



2026 Massachusetts Employer Survey Worksheet

For instructions, please see the Massachusetts Employer Survey Instruction Booklet available here: <https://mahealthsurveys.gov/instructions>

About this Worksheet

This worksheet is intended to help you collect and organize information about your organization's employment characteristics and health insurance plans prior to entering the information into the online survey. You are not required to use this worksheet, but it may be helpful to organize your information before accessing the online survey. The worksheet is structured to mirror the flow of questions and topics in the online survey. When you access the survey online, it will be easier to enter your information from this sheet into the questions.

This worksheet contains the survey questions requiring numerical data like counts of employees or health plan information like deductibles, out-of-pocket-limits, and contribution amounts. There are additional questions in the online survey that ask about health plan decision making, but you will not need to collect information for these prior to taking the survey online.

We are looking to collect information about your current health insurance benefits. We recognize you may be in the process of renewing or changing your organization's benefits. Please provide information about the benefits currently in effect, in which your employees are currently enrolled.

You will be able to save, exit, and re-enter to continue the online survey at any time using your PIN found in the email or letter invitation you received. You will not be able to skip questions, and we ask that you make your best attempt to provide an accurate answer. In cases where you don't have a response, you can enter 'I don't know.'

If you have any questions about how to use this worksheet or about the information we are collecting, please contact the project director at Market Decisions Research, Dr. Brian Robertson at MAEmployerSurvey@marketdecisions.com.

Instructions for Organizations That Do Not Offer Health Insurance

If your organization does **not** offer traditional group health insurance, you will still be asked to complete several sections of this survey. These questions collect information on your workforce, the types of benefits it may offer in place of traditional coverage, and the factors influencing your decision not to offer insurance. Your responses are essential for building a complete picture of employer-sponsored health benefits across the state.

Organizations that provide health insurance through a Professional Employer Organization (PEO) should be treated as offering traditional group health insurance and should answer questions about that coverage as if it is offered directly by your organization.

Organizations without traditional insurance coverage will be required to complete the following sections:

- **Section II – Number of Employees**
Provide information on your total workforce, including full-time and part-time employees.
- **Section III – Benefits Offered to Employees**
Indicate any traditional and non-traditional benefits your organization provides, such as stipends, wellness programs, or other forms of support.
- **Section IIIA – Health Benefits Coverage**
Report whether you offer alternative health benefit arrangements, including Individual Coverage Health Reimbursement Arrangements (ICHRA), Qualified Small Employer Health Reimbursement Arrangements (QSEHRAs), or benefits offered through a Professional Employer Organization (PEO).
- **Section VII – Organizations That Do Not Offer Insurance**
Explain the primary reasons your organization does not offer traditional health insurance coverage.
- **Section IX – The Health Connector for Business**
Share your awareness of, experience with, or interest in the Health Connector for Business as a potential resource for offering employee coverage.
- **Section X – Employee Demographics**
Provide general demographic information about your workforce to help contextualize your organization's benefit decisions.

II. Employee Characteristics

Please tell us how many full- and part-time employees your organization employs nationally and in Massachusetts alone. For this survey, we define full- and part-time workers as:

- **Full-time employees** are classified as someone who works [on average] 30 hours or more per week.
- **Part-time employees** are classified as someone who works [on average] fewer than 30 hours per week.

Please **exclude** the following worker classes from your employee counts:

- **Temporary or seasonal employees**
- **Contract workers who are not employees of the organization**
- **Volunteers**

For the purposes of this survey, a **Massachusetts-based employee** is defined as an employee who currently works for your organization at any of its Massachusetts location(s). This includes employees who are physically present while working at these locations as well as employees working remotely who are on the payroll at these locations.

	Enter Number
Full-time Massachusetts- based employees	
Part-time Massachusetts-based employees	
Total US employees	

IIIA. Health Benefits Coverage

Enter the number of full-time and part-time Massachusetts-based employees who are eligible for your health insurance coverage. If your organization has no full-time employees, no part-time employees, or does not offer coverage to one of these groups, write "0" in that row.

