



# Benefits Valuation Survey Full Questionnaire

# Benefits Valuation Survey Questionnaire

*Introduction*

**Complete this survey if you are not sending Summary Plan Descriptions.**

Please complete the following full benefits survey. Sample responses have been provided to assist in completing the survey. Survey responses are due by \_\_\_\_\_.

Please return your completed survey to the address listed below. Completed surveys can be faxed or emailed.

Martha Connors  
Mercer  
Information Product Solutions  
462 South Fourth Street  
Suite 1100  
Louisville, KY 40202 - 3415  
martha.connors@mercerc.com  
FAX 502 561 7858

If you have any questions please contact Martha Connors at 502 217 8442.

Thank you for your participation!

# Benefits Valuation Survey Questionnaire

## Organization Information

Plan Feature	Sample Response	Your Plan
Organization name: Address:  Website address:	<ul style="list-style-type: none"> <li>• Organization Name</li> <li>• Address line 1 Address line 2 City, State Zip code</li> <li>• Website address</li> </ul>	
Head of Human Resources name: Title: Address:  Telephone number/Extension: FAX number: e-mail address:	<ul style="list-style-type: none"> <li>• Organization Contact Contact Title Address line 1 Address line 2 City, State Zip code</li> <li>• Telephone number/Extension</li> <li>• Fax number</li> <li>• e-mail address</li> </ul>	
1st Contact name: Title: Address:  Telephone number/Extension: FAX number: e-mail address:	<ul style="list-style-type: none"> <li>• Organization Contact Contact Title Address line 1 Address line 2 City, State Zip code</li> <li>• Telephone number/Extension</li> <li>• Fax number</li> <li>• e-mail address</li> </ul>	
2nd Contact name: Title: Address:  Telephone number/Extension: FAX number: e-mail address:	<ul style="list-style-type: none"> <li>• Organization Contact Contact Title Address line 1 Address line 2 City, State Zip code</li> <li>• Telephone number/Extension</li> <li>• Fax number</li> <li>• e-mail address</li> </ul>	
Fortune rank:	<ul style="list-style-type: none"> <li>• Rank: 81</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Organization Information

Plan Feature	Sample Response	Your Plan
Annual sales (millions):	<ul style="list-style-type: none"> <li>• 14</li> <li>• 1080</li> </ul>	
Number of full-time U.S. employees:	<ul style="list-style-type: none"> <li>• 74,289</li> </ul>	
Employer Identification Number (EIN):	<ul style="list-style-type: none"> <li>• 95-1234567</li> </ul>	
North American Industry Classification System (NAICS):	<ul style="list-style-type: none"> <li>• 221 (Utilities)</li> <li>• 325 (Chemical Manufacturing)</li> <li>• 421 (Wholesale Trade)</li> <li>• 541 (Technical)</li> <li>• 622 (Hospital)</li> <li>• 721 (Accommodation)</li> <li>• 811 (Repair and Maintenance)</li> </ul>	
Number of beds: (for hospitals):	<ul style="list-style-type: none"> <li>• 400</li> </ul>	
Number of full-time and part-time students (for universities):	<ul style="list-style-type: none"> <li>• 2,000</li> </ul>	
Assets (millions):	<ul style="list-style-type: none"> <li>• 13,364</li> </ul>	
Multinational:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Not-for-profit and section of code:	<ul style="list-style-type: none"> <li>• Yes, 501 c (3)</li> <li>• No</li> </ul>	
University affiliated:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Publicly held:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Can plan details be displayed with organization name:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Organization Information

Plan Feature	Sample Response		Your Plan	
	Yes	No	Yes	No
Other Benefits Offered:				
1. Pre-retirement Counseling	1. <input type="checkbox"/>	<input type="checkbox"/>	1. <input type="checkbox"/>	<input type="checkbox"/>
2. Life Insur.-Bus. Travel/Accident	2. <input type="checkbox"/>	<input type="checkbox"/>	2. <input type="checkbox"/>	<input type="checkbox"/>
3. Wellness Program	3. <input type="checkbox"/>	<input type="checkbox"/>	3. <input type="checkbox"/>	<input type="checkbox"/>
4. Onsite Fitness Facility	4. <input type="checkbox"/>	<input type="checkbox"/>	4. <input type="checkbox"/>	<input type="checkbox"/>
5. Paid/Subsidized Offsite Fitness	5. <input type="checkbox"/>	<input type="checkbox"/>	5. <input type="checkbox"/>	<input type="checkbox"/>
6. Parental/Family Leave	6. <input type="checkbox"/>	<input type="checkbox"/>	6. <input type="checkbox"/>	<input type="checkbox"/>
7. Employee Assistance Plan	7. <input type="checkbox"/>	<input type="checkbox"/>	7. <input type="checkbox"/>	<input type="checkbox"/>
8. Free/Subsidized Parking	8. <input type="checkbox"/>	<input type="checkbox"/>	8. <input type="checkbox"/>	<input type="checkbox"/>
9. Telecommuting	9. <input type="checkbox"/>	<input type="checkbox"/>	9. <input type="checkbox"/>	<input type="checkbox"/>
10. Satellite Workplace	10. <input type="checkbox"/>	<input type="checkbox"/>	10. <input type="checkbox"/>	<input type="checkbox"/>
11. Job Sharing	11. <input type="checkbox"/>	<input type="checkbox"/>	11. <input type="checkbox"/>	<input type="checkbox"/>
12. Home Computer Offered	12. <input type="checkbox"/>	<input type="checkbox"/>	12. <input type="checkbox"/>	<input type="checkbox"/>
13. College Scholarships	13. <input type="checkbox"/>	<input type="checkbox"/>	13. <input type="checkbox"/>	<input type="checkbox"/>
14. Financial Planning Assistance	14. <input type="checkbox"/>	<input type="checkbox"/>	14. <input type="checkbox"/>	<input type="checkbox"/>
15. Subsidized Eating Facility	15. <input type="checkbox"/>	<input type="checkbox"/>	15. <input type="checkbox"/>	<input type="checkbox"/>
16. Formal Training/Profess. Dev.	16. <input type="checkbox"/>	<input type="checkbox"/>	16. <input type="checkbox"/>	<input type="checkbox"/>
17. Gambling Addiction Counseling	17. <input type="checkbox"/>	<input type="checkbox"/>	17. <input type="checkbox"/>	<input type="checkbox"/>
18. Legal Counseling	18. <input type="checkbox"/>	<input type="checkbox"/>	18. <input type="checkbox"/>	<input type="checkbox"/>
19. Child/Elder Care Assistance	19. <input type="checkbox"/>	<input type="checkbox"/>	19. <input type="checkbox"/>	<input type="checkbox"/>
20. Flextime	20. <input type="checkbox"/>	<input type="checkbox"/>	20. <input type="checkbox"/>	<input type="checkbox"/>
21. Business Casual Policy	21. <input type="checkbox"/>	<input type="checkbox"/>	21. <input type="checkbox"/>	<input type="checkbox"/>
22. Funeral Leave	22. <input type="checkbox"/>	<input type="checkbox"/>	22. <input type="checkbox"/>	<input type="checkbox"/>
23. Adoption Benefits	23. <input type="checkbox"/>	<input type="checkbox"/>	23. <input type="checkbox"/>	<input type="checkbox"/>
24. Lactation Rooms	24. <input type="checkbox"/>	<input type="checkbox"/>	24. <input type="checkbox"/>	<input type="checkbox"/>
25. Work at Home Policy	25. <input type="checkbox"/>	<input type="checkbox"/>	25. <input type="checkbox"/>	<input type="checkbox"/>
26. Discount Purchasing	26. <input type="checkbox"/>	<input type="checkbox"/>	26. <input type="checkbox"/>	<input type="checkbox"/>
27. Onsite Child Care	27. <input type="checkbox"/>	<input type="checkbox"/>	27. <input type="checkbox"/>	<input type="checkbox"/>
28. Relocation Allowance	28. <input type="checkbox"/>	<input type="checkbox"/>	28. <input type="checkbox"/>	<input type="checkbox"/>
29. Executive Company Car	29. <input type="checkbox"/>	<input type="checkbox"/>	29. <input type="checkbox"/>	<input type="checkbox"/>
30. Non Executive Mgmt Co. Car	30. <input type="checkbox"/>	<input type="checkbox"/>	30. <input type="checkbox"/>	<input type="checkbox"/>
31. Sales Employee Only Co. Car	31. <input type="checkbox"/>	<input type="checkbox"/>	31. <input type="checkbox"/>	<input type="checkbox"/>
32. "Other" Employee Company Car	32. <input type="checkbox"/>	<input type="checkbox"/>	32. <input type="checkbox"/>	<input type="checkbox"/>

