all that apply.

- Negotiating with insurers
- Comparing prices
- Comparing network options
- Plan customization
- Risk assessment
- Employee education
- Market trends analysis
- Policy renewals and reviews
- Other (please specify)

HCDM06

What are the most important factors in your firm's business decision to select a health insurance carrier or plan?

Please rank your top three by entering a numeric rank of 1 for top priority, 2 for second priority, and 3 for third priority.

- Name brand recognition of carrier or plan
- Employee preference
- Referral by broker/agent
- Referral by business association
- Provider network
- Cost of plan
- Flexibility to create plan options that meet your needs

- Services covered by the plan
- Previous experience with a carrier or plan

HCDM07

What are the most important reasons that your firm offers health insurance as a benefit to its full- or part-time employees?

Please rank your top three by entering a numeric rank of 1 for top priority, 2 for second priority, and 3 for third priority.

- Helps with employee recruitment
- Competitors offer it
- Helps with employee retention
- Reduces absenteeism by keeping employees healthy
- Increases productivity by keeping employees healthy
- Avoids state and federal penalties
- It's the right thing to do for employees

ASK IF THEY OFFER MORE THAN ONE PLAN AND BEN02=1

HCDM08

Which of the following strategies best describes your firm's contribution to health insurance premiums?

Select all that apply.

- Same percentage of premium contribution applied to all health plans
- Same dollar amount of premium contribution regardless of plan chosen
- Different percentage of premium contribution for different health plans
- We only offer one plan, so we do not have varying contribution strategies**
- Other (please specify)

**Automatically selected when firms with 1 plan are skipped past this question

HCDM09

In the past year, has your organization shopped for a new health insurance plan or insurance carrier for its full- or part-time Massachusetts-based employees? (Y/N)

ASK IF HCDM09= YES (1) AND BEN02= Yes (1)

HCDM10

In the past year, did your organization change insurance carriers or decide to offer alternative plans with existing insurance carrier(s) for full- or part-time Massachusetts-based employees? (Y/N)

ASK IF BEN02= Yes (1) OR INDHRAINTRO < 3

HCDM11

In the past year, which of the following strategies has your firm **enacted** to control the firm's cost of health coverage?

Select all that apply.

- Increased co-pays/deductibles/coinsurance
- Cut firm contribution levels to premiums
- Changed health carriers or plans
- Offered narrow network plan
- Offered tiered network plan
- Offered wellness programs/incentives
- Offered HDHPs
- Restricted eligibility (e.g., increased number of hours employees must work to be eligible)
- Outsourced work to contractors or temporary employees
- Offered an Individual Coverage HRA
- Incentivize employees to enroll in lower-cost plans among my firm's offerings
- Other (please specify)
- None of the above

HCDM12

From your firm's prior experience, which of the below strategies are currently **most effective** in controlling the firm's cost of health coverage?

Select all that apply.

- Increased co-pays/deductibles/coinsurance
- Cut firm contribution levels to premiums
- Changed health carriers or plans
- Offered narrow network plan
- Offered tiered network plan
- Offered wellness programs/incentives
- Offered HDHPs
- Restricted eligibility (e.g., increased number of hours employees must work to be eligible)
- Outsourced work to contractors or temporary employees
- Offered an Individual Coverage HRA
- Incentivize employees to enroll in lower-cost plans among my firm's offerings
- Other (please specify)
- None of the above

Section VIII. The Health Connector

SECTION SKIPPED IF MA EMPLOYEE COUNT IS GREATER THAN 50 [HIDE IF MATOTAL>=50]

HC01

Has your firm used or explored using the Massachusetts Health Connector to purchase health insurance for its employees?

- Yes, we are currently using the Health Connector
- Yes, we are planning to use the Health Connector in the next few years
- Yes, and we are still considering using the Health Connector
- Yes, we have considered the Health Connector, but do not plan to use it
- No, we have not considered using the Health Connector
- No, we are not aware of the Health Connector
- Not applicable to a company with my number of employees (more than 50 employees)
- Don't know

The Health Connector is a state-established marketplace (or “exchange”) designed to make shopping for health insurance more understandable and affordable while providing benefits and tax credits to some businesses and individuals.

The Health Connector's program for employers is called Health Connector for Business. In the past, it was also sometimes referred to as SHOP or Business Express.

