

Survey: 2020 Regional Benefits Survey

Welcome to the 2020 Regional Benefits Survey!

The goal of this survey is to provide employers in the Pacific Northwest with helpful and timely data that will assist them in making benefit and policy decisions and build awareness of trends in these areas. Your participation is important to help provide useful and actionable data back to your organization.

This survey will take approximately 40-60 minutes to complete. Many of the answers to the questions in this survey will often be found in your employee handbook and benefits documents. We encourage you to have these documents available when completing this survey as it will save you time.

If you use the "Save & Continue Later" feature, you will be emailed a link to resume the survey. If you do not see the email in your Inbox, please check your Junk Email folder.

Please note that you must complete all 9 (*nine*) sections of this survey in order to qualify as a participant. If you would like a PDF file of this survey, please use this link: [Survey PDF](#)

Important Dates:

Survey Launch: *Monday, May 11th*

Input Deadline: *Friday, June 12th*

Survey Report Publication: *Early August*

Effective Date of Information: *May 2020*

Please enter your organization's most recent information as of *May 2020*

Survey Sections:

Section One: Information About Your Organization

Section Two: Time-off Practices

Section Three: Compensation Practices

Section Four: Health & Welfare Benefits Practices

Section Five: Life Insurance, Disability, & Retirement Benefits Practices

Section Six: Pandemic and COVID-19

Section Seven: Diversity, Equity, & Inclusion

Section Eight: Other Policies & Practices

Section Nine: Your Contact Information

By filling out this survey form, you agree that we will process your data in line with our privacy policy.

Section One: Information About Your Organization

* Industry Category

Please select the option which best categorizes your organization's product or service offering. Category descriptions are not all-inclusive and may be the best selection even if your specific product or service is not listed.

- Arts, Entertainment, & Recreation
- Information, Data, & Communications
- Manufacturing
- Construction

- Medical & Mental Healthcare
- Natural Resources & Mining, and Utilities
- Professional, Scientific, Business, & Technical Services
- Social & Educational Services
- Transportation & Warehousing
- Hospitality, Wholesale & Retail Trade
- Other

*

Region

Please select the state where the majority of your employees work.

- Oregon
- Washington
- Other state in the Pacific Northwest

*

Please estimate the Annual Gross Revenue for your organization in 2019.

Please select the best revenue category for your organization.

- Less than \$1 million
- \$1 million to \$2.9 million
- \$3 million to \$9.9 million
- \$10 million to \$49.9 million
- \$50 million to \$249.9 million
- \$250 million or more

*

Number of Employees

Please select the one category corresponding to the total number of employees employed by your organization. (This should include full-time, part-time, and variable schedule employees. This should not include any independent contractors or employees provided from and paid through a temporary agency.)

- 1 to 24 employees
- 25 to 49 employees
- 50 to 99 employees
- 100 to 149 employees
- 150 to 249 employees

- 250 to 499 employees
- 500 or more employees

*

Ownership Structure

For the purposes of this survey, any reference to "Not for Profit" or "Non-profit" is used interchangeably. Please select an ownership structure from the following options.

- For Profit
- Non-profit
- Public Sector

*** Union Status**

Please select one.

- Union
- Non-Union

Section Two: Paid Time Off Practices

*** Which of the following time off leave benefit approaches do you provide?**

Please select the one that applies for the majority of your employees.

- Paid traditional leave for vacation and sickness (separate/non-pooled)
- Paid Time Off/PTO (pooled vacation and sick) leave
- Unlimited Paid Time Off
- Only legally mandated leave
- None

Do you cap the maximum accrual an employee may accumulate?

(If a cap on an accrual plan is reached, the employee will no longer accrue time off in this bank until time off is utilized and the number reduced.)

	Yes	No	N/A or if prohibited by statute
* Paid traditional leave for vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Paid traditional leave for sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Paid Time Off/PTO (pooled) leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Catastrophic leave bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For the majority of your employees, what is the accrual an employee may accumulate?

Please enter a number for the cap in hours (e.g., 120, 160, etc.) or leave blank if not applicable.

Accrual in hours

Paid traditional leave for vacation

Paid traditional leave for sickness	<input type="text"/>
Paid Time Off/PTO (pooled) leave	<input type="text"/>
Catastrophic leave bank	<input type="text"/>

Do you allow employees to rollover time from one plan year to the next?

	Yes	No	N/A
* Paid traditional leave for vacation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Paid traditional leave for sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Paid Time Off/PTO (pooled) leave	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Catastrophic leave bank	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** When is leave awarded?**

Please select all that apply.

- All leave hours/days are front-loaded at the beginning of the year
- Partial leave hours/days are front-loaded at the beginning of the year, and the remainder accrues
- Leave accrues per pay period based on hours worked
- Leave accrues per pay period based on days worked
- Leave accrues per pay period based on weeks worked
- Leave accrues per pay period based on months worked
- Leave accrues quarterly
- Leave accrues yearly
- Leave accrues on some other basis
- Leave is unlimited and not tracked by in above listed ways
- Leave is awarded on some other basis

What is the maximum amount of time an employee is allowed to rollover between years?

Please enter a number for the rollover in hours (e.g., 120, 160, etc.) or leave blank if not applicable.

	Max rollover in hours
Paid traditional leave for vacation	<input type="text"/>
Paid traditional leave for sickness	<input type="text"/>
Paid Time Off/PTO (pooled) leave	<input type="text"/>
Catastrophic leave bank	<input type="text"/>

What is the maximum amount of time an employee is paid upon termination?