# Benefits Valuation Survey Questionnaire

## Organization Information

Plan Feature	Sample Response	Your Plan
Cost Sharing Features: Overall cost of multiple plans combined as a % or payroll:	<ul style="list-style-type: none"> <li>• Defined Benefit 6.0%</li> <li>• Defined Contribution 3%</li> <li>• Stock Purchase 1.5%</li> <li>• Medical 2.5%</li> <li>• Dental 2.5%</li> <li>• Life Insurance 1.0%</li> <li>• Short-term Disability 7.0%</li> <li>• Long-term Disability 6.0%</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

*Defined Benefit*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Pension plan; or</li> <li>• Retirement plan</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• Age 18 and 1 year of service; or</li> <li>• Age 21; or</li> <li>• Immediate</li> </ul>	
Participants are eligible for social security benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Formula Type:	<ul style="list-style-type: none"> <li>• Final average; or</li> <li>• Career average; or</li> <li>• Cash balance</li> </ul>	
Other Features:	<ul style="list-style-type: none"> <li>• PIA Offset; or</li> <li>• CC Offset; or</li> <li>• CC Excess; or</li> <li>• Non-Integrated; or</li> <li>• Other</li> </ul>	
Supplemental Executive Retirement Plan (SERP) Plan:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Service Definition:	<ul style="list-style-type: none"> <li>• Service is elapsed time</li> <li>• Service: Hours counting total for full year = 1,000</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Defined Benefit

Plan Feature	Sample Responses	Your Plan
Employee Contributions:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• Voluntary \$xxx amount; or</li> <li>• Mandatory \$xxx amount</li> </ul>	
Maximum Service:	<ul style="list-style-type: none"> <li>• 30 years; or</li> <li>• 35 years; or</li> <li>• Unlimited</li> </ul>	
Salary Definition:	<ul style="list-style-type: none"> <li>• Base pay; or</li> <li>• Total pay; or</li> <li>• Base + bonus</li> </ul>	
Averaging Period:	<ul style="list-style-type: none"> <li>• Highest 5 years out of the last 10 years; or</li> <li>• Highest 36 months; or</li> <li>• Career average; or</li> <li>• Not applicable – Service Credit Formula</li> </ul>	
Formula Definition:	<ul style="list-style-type: none"> <li>• <math>.0125 \times \text{final average earnings} \times \text{service}</math>; or</li> <li>• <math>(.01 \times \text{final average earnings up to covered compensation} + .014 \times \text{final average earnings over covered compensation}) \times \text{service}</math>; or</li> <li>• <math>(.01 \times \text{final average earnings} + .004 \times \text{final average earnings over covered compensation}) \times \text{service}</math>; or</li> <li>• <math>.0167 \times \text{final average earnings} \times \text{service} - .0167 \times \text{PIA} \times \text{service up to 30 years}</math></li> </ul>	
Cost-of-living adjustments:	<ul style="list-style-type: none"> <li>• None; or,</li> <li>• Ad-hoc, most recent increase 1/1/02 equal to 50% of CPI; previous increase 1/1/99 equal to 50% of CPI; or</li> <li>• Guaranteed - 50% of CPI maximum increase 3%</li> </ul>	
ERISA excess plan for salaries in excess of legislated limits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
ERISA excess plan for benefits in excess of legislated limits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Defined Benefit

Plan Feature	Sample Responses	Your Plan
Target income replacement percentage:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Normal retirement age:	<ul style="list-style-type: none"> <li>• Age 65; or</li> <li>• Age 60</li> </ul>	
Earliest retirement age:	<ul style="list-style-type: none"> <li>• Age 55; or</li> <li>• Age 55 with 10 years of service</li> </ul>	
Early retirement reduction:	<ul style="list-style-type: none"> <li>• 6% per year prior to normal retirement age; or</li> <li>• 6% per year between ages 60 and 65 and 3% per year between ages 55 and 60; or</li> <li>• Actuarial</li> </ul>	
Special criteria for unreduced benefits:	<ul style="list-style-type: none"> <li>• Age 62 with 25 years of service; or</li> <li>• Age 60 with 30 years of service; or</li> <li>• 30 years of service</li> </ul>	
Temporary supplement for early retirees:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$300 per month until age 62; or</li> <li>• PIA payable until age 62; or</li> <li>• Plan offset component payable until age 60</li> </ul>	
Employee 100% vests at:	<ul style="list-style-type: none"> <li>• 3 years; or</li> <li>• 5 years; or</li> <li>• Immediately; or</li> <li>• Other</li> </ul>	
Disability benefits is:	<ul style="list-style-type: none"> <li>• Continued accrual - deferred; or</li> <li>• Accrued - immediate</li> </ul>	
For actives, death benefit is more than the required minimum (J&S 50):	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Normal form of payment for single employee:	<ul style="list-style-type: none"> <li>• Life; or</li> <li>• 5 year cc</li> </ul>	

# Benefits Valuation Survey Questionnaire

*Defined Benefit*

Plan Feature	Sample Responses	Your Plan
Normal form of payment for married participants:	<ul style="list-style-type: none"> <li>• 50% J&amp;S - actuarial equivalent to single life annuity; or</li> <li>• 100% J&amp;S - equal to single life annuity</li> </ul>	
Condition for election of lump sum payment form:	<ul style="list-style-type: none"> <li>• Lump sums are not permitted; or</li> <li>• Lump sums are unlimited; or</li> <li>• Limited – based on value of accrued, not to exceed \$ _____ or _____ %; or</li> <li>• Other</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Defined Contribution

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Voluntary Investment Plan - Savings; or</li> <li>• Thrift plan</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• Age 18 and 1 year of service; or</li> <li>• Age 21; or</li> <li>• Immediate</li> </ul>	
Participants are eligible for social security benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan type:	<ul style="list-style-type: none"> <li>• 401 (k); or</li> <li>• 403 (b); or</li> <li>• Profit Sharing; or</li> <li>• 457 Deferred Compensation; or</li> <li>• Money Purchase; or</li> <li>• ESOP; or</li> <li>• SERP; or</li> <li>• Other</li> </ul>	
Rollover contributions allowed:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
For plan participation, employee contributions are required, allowed, or not allowed:	<ul style="list-style-type: none"> <li>• Required; or</li> <li>• Allowed; or</li> <li>• Neither</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Defined Contribution

Plan Feature	Sample Responses	Your Plan
Compensation Definition:	<ul style="list-style-type: none"> <li>• Base pay; or</li> <li>• Total pay; or</li> <li>• Base + bonus</li> </ul>	
Maximum employee contribution as a percentage of compensation:	<ul style="list-style-type: none"> <li>• Matched: x.xx% pretax; x.xx% after tax; x.xx% total. Total: xx.xx% pretax; xx.xx% after tax; xx.xx% total</li> </ul>	
Employer matching contributions:	<ul style="list-style-type: none"> <li>• 50% up to 6% of pay; or</li> <li>• 100% on first 2% of pay and 50% on next 2% of pay; or</li> <li>• 25% up to 6% of pay, plus discretionary (if discretionary, please give 3 year history); or</li> <li>• After 1 year of service, 50% up to 6% of pay; after 5 years of service, 75% up to 6% of pay; or</li> <li>• None</li> </ul>	
Maximum employer matching contribution (other than by law):	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$3,000</li> </ul>	
Percent of eligible NHCE participating, average deferral %, and average contribution %:	<ul style="list-style-type: none"> <li>• % participating is xx.xx%. ADP is x.xx%. ACP is x.xx%</li> </ul>	
Percent of eligible HCE participating, average deferral %, and average contribution %:	<ul style="list-style-type: none"> <li>• % participating is xx.xx%. ADP is x.xx%. ACP is x.xx%</li> </ul>	
Employer non-matching contributions:	<ul style="list-style-type: none"> <li>• 3% of pay; or</li> <li>• Discretionary (if so, please give 3 year history of the amount as a percentage of compensation)</li> </ul>	
ERISA excess plan for salaries in excess of legislated limits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Defined Contribution