ASK IF “YES, WE HAVE CONSIDERED THE HEALTH CONNECTOR BUT DO NOT PLAN TO USE IT” OR “NO, WE HAVE NOT CONSIDERED USING THE HEALTH CONNECTOR” TO HC01

HC02

Would you consider shopping at the Health Connector if you could:

Select all that apply.

- Offer your employees a way to pick their own plans
- Save through a wellness program
- Comparison shop and find lower cost options
- Have access to any carrier in the marketplace without a fee

- What else would make you consider shopping at the Health Connector? (please specify)
- None of the above

HC03

The Health Connector offers employers several exclusive opportunities for premium savings and enrollment options.

Are you aware of the Small Business Tax Credit through the Health Connector? (Y/N)

Small Business Tax Credit through the Health Connector: A small business health care tax credit is available to eligible small employers that pay at least half of the cost of individual credit when they buy health insurance through the Health Connector, if they: have fewer than 25 full-time employees, pay average annual wages at or below \$56,000, and pay at least half of the premiums for employee health insurance.

HC04

Are you aware of the ConnectWell Rebate through the Health Connector? (Y/N)

ConnectWell Rebate through the Health Connector: ConnectWell is a free program offered to eligible employers enrolled in a small business group health plan through the Health Connector. ConnectWell's online website provides participating small employers and their employees with a suite of tools to promote a healthier work environment. Eligible employers who participate may qualify for a ConnectWell rebate of up to 15% on their group's health insurance premium contribution for coverage purchased through the Connector.

HC05

Are you aware of the following Employee Choice Options through the Health Connector?
(Y/N CHOICE GRID)

Employee Choice Options: New Employee Choice models allow employers the flexibility to offer employees a range of plans and lock in premium costs. With Employee Choice, the employer chooses the firm's premium contribution amount and one of three plan offerings:

Choose a Plan - Your firm chooses a plan and company contribution amount. All employees can enroll in that plan.

Choose a Benefit Level - Your firm chooses a benefit level and company contribution amount. Employees can choose among plans offered by a range of carriers at that benefit level.

Choose a Carrier - Your firm chooses an insurance carrier and company contribution amount. Employees can choose a plan from that carrier at any benefit level.

- Choose a Plan
- Choose a Benefit Level
- Choose a Carrier

Section IX. Firms that do not Offer Health Insurance

[HIDE IF BEN02=1 AND HCP02CHK<>1]

This section is presented to all firms that:

- **Do not offer health insurance (No to BEN02)**
- **Indicate they do not offer any traditional plan types**
- **Only offer individual HRA to all of the MA employees**

NOINS01

You answered that your firm does not offer health insurance to its Massachusetts-based employees. Please provide more information about why your firm does not offer health benefits.

Has your firm ever offered health insurance to its Massachusetts-based employees? (Y/N)

ASK IF YES TO NOINS01

NOINS02

In what year did your firm last offer health insurance to its Massachusetts-based employees?

NOINS03

Did your firm pay a penalty for not offering health insurance to your Massachusetts-based employees in 2023? (Y/N)

NOINS04

Below is a list of reasons why organizations might not offer employees health insurance. What are the most important reasons why your firm does not offer health insurance to its Massachusetts-based employees?

Please select up to three responses.

- Cost of insurance is too high
- Employees are covered under another plan, including coverage on a spouse's plan, Health Connector, or MassHealth/Medicaid
- Most employees are part-time or temporary employees
- Employees will get a better deal on health insurance exchanges on their own
- The firm can attract good employees without offering health insurance
- The firm is not required to offer health insurance due to small size
- Other (please specify)

NOINS05

Are you considering offering health insurance to your Massachusetts-based employees in 2025? (Y/N)

NOINS06

If your firm were to offer health insurance to your Massachusetts-based employees, about how much do you think your firm could afford to pay for health insurance coverage per month for an employee with single coverage?

This figure would be just your firm's share of the premium. Your best estimate is fine.

Section X. Employee Demographics

EMP06

How many of your firm's [Show MA Employment Total] full- and part-time Massachusetts-based employees are in each age group?

For large organizations, this question can be most easily answered by asking an appropriate staff person to pull the requested data from human resources or payroll systems. For small organizations, we recommend that the executive completing the survey answer these questions using their best estimates. However, please make sure you do not exceed your total number of employees.

- Under age 26
- 26 –64
- 65 and older

**Check prevents respondent from entering more employees than they have in Massachusetts. A respondent may provide less than their total employment count as it is possible they do not know everyone's age. If respondent enters <50% of their full- and part-time MA employees, a prompt asks for their best estimate, but they will be allowed to proceed.