Please enter a number for the hours paid upon termination (e.g., 120, 160, etc.) or leave blank if not applicable.

	Max hours upon termination
Paid traditional leave for vacation	<input type="text"/>
Paid traditional leave for sickness	<input type="text"/>

Paid Time Off/PTO (pooled) leave

Catastrophic leave bank

Which of the following time off leave benefits do you provide?

Please select the one that applies to a majority of your employees per line.

	Provided	Not Provided
* Paid leave for the purpose of vacation	<input type="radio"/>	<input type="radio"/>
* Paid leave for the purpose of sickness	<input type="radio"/>	<input type="radio"/>
* Paid leave for the purpose of jury duty	<input type="radio"/>	<input type="radio"/>
* Paid personal day(s)	<input type="radio"/>	<input type="radio"/>
* Paid holiday(s)	<input type="radio"/>	<input type="radio"/>
* Paid bereavement leave	<input type="radio"/>	<input type="radio"/>
* Paid floating holiday(s)	<input type="radio"/>	<input type="radio"/>
* Paid maternity leave	<input type="radio"/>	<input type="radio"/>
* Paid paternity leave	<input type="radio"/>	<input type="radio"/>
* Paid parental (non-specific) leave	<input type="radio"/>	<input type="radio"/>

	Provided	Not Provided
* Paid family leave	<input type="radio"/>	<input type="radio"/>
* Paid new pet leave	<input type="radio"/>	<input type="radio"/>
* Paid volunteering/community service leave	<input type="radio"/>	<input type="radio"/>
* Paid birthday leave	<input type="radio"/>	<input type="radio"/>
* Paid sabbatical leave	<input type="radio"/>	<input type="radio"/>
* Unpaid sabbatical leave	<input type="radio"/>	<input type="radio"/>
* Unlimited paid time off	<input type="radio"/>	<input type="radio"/>

If your organization provides the following time off leave benefits, please provide the average number of hours annually per employee?

Please provide the average number of hours that apply to a majority of your employees per line. If not applicable, please leave the field blank.

	Average Number of Hours
Paid leave for the purpose of vacation	<input type="text"/>
Paid leave for the purpose of sickness	<input type="text"/>
Paid leave for the purpose of jury duty	<input type="text"/>
Paid personal day(s)	<input type="text"/>
Paid holidays	<input type="text"/>
Paid bereavement leave	<input type="text"/>
Paid floating holiday	<input type="text"/>
Paid maternity leave	<input type="text"/>
Paid paternity leave	<input type="text"/>
Paid parental (non-specific) leave	<input type="text"/>

Average Number of Hours

Paid family leave	<input type="text"/>
Paid new pet leave	<input type="text"/>
Paid volunteering/community service leave	<input type="text"/>
Paid birthday leave	<input type="text"/>
Paid sabbatical leave	<input type="text"/>
Unpaid sabbatical leave	<input type="text"/>

*** How many floating holidays do you offer employees per year?**
Please select the one that applies to a majority of your employees.

- 1 day
- 2 days
- 3 or more days
- We do NOT offer floating holidays

*** How many paid holidays do you provide to full-time employees?**
Please enter a number, or 0 if not applicable.

Please select all that apply for the majority of your employees for 2019.
Please indicate the option that applies to a majority of your employees per line.

	Normal Work Day	Day Off–UNPAID	Day Off or Partial-Day Off– PAID
* New Year's Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Day After New Year's Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Martin Luther King Jr. Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Presidents' Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Good Friday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Easter Sunday	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Memorial Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Independence Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Day After Independence Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Labor Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Normal Work Day	Day Off–UNPAID	Day Off or Partial-Day Off– PAID
* Columbus Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Veterans Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Thanksgiving Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Day After Thanksgiving Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Christmas Eve Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Christmas Day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | |
|----------------------|-----------------------|-----------------------|-----------------------|
| * New Year's Eve Day | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| * Other holiday | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**What other holidays do you provide to your employees that are not listed above as a benefit to the majority of your employees?
If not applicable, you may leave the answer field blank.**

*

Do you offer employees the option to choose between more than one holiday schedule?

(Note: There is a business trend to offer two or more holiday schedules that an employee may choose from at the beginning of the year and follow for that year. The alternative schedule may offer time off, for example, on Hanukkah rather than another listed holiday. These alternative schedules offer the same number of days but not the same dates.)

- We only offer 1 holiday schedule, employees do not have a choice
- We offer 2 or more holiday schedule choices to employees
- Employees may define their own holiday schedule

*

Must your non-exempt employees be employed a minimum number of days before being eligible for holiday pay?

Please select one that represents your policy for a majority of your employees.

- No, employees are eligible upon hire
- Yes, employees must wait a specified period of time
- N/A—we do not offer paid holidays to our employees

*** Please select one of the following wait periods:**

- 1st of the month following date of hire
- 1st of the month following 30 days of employment
- 1st of the month following 60 days of employment
- 1st of the month following 90 days of employment
- Other

*

Do you have work requirements for employees to receive holiday pay?

Please select one that applies for a majority of your employees.

- No requirements
- Work day before and/or day after
- Combination of work or approved paid time off day before and/or day after
- Other

*

What compensation do you offer employees for working on a holiday?

Please select the one that is most applicable for a majority of your employees.