Plan Feature	Sample Responses	Your Plan
Employee 100% vests:	<ul style="list-style-type: none"> <li>• 5 years; or</li> <li>• 7 years; or</li> <li>• Immediately; or</li> <li>• Other</li> </ul>	
Employee contribution investment options:	<ul style="list-style-type: none"> <li>• Employee directed with 15 options. Company stock is an investment fund; or</li> <li>• Employer directed</li> </ul>	
Employee contribution stock trades allowed: (acting as your own broker):	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employee contributions stock buying/selling allowed:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employee contributions mutual funds outside the normal plan offering allowed:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employer contribution investment options:	<ul style="list-style-type: none"> <li>• Employee directed with 15 options. Company stock is an investment fund; or</li> <li>• Employer directed</li> </ul>	
Employer contribution stock trades allowed: (acting as your own broker)	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employer contribution stock buying/selling allowed:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employer contribution mutual funds outside the normal plan offering allowed:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Inservice Withdrawals:	<ul style="list-style-type: none"> <li>• Non-hardship withdrawals allowed before reaching age 59 ½ for after-tax and rollover contributions; or</li> <li>• Non-hardship withdrawals are not allowed for employer matching contributions</li> </ul>	

# Benefits Valuation Survey Questionnaire

## *Defined Contribution*

Plan Feature	Sample Responses	Your Plan
Hardship Withdrawals:	<ul style="list-style-type: none"> <li>• Hardship withdrawals are not allowed; or</li> <li>• Limited to IRS safe harbor events; or</li> <li>• Other</li> </ul>	
Loans allowed:	<ul style="list-style-type: none"> <li>• Yes, from employee and employer accounts; or</li> <li>• No</li> </ul>	
Final distribution methods:	<ul style="list-style-type: none"> <li>• Lump sum; or</li> <li>• Installment payments; or</li> <li>• Transfer of company shares; or</li> <li>• Annuity</li> </ul>	
Comments:		

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Stock Purchase Plan</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Rollover contributions allowed::	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Compensation Definition:	<ul style="list-style-type: none"> <li>• Base pay; or</li> <li>• Total pay; or</li> <li>• Base + bonus</li> </ul>	
Employer match or employer discount:	<ul style="list-style-type: none"> <li>• Match <i>xx.xx%</i>; or</li> <li>• Discount <i>xx.xx%</i></li> </ul>	
Market value determination method:	<ul style="list-style-type: none"> <li>• Lower of price at beginning and end of purchase period; or</li> <li>• Lower of price at beginning and end of offering period; or</li> <li>• Average price during the purchase period</li> </ul>	
Offering period:	<ul style="list-style-type: none"> <li>• _____ months, includes _____ purchase periods; or</li> <li>• Other</li> </ul>	
Maximum contributions	<ul style="list-style-type: none"> <li>• After xx years, <i>xx.xx%</i> of pay</li> </ul>	
Maximum number of shares:	<ul style="list-style-type: none"> <li>• <i>xx</i> per year; or</li> <li>• Unlimited</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Flexible Benefits

Plan Feature	Sample Responses	Your Plan
Flexible credits:	<ul style="list-style-type: none"> <li>• Flex credits vary by age, salary. Company provides \$1,000 medical credit, \$101 dental and credits to purchase 1 x salary life insurance. Remaining flex dollars are used automatically to purchase company stock; or</li> <li>• No</li> </ul>	
Flexible benefits:	<ul style="list-style-type: none"> <li>• Medical, Dental, Disability, Life Insurance, Vacation/PTO, and Other (Flexible Spending Accounts); or</li> <li>• Medical and Dental; or</li> <li>• Medical only</li> </ul>	
Required benefits:	<ul style="list-style-type: none"> <li>• Medical, Dental, Disability, Life Insurance, Vacation/PTO, and Other (Flexible Spending Accounts); or</li> <li>• Medical and Dental; or</li> <li>• None</li> </ul>	
Benefits with cashout option:	<ul style="list-style-type: none"> <li>• Medical and Dental; or</li> <li>• None</li> </ul>	
Benefits with pre-tax option:	<ul style="list-style-type: none"> <li>• Medical, Dental, and Life Insurance; or</li> <li>• None</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## *Point of Service / Preferred Provider Organization*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Point of Service</li> <li>• Preferred Provider Organization</li> </ul>	
Plan type:	<ul style="list-style-type: none"> <li>• Point of Service</li> <li>• Preferred Provider Organization</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Plan is for out-of-area participants only:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is this a silent PPO:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Percent of employees participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Pre-existing condition policy:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• 3 - 3 - 12</li> </ul>	
Dependent maximum age:	<ul style="list-style-type: none"> <li>• Non-student - 21</li> <li>• Student - 25</li> <li>• Disabled - unlimited</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Point of Service / Preferred Provider Organization

Plan Feature	Sample Responses	Your Plan
Is this a Consumer Driven Health Plan:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is there an Healthcare Spending Account included with medical plan:	<ul style="list-style-type: none"> <li>• Yes (list plan details and include amount employee may contribute); or</li> <li>• No</li> </ul>	
Maximum Employer HSA Contribution offered per year:	<ul style="list-style-type: none"> <li>• Single, \$300</li> <li>• Family, \$600</li> </ul>	
Unused HSA amount can be carried over to next year:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
HSA can be used at retirement:	<ul style="list-style-type: none"> <li>• Yes (list retirement details); or</li> <li>• No</li> </ul>	
Plan Deductible:	<ul style="list-style-type: none"> <li>• Inside network, \$100 per person/\$300 per family</li> <li>• Outside network, \$300 per person/\$900 per family</li> </ul>	
Out-of-Pocket Limit (including deductibles):	<ul style="list-style-type: none"> <li>• Inside network, \$1100 per person/\$2300 per family</li> <li>• Outside network, \$3300 per person/\$6900 per family</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Point of Service / Preferred Provider Organization

Plan Feature	Sample Responses	Your Plan
Employee Copayments:	<ul style="list-style-type: none"> <li>• Inpatient Hospital, Inside network = 0%, Outside network = 35%*</li> <li>• Inpatient Surgery, Inside network = 10%*, Outside network = 35%*</li> <li>• Physician Office Visit, Inside network = \$5, Outside network = 35%*</li> <li>• Specialist Office Visit, Inside network = \$10, Outside network = 35%*</li> <li>• Emergency Room, Inside network = \$50 copay, Outside network = 35%*</li> <li>• Outpatient Surgery, Inside network = 10%*, Outside network = 35%*</li> <li>• Routine Physical, Inside network = 10%*, Outside network = 100%</li> <li>• Well-child , Inside network = 10%*, Outside network = 100%</li> <li>• Inpatient Maternity, Inside network = 0%, Outside network = 35%*</li> <li>• Diagnostic, Inside network = 10%, Outside network = 35%*</li> <li>• Chiropractic, Inside network = 10%, Outside network = 35%*</li> <li>• Diagnostic, X-ray, Lab, Inside network = 10%, Outside network = 35%.*</li> <li>• Pap Smears, Inside network = 10%, Outside network = 35%</li> <li>• Mammograms, Inside network = 10%, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	
Mental Health employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	

# Benefits Valuation Survey Questionnaire

## Point of Service / Preferred Provider Organization

Plan Feature	Sample Responses	Your Plan
Substance Abuse employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	
Prescription benefits are part of the medical benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Prescription drug plan:	<ul style="list-style-type: none"> <li>• Traditional; or</li> <li>• Formulary/Non-formulary; or</li> <li>• Single-source/Multi-source</li> </ul>	
Generic drug employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00; Outside network, 35%; Mail Order, \$20.00</li> </ul>	
Brand Formulary/Single-source employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$15.00; Outside network, 35%; Mail Order, \$25.00</li> </ul>	
Brand Non-formulary/Multi-source or Traditional employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$15.00; Outside network, 35%; Mail Order, \$25.00</li> </ul>	
Separate prescription deductible:	<ul style="list-style-type: none"> <li>• \$50 per person; or</li> <li>• None</li> </ul>	
Lifetime plan maximum:	<ul style="list-style-type: none"> <li>• Base Plan = Unlimited inside network; \$1,000,000 outside network; or</li> <li>• Base Plan = \$2,000,000; \$2,000,000 outside network</li> </ul>	
Annual plan maximums:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health and Substance Abuse = 30 days/year (combined inside and outside network)</li> <li>• Outpatient Mental Health; Inside network = 30 visits/year, outside network = 15 visits/year</li> <li>• Chiropractic = 30 visits/year</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Point of Service / Preferred Provider Organization