EMP07

Consider the earnings of your firm's [Show MA Employment Total] full- and part-time Massachusetts-based employees, excluding temporary or seasonal employees. How many earn...

For large organizations, this question can be most easily answered by asking an appropriate staff person to pull the requested data from human resource or payroll systems. For small organizations, we recommend that the executive completing the survey answer these questions using their best estimates. However, please make sure you do not exceed your total number of employees.

- Less than \$17 per hour (\$34,820 per year)
- Between \$17 and \$42 per hour (\$34,821 to \$86,510 per year)
- \$42 or more per hour (\$86,511 per year)

**Check prevents respondent from entering more employees than they have in Massachusetts. A respondent may provide less than their total employment count as it is possible they do not have income data for all employees. If respondent enters <50% of their MA employees, a prompt asks for their best estimate, but they will be allowed to proceed.

EMP08 (new)

The following questions ask about the racial and ethnic composition of MA-based employees within your organization. It may be helpful to reference your organization's most recent EEO-1 form, if you have completed one.

[Note: new R/E questions #1-3 should all appear on one page, or the above clarification should appear on all pages]

Does your organization track and/or collect race/ethnicity data (e.g., using the EEO-1 form)? (Y/N)

**If 'No' skip to INCENTIVE

SHOW IF YES TO EMP8

EMP09 (new)

Are your organization's data on race/ethnicity self-reported by individual employees? (Y/N/DK)

SHOW IF YES TO EMP8

EMP10 (new)

Please indicate the number of current MA-based employees (full- and part-time employees, excluding temporary or seasonal employees) in each of the following racial/ethnic categories:

Rows:

- All full- and part-time employees
- Executive/Senior Leadership*

Columns

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)

- Asian (not Hispanic or Latino)
- American Indian (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)
- Information unknown or not available

**Executive/Senior Leadership: Individuals who plan, direct, and formulate policies, set strategies, and provide overall direction of the organization. Examples include chief executive officers, chief financial officers, chief human resources officers, or owner/partner.*

Section X. Survey Close

INCENTIVE

As a thank you for your time and completion of this survey, we would like to send you a honorarium. These honorariums are processed by a service called BHN, an incentive management site, which allows you to choose from a variety of e-gift cards.

If company policy does not allow you to accept compensation, you may donate the honorarium to one of the charities available through BHN. We apologize if a preferred charity is not available.

Please provide your preferred email address to receive your honorarium. It will be used only for the purpose of sending this reward, and your information will remain confidential.

Enter your email address in the space below.

REPORT

In appreciation of your participation, we can provide a copy of the 2024 findings by email.

Please indicate if you would like to receive a copy of this report when it is available.

- Yes, please send me a copy of the report
- No, I do not want a copy of the report

CLOSE3

Submit your responses.

For more information about the Massachusetts Employer Survey, you can visit

<https://www.chiamass.gov/massachusetts-employer-survey/>

Please **'SUBMIT'** below to submit your responses.

Glossary

Full-time Employee

Part-Time Employee

Remote/hybrid Employee

Volunteer

HMO. With an HMO, a person must receive their care from an HMO physician; otherwise the expense is not covered. When they use HMO physicians, cost sharing is often very low.

POS. In a POS plan, employees are reimbursed at a lower rate for services they receive outside the network, but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.

PPO. With a PPO, employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network, but out-of-network care is also covered. A preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.

Indemnity. Under conventional or indemnity health insurance, there are no preferred provider networks and a person faces the same cost-sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible. Also referred to as "fee-for-service" plans.

High Deductible Health Plan (HDHP): Health plans with an annual single deductible of at least \$1,600 and a family deductible of at least \$3,200 for in-network or preferred providers.

Health Reimbursement Arrangement (HRA): An HRA is funded on a pre-tax basis only by an employer, not the employee, and the funds are not portable from job to job. Employees use the funds for medical care or services.

Health Savings Account (HSA): A medical savings account available to employees enrolled in a High Deductible Health Plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

Self-Insurance: A plan is self-insured if the firm takes the financial risk and is either billed directly for claims, or claims are handled through a third-party administrator. A plan can be partially self-insured up to a certain dollar amount, sometimes known as reinsurance or stop loss coverage. Coverage is underwritten by the insurer (also known as fully insured) if

the firm pays a fixed amount to the insurance company or health plan each month, and the plan pays employee's claims.

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The Health Connector's program for employers is called Health Connector for Business.

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