

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