Plan Feature	Sample Responses	Your Plan
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both</li> </ul>	
Employee monthly contributions:	<p>Contributions are payroll deductions:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> </ul> <p>Contributions are price tags:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> <li>• None</li> </ul>	
Monthly COBRA rates:	<ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> </ul>	
Cost management features: Hospital pre-certification Hospital concurrent review Second surgical opinion Outpatient review Large case management Managed mental health Disease Management Maternity Program Health Risk Management	<ul style="list-style-type: none"> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Point of Service / Preferred Provider Organization

Plan Feature	Sample Responses	Your Plan
Retirement coverage:	<ul style="list-style-type: none"> <li>• Age &lt; 65 = same coverage as active, separate plan, or none. (If separate plan, fill out retirement medical form.)</li> <li>• Age &gt; 65 = Medicare supplement, COB, Carve out, Medicare HMO, Exclusion, Separate plan, or None. (If separate plan, fill out retirement medical form.)</li> </ul> <p>Note: If Medicare Supplement is selected, provide summary plan description for separate plan and provide monthly contributions for primary plan only.</p>	
Retiree monthly contributions:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul>	
Employer Annual Maximum Contribution:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul>	
Employer cap has been reached:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## *Point of Service / Preferred Provider Organization*

Plan Feature	Sample Responses	Your Plan
Retiree medical contributions vary by:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul>	
Retiree Age/Service/Sum combination for retirement eligibility for the plan:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Age 55 with 5 years of service</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Age 65 with 5 years of service</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• HMO</li> </ul>	
Plan type:	<ul style="list-style-type: none"> <li>• HMO</li> <li>• EPO</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Percentage of employees participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Pre-existing condition policy:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• 3 - 3 - 12</li> </ul>	
Dependent maximum age:	<ul style="list-style-type: none"> <li>• Non-student - 21</li> <li>• Student - 25</li> <li>• Disabled - unlimited</li> </ul>	
Is this a Consumer Driven Health Plan:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is there an Healthcare Spending Account included with medical plan:	<ul style="list-style-type: none"> <li>• Yes (list plan details and include amount employee may contribute); or</li> <li>• No</li> </ul>	
Maximum Employer HSA Contribution offered per year:	<ul style="list-style-type: none"> <li>• Single, \$300</li> <li>• Family, \$600</li> </ul>	

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
Unused HSA amount can be carried over to next year:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
HSA can be used at retirement:	<ul style="list-style-type: none"> <li>• Yes (list retirement details); or</li> <li>• No</li> </ul>	
Plan Deductible:	<ul style="list-style-type: none"> <li>• Individual = \$300</li> <li>• Family = \$600</li> </ul>	
Out-of-Pocket Limit (including deductibles):	<ul style="list-style-type: none"> <li>• Individual = \$1,300</li> <li>• Family = \$3,600</li> </ul>	
Employee copayments:	<ul style="list-style-type: none"> <li>• Inpatient Hospital = 10%*</li> <li>• Inpatient Surgery = 10%*</li> <li>• Physician Office Visit = \$5</li> <li>• Specialist Office Visit = \$10</li> <li>• Outpatient Surgery = 10%*</li> <li>• Routine Physicals = \$5</li> <li>• Well-child = \$5</li> <li>• Inpatient Maternity = 10%*</li> <li>• Diagnostics, X-rays and Lab = 0%</li> <li>• Chiropractic = \$5</li> <li>• Pap Smears = 0</li> <li>• Mammograms = 0</li> <li>• Emergency Room = \$50 copay</li> </ul> <p>* - subject to deductible</p>	
Mental Health employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
Substance Abuse employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	
Prescription benefits are part of the medical benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Prescription drug plan:	<ul style="list-style-type: none"> <li>• Traditional; or</li> <li>• Formulary/ Non-formulary; or</li> <li>• Single-source/Multi-source</li> </ul>	
Generic drug employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00; Outside network, 35%; Mail Order, \$20.00</li> </ul>	
Brand Formulary/Single-source employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00; Outside network, 35%; Mail Order, \$20.00</li> </ul>	
Brand Non-formulary/Multi-source or Traditional employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00 Outside network, 35%; Mail Order, \$20.00</li> </ul>	
Separate prescription deductible:	<ul style="list-style-type: none"> <li>• \$50 per person; or</li> <li>• None</li> </ul>	
Lifetime plan maximum:	<ul style="list-style-type: none"> <li>• Base plan = \$1,000,000; Substance Abuse = \$100,000; or</li> <li>• Unlimited</li> </ul>	

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
Annual plan maximums:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health = 30 days/year</li> <li>• Outpatient Mental Health = 20 visits/year</li> <li>• Chiropractic = 20 visits/year</li> <li>• Well-child care = up to age 5</li> </ul>	
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both</li> </ul>	
Employee monthly contributions:	<p>Contributions are payroll deductions:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> </ul> <p>Contributions are pricetags:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> <li>• None</li> </ul>	
Monthly COBRA rates:	<ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> </ul>	

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
<p>Cost management features:</p> <ul style="list-style-type: none"> <li>Hospital pre-certification</li> <li>Hospital concurrent review</li> <li>Second surgical opinion</li> <li>Outpatient review</li> <li>Large case management</li> <li>Managed mental health</li> <li>Disease Management</li> <li>Maternity Program</li> <li>Health Risk Management</li> </ul>	<ul style="list-style-type: none"> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> </ul>	
<p>Retirement coverage:</p>	<ul style="list-style-type: none"> <li>• Age &lt; 65 = same coverage as active, separate plan, or none. (If separate plan, fill out retirement medical form.)</li> <li>• Age &gt; 65 = Medicare supplement, COB, Carve out, Medicare HMO, Exclusion, Separate plan, or None. (If separate plan, fill out retirement medical form.)</li> </ul> <p>Note: If Medicare Supplement is selected, provide summary plan description for separate plan and provide monthly contributions for primary plan only.</p>	
<p>Retiree monthly contributions:</p>	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul>	

# Benefits Valuation Survey Questionnaire

EPO/HMO

Plan Feature	Sample Responses	Your Plan
Employer Annual Maximum Contribution:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• \$<i>xxxxxx</i></li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• \$<i>xxxxxx</i></li> </ul>	
Employer cap has been reached:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Retiree medical contributions vary by:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul>	
Retiree Age/Service/Sum combination for retirement eligibility for the plan:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Age 55 with 5 years of service</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Age 65 with 5 years of service</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

*Indemnity*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Indemnity Plan</li> </ul>	
Plan type:	<ul style="list-style-type: none"> <li>• Indemnity</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Plan is for out-of- area participants only:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is this plan a silent PPO:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Percentage of employees participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Pre-existing condition policy:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• 3 - 3 - 12</li> </ul>	
Dependent maximum age:	<ul style="list-style-type: none"> <li>• Non-student – 21</li> <li>• Student - 25</li> <li>• Disabled - unlimited</li> </ul>	
Is this a Consumer Driven Health Plan:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

Indemnity

Plan Feature	Sample Responses	Your Plan
Is there an Healthcare Spending Account included with medical plan:	<ul style="list-style-type: none"> <li>• Yes (list plan details and include amount employee may contribute); or</li> <li>• No</li> </ul>	
Maximum Employer HSA Contribution offered per year:	<ul style="list-style-type: none"> <li>• Single, \$300</li> <li>• Family, \$600</li> </ul>	
Unused HSA amount can be carried over to next year:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
HSA can be used at retirement:	<ul style="list-style-type: none"> <li>• Yes (list retirement details); or</li> <li>• No</li> </ul>	
Plan Deductible:	<ul style="list-style-type: none"> <li>• Individual = \$300</li> <li>• Family = \$600</li> </ul>	
Out-of-Pocket Limit (including deductibles):	<ul style="list-style-type: none"> <li>• Individual = \$1,300</li> <li>• Family = \$3,600</li> </ul>	
Employee copayments:	<ul style="list-style-type: none"> <li>• Inpatient Hospital = 10%*</li> <li>• Inpatient Surgery = 10%*</li> <li>• Physician Office Visit = 10%*</li> <li>• Specialist Office Visit = 15%*</li> <li>• Emergency Room = \$50</li> <li>• Outpatient Surgery = 10%*</li> <li>• Routine Physicals = 0%</li> <li>• Well-child care = 0%.</li> <li>• Inpatient Maternity = 10%*</li> <li>• Diagnostics, X-rays and Lab = 10%*</li> <li>• Chiropractic = 10%*</li> <li>• Pap Smear = 10%*</li> <li>• Mammograms = 10%*</li> </ul> <p>* subject to deductible</p>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Mental Health employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	
Substance Abuse employee copayment:	<ul style="list-style-type: none"> <li>• Inpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> </ul> <p>* - subject to deductible</p>	
Prescription benefits are part of medical benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Prescription drug plan:	<ul style="list-style-type: none"> <li>• Traditional; or</li> <li>• Formulary/Non-formulary; or</li> <li>• Single-source/Multi-source</li> </ul>	
Generic drug employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00;</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Brand Formulary/Single-source employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00;</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Brand Non-formulary/Multi-source or Traditional employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00;</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Separate prescription deductible:	<ul style="list-style-type: none"> <li>• \$50 per person; or</li> <li>• None</li> </ul>	
Lifetime plan maximums:	<ul style="list-style-type: none"> <li>• Base Plan = \$2,000,000</li> <li>• Substance Abuse = \$50,000</li> </ul>	