- Regular pay only
- Regular pay + alternate day off
- 1.5X regular pay
- 1.5X regular pay + alternate day off
- 2X regular pay
- 2X regular pay + alternate day off
- Some other type of compensation premium
- N/A—we are closed on holidays, employees do not work, this does not apply to our organization

Section Three: Compensation Practices

*** How many hours is your full-time work week?**

Please select the range that applies to a majority of your employees; if "other" please provide a number (e.g., 27 or 25, etc.).

- 30-34 hours
- 35-39 hours
- 40 hours
- Other

*** How often do you pay your Exempt Employees?**

Please select the one that applies to a majority of your Exempt Employees.

- Weekly
- Every 2 weeks or 2 times monthly
- Monthly
- Some other schedule

*** How often do you pay your Non-Exempt Employees?**

Please select the one that applies to a majority of your Non-Exempt Employees.

- Weekly
- Every 2 weeks or 2 times monthly

- Monthly
- Some other schedule

*** If your organization shuts operations down temporarily or implements temporary layoffs, how are you planning to pay employees?
Please select the one that applies to the majority of your employees.**

- Time off will be unpaid, and employees will be required to use vacation/PTO
- Time off will be unpaid, and employees will NOT be required to use vacation/PTO
- Employees will be paid their regular pay for up to 2 weeks
- Employees will be paid their regular pay for up to 4 weeks
- Employees will be paid their regular pay for more than 4 weeks
- Employees will be paid a portion of their regular pay
- We are discussing providing employees a portion of their regular pay, although not yet decided
- We are delaying taking action to allow eligible employees to take advantage of benefits under the Families First Coronavirus Response Act (FFCRA)
- Unknown currently
- We have no plans to temporarily shut down operations or implement temporary layoffs
- Other

*** Does your organization have established pay ranges?**

Please select one.

- Yes
- No

*** Please select the statement that best describes your organization's practice in identifying job classifications within your compensation structure.**

Please select one.

- Market Pricing (only)—use market pricing to value designated jobs that are used as benchmarks to group other jobs with similar characteristics into grades.
- Ranking Method (only)—compare one job to one or more jobs considered equal to, greater than, or lesser than in value.
- Point Factor Method (only)—job values are determined by total point count for a set of factors common to all jobs in an organization.
- Classification Method (only)—a predetermined number of job groups or job classes are established, and jobs are assigned to these classifications.
- A combination of Market Pricing and one or more of the others.
- No formal structure.

*** How transparent is your organization in communicating and distributing your compensation philosophy and policies?**

Please select one.

- 1 = Little to no transparency - Very little to no information is shared with employees or managers
- 2 = Somewhat transparent - some basic information such as pay ranges and direct/indirect report pay is shared with managers and/or some employees, and only during specific times such as annual review
- 3 = Moderately transparent - Managers know the pay grades and ranges of their direct/indirect employees and employees only know their pay and potentially their grade/range
- 4 = Very transparent - information such as pay grades are shared to most/all employees
- 5 = Fully transparent - information such as pay grades, pay ranges, and pay practices/policies is available to all employees and fully discussed

Below please enter the average percent amount of your Annual Base Salary Increase for the given year:

Enter the percent amount as a number between 0 and 100. For example, if you increase salaries by 3% enter 3. Enter 0 if no amount is/was in a given year. Increases for base pay include across-the-board, cost of labor adjustments, merit and/or equity adjustments. This does not include promotional or lump sum payments.

Percentage

2019 Actual:

2020 Actual or Projected:

2021 Projected:

*** How often are pay increases awarded?**

Please select the one that applies to the majority of your employees.

- Annually
- Semiannually
- No set interval, or when deemed appropriate
- Other

*** When are pay increases awarded?**

Please select one that applies to the majority of your employees.

- Eligible employees are awarded increases on/by their anniversary date
- All eligible employees are awarded pay increases on the same annual cycle date
- There are multiple pay increase cycles during the year
- Discretionary; no set interval or schedule

*** When are new employees eligible for pay increases?**

Please select the one that applies to a majority of your employees.

- Less than 30 days

- 31-60 days
- 61-90 days
- 91-180 days
- Over 180 days
- No set policy/at discretion
- NA

Please select all types of incentive plans you currently offer to Managers (Non-Executives) in your organization.

Please select all that apply. (Please note that information for Executives will be captured in our Executive Compensation Survey.)

	Offered	Not Offered
* Individual performance/spot bonus	<input type="radio"/>	<input type="radio"/>
* Team-based performance bonus	<input type="radio"/>	<input type="radio"/>
* Employee sign-on bonus	<input type="radio"/>	<input type="radio"/>
* Employee referral bonus	<input type="radio"/>	<input type="radio"/>
* Employee retention bonus	<input type="radio"/>	<input type="radio"/>
* Profit or gain sharing	<input type="radio"/>	<input type="radio"/>
* Stock incentives or employee ownership	<input type="radio"/>	<input type="radio"/>
* Safety bonus	<input type="radio"/>	<input type="radio"/>
* Quality bonus	<input type="radio"/>	<input type="radio"/>
* Production bonus	<input type="radio"/>	<input type="radio"/>
* Other bonus	<input type="radio"/>	<input type="radio"/>

Please select all types of incentive plans you currently offer to Individual Contributors (Non-Managers) in your organization.

Please select all that apply.

