

STATE OF ALASKA

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
ADMINISTRATIVE SERVICES DIVISION
Research & Analysis Section

Frank H. Murkowski, GOVERNOR

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August 7, 2006

«Name»

ATTN: HUMAN RESOURCE MANAGER

«Address1»

«Address2»

«City», «State» «Zip»

Company ID: «UniqueID»

Dear Sir or Madam,

The enclosed employee benefits survey is being conducted by the Alaska Department of Labor & Workforce Development. It is designed to determine the level of employee health benefits in Alaska and to help discover how many Alaskans remain uninsured.

The information you provide will be confidential and used for statistical purposes only. Individual firm identity is protected and will not be disclosed.

As you fill out the survey, please provide information for only those employees that worked in Alaska during the pay period that included July 12, 2006. If you require more space for any response, attach a separate sheet of paper with the survey form and include the additional information and the question number. If you have several benefit plans for your employees, copy this survey and complete one survey for each benefit plan. General instructions and a glossary of terms are provided on the back of this letter.

If you require assistance, please call 1-800-478-4508 (within Alaska), or 907-465-4508 (outside Alaska) and ask for Neal Gilbertsen. After you have completed the survey, please return it using the postage-paid envelope provided or fax the survey to 1-800-325-9872. You may also complete the survey online at <http://www.labor.state.ak.us/research/benefit/benefitsurvey.htm>. The online survey requires you to use the company ID located below the date on this letter.

We ask that you complete and return the survey no later than August 31, 2006. After the survey responses have been analyzed, a copy of the final report will be published. Please indicate in question three if you would like a copy sent to you.

Thank you very much for your time and cooperation.

Sincerely,



Brynn Keith, Chief
Research and Analysis Section
Alaska Department of Labor &
Workforce Development

General Instructions

- Each company is assigned its own unique company ID which is referenced on each page of this survey. Your unique company ID is: «**UniqueID**»
- If your employees are covered under more than one plan, make one copy of the survey for each plan and complete questions 6 through 11 on each form.
- If you need more space to respond, please attach a separate sheet of paper with the additional information and the question number.
- Go to <http://www.labor.state.ak.us/research/benefit/benefit.htm> for more information about this survey.
- Go to <http://www.labor.state.ak.us/research/benefit/benefitsurvey.htm> to complete this survey online

Glossary of Terms

- **Comprehensive Medical**
Health insurance that covers (in part or all) medical and hospitalization charges, and may also cover portions of other services such as mental health, pharmaceuticals, medical equipment, or other services.
- **Deductible**
A predetermined dollar amount which must be satisfied within a specific time frame before the health insurance plan will make payment for eligible benefits.
- **Dependent**
A person such as a spouse or child who relies on the employee for financial support and health insurance coverage.
- **Eligible (as opposed to enrolled)**
A person who meets all requirements to enroll for health insurance coverage.
- **Employee**
All employees receiving wages during the pay period that includes July 12, 2006; they may be considered full-time, part-time, or temporary/seasonal. Include owners of businesses whose income derives from “draws” as well as wages.
 - **Full-time employee**
As defined by employer; usually refers to employees working 35 hours or more per week.
 - **Part-time employee**
As defined by employer; usually refers to employees working fewer than 35 hours per week.
 - **Temporary/ Seasonal employee**
Employees who work part of the year because of the nature of the work, such as summer park rangers, fish processing workers, and ski instructors. “On call” or “as needed” workers are considered temporary employees. School district employees are *not* considered seasonal.
- **Enrolled (as opposed to eligible)**
An individual who is enrolled for health insurance benefits during the pay period that includes July 12, 2006.
- **Health Reimbursement Account (HRA)**
An account funded by pre-tax contribution that reimburses the employee up to a maximum dollar amount for medical care expenses incurred by themselves or their dependents.
- **Health Savings Account (HSA)**
A tax-free account set up by an employer or an individual used to pay for qualified medical expenses. HSA’s are required to be used in conjunction with a high deductible health plan (HDHP).
- **High Deductible Health Plan (HDHP)**
A health insurance plan that requires an employee to pay a large deductible (\$2,500 or more) OR a plan that provides coverage just for high cost care (for example, more than \$25,000). An HDHP must meet deductible and coinsurance limits established under federal law.
- **Non-profit organization**
An organization that qualifies under the internal revenue code as a 401 c (3) organization, for exemption from certain taxes, etc.