# Benefits Valuation Survey Questionnaire

Indemnity

Plan Feature	Sample Responses	Your Plan
Annual plan maximums:	<ul style="list-style-type: none"> <li>• Routine Physicals = \$300</li> <li>• Substance Abuse outpatient visit = 20</li> <li>• Well-child care = to age 4</li> </ul>	
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both</li> </ul>	
Employee monthly contributions:	<p>Contributions are payroll deductions:</p> <ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> </ul> <p>Contributions are pricetags:</p> <ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> <li>• None</li> </ul>	
Monthly COBRA rates:	<ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> </ul>	
Cost management features: Hospital pre-certification Hospital concurrent review Second surgical opinion Outpatient review Large case management Managed mental health Disease Management Maternity Program Health Risk Management	<ul style="list-style-type: none"> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> </ul>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Retirement coverage:	<ul style="list-style-type: none"> <li>• Age &lt; 65 = same coverage as active, separate plan, or none. (If separate plan, fill out retirement medical form.)</li> <li>• Age &gt; 65 = Medicare supplement, COB, Carve out, Medicare HMO, Exclusion, Separate plan, or None. (If separate plan, fill out retirement medical form.)</li> </ul> <p>Note: If Medicare Supplement is selected, provide summary plan description for separate plan and provide monthly contributions for primary plan only.</p>	
Retiree monthly contributions:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• EE only: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + 1: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• EE + family: <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul>	
Employer Annual Maximum Contribution:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul>	
Employer cap has been reached:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

*Indemnity*

Plan Feature	Sample Responses	Your Plan
Retiree medical contributions vary by:	Retired < age 65: <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul> Retired > age 65: <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul>	
Retiree Age/Service/Sum combination for retirement eligibility for the plan:	Retired < age 65: <ul style="list-style-type: none"> <li>• Age 55 with 5 years of service</li> </ul> Retired > age 65: <ul style="list-style-type: none"> <li>• Age 65 with 5 years of service</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

*Retiree Medical*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Retiree Medical</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• Age 55 and 10 years service</li> </ul>	
Plan type:	<ul style="list-style-type: none"> <li>• PPO; or</li> <li>• Indemnity; or</li> <li>• POS; or</li> <li>• HMO</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Plan is for out-of- area participants only:	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>	
Percent of eligible participating:	<ul style="list-style-type: none"> <li>• 20%; or</li> <li>• 50%</li> </ul>	
Dependent maximum age:	<ul style="list-style-type: none"> <li>• Non-student - 21</li> <li>• Student - 25</li> <li>• Disabled - unlimited</li> </ul>	
Coverage On or After Age 65:	<ul style="list-style-type: none"> <li>• Medicare Supplement; or</li> <li>• Medicare HMO; or</li> <li>• Carve Out; or</li> <li>• COB; or</li> <li>• Separate Plan; or</li> <li>• Exclusion; or</li> <li>• None</li> </ul> <p>Note: If Medicare Supplement is selected, provide summary plan description for separate plan and provide monthly contribution for primary plan only.</p>	

# Benefits Valuation Survey Questionnaire

## Retiree Medical

Plan Feature	Sample Responses	Your Plan
Plan Deductible:	<ul style="list-style-type: none"> <li>• Inside network, \$100 per person/\$300 per family; Outside network, \$300 per person/\$900 per family; or</li> <li>• Individual = \$300/Family = \$600</li> </ul>	
Out-of-Pocket Limit (including deductibles):	<ul style="list-style-type: none"> <li>• Inside network, \$1100 per person/\$2300 per family; Outside network, \$3300 per person/\$6900 per family; or</li> <li>• Individual = \$1,300/Family = \$3,600</li> </ul>	
Retiree Copayments:	<ul style="list-style-type: none"> <li>• Inpatient Hospital, Inside network = 0%, Outside network = 35%*</li> <li>• Inpatient Surgery, Inside network = 10%*, Outside network = 35%*</li> <li>• Physician Office Visit, Inside network = \$5, Outside network = 35%*</li> <li>• Specialist Office Visit, Inside network = \$10, Outside network = 35%*</li> <li>• Emergency Room, Inside network = 10%, Outside network = 35%*</li> <li>• Outpatient Surgery, Inside network = 10%*, Outside network = 35%*</li> <li>• Routine Physical, Inside network = 10%*, Outside network = 100%</li> <li>• Well-child care, Inside network = 10%*, Outside network = 100%</li> <li>• Inpatient Maternity, Inside network = 0%, Outside network = 35%*</li> <li>• Diagnostics, X-rays and Lab, Inside network = 10%, Outside network = 35%*</li> <li>• Chiropractic, Inside network = 10%, Outside network = 35%*</li> <li>• Pap Smears, Inside network = 10%, Outside network = 20%*</li> <li>• Mammograms, Inside network = 10%, Outside network = 20%*</li> </ul> <p>* subject to deductible</p>	

# Benefits Valuation Survey Questionnaire

*Retiree Medical*

Plan Feature	Sample Responses	Your Plan
Mental Health retiree copayment:	<ul style="list-style-type: none"> <li>• Inpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Mental Health, Inside network = 10%*, Outside network = 35%*</li> <li>* subject to deductible</li> </ul>	
Substance Abuse retiree copayment:	<ul style="list-style-type: none"> <li>• Inpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> <li>• Outpatient Substance Abuse, Inside network = 10%*, Outside network = 35%*</li> <li>* subject to deductible</li> </ul>	
Prescription benefits are part of medical benefits:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Prescription Drug Plan:	<ul style="list-style-type: none"> <li>• Traditional; or</li> <li>• Formulary/Non-formulary; or</li> <li>• Single-source/Multi-source</li> </ul>	
Generic drug employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Brand Formulary/Single-source employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Brand Non-formulary/Multi-source or Traditional employee copayment:	<ul style="list-style-type: none"> <li>• Inside network, \$10.00</li> <li>• Outside network, 35%;</li> <li>• Mail Order, \$20.00</li> </ul>	
Separate prescription deductible:	<ul style="list-style-type: none"> <li>• \$50 per person; or</li> <li>• None</li> </ul>	
Lifetime plan Maximums:	<ul style="list-style-type: none"> <li>• Base Plan - \$1,000,000 Inside and Outside network</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Retiree Medical

Plan Feature	Sample Responses	Your Plan
Monthly contributions before age 65:	<ul style="list-style-type: none"> <li>• Employee only / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• Employee + spouse / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• Employee + family / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul>	
Monthly contributions on or after age 65:	<ul style="list-style-type: none"> <li>• Employee only / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• Employee + spouse / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• Employee + family / <i>\$.xxx.xx, or percent EE pays</i></li> <li>• None</li> </ul>	
Employer Annual Maximum Contribution:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• <i>\$.xxx.xx</i></li> </ul>	
Employer cap has been reached:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Retiree medical contributions vary by:	<p>Retired &lt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul> <p>Retired &gt; age 65:</p> <ul style="list-style-type: none"> <li>• None</li> <li>• Age</li> <li>• Service</li> <li>• Age + Service</li> </ul>	

# Benefits Valuation Survey Questionnaire

*Retiree Medical*

Plan Feature	Sample Responses	Your Plan
Retiree Age/Service/Sum combination for retirement eligibility for the plan:	Retired < age 65: <ul style="list-style-type: none"> <li>• Age 55 with 5 years of service</li> </ul> Retired > age 65: <ul style="list-style-type: none"> <li>• Age 65 with 5 years of service</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Flexible Spending Accounts