	Offered	Not Offered
* Individual performance/spot bonus	<input type="radio"/>	<input type="radio"/>
* Team-based performance bonus	<input type="radio"/>	<input type="radio"/>
* Employee sign-on bonus	<input type="radio"/>	<input type="radio"/>
* Employee referral bonus	<input type="radio"/>	<input type="radio"/>
* Employee retention bonus	<input type="radio"/>	<input type="radio"/>
* Profit or gain sharing	<input type="radio"/>	<input type="radio"/>
* Stock incentives or employee ownership	<input type="radio"/>	<input type="radio"/>
* Safety bonus	<input type="radio"/>	<input type="radio"/>
* Quality bonus	<input type="radio"/>	<input type="radio"/>
* Production bonus	<input type="radio"/>	<input type="radio"/>
* Other bonus	<input type="radio"/>	<input type="radio"/>

*** Is your organization intending to give non-cash gifts at the end of this year? If so, at what value?**

Please select the one that applies to a majority of your employees.

- None will be given
- Tangible Gift(s) less than \$75 in value (avoids tax consequences)
- Gift(s) with a value of \$75 or greater

Section Four: Health & Welfare Benefits Practices

*** How many hours per week are your employees required to work in order to receive full benefits?**

Please select the one that applies to a majority of your employees.

- 20-24 hours
- 25-29 hours
- 30-34 hours
- 35-39 hours
- 40 hours
- N/A
- Other

*** Please select the month in which your organization holds its Benefits Open Enrollment:**

Please select all the benefit programs you provide to a majority of your employees:

Please select all that apply for the majority of your employees for 2019.

	Provided	Not Provided
* Health insurance	<input type="radio"/>	<input type="radio"/>
* Health savings and/or spending accounts	<input type="radio"/>	<input type="radio"/>
* Prescription drug coverage included with health insurance	<input type="radio"/>	<input type="radio"/>
* Dental insurance	<input type="radio"/>	<input type="radio"/>
* Vision insurance	<input type="radio"/>	<input type="radio"/>
* Accidental death and dismemberment insurance	<input type="radio"/>	<input type="radio"/>
* Long-term disability insurance	<input type="radio"/>	<input type="radio"/>
* Short-term disability insurance	<input type="radio"/>	<input type="radio"/>
* Supplemental accident insurance	<input type="radio"/>	<input type="radio"/>

- * Life insurance
- * Supplemental life insurance

Please select all the benefit programs you provide to a majority of your employees:
Please select all that apply for the majority of your employees for 2019.

- | | Provided | Not Provided |
|---|-----------------------|-----------------------|
| * Employee Assistance Program (EAP) | <input type="radio"/> | <input type="radio"/> |
| * Wellness program(s) | <input type="radio"/> | <input type="radio"/> |
| * CPR/first-aid training | <input type="radio"/> | <input type="radio"/> |
| * Onsite gym and/or supplemental off-site gym membership (full or partially subsidized) | <input type="radio"/> | <input type="radio"/> |
| * Financial planning and/or financial education | <input type="radio"/> | <input type="radio"/> |
| * Adoption assistance | <input type="radio"/> | <input type="radio"/> |
| * Travel stipend | <input type="radio"/> | <input type="radio"/> |
| * Voluntary pet insurance | <input type="radio"/> | <input type="radio"/> |
| * Voluntary long-term care insurance | <input type="radio"/> | <input type="radio"/> |
| * Commuter benefits—full or partial subsidy | <input type="radio"/> | <input type="radio"/> |

- | | Provided | Not Provided |
|---|-----------------------|-----------------------|
| * Parking—full or partial subsidy | <input type="radio"/> | <input type="radio"/> |
| * Funding and time towards professional development | <input type="radio"/> | <input type="radio"/> |
| * Legal assistance | <input type="radio"/> | <input type="radio"/> |
| * Smoking cessation program | <input type="radio"/> | <input type="radio"/> |
| * Telemedicine/Virtual MD | <input type="radio"/> | <input type="radio"/> |
| * Commuter/Public transportation subsidy | <input type="radio"/> | <input type="radio"/> |

Please select the coverage for the following healthcare options that you provide to a majority of your employees:
Please select all that apply for the majority of your employees for 2019.

- | | Provided | Not Provided |
|--|-----------------------|-----------------------|
| * Mental health coverage | <input type="radio"/> | <input type="radio"/> |
| * Chiropractic coverage | <input type="radio"/> | <input type="radio"/> |
| * Naturopathic coverage | <input type="radio"/> | <input type="radio"/> |
| * Contraceptive coverage | <input type="radio"/> | <input type="radio"/> |
| * Infertility treatment coverage | <input type="radio"/> | <input type="radio"/> |
| * Gender reassignment surgery coverage | <input type="radio"/> | <input type="radio"/> |
| * Other | <input type="radio"/> | <input type="radio"/> |

* **Which of the following best describes your health plan's funding?**
Please select one.

- Fully insured (a plan whereby the employer pays a premium for insurance coverage to an insurer company that assumes the risk of providing health coverage and associated claim payments.)
- Self-insured (a plan whereby the employer provides employees with reimbursement for medical expenses. An employer may hire a third-party vendor to administer the plan and purchase stop-loss insurance to protect themselves from high-cost claim amounts on any one plan member, but the funding for the plan and the reimbursements are paid from the employer to the employee.)
- Partially self-funded/level funded (a plan whereby the employer pays a set amount each month to a healthcare services company to cover administrative costs, fees and embedded stop-loss insurance. Stop-loss provides for risk retention limitations and serves as a financial buffer for the employer.)
- N/A—we do not offer health insurance

*** How many medical plan options did your organization offer to a majority of your employees in 2019?**

Please select one.

