

# ACEC Missouri Insurance Benefits Survey

## - RESULTS -

**1. What types of insurance does your company offer the employee only? (Check all that apply.)**

Health & major medical:	31
Dental:	24
Audio:	3
Visual:	18
Prescription drugs:	31
Life:	32
Short term disability:	27
Long term disability:	27
Long term care:	7

**2. How much premium does your company collect, per month, from the employee for his/her insurance only? (Please check one.)**

None:	9
\$1 - \$50:	5
\$51 - \$75:	7
\$76 - \$100:	1
\$101 - \$125:	2
\$126 - \$150:	1
\$151 - \$200:	0
Over \$200:	3

**3. What types of insurance does your company offer dependents of the employee? (Check all that apply.)**

Health & major medical:	27
Dental:	22
Audio:	2
Visual:	16
Prescription drugs:	27
Life:	14
Short term disability:	4
Long term disability:	5
Long term care:	6

**4. How much premium does your company collect, per month, from the employee for his dependent coverage? (Please check one.)**

None:	4
\$1 - \$100:	4
\$101 - \$200:	10
\$201 - \$300:	3
\$301 - \$400:	4
\$401 - \$500:	3
Over \$500:	0

**5. Was the answer you gave to question 4 for each dependent or for all dependents?**

Each:	4
All:	22

**6. What is the annual deductible amount for each individual on your health care insurance? (Please check one.)**

None:	3
\$1 - \$300:	7
\$301 - \$500:	7
\$501 - \$750:	5
\$751 - \$1000:	3
Over \$1000:	2

**7. What is the annual deductible amount for the employee's total family on your health care insurance? (Please check one.)**

None:	3
\$1 - \$300:	0
\$301 - \$600:	8
\$601 - \$900:	1
\$901 - \$1200:	6
Over \$1200:	5
Depends upon # in family:	2

**8. If your company's health care is connected to a preferred or health provider organization, approximately how much savings is that PPO providing your company? (Please check one.)**

Not connected with PPO:	3
Less than 30%:	1
31% - 40%:	4
41% - 50%:	2
51% - 60%:	0
Over 60%:	0
Connected w/PPO, but don't know savings:	15

**9. If your company is self-insuring, what insurance is covered by your company? (Check all that apply.)**

Health & major medical:	6
Dental:	6
Audio:	1
Visual:	3
Prescription drugs:	6
Life:	0
Short term disability:	4
Long term disability:	0
Long term care:	0

**10. If your company offers a pre-tax medical expense plan or cafeteria plan, what out of pocket expenses are covered under that plan? (Check all that apply.)**

Our company does not offer a cafeteria plan:	1
Premiums paid by the employee through payroll deduction:	23
Premiums paid by the employee independently of the company:	7
Deductible Expenses:	19
Co-pay Expenses:	19
Prescription Drugs:	19
Over the counter medications:	16
Health club membership dues:	2
Child Care Expenses:	19
Other:	5

- I do not participate in plan and do not know.

- Education expenses, transportation expenses.
- Out of pocket medical expenses allowed by tax code.
- All other qualified expenses not covered by coinsurance.
- Eye Care, Dental co-pays, etc.

**11. What amount of separate life insurance does your company have on your key staff? (Please check one.)**

No key staff insurance:	8
\$500,000 - \$700,000:	4
\$750,001 - \$1,000,000:	4
\$1,000,001 - \$2,000,000:	1
Over \$2,000,000:	0
We have key staff insurance, but value based upon ownership or on position of staff within organization:	8

**12. What other business practice issues would you like surveyed?**

- Staff overtime pay and bonuses.
- Billing for CAD, long distance telephone, in-house printing, etc.
- How do firms deal with multiple state registrations? Do they get Corporate Authority? Do they file state income tax returns? Do they subscribe to a service that provides a person within each state as the corporate representative?..etc. Do the respondents favor or oppose national registration? This is not a response to #12: Question #8 was unclear - % savings compared to what?
- Recruiting sources.
- Dress code.
- Other non-insurance related benefits offered.

**13. How large is your firm?**

1-10	3
11-25	1
26-50	7
51-100	2
101-200	4
201+	9