Massachusetts-based Employees Currently Eligible for <u>Health Insurance</u>	Full-time	
	Part-time (if applicable)	

Enter how many of the eligible full-time and part-time Massachusetts-based employees are enrolled in your health insurance coverage. If no one from a group is enrolled, write "0" in that row.

		Number of Enrolled MA Employees
Massachusetts-based Employees Currently Enrolled in Health Plans(s)	Full-time	
	Part-time (if applicable)	

IV. Health Plan Characteristics - Number and Types of Plans

Please indicate how many health insurance plans of each type (HMO, EPO, POS, PPO, or Indemnity) your organization offers to Massachusetts-based employees.

- **HMO** - With an HMO, an enrollee must receive their care from a physician in the HMO network; otherwise, the expense is not covered. When they use HMO physicians, however, cost-sharing is often very low.
- **EPO** – With an EPO, an enrollee must receive their non-emergency care only from physicians and hospitals who have a contract with the health plan. Unlike HMOs, a referral may not be needed to visit a specialist.
- **POS** - In a POS plan, an enrollee is reimbursed at a lower rate for services they receive outside the network, but they also have a primary care physician gatekeeper who must pre-approve visits to specialists and hospitals. This is different from an HMO plan, in that a POS plan allows an enrollee to receive in-network cost-sharing at providers outside of the HMO network.
- **PPO** - With a PPO, an enrollee has lower deductibles and co-payments if they use providers in the preferred provider network.
- **Indemnity** - With an indemnity plan, also known as a conventional or fee-for-service health plan, an enrollee may receive care from any licensed provider. These plans do not use preferred provider networks, and cost-sharing is the same regardless of which physician or hospital is chosen. Some indemnity plans use reference-based pricing, meaning the plan pays a fixed amount for services and the enrollee is responsible for any remaining balance charged by the provider.

		Number of Plans Offered by Type
Types of Plans Offered	HMO	
	EPO	
	POS	
	PPO	

	Indemnity	
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Below, please identify your organization’s five largest health plans (or all plans if you offer fewer than five) based on the number of Massachusetts-based employees enrolled. Plan 1 should be the plan with the highest enrollment, Plan 2 is the next largest, and so on. For each plan, indicate the plan type and the insurance carrier. These will be the plans we collect information about throughout this survey.

		Indicate the Plan Type (HMO, EPO, POS, PPO, or Indemnity)	Insurance Carrier
Identify your 5 largest plans by enrollment	Plan 1		
	Plan 2		
	Plan 3		
	Plan 4		
	Plan 5		

IV. Health Plan Characteristics – Employee Cost-Sharing, HDHP Plans, HRAs/HSAs and Employer Contributions

For each health plan, please provide the **annual deductible** and **out-of-pocket limit** for **single coverage** (covering only one person) using **in-network or preferred providers**. Provide these as whole dollar amounts (for example, \$600).

		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Plan Cost-Sharing	Annual Deductible (in-network)					
	Annual Out of Pocket Limit for Single coverage (in-network)					

For the next table, provide information only for **High-Deductible Health Plans (HDHPs)**, which are plans that meet **both** of the following criteria the **single coverage** amounts you provided above for **in-network or preferred providers**:

- An annual deductible of **\$1,700 or higher**
- An out-of-pocket limit of **\$8,500 or lower**

For each HDHP, indicate whether the plan includes an **HRA**, **HSA**, **Both**, or **Neither**. If you do not offer any HDHPs, you may skip this table.

- **Health Reimbursement Arrangement (HRA)** - An HRA is funded on a pre-tax basis only by an employer, not the worker, and the funds are not portable from job to job. Employees use the funds for medical care or services.
- **Health Savings Account (HSA)** - A medical savings account available to employees enrolled in a High-Deductible Health Plan. Pre-tax contributions can be made by both employees and employers and can be used to pay for qualified medical expenses. Unlike a Flexible Spending Account (FSA), unspent funds roll over year to year and job to job.