- 1 plan
- 2 plans
- 3 or more plans

What types of health plans do you offer?

Select all that apply.

- Health Maintenance Organization (HMO)
- Preferred Provider Organization (PPO)
- Point of Service (POS)
- Consumer-Driven Health Plan (CDHP)
- High-Deductible Health Plan (HDHP)
- Exclusive Provider Organization (EPO)
- Indemnity Plan (fee-for-service)
- Other plan type

What health savings and spending accounts do you offer?

Select all that apply.

- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Healthcare Premium Flexible Spending Account
- Employer contribution to health savings/spending account

For the medical benefit plan that you offer with the highest employee participation, what are the employee's monthly dollar contribution toward the premiums for this plan?

Enter a whole dollar amount (no spaces, commas, or decimals).

Employee only	\$	<input type="text"/>
Employee + Spouse	\$	<input type="text"/>
Employee + Child(ren)	\$	<input type="text"/>
Employee + Family	\$	<input type="text"/>

*** For the medical benefit plan that you offer with the highest employee participation, does your organization contribute a percent or flat dollar amount toward the premium?**

Please select one.

- Percentage
- Dollar amount
- N/A

For the medical benefit plan with the highest employee participation, what percentage amount does your organization pay toward the premium? If your organization pays a dollar amount, please calculate it as a percentage.

Enter the percent amount as a number between 0 and 100. Please round up or down.

Employee Only	<input type="text"/>	%
Employee + Spouse	<input type="text"/>	%
Employee + Child(ren)	<input type="text"/>	%
Employee + Family	<input type="text"/>	%

For the medical benefit plan with the highest employee participation, what is the In-Network Annual Deductible?

Enter a whole dollar amount (no spaces, commas, or decimals). If not applicable, enter 0.

Individual Employee	\$	<input type="text"/>
Family	\$	<input type="text"/>

For the medical benefit plan with the highest employee participation, what is the In-Network Calendar Year Out-of-Pocket Maximum (OOPM)?

Enter a whole dollar amount (no spaces, commas, or decimals). If not applicable, enter 0.

Individual Employee	\$	<input type="text"/>
Family	\$	<input type="text"/>

*** For the medical benefit plan that you offer that has the highest employee participation, does this plan have co-insurance (percentage) or a co-pay (amount) for a doctor's office visit?**

Please select one.

- Yes, co-insurance
- Yes, a co-pay

No

For the medical benefit plan that you offer with the highest employee participation, what is the co-insurance percentage for a doctor visit?

Enter the percent amount as a number between 0 and 100. Please skip this question if it has a co-pay.

Primary Care %

Urgent Care %

For the medical benefit plan that you offer with the highest employee participation, what is the co-pay dollar amount for a doctor visit?

Enter a whole dollar amount (no spaces, commas, or decimals). Please skip this question if it has co-insurance.

Primary Care \$

Urgent Care \$

*** For the medical benefit plan that you offer with the highest employee participation, does the plan have a prescription drug co-insurance or co-pay?**

Please select one.

Yes, co-insurance

Yes, a co-pay

No

For the medical benefit plan that you offer with the highest employee participation, what is the co-insurance percentage for prescription drugs?

Enter the percent amount as a number between 0 and 100. Please skip this question if it has a co-pay.

Generic %

Brand Name %

For the medical benefit plan that you offer with the highest employee participation, what is the co-pay dollar amount for prescription drugs?

Enter a whole dollar amount (no spaces, commas, or decimals). Please skip this question if it has co-insurance.

Generic \$

Brand Name \$

*** Do you offer eligible employees the ability to participate in a dental plan(s)?**

Please select one.

Yes

No

For the dental benefit plan that you offer with the highest employee participation, what are the employee's monthly dollar

contribution toward the premiums for this plan? Enter a whole dollar amount (no spaces, commas, or decimals). If not applicable, enter 0.

Employee only \$

Employee + Spouse \$

Employee + Child(ren) \$

Employee + Family \$

*** For the dental plan that you offer with the highest employee participation, does your organization contribute a percent or flat dollar amount toward the premium?**

Please select one.

- Percentage
- Dollar amount

For the dental benefit plan with the highest employee participation, what percentage does your organization pay toward the premium? If your organization pays a dollar amount, please calculate it as a percentage.

Enter the percent amount as a number between 0 and 100.

Employee Only %

Employee + Spouse %

Employee + Child(ren) %

Employee + Family %

*** For the dental benefit plan with the highest employee participation, what is the annual deductible?**

Enter a whole dollar amount (no spaces or commas).

Individual \$

*** What is the annual maximum dental benefit?**

Enter a whole dollar amount (no spaces or commas).

Individual \$

*** What type of orthodontia coverage does your dental plan offer?**

Please select one.

- Children only
- Children & adults
- None—we do not offer orthodontia coverage

*** Do you offer eligible employees the ability to participate in a vision plan(s)?**

Please select one.

- Yes
- No

*** What type of coverage is in your organizations's vision plan?**

Please select one.

- Exam only
- Exam & materials
- We give employees the option for either Exam only or Exam & materials coverage

For the vision plan that you offer with the highest employee participation, what is the employee's monthly dollar contributions toward the premiums for this plan?

Enter a whole dollar amount.

