

Employee Benefits Survey Questions

The below survey questions are pre-approved for use with customers. Answers to questions are examples and should be updated to address your customer's specific benefit plan.

Benefit Plan Questions

1. How would you rate the City of Minot benefits program, 1-5 (5 being the best)?
2. Please provide any feedback on the program and your results that you are willing to share.
3. Please rank the following benefits offered by City of Minot in order of importance to you (1 being the most important and 11 being the least important). Please use each number only once.
 - a. Medical Plan
 - b. Dental Plan
 - c. Vision Plan
 - d. Employee Assistance Plan (EAP)
 - e. Disability (Long-Term)
 - f. Life Insurance
 - g. Vacation Leave Accrual
 - h. Sick Leave Accrual
 - i. Tuition Reimbursement
4. If you are enrolled in City of Minot medical plan, what class of coverage are you enrolled in?
 - a. Single
 - b. Parent and Child(ren)
 - c. Family (Employee and Spouse)
5. Please indicate your overall level of satisfaction with City of Minot Medical Plan.
 - a. Very Satisfied
 - b. Satisfied
 - c. Dissatisfied
 - d. I Do Not Participate
6. (If checked Dissatisfied from above) You checked that you are currently dissatisfied with the City of Minot Medical Plan. Please indicate why you are dissatisfied with this benefit by checking all that apply.
 - a. Deductibles and Out-of-Pocket Expenses
 - b. Cost of Office and Prescription Copays
 - c. Your Cost Per Paycheck
 - d. Customer Service/Claims Processing
 - e. Access to In-Network Doctors and Clinics
 - f. Plan Design
7. If you are not enrolled in the health plan today, where do you currently hold coverage?
 - a. Spouse's Health Plan
 - b. Parent's Health Plan
 - c. Health Care Exchange
 - d. Tricare

- e. Medicare
 - f. Medicaid
 - g. Unsure/Prefer Not to Answer
 - h. I am not currently enrolled in any health insurance plan.
8. Given the choice, based on rising health insurance costs, which of the following would you prefer?
- a. I would prefer to contribute more towards the cost of my medical insurance (increased payroll deductions) to retain my current level of coverage (same deductible, co-pays, etc.).
 - b. I would prefer to keep my payroll deductions approximately the same or reduced - even if that requires increasing co-pays, deductibles, etc.
 - c. I would prefer to retain my current level of coverage, but I would not be willing to increase my payroll deductions; I would be willing to eliminate or reduce other benefits.
9. If City of Minot were to enhance or add to the benefits currently offered, which of the following would be of most interest to you? Please select your TOP FIVE choices ONLY.
- a. Monthly Fitness Reimbursement
 - b. Add Day After Thanksgiving as a Holiday Through Elimination of Personal Day.
 - c. On-Site Day Care Services
 - d. Increase Company Paid Life Insurance
 - e. Increase Medical Flexible Spending Maximum
 - f. Provide Employer Paid Short-Term Disability
 - g. Student Debt Repayment/Assistance Program
 - h. Other – Please Provide Example
10. Please select up to three communication methods you would prefer to be used to engage with you regarding your benefits:
- a. City of Minot Benefit Website
 - b. In-Person Presentations
 - c. Online Presentations
 - d. Email
 - e. Text Message
 - f. Phone Call
 - g. From My Supervisor
 - h. Mobile App
11. How do you feel about the amount of communication you received over the past year regarding City of Minot benefits?
- a. Not enough communication
 - b. Just the right amount of communication
 - c. Too much communication
12. How well of an understanding do you have of the City of Minot benefits package? This would include your health insurance, dental insurance, vision insurance, flexible spending, life insurance and disability insurance benefits etc.
- a. Poor
 - b. Somewhat
 - c. Moderate
 - d. Good
 - e. Strong