Plan Feature	Sample Responses	Your Plan
Plan name:	<ul style="list-style-type: none"> <li>Flexible Spending Accounts.</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>Yes; or</li> <li>No</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>All; or</li> <li>Salaried; or</li> <li>Hourly</li> </ul>	
Accounts available: Health Care Dependent Care Parking Pass	<ul style="list-style-type: none"> <li>Yes or No</li> <li>Yes or No</li> <li>Yes or No</li> <li>Yes or No</li> </ul>	
Employer contributions:	<ul style="list-style-type: none"> <li>None; or</li> <li>Healthcare = 3% of pay, Dependent care = None</li> <li>Parking = \$2,000, Pass = \$1,000</li> </ul>	
Employee maximum contributions:	<ul style="list-style-type: none"> <li>Health care = \$2,000, Dependent care = IRS limit (\$5,000), Parking = IRS limit (\$2,160), Pass = IRS limit \$1,200, Total = \$10,360; or</li> <li>Healthcare = \$5,000, Dependent care = IRS limit (\$5,000), Total = \$10,000</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

*Dental*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Flex Option 1; or</li> <li>• Dental DMO</li> </ul>	
Plan Type:	<ul style="list-style-type: none"> <li>• DHMO; or</li> <li>• Traditional; or</li> <li>• Other</li> </ul>	
Plan is a Silent PPO:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Plan status:	<ul style="list-style-type: none"> <li>• Active; or</li> <li>• Frozen; or</li> <li>• Grandfathered</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Dependent maximum age:	<ul style="list-style-type: none"> <li>• Non-student - 21</li> <li>• Student - 25</li> <li>• Disabled - unlimited</li> </ul>	
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both</li> </ul>	

# Benefits Valuation Survey Questionnaire

Dental

Plan Feature	Sample Responses	Your Plan
Employee monthly contributions:	<p>Contributions are payroll deductions:</p> <ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> </ul> <p>Contributions are pricetags:</p> <ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> <li>• None</li> </ul>	
Monthly COBRA rates:	<ul style="list-style-type: none"> <li>• Employee only / \$xxx.xx</li> <li>• Employee + child / \$xxx.xx</li> <li>• Employee + spouse / \$xxx.xx</li> <li>• Employee + family / \$xxx.xx</li> <li>• Combined with Medical</li> </ul>	
Percent of eligible participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Retirement Benefits Coverage:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• Same as active employees; or</li> <li>• Separate plan (If separate plan, fill out retirement dental form.)</li> </ul>	
Eligibility at Normal Retirement Age:	<ul style="list-style-type: none"> <li>• Age 55, 10 years of service</li> <li>• Age 62, 15 years of service</li> <li>• Age plus service = total of 80</li> </ul>	
Plan Deductible: Preventive Services Basic / Major Services Orthodontia Services	<ul style="list-style-type: none"> <li>• None</li> <li>• \$50 per person, \$100 per family; or None</li> <li>• \$50 per person, \$100 per family; or None</li> </ul>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Deductibles are:	<ul style="list-style-type: none"> <li>• Combined; or</li> <li>• Separate; or</li> <li>• Preventive + Basic / Major; or</li> <li>• Preventive + Orthodontia; or</li> <li>• Basic / Major + Orthodontia</li> </ul>	
Employee Copayment: In network	<ul style="list-style-type: none"> <li>• Preventive = 20%, Basic = 20%, Major = 50%, Orthodontia = Not applicable; or</li> <li>• Preventive = 0%, Basic = 20%, Major = 50%, Orthodontia = 50%; or</li> <li>• Scheduled</li> </ul>	
Employee Copayment: Out of network	<ul style="list-style-type: none"> <li>• Preventive = 20%, Basic = 50%, Major = 40%, Orthodontia = Not applicable; or</li> <li>• Preventive = 30%, Basic = 40%, Major and Orthodontia = Not applicable; or</li> <li>• Not applicable</li> </ul>	
Preventive coverage in network includes:	<ul style="list-style-type: none"> <li>• Oral exam, x-rays, sealants, cleaning, polishing</li> </ul>	
Preventive coverage out of network includes:	<ul style="list-style-type: none"> <li>• Oral exam, x-rays, sealants, cleaning, polishing</li> </ul>	
Basic in network coverage includes:	<ul style="list-style-type: none"> <li>• Fillings, extractions, periodontics, endodontics, oral surgery</li> </ul>	
Basic out of network coverage includes:	<ul style="list-style-type: none"> <li>• Fillings, extractions, periodontics, endodontics, oral surgery</li> </ul>	
Major coverage in network includes:	<ul style="list-style-type: none"> <li>• Dentures, bridges, crowns</li> </ul>	
Major coverage out of network includes:	<ul style="list-style-type: none"> <li>• Dentures, bridges, crowns</li> </ul>	
Orthodontia eligibility in network (children and/or adults):	<ul style="list-style-type: none"> <li>• Not applicable; or</li> <li>• Children only; or</li> <li>• Children and adults</li> </ul>	

# Benefits Valuation Survey Questionnaire

*Dental*

Plan Feature	Sample Responses	Your Plan
Orthodontia eligibility out of network (children and/or adults):	<ul style="list-style-type: none"> <li>• Not applicable; or</li> <li>• Children only; or</li> <li>• Children and adults</li> </ul>	
Maximums in network:	<ul style="list-style-type: none"> <li>• Plan annual: \$1,250; or None</li> <li>• Orthodontia lifetime: \$1,000; or Unlimited</li> </ul>	
Maximums out of network:	<ul style="list-style-type: none"> <li>• Plan annual: \$1,250; or None</li> <li>• Orthodontia lifetime: \$1,000; or Unlimited</li> </ul>	
Reimbursement methodology: In network	<ul style="list-style-type: none"> <li>• R&amp;C; or</li> <li>• Scheduled; or</li> <li>• % reimbursement</li> </ul>	
Reimbursement methodology: Out of network	<ul style="list-style-type: none"> <li>• R&amp;C; or</li> <li>• Scheduled; or</li> <li>• % reimbursement</li> </ul>	
TMJ:	<ul style="list-style-type: none"> <li>• Covered under dental plan; or</li> <li>• Covered under medical plan; or</li> <li>• Not covered</li> </ul>	
Coverage type:	<ul style="list-style-type: none"> <li>• Non network; or</li> <li>• Non network/with network options; or</li> <li>• Network</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Educational Assistance

Plan Feature	Sample Responses	Your Plan
Employees Covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Percentage of eligible employees participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• Date of Hire; or</li> <li>• 60 days from hire date</li> </ul>	
Covered members: Spouse Children Domestic partners Extended family	<ul style="list-style-type: none"> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> <li>• Yes or No</li> </ul>	
To be reimbursed, courses must be: Degree Related Job Related	<ul style="list-style-type: none"> <li>• Yes or No</li> <li>• Yes or No</li> </ul>	
Covered courses are:	<ul style="list-style-type: none"> <li>• Undergraduate</li> <li>• Graduate</li> <li>• Technical</li> <li>• Other</li> </ul>	
Associated costs include:	<ul style="list-style-type: none"> <li>• Lab fees</li> <li>• Books</li> <li>• Parking</li> <li>• Other</li> </ul>	
Maximum reimbursement percentage:	<ul style="list-style-type: none"> <li>• Undergraduate <i>xx.x%</i></li> <li>• Graduate <i>xx.x%</i></li> </ul>	

# Benefits Valuation Survey Questionnaire

## *Educational Assistance*

Plan Feature	Sample Responses	Your Plan
Maximum in-state reimbursement dollar amounts:	<ul style="list-style-type: none"> <li>• Undergraduate \$xxxx.xx per year or \$xxxx.xx per course</li> <li>• Graduate \$xxxx.xx per year or \$xxxx.xx per course</li> </ul>	
Out-of-state reimbursement amount is different from in-state:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
How is the employees taxed:	<ul style="list-style-type: none"> <li>• IRS Guidelines; or</li> <li>• Not taxed; or</li> <li>• Other</li> </ul>	
Employee must pay-back benefit on leaving:	<ul style="list-style-type: none"> <li>• Yes, within one year; or</li> <li>• No</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Life Insurance