Employee only	\$	<input type="text"/>
Employee + Spouse	\$	<input type="text"/>
Employee + Child(ren)	\$	<input type="text"/>
Employee + Family	\$	<input type="text"/>

For the vision plan with the highest employee participation, what percentage does your organization pay toward the premium? If your organization pays a dollar amount, please calculate it as a percentage.

Enter the percent amount as a number between 0 and 100.

Employee Only	<input type="text"/>	%
Employee + Spouse	<input type="text"/>	%
Employee + Child(ren)	<input type="text"/>	%
Employee + Family	<input type="text"/>	%

For the vision plan that you offer with the highest employee participation, what are the maximum annual allowances?

Enter a whole dollar amount (no spaces or commas).

Lenses	\$	<input type="text"/>
Frames	\$	<input type="text"/>
Contact Lenses	\$	<input type="text"/>
Corrective Surgery	\$	<input type="text"/>

Section Five: Life Insurance, Disability, & Retirement Benefits Practices

*** Do you offer your employees Group Life and/or Accidental Death and Dismemberment (AD&D) Insurance?**

Please select the one that applies to a majority of your employees.

- Yes
- No

*** What percentage of the life insurance premium is paid for by the organization?**

Please select one.

- 100%
- 90-99%
- 80-89%
- 70-79%
- 60-69%
- 50-59%
- Less than 50%

What is the amount of the basic life insurance and/or AD&D provided?

Please select one.

- 1 times annual salary
- 1 ½ times annual salary
- 2 times annual salary
- Other salary formula
- Varies by job classification
- Flat amount for all employees

Can employees purchase additional life insurance?

Please select the one that applies to a majority of your employees.

- Yes
- No

*** Does your organization offer dependent life insurance?**

Please select the one that applies to a majority of your employees.

- Yes
- No

*** What percentage of the dependent life insurance premium is paid for by the organization?**

Please select one.

- 100%
- 90-99%
- 80-89%

- 70-79%
- 60-69%
- 50-59%
- Less than 50%

*** Does your organization provide short-term disability?**

Please select the one that applies to a majority of your employees.

- Yes, fully insured plan
- Yes, self-insured plan
- Yes, both insured and self-insured
- No

What are the maximums of your organization's short-term disability plan?

Please indicate your responses numerically for the following options.

	Maximum Benefit
Max Dollar Amount Per Week	<input type="text"/>
Max Percentage of Income Replacement	<input type="text"/>
Max Number of Weeks of Coverage (Duration)	<input type="text"/>

*** Does your organization provide long-term disability?**

Please select the one that applies to a majority of your employees.

- Yes, fully insured plan
- Yes, self-insured plan
- Yes, both insured and self-insured
- No

What are the maximums of your organization's long-term disability plan?

Please indicate your responses numerically to the following options.

	Maximum Benefit
Max Benefit	<input type="text"/>
Max Percentage of Income Replacement	<input type="text"/>

*** Does your organization provide retirement benefits?**

Please select the one that applies to a majority of your employees.

- Yes
- No

What retirement plan(s) and options does your organization offer?

Please select all that apply for a majority of your employees.

- 401(k)
- 401(a)
- 403(b)
- 457
- Pension Plan
- Simple IRA
- Roth 401(k)
- SEP
- Other

*** When are employees eligible to participate in the retirement plan(s)?**

Please select the one that applies to a majority of your employees.

- Immediately
- After 3 months
- After 6 months
- At one year
- Other

If your organization contributes to employees' retirement, what is the annual contribution (in either percentage of flat dollar amount)?

How much?

Contributes a set annual percentage (please enter as a whole number without the % symbol, for example enter 3 for 3%):

Contributes a flat annual dollar amount (please enter as a whole number without the \$ and comma, for example enter 4500 for \$4,500):

If your organization matches contributions to employees' retirement, what is the maximum annual match (in either percentage of flat dollar amount)?

How much?

Match contributes a set annual percentage (please enter as a whole number without the % symbol, for example enter 3 for 3%):

Match contributes a flat annual dollar amount (please enter as a whole number without the \$ and comma, for example enter 4500 for \$4,500):

Section Six: Pandemic and COVID-19

*** Have your paid time off/PTO policies changed in the past year due to the COVID-19 pandemic?**

Please select the one that applies to the majority of your employees.

- Yes, we have granted an additional 120 or more hours to employees
- Yes, we have granted an additional 80-119 hours to employees
- Yes, we have granted an additional 40-79 hours to employees
- Yes, we have granted an additional 1-39 hours to employees
- No, we have not changed our paid time off / PTO policies beyond what has been legally mandated

*** What percent of your employees began using the benefits provided under the Emergency Paid Sick Leave provision of the Families First Coronavirus Response Act (FFCRA) starting with its effective date of April 1, 2020?**

Please select the one that applies to the majority of your employees.

- 0% of employees
- 1 to 10% of employees
- 11 to 20% of employees
- 21 to 30% of employees
- 31 to 40% of employees
- 41 to 50% of employees
- 51% or more employees
- Unsure / Don't know

*** What percent of your employees began using the benefits provided under the Expanded Family Medical Leave provision (i.e. leave due to school or childcare closure) of the Families First Coronavirus Response Act (FFCRA) starting with its effective date of April 1, 2020?**

Please select the one that applies to the majority of your employees.

