Health Insurance Survey

Name of Local ______________________________________________

Name of Workplace __________________________________________

Contract expiration date: _________________________________

HEALTH BENEFITS

Name of Insurance company ________________________________

TYPE OF PLAN(S) - (check all that apply)

______  HMO - Health Maintenance Organization
______  PPO - Preferred Provider Organization
______  POS - Point of Service plan
______  80/20 Plan
______  HSA - Health Savings Account

Can the employer change health insurance plans unilaterally during the contract?_____ yes     _____ no

If the employer can change health insurances does the new health insurance have to be? (choose all that apply):

______  “Equal” or “identical” to the benefits of the old plan
______  “Comparable” or “similar” to the benefits of the old plan
______  Can be worse and totally different than the old plan

How often are workers paid:

______  Weekly
______  Every 2 weeks
______  1st and 15th of the month

Amount deducted for health insurance from each paycheck: (Answer as dollar amount or % of premium.)

______  Single
______  2 person
______  Family

% of pay that is deducted for health insurance  ______%
Annual amount of up front deductible that must be paid before any insurance kicks in. (If none write "none").

_____ Single
_____ 2 person
_____ family

Amount of co-pay (or percentage paid) for the following procedures:

_____ Regular office visits
_____ Specialist office visit
_____ In Patient
_____ Out Patient or Day Surgery
_____ Emergency Room

Prescription Drug Co-pays (or percentage paid):

_____ Generic
_____ Brand Name
_____ Non-Formulary

Mental Health

_____ Co-pay or % and amount
_____ Maximum number of days or visits allowed per year

Dental Benefits

_____ Amount deducted from each paycheck
_____ Maximum annual benefit
_____ Co-pay (or percentage) for cleaning
_____ Co-pay (or percentage) for braces
_____ Co-pay (or percentage) for root canal
_____ Co-pay (or percentage for restorative work