State of Alaska 2006 Employee Health Benefit Survey

Company ID: « Name »
« Unique ID »

Instructions:

- Please provide information for your employees who worked in Alaska during the pay period including July 12, 2006.
- For assistance or questions, please call 1-800-478-4508 (within Alaska), or 907-465-4508 (outside Alaska) and ask for Neal Gilbertsen.
- Please return the completed survey by August 31, 2006 in the self-addressed postage-paid envelope provided or fax to 1-800-325-9872. You may also complete this survey online by directing your browser to:
<http://www.labor.state.ak.us/research/benefit/benefitsurvey.htm>

General Information	1 Name of person completing form				Title		Phone Number		Date			
	2 Is your company/ organization a non-profit?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	3 Would you like a copy of the benefit survey report when available?								<input type="checkbox"/> Yes		<input type="checkbox"/> No	
	4 How many total employees worked for your company/ organization during the pay period that included July 12, 2006?				Full-time (year-round)		Part-time (year-round)		Temporary/ Seasonal*			
5 Does your company/ organization offer or contribute to a health insurance benefit plan or trust, or provide medical benefits for ANY of your employees or their dependents?												
<input type="checkbox"/> Employees Only		<input type="checkbox"/> Employees & Dependents		<input type="checkbox"/> Not offered to employees or their dependents		If answered not offered, please tell us the reason(s) why health benefits are not offered in the space below. You have now completed this survey. Please return by mail or fax to 1-800-325-9872.						
If you offer insurance to your employees continue to question 6 in the next section												



The following questions should be answered for only one health benefit plan or trust as described in question 6. If your employees are covered under more than one plan, please pause here and make one copy of this survey for each plan and complete questions 6 through 11 on each form. Thank You

Type of Health Insurance Offered	6 Which health insurance benefit plan/ medical benefits does your company offer its employees? <i>(choose only one plan per survey form, if you offer more than one plan, make copies of this survey before proceeding)</i>											
	Type of health insurance benefit plan				Full-time (year-round)		Part-time (year-round)		Temporary/ Seasonal			
	"Insured" – Where the employer purchases or makes available insurance coverage from a licensed insurance company and the insurance company is liable for employee insurance claims.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	"Self-insured" – Where the employer underwrites their own risk and is liable for employee insurance claims even though they may contract with an insurer or other third party to process these claims.				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Directly purchase services for your employees <i>(for example, a contract with a clinic to provide primary care to workers during a season).</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Directly provide free, or at less than full cost, health services for your employees <i>(for example, through company clinics or at their place of work).</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No				

- If you need more space to respond, please attach a separate sheet of paper with the information and the question number.
- Information provided will be used for statistical purposes only. Individual firm identity is protected and will not be disclosed.
- Go to <http://www.labor.state.ak.us/research/benefit/benefit.htm> for more information about this survey.

Specific Information about Health Insurance Benefits

7 How long must an employee work at your company/ organization before he or she is eligible (can be covered) for your health benefits plan? (for example, no wait, two weeks, one month, one year)

	Full-time (year-round)	Part-time (year-round)	Temporary/ Seasonal
Length of wait			
Comments			

8 During the week of July 12, 2006...

	Full-time (year-round)	Part-time (year-round)	Temporary/ Seasonal
How many employees were eligible for coverage under your company's health benefit plan? (could enroll if they wished)			
How many employees were enrolled under your company's health benefit plan? (were covered by the plan)			

9 Does your company/ organization pay all, some or none of the premium cost for your employee and dependent health benefit plan?

	Full-time (year-round)			Part-time (year-round)			Temporary/ Seasonal		
Employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All	Some	None	All	Some	None	All	Some	None
	Dependents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All		Some	None	All	Some	None	All	Some	None

10 Check the types of health insurance benefits which are offered to your employees and their dependents? (Check all that apply)

	Full-time (year-round)		Part-time (year-round)		Temporary/ Seasonal	
	Employees	Dependents	Employees	Dependents	Employees	Dependents
Comprehensive Medical: Coverage for hospital, medical, and surgical expenses; may include coverage offered with a Health Reimbursement Account (HRA), but does not include limited benefit or supplemental coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Deductible Health Plan (HDHP) with a Health Savings Account (HSA) or other similar type plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health/ Behavioral Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Limited Benefit or Supplemental: Coverage is not coordinated with other health coverage and provides limited medical and/or hospital benefits such as coverage only for medical expense, only hospital expense, hospital indemnity, short-term medical or coverage only for diagnosis and treatment of a specifically named disease, such as cancer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other benefits not listed above: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11 If any of the above questions must be answered by a union administrator, health trust manager, or other entity official, please make a copy of this survey and send it to them to complete. Please include their contact information in the space below and return this partially completed form to us.

*Thank you for completing the survey.
Please return it in the postage paid-envelope provided or fax to 1-800-325-9872.*

- If you need more space to respond, please attach a separate sheet of paper with the information and the question number.
- Information provided will be used for statistical purposes only. Individual firm identity is protected and will not be disclosed.
- Go to <http://www.labor.state.ak.us/research/benefit/benefit.htm> for more information about this survey.

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