- 0% of employees
- 1 to 25% of employees
- 26 to 50% of employees
- 51 to 75% of employees
- 76 to 100% of employees

Unsure / Don't know

*** Is your organization considering, or has already implemented, additional pay for employees continuing to work in known COVID-19 exposed/hazard areas, in essential functions, or in roles where travel may be increased to support business operations?
Please select the one that applies to the majority of your employees.**

- Yes, we will be providing a bonus
- Yes, we will be providing an hourly differential
- Yes, we are considering but have not yet made a decision
- No
- N/A - does not apply to my organization

*** Has your time requirements policy for full benefits eligibility changed with the recent COVID-19 pandemic?
Please select the one that applies to the majority of your employees.**

- Yes, employees are eligible for full benefits upon hire
- Yes, all existing employees became eligible for full benefits
- Yes, we reduced the time needed to become eligible for full benefits
- Yes, we increased the time needed to become eligible for full benefits
- No, we have made no changes to the time requirements for full benefits

*** Which, if any, of the following staffing and compensation measures have you implemented due to a decline in business as a result of COVID-19? Select all that apply.**

- Reduction in pay for all employees
- Reduction in pay for executives
- Furloughs or layoffs
- Shortened work weeks / reduction in hours
- Voluntary leaves without pay
- Delay 2020 employee pay adjustments (e.g. promotions, merit increases, market adjustments, bonuses)
- Eliminate 2020 employee pay adjustments (e.g. promotions, merit increases, market adjustments, bonuses)
- Other
-
- None of the above

*** As a result of the "Stay Home" orders within our region, what percent of your employees are working from home that normally do not?
Please select the one that applies to the majority of your employees.**

- 100%
- 76-99%
- 51-75%
- 26-50%
- 25% or less

*** How are you communicating and engaging with employees given the changing dynamics of the workplace (i.e. remote workers, workers on-site)?**

Select all that apply

- Requiring daily contact between managers and employees
- Requiring weekly contact between managers and employees
- Conducting training/meetings virtually or in-person for managers
- Conducting training/meetings virtually or in-person for employees
- Seeking virtual training or managers and employees
- Creating virtual training for managers and employees
- Offering EAP virtual sessions or increasing 1:1 appointment availability
- Providing daily/weekly updates from our executive team
- Providing daily/weekly updates from our HR team
- Other
-
- None of the above

Section Seven: Diversity, Equity, & Inclusion

*** How important is DEI (Diversity, Equity, and Inclusion) to your organization?**

Please select one option.

- Extremely important
- Very important
- Moderately important
- Slightly important
- Not at all important

*** Does your organization have a DEI strategy?**

Please select one option.

- Yes, our organization has a DEI strategy that is fully implemented
- Yes, our organization has a DEI strategy with plans to implement
- No, our organization has plans to discuss a DEI strategy in the near future
- No, our organization has no plans in regards to DEI strategy

*** Has your organization performed a pay equity analysis in regards to race?**

Please select one option.

- Yes, we have performed a pay equity analysis and have instituted changes to address any issues
- Yes, we have performed a pay equity analysis and are planning next steps
- No, we have not performed a pay equity analysis but are looking to perform one within the next 6-12 months
- No, we have not performed a pay equity analysis with no plans to do so in the future

*** Has your organization performed a pay equity analysis in regards to gender?**

Please select one option.

- Yes, we have performed a pay equity analysis and have instituted changes to address any issues
- Yes, we have performed a pay equity analysis and are planning next steps
- No, we have not performed a pay equity analysis but are looking to perform one within the next 6-12 months
- No, we have not performed a pay equity analysis with no plans to do so in the future

Section Eight: Other Policies & Practices

*** Which of the following describes your organization's performance appraisal program in 2020?**

Please select all that apply for a majority of your employees.

- Numeric/Alphabetical rating of performance (e.g., 1=Does not meet expectations; 2=Meets expectations; 3=Exceeds expectations, etc.; OR 1=Unacceptable to 5=Exceptional OR A=Excellent, B=Good, C=Average, D=Poor, and F=Failing)
- Forced distribution (e.g., All employees are scored but only 10% may receive an excellent and only 10% may receive an immediate improvement needed; all others are forced into mid-range/average scores)
- Ranking (e.g., The department contains 25 employees—the best performer is assigned a 1, the next best performer is assigned 2, and continues until you get to #25)
- Coaching/Development (e.g., Ratings are not assigned; rather the manager provides a narrative often outlining strengths and/or areas for improvement, with a development plan to address these areas)
- Goal-based (e.g., Goals are assigned at the beginning of a period (quarterly or yearly) and the employee is assessed at end of period based on goal attainment)
- N/A—we do not conduct performance appraisals/reviews

Please check all that apply to your 2020 performance management/appraisal program.

- Employee completes self-appraisal
- Manager completes appraisal
- HR manages and tracks the performance appraisal process
- Senior management manages and tracks the performance appraisal process
- Reviews are completed on paper
- Reviews are completed using MS Word, MS Excel, or Google Docs
- Reviews are completed using a performance management software/application

*** Which working arrangements do you normally provide, allow, or utilize (when not under COVID-19 conditions)?**
Please check all that apply.

- Compressed work schedules (e.g., 10-hour days 4 days a week, 12-hour days 3 days a week, etc.)
- Flextime work schedules
- Job sharing
- Telecommuting/working remotely
- Fixed part-time employees
- Seasonal or variable schedules
- Contingent/Contract workers
- Other
-
- N/A-we do not offer any of these work arrangements

How are flexible work schedule arrangements granted?
Please check all that apply.

