

Iroquois Healthcare Association Survey Solutions for Upstate New York Health Care Providers

GENERAL BENEFITS SURVEY

Instructions / Definition of Terms for Data Entry

Thank you for participating in the General Benefits survey. This survey is conducted for the Iroquois Healthcare Alliance and the newly formed Healthcare Association of Western and Central New York which combines the Rochester Regional and Western New York Health Care Association members. General benefits policies are surveyed for 12 categories listed below for Full Time and Part Time employees that are on payroll and receive benefits. All benefits should be reported based on the MAJORITY of employees--leave area *blank* if not applicable.

Information should be reported as of **March 1, 2025** and data submission ends **May 1, 2025**. If you have any questions, please contact Denise Foeder at (315) 410-6468 or dfoeder@iroquois.org.

NOTE: There is no final "SUBMIT" button -- data is saved as entered.

Please select the Survey section below for data entry instructions.

- Medical Insurance
- Life Insurance
- Paid Time Off (PTO)
- Holidays (DO NOT complete if included in PTO)
- Paid Sick Days (DO NOT complete if included in PTO)
- Personal Time (DO NOT complete if included in PTO)
- Vacation Time (DO NOT complete if included in PTO)
- Flexible Spending / Day Care Benefits
- Retirement Benefits
- Tuition Assistance Benefits
- Other Benefits
- Total Benefits as Percent of Payroll

BEFORE PROCEEDING WITH THE SURVEY:

Please make sure you have a current Internet browser and Adobe Acrobat Reader software installed on your computer. Supported browsers include: Internet Explorer, Firefox, Google Chrome, Apple Safari and other current browsers.

You will also need Adobe Acrobat Reader to view the Instructions and print out a hard copy of the survey. Acrobat Reader is free software, and can be downloaded at the Adobe site at <https://getadobe.com/reader>.

Statement of Antitrust Policies

To preserve the integrity of the survey process and comply with antitrust laws, all Iroquois data received by members should be treated as strictly confidential and should not be shared with any other entity or individual outside of the member's organization. Your participation in the survey constitutes your consent to keep all wage, benefit and other survey data received from Iroquois strictly confidential.

Participation by competing providers in surveys of salaries, wages or benefits of personnel, does not necessarily raise antitrust concerns. In fact, such surveys can have significant benefits for health care consumers. Providers can use information derived from compensation and benefit surveys to offer compensation and benefits that attracts highly qualified personnel. However, information exchanges among competing providers should fall within an Antitrust Safety Zone, where the following conditions are satisfied:

1. The surveys are managed by a third-party, like a trade association;
2. The information provided by survey participants is based on data more than 3 months old; and 3. There are at least 5 providers reporting data which each disseminated statistic is based, no individual provider's data represents more than 25 percent on a weighted basis of that statistic, and any information disseminated is sufficiently aggregated such that it would not allow recipients to identify the prices charged or compensation paid by any particular provider.

General Information	
All benefits reported for MAJORITY of employees.	
Contact info:	Complete fields for person completing the survey: Name, phone, email as well as the # of FTEs and Total Beds ad Operating Expense at the facility/system you are completing the survey for.
Min/Hours worked to receive benefits	What are the minimum hours worked per week to be eligible for employer-sponsored benefits? (enter # hours/week, ie, 20, 24, etc)
Hours to be considered Full Time	At what threshold (hours/week) is an employee considered Full Time and eligible to receive fully subsidized benefits? (enter # hours/week, ie, 20, 24, etc.)

Medical Insurance

All benefits reported for MAJORITY of employees.

Medical Insurance Plans

Total Monthly Premium	The "TOTAL Monthly Premium" column is the Monthly <u>TOTAL</u> Premium amount – <u>NOT just the portion paid by you</u> , the employer. Please enter a whole DOLLAR amount per <i>Individual, Employee & Spouse/Domestic Partner, Employee & Child(ren) or Family</i> for following plans: <i>Traditional Indemnity / HMO / PPO / Point of Service / High Deductible Health Plan</i> as defined below. [In a situation where the benefit is 100% paid by the employee, please enter that same amount as the TOTAL Premium (ie, if the employee pays \$20 per month for vision and it is 100% employee paid, the monthly TOTAL Premium should also be \$20).]
Monthly Employee Out of Pocket Contribution \$ amount	Enter the Maximum dollar amount contributed/paid by the Employee for each level of coverage: <i>Individual, Employee & Spouse/Domestic Partner, Employee & Child(ren) or Family</i> for each of the four types of plans: <i>Traditional Indemnity / HMO / PPO / Point of Service / High Deductible Health Plan</i> as defined below.

Indemnity Plan allows you to direct your own health care and visit almost any doctor or hospital you like. The insurance company then pays a set portion of your total charges. Indemnity plans are also referred to as "fee-for-service" plans.

HMO (Health Maintenance Organization) plans offer a wide range of healthcare services through a network of providers who agree to supply services to members. With an HMO you'll likely have coverage for a broader range of preventive healthcare services than you would through another type of plan.

PPO plans (Preferred Provider Organization) are one of the most popular types of plans in the Individual and Family market. PPO plans allow you to visit whatever in-network physician or healthcare provider you wish without first requiring a referral from a primary care physician.