13. How well of an understanding do you have of the health insurance plan offered by City of Minot?
- Poor
 - Somewhat
 - Moderate
 - Good
 - Strong
14. What areas of your benefits would you like to understand better? Please select your top areas of interest, up to five.
- Deductible
 - Co-pay
 - Coinsurance
 - Out-of-Pocket Maximum
 - Preventive Care
 - Telehealth
 - Prescription Coverage
 - Flexible Spending Account (FSA)
 - Dependent Care Flexible Spending Account
 - Dental Plan
 - Vision Plan
 - Basic Life Insurance
 - Voluntary Life Insurance
 - Dependent Life Insurance
 - Long-Term Disability Plan
 - Wellness Program
 - Employee Assistance Program (EAP)
15. Please select the option that best describes your feelings relative to your premium cost versus your out-of-pocket medical/pharmacy cost:
- I am willing to pay more in payroll contributions to keep lower out-of-pocket costs (i.e., co-pays, deductible) when I access services.
 - I think the current costs (premiums vs. deductible/co-pays) are just right.
 - I would like to pay less in payroll contributions with moderately higher out-of-pocket costs (i.e., co-pays, deductible) when I access services.
 - I would like to pay much less in payroll contributions with much higher out-of-pocket costs (i.e., co-pays, deductible) when I access services.
 - I do not participate in the health plan.
16. Please select the top three most important health plan design components for you and your family.
- Low Primary Care Visit Co-Pay
 - Low Specialist Doctor Co-Pay
 - Low Deductible
 - Low Out-of-Pocket Maximum
 - Low Prescription Drug Co-Pays
 - Low Coinsurance
17. Health insurance plans can be designed to emphasize different features. Which plan features would align with your benefits needs? Please put a "1" in the blank by the item

you consider most important, a "2" next to the second most important, a "3" in the third most important, etc.:

- a. A plan that emphasizes prevention, wellness, healthy lifestyles, early detection of disease, screening and testing.
 - b. A plan that costs more from my paycheck but protects my family and me against the cost of routine medical procedures (such as doctor's office visits for minor illnesses or injuries).
 - c. A plan that has low employee contributions and protects my family and me against very large, catastrophic medical expenses.
 - d. A plan that rewards me (costs less) for leading a healthy lifestyle.
 - e. A plan with a tax-advantaged account (HSA/FSA) that allows me to manage my health care dollars at my discretion.
 - f. A plan that provides freedom of choice for physicians, hospitals and other health care providers.
18. Have you utilized any of the following Amwell Telehealth Services in the last 12 months? Check all that apply:
- a. Urgent Care (i.e., ear infection, pink eye, cold and flu, COVID-19, etc.)
 - b. Mental Health Services
 - c. Nutrition Counseling
 - d. Lactation Counseling
 - e. I utilized telehealth services at a health care provider other than Amwell (example: Primary Care Provider).
 - f. I have not utilized telehealth services in the last 12 months but did prior to that.
 - g. I have not utilized telehealth at all.
19. If you have not utilized telehealth in the last 12 months, why? Check all that apply:
- a. I was not aware it was available to me.
 - b. I did not need the services.
 - c. I prefer in-person services.
 - d. Technology is difficult for me to use.
 - e. I did utilize telehealth services in the last 12 months.
20. Are you satisfied with your access to primary care providers?
- a. Yes, I have no issues getting access to primary care services.
 - b. No, I feel it takes too long to get access to primary care services.
 - c. Indifferent
 - d. I do not utilize primary care; I only use health care when I need it.
21. What area of well-being is of highest priority to you?
- a. Physical (i.e., healthy weight/BMI, blood pressure, glucose, exercise)
 - b. Mental (i.e., stress management, anxiety, depression)
 - c. Financial (i.e., household budgeting, saving for short-/long-term, retirement)
 - d. All of equal importance
22. If City of Minot had an incentive to participate in a wellness activity or challenge, which of the following incentives would increase your likelihood of participating? (Check all that apply).
- a. I would participate without an incentive.
 - b. Raffles for Prizes
 - c. Lifestyle Benefits and/or Experiences (e.g., gym discounts and classes, credits to massage chains, DoorDash, Uber, Instacart, Netflix, etc.)

- d. Gift Cards
 - e. Flexible Scheduling
 - f. Ability to Participate During Work Hours
 - g. Giveaways and Swag Items
 - h. Free Healthy Food or Snacks
 - i. Recognition (Peer-to-Peer or From Manager)
 - j. Not Interested
23. Please provide comments/ideas on any other wellness initiatives or activities you would be interested in seeing or that you have enjoyed participating in at another place of employment.
24. Please add any other comments or suggestions about what you would like to see offered as part of benefits offerings.