- Position based
- Department or function based
- Type of work based
- Other
-
- N/A-none are granted

Some organizations provide the following resources to employees. Please check all that apply in each category.

Please select the category that applies to a majority of your employees and are provided outside of OSHA requirements.

	Organization pays all cost	Organization pays part of cost (flat amount or percentage)	Employee pays all cost	N/A to my organization
* Safety shoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Safety glasses—nonprescription or prescription	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Company logo items (shirts, mugs, pens, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Uniforms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Ergonomic items (chairs, keyboards, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
* Home office items	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*** Please select the statement that best describes your organization's policy regarding casual dress policy.**

- Not permitted
- Permitted on designated days or based on set criteria
- Always permitted
- N/A-we do not have a policy on casual dress

*** How often are children permitted in the workplace?**

Please select the one that applies to a majority of your employees.

- Children are not permitted
- Children are permitted anytime
- Children are permitted only on special occasions or under special circumstances
- Children are permitted only on certain days of the week
- Other

- N/A-we do not have a policy on children in the workplace

*** Do you provide on-site childcare or childcare assistance?**

Select all that apply

- Yes, we provide on-site childcare for free to employees
- Yes, we have on-site childcare for a fee to employees
- Yes, we partner with a local childcare for reduced pricing for our employees
- Yes, we fit our employee schedules to match those of their child's school and/or daycare schedule
- No, we do not provide any on-site childcare or childcare assistance

Other

*** How often are pets permitted in the workplace?**

Please note that pets are not referring to service animals.

- Pets are not permitted
- Pets are permitted anytime
- Pets are permitted only on special occasions
- Pets are permitted only on certain days of the week
- Other

N/A-we do not have a policy on pets in the workplace

*** Which company-wide event(s) does your organization sponsor?**

Please select all that apply. Do not include events for which your organization makes no financial contribution.

- End of year/holiday event
- Sports event(s)
- Summer BBQ/Picnic
- Periodically provide lunch
- Employee appreciation event(s)
- Other

We do not offer any company-wide events

*** Please select the answer that best applies to your organization regarding your policy/implementation of gender-inclusive restrooms.**

- We currently do not provide and do not plan to provide in the next 12 months
- We currently do not provide but plan to provide in the next 12 months
- We currently provide and plan to continue to provide
- We currently provide but plan to discontinue in the next 12 months
- Other

*** Please select the answer that best describes your organization's policy on smoking/vaping in the workplace.**

- It is permitted in designated areas
- It is not permitted during working hours in any workplace location(s)
- We do not have a policy on smoking/vaping

*** What best describes your organization's office work environment?**

- Fixed/dedicated desks and/or offices
- Open office and/or activity-based office
- Some combination of the above
- N/A

*** Is your organization measuring employee satisfaction and/or employee engagement?**

Please select the response that applies to a majority of your employees.

- Yes, satisfaction and engagement
- Yes, satisfaction only
- Yes, engagement only
- No, we do not measure either satisfaction or engagement

Does your organization provide formal training and development for employees?

Please select the response that applies to a majority of your employees.

- Yes, internal training
- Yes, external training
- Yes, both internal and external training
- No, we do not offer any formal internal or external training

If your organization budgets an annual amount for employees' professional development, what is the per employee amount?

Please enter a whole dollar amount (no commas or spaces).

Per employee amount \$

*** Does your organization offer tuition reimbursement?**

- Yes, full tuition reimbursement is provided
- Yes, partial tuition reimbursement is provided
- No

What is the maximum annual amount of tuition offered to an employee?

What is your organization's turnover rate(s) prior to February 2020?

Enter the percent amount as a number between 0 and 100. Please round up or down.

Total turnover rate %

Voluntary turnover rate %

Involuntary turnover rate %

Which other areas of your business are most likely to keep you up at night?

Please check all that apply.

- Employee Recruitment
- Employee Turnover
- Employee Development
- Employee Satisfaction and/or Engagement
- Employee Performance Management/Performance Assessment
- Employee or Labor Relations
- Compensation & Staying Competitive
- Pay Equity
- Payroll Administration
- Benefit Costs
- HR Technology
- HR Compliance
- Safety & Wellness
- Organizational Culture
- Strategic Planning & Execution
- Financial Performance of the Organization
- Strategy of the Organization
- Pandemic Impact on Business Continuity (i.e. supply chain, financial implications, temporary shutdown)
- Other

*

Does your organization utilize one or more HR technology systems/applications (i.e., some form of HRIS/HRMS/HCMS, Applicant

Tracking System, Learning Management System, Performance Management System, Payroll System, Time Tracking System, etc.)?
Please select one.

Yes

No

If you use a comprehensive HRIS/HRCM application, please tell us which one and any thoughts (e.g., likes and dislikes) you have about it:

How comprehensive was this survey about benefits policies and practices?

Not comprehensive enough

About right

Too comprehensive

Comprehensiveness

About right

Comments/Suggestions:

What aspects, or areas, of organizational benefits, policies, and practices, should we have asked about but did not do so?

Section Nine: Your Contact Information

Please note that you must complete this section in order for us to confirm your participation in this survey.

*** Your Organization's Name**

*** Can we publish your organization's name as a participant in this survey?**

Yes

No

*** Your First Name**

* **Your Last Name**

* **Your Email Address**

Please enter the contact information for the person at your organization who should receive instructions on how to obtain the 2020 Regional Benefits Survey Report.

We will contact this individual when the report is published.

First Name :

Last Name :

Phone :

Email Address :

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