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Life Insurance</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Salary definition, if applicable:	<ul style="list-style-type: none"> <li>• Base pay; or</li> <li>• Total pay; or</li> <li>• Base + bonus</li> </ul>	
Employer-provided group term insurance amount for employees:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$20,000; or</li> <li>• 1 x Pay, maximum \$50,000; or</li> <li>• 1 x Pay, no maximum</li> </ul>	
Employer-provided group term insurance amount for spouse:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$20,000; or</li> <li>• 1 x Pay, maximum \$50,000; or</li> <li>• 1 x Pay, no maximum</li> </ul>	
Employer-provided group term insurance amount for children:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$20,000; or</li> <li>• 1 x Pay, maximum \$50,000; or</li> <li>• 1 x Pay, no maximum</li> </ul>	
Employer paid AD&D:	<ul style="list-style-type: none"> <li>• AD&amp;D coverage is equal to group term; or</li> <li>• 1 x pay; or</li> <li>• \$20,000</li> </ul>	
Supplemental term for employees and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Pay multiples = 1.00 - 2.00, overall maximum = unlimited, employee pays full cost; or</li> <li>• Flat amount = \$10,000 - \$100,000, overall maximum is \$400,000, employee + employer share cost; or</li> <li>• Not provided</li> </ul>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Supplemental term for spouse and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Flat amount = \$5,000 - \$20,000, overall maximum = \$20,000;</li> <li>• Not provided</li> </ul>	
Supplemental term for dependents and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Flat amount = \$5,000, overall maximum = \$5,000;</li> <li>• Not provided</li> </ul>	
Whole/universal for employees and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Pay multiples = 1.00 - 2.00, overall maximum = unlimited, employee pays full cost; or</li> <li>• Flat amount = \$10,000 - \$100,000, overall maximum is \$400,000, employee + employer share cost; or</li> <li>• Not provided</li> </ul>	
Whole/universal for spouse and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Flat amount = \$5,000 - \$20,000, overall maximum = \$20,000; or</li> <li>• Not provided</li> </ul>	
Whole/universal for dependents and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Flat amount = \$5,000, overall maximum = \$5,000; or</li> <li>• Not provided</li> </ul>	
Supplemental AD&D for employees and rate per \$1,000:	<ul style="list-style-type: none"> <li>• Pay multiples = 1.00 - 12.00, overall maximum = 1,000,000; or</li> <li>• Flat amount = \$10,000 - \$100,000, overall maximum = \$400,000; or</li> <li>• Not provided</li> </ul>	
Employer subsidized coverage while on disability:	<ul style="list-style-type: none"> <li>• Employer pays; or</li> <li>• Employee pays; or</li> <li>• Waived</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Long Term Care

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Long Term Care</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• Date of Hire; or</li> <li>• 60 days from hire date</li> </ul>	
Premiums paid by:	<ul style="list-style-type: none"> <li>• Employee; or</li> <li>• Employer; or</li> <li>• Shared</li> </ul>	
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both</li> </ul>	
Salary combination used to determine benefits:	<ul style="list-style-type: none"> <li>• Base; or</li> <li>• Base + commission</li> </ul>	
Benefits waiting period:	<ul style="list-style-type: none"> <li>• 6 months; or</li> <li>• 12 months</li> </ul>	
Percentage of employees participating:	<ul style="list-style-type: none"> <li>• xx.x%</li> </ul>	
Coverage available to:	<ul style="list-style-type: none"> <li>• Employee, Spouse, Employee's parents, Spouse's parents, Grandparents</li> </ul>	
Benefit period:	<ul style="list-style-type: none"> <li>• 5 years; or</li> <li>• Life</li> </ul>	
Cost of living adjustments (COLA):	<ul style="list-style-type: none"> <li>• Yes, 5% every three years; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Long Term Care

Plan Feature	Sample Responses	Your Plan
Covered expenses:	Provide daily, annual or lifetime maximums next to each service provided: <ul style="list-style-type: none"> <li>• Nursing Home Care = lifetime max \$xxx,xxx.xx</li> <li>• Home Healthcare = lifetime max \$xxx,xxx.xx</li> <li>• Skilled Care = lifetime max \$xxx,xxx.xx</li> <li>• Adult Day Care = lifetime max \$xxx,xxx.xx</li> <li>• Home Personal Care = Not Offered</li> <li>• Respite Care = Not Offered</li> <li>• Hospice Care = lifetime max \$xxx,xxx.xx</li> <li>• Physical Therapy = lifetime max \$xxx,xxx.xx</li> <li>• Occupational Therapy = Not Offered</li> <li>• Respiratory Therapy = annual max \$xxx,xxx.xx</li> <li>• Speech Therapy = annual max \$xxx,xxx.xx</li> <li>• Alternative Care Facilities = annual max \$xxx,xxx.xx</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Sick Leave / Short-Term Disability

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>Sick Leave and Short Term Disability</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>All; or</li> <li>Salaried; or</li> <li>Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>Yes STD, No Sick days; or</li> <li>No to both</li> </ul>	
Eligibility period:	<ul style="list-style-type: none"> <li>Sick days eligibility is not applicable, STD eligibility = date of hire; or</li> <li>First of the month following 3 months</li> </ul>	
Sick days - period of coverage earned per year:	<ul style="list-style-type: none"> <li>Not applicable; or</li> <li>10 days/year; or</li> <li>Combined in PTO plan</li> </ul>	
Salary Definition:	<ul style="list-style-type: none"> <li>Base pay; or</li> <li>Total pay; or</li> <li>Base + bonus</li> </ul>	
Accumulated sick days cashed out upon termination:	<ul style="list-style-type: none"> <li>Yes; or</li> <li>No</li> </ul>	
Accumulated sick days cashed out upon retirement:	<ul style="list-style-type: none"> <li>Yes; or</li> <li>No</li> </ul>	
STD benefit waiting period:	<ul style="list-style-type: none"> <li>0 days; or</li> <li>7 days sickness, 0 days hospitalization and accident</li> </ul>	
Monthly employee STD contributions per \$100 of pay:	<ul style="list-style-type: none"> <li>None; or</li> <li>\$.xxx.xx; or</li> <li>Varies by service or salary (please provide schedule)</li> </ul>	
Monthly STD contribution rate paid by employer per \$100 of pay:	<ul style="list-style-type: none"> <li>None; or</li> <li>\$ .xxx.xx; or</li> <li>Varies by service or salary (please provide schedule)</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Sick Leave / Short-Term Disability

Plan Feature	Sample Responses	Your Plan
STD benefits:	<ul style="list-style-type: none"> <li>• 0-1 year of service = 2 weeks at 100%, 24 weeks at 75%, 2-5 years of service = 5 weeks at 100%, 21 weeks at 75.00%, 6-10 years of service = 10 weeks at 100%; 16 weeks at 75%, 11-15 years of service = 13 weeks at 100%, 13 weeks at 75%; or</li> <li>• 26 weeks at 100%</li> </ul>	
Maximum STD payment period:	<ul style="list-style-type: none"> <li>• 26 weeks; or</li> <li>• 52 weeks</li> </ul>	
Maximum STD payment amount:	<ul style="list-style-type: none"> <li>• \$1,000 per week; or</li> <li>• unlimited</li> </ul>	
Social Security Offset: (If over 26 weeks)	<ul style="list-style-type: none"> <li>• Individual; or</li> <li>• Family; or</li> <li>• None</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Long-Term Disability

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Long-Term Disability</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Eligibility:	<ul style="list-style-type: none"> <li>• 1 month; or</li> <li>• Immediately</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Monthly employee contribution per \$100 of pay:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$<i>xxx.xx</i>; or</li> <li>• Varies based on service or salary (please provide schedule)</li> </ul>	
Monthly LTD contribution rate paid by employer per \$100 of pay:	<ul style="list-style-type: none"> <li>• None; or</li> <li>• \$<i>xxx.xx</i>; or</li> <li>• Varies based on service or salary (please provide schedule)</li> </ul>	
Benefit waiting period:	<ul style="list-style-type: none"> <li>• 6 months; or</li> <li>• 3 months</li> </ul>	
Period of own occupation:	<ul style="list-style-type: none"> <li>• 2 years; or</li> <li>• Age 65; or</li> <li>• Life</li> </ul>	
Level of benefit before offsets:	<ul style="list-style-type: none"> <li>• Fixed = 60.00% of pay; or</li> <li>• Fixed = \$350/ week</li> </ul>	
Salary definition:	<ul style="list-style-type: none"> <li>• Pay is defined as: Base + commission + cash profit sharing + other special payments; or</li> <li>• Base; or</li> <li>• Total</li> </ul>	

