UE Affordable Care Act Health Insurance Local Survey

Local ______ Workplace ___________________________ Contract Exp Date __________

SCHEDULE/STATEMENT OF BENEFITS:

A copy of the schedule/statement of benefits for all plans which are offered to the bargaining unit should be attached to this survey.

ENROLLMENT INFORMATION

# of people in unit: ________ # eligible for group insurance? __________

# enrolled in each plan/coverage level ______________________________

# who don’t take insurance coverage? ______________________________

(Please use member survey to determine how many who forgo coverage are covered by alternate insurance, versus uninsured)

TOTAL PREMIUM LEVELS:

Please list for all plans available to the bargaining unit the total premium cost (what employer pays plus what employee pays) for the current year

Single____________________________________________________________

Employee+Spouse (if Available)________________________________________

Employee+Child (if Available)________________________________________

Family____________________________________________________________

EMPLOYEE SHARE OF PREMIUMS:

For all plans available, what is the contractually defined method of premium share for the current year? This can include percent of premium, flat dollar amount, or other cost sharing method. If the premium contribution is per pay period, please indicate how many pay periods are in a year.

Single____________________________________________________________

Employee+Spouse (if Available)________________________________________

Employee+Child (if Available)________________________________________
OUT-OF POCKET EMPLOYER COST ASSISTANCE:

If the insurance has any accounts intended to pay for health costs, including a Health Savings Account (HSA), Health Reimbursement Account (HRA), or Flexible Spending Account (FSA), please list the value of these benefits below.

Single

Employee+Spouse (if Available)

Employee+Child (if Available)

Family

OTHER QUESTIONS:

Are any classifications excluded from insurance coverage? ( Y / N )

Are newer hires excluded from insurance ( Y / N )

What hourly requirement does the contract set for health insurance?__________

Are part-timers (as defined by contract) given access to insurance? ( Y / N )
    Is it under a different cost-sharing structure ( Y / N )
        If so, what is the cost-sharing structure?____________________

Are pre-65 retirees given access to bargaining unit plans? ( Y / N )
    Is it under a different cost-sharing structure? ( Y / N )
        If so, what cost-sharing structure do they have?_______________

Is there a probationary period before getting access to insurance? ( Y / N )
    If so, how long is it? ________________________________________

Is a cash payment given to unit members who don't take insurance? ( Y / N )
    If so, what is the amount given?_______________________________