		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
HDHP Plans with HRA/HSA	Include HRA, HSA, Both, or Neither?					

For each HDHP that includes an HRA, HSA or both, please enter your organization’s **annual** contribution as a whole dollar amount (for example, \$600) for **single coverage** (covering only one person) and **family coverage** (covering only one person) (applicable if you provide coverage for an employee’s spouse and/or dependent children **and** your organization contributes for family coverage). If you do not offer HDHPs, you may skip this table.

		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Employer Contributions to <u>HRA</u>	<u>Individual</u> HRA					
	<u>Family</u> HRA					

Employer Contributions to <u>HSA</u>	<u>Individual</u> HSA					
	<u>Family</u> HSA					

IV. Health Plan Characteristics – Self-Insurance and Stop-Loss Coverage

Indicate which plan(s), if any, are fully insured, self-insured without stop-loss coverage, or self-insured with stop-loss coverage (includes level-funded plans).

- **Fully Insured:** Coverage is underwritten by a health insurance carrier. The employer pays a premium to the carrier and the carrier is responsible for paying enrollee claims. There are no refunds if claims are lower than expected.
- **Self-Insured (No Stop-Loss):** Claims are paid from an account funded by the employer and the employer is financially responsible for paying claims. These plans may be administered by a contractor, including a health insurance carrier, but do not include stop-loss coverage to limit an employer's liability.
- **Self-Insured (Stop-Loss), including Level-Funded Plans:** Claims are paid from an account funded by the employer, but the employer limits its liability by purchasing stop-loss insurance, sometimes called catastrophic loss insurance, which protects against very high medical claims. When spending exceeds a set threshold, the stop-loss carrier bears some of the cost. These plans may be administered by a contractor, including a health insurance carrier.

If you have a **level-funded plan**, check "Self-Insured (Stop-Loss), including Level-Funded Plans." With a level-funded plan, employers make a set monthly payment to a health insurance carrier or third-party administrator, which funds a reserve account for claims, administrative costs, and stop-loss coverage. If claims are lower than expected, there may be a refund at the end of the contract. Simply having a third-party administrator does not automatically mean a plan is level-funded.

Check one option for each plan to indicate how the plan is structured.

	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Fully Insured					
Self-Insured (No Stop-Loss)					
Self-Insured (Stop-Loss), including Level-Funded Plans					

IV. Health Plan Characteristics – Monthly Plan Premiums

For each plan and coverage level (as applicable), please enter the **total monthly premium including both the portion paid by the organization and the portion paid by the employee**, then the **monthly organization contribution amount** and **monthly employee contribution amount** toward the premium. For each coverage level, the organization and employee contributions should add up to equal the total premium, except if your organization covers 100% of the total premium and the employee does not contribute—in this case, you may leave the employee contribution box empty.

	PLAN COVERAGE (as applicable)	Total Premium (\$)	Organization Contribution (\$)	Employee Contribution (\$)
Plan 1 Premium	Employee only			
	Employee plus spouse			
	Employee plus dependent children			
	Employee plus spouse and dependent children			

	PLAN COVERAGE (as applicable)	Total Premium (\$)	Organization Contribution (\$)	Employee Contribution (\$)
Plan 2 Premium	Employee only			
	Employee plus spouse			
	Employee plus dependent children			
	Employee plus spouse and dependent children			

	PLAN COVERAGE (as applicable)	Total Premium (\$)	Organization Contribution (\$)	Employee Contribution (\$)
Plan 3 Premium	Employee only			
	Employee plus spouse			
	Employee plus dependent children			
	Employee plus spouse and dependent children			

	PLAN COVERAGE (as applicable)	Total Premium (\$)	Organization Contribution (\$)	Employee Contribution (\$)
Plan 4 Premium	Employee only			
	Employee plus spouse			
	Employee plus dependent children			
	Employee plus spouse and dependent children			

	PLAN COVERAGE (as applicable)	Total Premium (\$)	Organization Contribution (\$)	Employee Contribution (\$)
Plan 5 Premium	Employee only			
	Employee plus spouse			
	Employee plus dependent children			

	Employee plus spouse and dependent children			
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V. Health Plan Enrollment

For each plan, please enter the number of Massachusetts employees enrolled in each level of coverage (as applicable) and provide the total plan enrollment.

		Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Health Plan Enrollment	Employee Only					
	Employee Plus Spouse					
	Employee Plus Dependent Children					
	Employee Plus Spouse and Dependent Children					
	Total Plan Enrollment					

VI. Health Plan Co-pays

Please provide the co-payments and co-insurance amounts for Plan 1, your largest (or only) health plan, for each service in the table below.

Co-payment (copay): a **fixed dollar amount** you pay at the time you receive a health care service.

- Example: You pay **\$25** every time you see your primary care doctor, no matter what the visit costs.

Coinsurance: when you pay a **percentage of the cost** of a service **after** you've met your deductible.

- Example: After meeting your deductible, your plan might require you to pay **20%** of the cost of a specialist visit, while insurance pays the other 80%.
- Enter the co-payment and/or co-insurance amount for employee-only coverage for in-network providers.
- Enter co-payment and co-insurance amounts as whole numbers (for example, a \$600 co-payment or 10% co-insurance).
- For tiered prescription drugs, please provide the co-payment and/or co-insurance amounts for a 30-day retail amount.

If Plan 1 does not have a co-payment or co-insurance amount for a service, enter N/A in the third column for that service.

		CO-PAYMENT (\$)	COINSURANCE (%)	N/A for this plan
Health Plan Co-pays and Co-insurance	A primary care physician office visit			
	An outpatient mental health visit			
	An emergency department visit			
	An inpatient hospitalization			
	A generic prescription drug (Tier 1) (30-day retail quantity)			
	A preferred brand prescription drug (Tier 2) (30-day retail quantity)			
	A non-preferred brand prescription Drug (Tier 3) (30-day retail quantity)			
	A lifestyle or specialty drug (Tier 4) (30-day retail quantity)			

X. Employee Demographics

Please provide breakouts of your Massachusetts-based full- and part-time employees by union status, age group, and income group. These breakouts should reflect the same Massachusetts-based employees you reported earlier, including employees who are physically present at a Massachusetts work location as well as employees working remotely who are on the payroll of a Massachusetts location.

As a reminder, for this survey, we define full- and part-time workers as:

- **Full-time employee** is classified as someone who works [on average] 30 hours or more per week.
- **Part-time employee** is classified as someone who works [on average] fewer than 30 hours per week.

Please **exclude** the following worker classes from your employee counts:

- **Temporary or seasonal employees**
- **Contract workers who are not employees of the organization**
- **Volunteers**

For large organizations, these questions can be most easily answered by asking an appropriate staff person to pull the requested data from human resources or payroll systems. For small organizations, we recommend that you answer these questions using your best estimates. However, please make sure you do not exceed your organization’s total number of employees.

Please indicate how many full- and part-time Massachusetts-based employees are unionized.

		Enter Number
Total Unionized Massachusetts-based Employees (full- and part-time)	Full-time employees	
	Part-time employees	

Please indicate how many full- and part-time Massachusetts-based employees fall into each age group.

		Enter Number
Age of Massachusetts-based Employees (full- and part-time)	Under age 26	
	Ages 26 - 64	
	Age 65 and older	

Please indicate how many full- and part-time Massachusetts-based employees fall into each earnings group.

		Enter Number
Earnings for Massachusetts-based Employees (full- and part-time)	Less than \$18 per hour (\$37,440 per year)	
	Between \$18 and \$39 per hour (\$37,440 to \$81,120 per year)	
	\$39 or more per hour (\$81,120 per year)	