# Benefits Valuation Survey Questionnaire

*Long-Term Disability*

Plan Feature	Sample Responses	Your Plan
Maximum monthly benefit:	<ul style="list-style-type: none"> <li>• Unlimited; or</li> <li>• \$5,000</li> </ul>	
Maximum percent from all sources:	<ul style="list-style-type: none"> <li>• 60%; or</li> <li>• 70%; or</li> <li>• Unlimited</li> </ul>	
Social Security Offset:	<ul style="list-style-type: none"> <li>• Individual; or</li> <li>• Family; or</li> <li>• None</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Vision Option 1</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Employee contributions are:	<ul style="list-style-type: none"> <li>• Pre-tax; or</li> <li>• After-tax; or</li> <li>• Both; or</li> <li>• Included with medical; or</li> <li>• Included with dental</li> </ul>	
Employee monthly contributions:	<p>Contributions are payroll deductions:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> </ul> <p>Contributions are price tags:</p> <ul style="list-style-type: none"> <li>• Employee only / \$<i>xxx.xx</i></li> <li>• Employee + child / \$<i>xxx.xx</i></li> <li>• Employee + spouse / \$<i>xxx.xx</i></li> <li>• Employee + family / \$<i>xxx.xx</i></li> <li>• None</li> </ul>	
Frequency: Exams Frames Lenses Contacts Laser	<ul style="list-style-type: none"> <li>• 2 exams every 1 year</li> <li>• 1 pair of frames every 2 years</li> <li>• 1 pair of lenses every 1 year</li> <li>• 1 pair of contacts every 1 year</li> <li>• For laser, list maximum coverage offered.</li> </ul>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Employee Copayment: Exams Frames Lenses: Single Bifocal Trifocal Lenticular Contacts: Elective Medically Necessary Laser	<ul style="list-style-type: none"> <li>• None or \$10</li> <li>• None or \$10</li> <li>• None or \$10</li> <li>• None or \$10</li> <li>• None or \$10</li> <li>• None or \$10</li> <li>• None or \$50</li> <li>• None or \$25</li> <li>• None or 20%</li> </ul>	
Maximum: Exams Frames Lenses: Single Bifocal Trifocal Lenticular Contacts: Elective Medically Necessary Laser	<ul style="list-style-type: none"> <li>• None or \$50</li> <li>• None or \$50</li> <li>• None or \$35</li> <li>• None or \$55</li> <li>• None or \$60</li> <li>• None or \$70</li> <li>• None or \$150</li> <li>• None or \$150</li> <li>• Unlimited</li> </ul>	

# Benefits Valuation Survey Questionnaire

Plan Feature	Sample Responses	Your Plan
Deductible: Exams Frames Lenses: Single Bifocal Trifocal Lenticular Contacts: Elective Medically Necessary Laser	<ul style="list-style-type: none"> <li>• None or \$20</li> <li>• None or \$20</li> <li>• None or \$20</li> <li>• None or \$75</li> <li>• None or \$75</li> <li>• None or \$75</li> <li>• None or \$200</li> <li>• None or \$200</li> <li>• None or \$200</li> </ul>	
Reimbursement: Exams Frames Lenses: Single Bifocal Trifocal Lenticular Contacts: Elective Medically Necessary Laser	<ul style="list-style-type: none"> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> <li>• 100% or 80%</li> </ul>	
Coverage type:	<ul style="list-style-type: none"> <li>• Non network; or</li> <li>• Non network/with network options; or</li> <li>• Network; or</li> <li>• Discounts only</li> </ul>	

**Benefits Valuation Survey Questionnaire**

<b>Plan Feature</b>	<b>Sample Responses</b>	<b>Your Plan</b>
Comments:		

# Benefits Valuation Survey Questionnaire

## *Paid Leave*

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Vacation/Holidays/Personal days</li> </ul>	
Employees covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Personal days per year:	<ul style="list-style-type: none"> <li>• 0.00; or</li> <li>• 3.00</li> </ul>	
Holidays per year:	<ul style="list-style-type: none"> <li>• 6.00 + 5.00 floating holidays Holidays are not lost if they fall on a weekend; or</li> <li>• 10 + 0 floating holidays Holidays are not lost if they fall on a weekend; or</li> <li>• 0 + 0 holidays Holidays and personal days are included with vacation</li> </ul>	
Option to buy or sell time-off days:	<ul style="list-style-type: none"> <li>• Option not available.</li> </ul>	
Time-off accrual per years of service:	<ul style="list-style-type: none"> <li>• 0 years of service = 10 days, 4 years = 15 days, 10 years = 20 days, 19 years = 25 days; or</li> <li>• 0 years = 30 days; this is a paid time off plan that includes vacation, sick and personal days</li> </ul>	
Carryover policy:	<ul style="list-style-type: none"> <li>• Allowed 50 days maximum accumulation; or</li> <li>• Not allowed</li> </ul>	
Policy for handling paid leave in the event of plan shutdown:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Sabbatical leave:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## *Paid Leave*

Plan Feature	Sample Responses	Your Plan
Employees covered under Sabbatical Leave:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible for Sabbatical Leave:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Eligibility for Sabbatical:	<ul style="list-style-type: none"> <li>• One year of service; or</li> <li>• Five years of service</li> </ul>	
Duration of Sabbatical Leave:	<ul style="list-style-type: none"> <li>• Three months; or</li> <li>• Six months</li> </ul>	
Granted:	<ul style="list-style-type: none"> <li>• Every five years; or</li> <li>• Every ten years</li> </ul>	
Payment of Sabbatical Leave:	<ul style="list-style-type: none"> <li>• Paid; or</li> <li>• Unpaid; or</li> <li>• Partially paid</li> </ul>	
Comments:		

# Benefits Valuation Survey Questionnaire

## Severance

Plan Feature	Sample Responses	Your Plan
Plan Name:	<ul style="list-style-type: none"> <li>• Severance</li> </ul>	
Employees Covered:	<ul style="list-style-type: none"> <li>• All; or</li> <li>• Salaried; or</li> <li>• Hourly</li> </ul>	
Part-time eligible:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is there a service criteria related to eligibility and is prior service considered (e.g. one year of service):	<ul style="list-style-type: none"> <li>• Yes, 1 year; or</li> <li>• No; or</li> <li>• If previously employed: prior service applies to eligibility requirement.</li> </ul>	
What is the severance package the employee receives:	<ul style="list-style-type: none"> <li>• Two weeks for first year of service and one week for each year thereafter; or</li> <li>• One week for each year of service; minimum of eight weeks, maximum of 26 weeks</li> </ul>	
What, if any, maximums apply to the severance plan (please include dollar amounts):	<ul style="list-style-type: none"> <li>• \$xxx.xx; or</li> <li>• 26 weeks; or</li> <li>• Two times annual compensation</li> </ul>	
What is the salary definition used to determine employee pay:	<ul style="list-style-type: none"> <li>• Base pay; or</li> <li>• Base + bonus; or</li> <li>• Total pay</li> </ul>	
Is the employee taxed on monies from the severance plan:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Is Medical and Dental COBRA subsidized during the severance period:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Does the employee have to pay back the severance plan if rehired by the company:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Severance

Plan Feature	Sample Responses	Your Plan
How is the Severance benefit paid:	<ul style="list-style-type: none"> <li>• Weekly; or</li> <li>• Monthly; or</li> <li>• Other</li> </ul>	
Is outplacement provided to displaced employees:	<ul style="list-style-type: none"> <li>• Yes; or</li> <li>• No</li> </ul>	
Impact on Stock Options issued:	<ul style="list-style-type: none"> <li>• Not Applicable; or</li> <li>• Accelerate options; or</li> <li>• Extend exercise period; or</li> <li>• Combination of both accelerate options and extend exercise period; or</li> <li>• No change</li> </ul>	
Employees covered in change of control situation:	<ul style="list-style-type: none"> <li>• All employees; or</li> <li>• Certain levels; or</li> <li>• Certain titles; or</li> <li>• Based on years of service; or</li> <li>• Employee agreement</li> </ul>	
Golden Parachute excise tax for Executives:	<ul style="list-style-type: none"> <li>• Full Gross-up; or</li> <li>• Partial Gross-up; or</li> <li>• Other</li> </ul>	
In Non Change of control situation, Executives receive salary paid for:	<ul style="list-style-type: none"> <li>• 6 months; or</li> <li>• 12 months; or</li> <li>• 18 months; or</li> <li>• 24 months; or</li> <li>• Other</li> </ul>	
Method of severance payment for Executives:	<ul style="list-style-type: none"> <li>• Lump sum; or</li> <li>• Installments; or</li> <li>• Other</li> </ul>	

# Benefits Valuation Survey Questionnaire

## Severance

Plan Feature	Sample Responses	Your Plan
Calculation of Executive bonus as part of severance:	<ul style="list-style-type: none"><li>• N/A; or</li><li>• 1 x prior year; or</li><li>• 2 x prior year; or</li><li>• Other</li></ul>	
Comments:		