EPO plans (Exclusive Provider Organization) a managed care plan where services are covered only if you go to doctors, specialists or hospitals in the plans network except in an emergency.

Point of Service (POS) plans have some of the qualities of HMO and PPO plans with benefits varying based on whether you receive care in or out of the health insurance company's network of providers.

High Deductible Health Plan is a plan with a higher deductible than a traditional insurance plan. The monthly premium is usually lower, but you pay more health costs before the insurance pays its share.

Out of Pocket Maximum (if applicable)	The most an employee will ever spend out of pocket in a given calendar year. Once plan maximum is reached, the insurer will cover 100% of medical bills.
Maximum Deductible (if applicable)	The maximum amount the employee needs to spend before insurance starts paying some of the health care expenses.

Only complete Vision, Dental & Rx information if benefit is above and beyond regular insurance coverage.

Total Monthly Premium	The "TOTAL Monthly Premium" column is the Monthly <u>TOTAL</u> Premium amount – <u>NOT just the portion paid by you</u> , the employer. Please enter a whole DOLLAR amount per <i>Individual, Employee & Spouse/Domestic Partner, Employee & Child(ren) or Family</i> for following coverage: <i>VisionCare, Basic Dental and Prescription Drugs</i> . [In a situation where the benefit is 100% paid by the employee, please enter that same amount as the TOTAL Premium (ie, if the employee pays \$20 per month for vision and it is 100% employee paid, the monthly TOTAL Premium should also be \$20).]
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Only complete Vision, Dental & Rx information if benefit is above and beyond regular insurance coverage.

Monthly Employee Out of Pocket Contribution \$ amount	Enter the Maximum dollar amount contributed/paid by the Employee for each level of coverage: Individual, Employee & Spouse/Domestic Partner, Employee & Child(ren) or Family for Vision Care, Basic Dental and Prescription Drugs.
Waiting Period	Waiting period to be eligible for Medical Insurance benefits expressed in number of DAYS OR... Check if eligibility is the first day of the month following employment.
HRA, HSA, FSA, PRA Plans	
Select the plans offered at your facility (check all that apply).	HRA (Health Reimbursement Arrangement) HSA (Health Savings Account) FSA (Flexible Spending Account) PRA (Premium Reimbursement Arrangement) None of the above
Indicate the plans the Employer contributes to:	HRA (Health Reimbursement Arrangement) HSA (Health Savings Account) FSA (Flexible Spending Account) PRA (Premium Reimbursement Arrangement) None of the above
Enter the Maximum ANNUAL Employer contribution amount per plan.	FSA (Flexible Spending Account) No Maximum Other (explain) PRA (Premium Reimbursement Arrangement)
Employee Min and Max contributions	Select if you have Minimum OR Maximum Employee contribution amounts.
Require health risk assessment	Select Yes or NO if you require employees to complete a health risk assessment to receive Employer contributions to an HRA, HAS, FSA, etc.
Who administers the plan?	For each plan (HRA,HAS, FSA, PRA) indicate whether the 1) Employer or 2) a 3rd Party administers the plan.
Additional questions	
Domestic Partner	Indicate Yes or No if you offer Employee + Domestic Partner Medical Insurance coverage.
Salary-banded contributions	Do, you offer salary-banded employee contributions for some/all of your medical plans—meaning do lower paid employees pay less than higher paid employees to enroll in the same medical insurance plan? Yes or No
Point Solutions/Digital Vendors	Do you offer point solutions/digital vendors (<i>tools and services that help users address specific issues/conditions/areas of concern ie , mental health, diabetes, hypertension, oncology, etc).</i> Yes or No
In-House Pharmacy	If you have an in-house pharmacy, are employees enrolled in your hospital-sponsored medical plans required to use the in-house pharmacy for all prescriptions? Yes or No
<i>Domestic utilization is how a health system's employees (and their dependents) utilize their own providers (doctors, practitioners, lab, imaging and all services) within the system.</i>	
Use in-house providers/ services	Do you incentivize employees to use providers/services within your own organization? Yes or No
	If yes, please briefly describe method(s)

% Claims paid incurred domestically	What percentage of your claims are paid domestically (incurred by your own providers/facilities)?
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Life Insurance Benefits

All benefits reported for MAJORITY of employees.

EmployER Paid Group Term Life Insurance	Check if offered for Full Time and/or Part Time for <i>Employee, Spouse, Dependent</i>
EmployER based coverage	Paid by EmployER - enter coverage in DOLLAR Amount (rounded to whole dollar) and/or Multiple of Annual Salary (ie: "1X" represents one time annual salary); enter numeral only, no "X" needed.
Maximum Cap Dollar amount	Enter Maximum cap in whole dollar amount of coverage of EmployER paid life insurance coverage.
Waiting Period	Waiting period to be eligible for EmployER Paid Life Insurance benefit expressed in number of DAYS.
Subsidized or fully EmployEE paid Group Term Life Insurance	Check if subsidized or fully employEE-paid for Full Time and/or Part Time for Employee, Spouse, Dependent
Other Insurance Plans	Check any Other Insurance Plans offered: Short Term Disability, Long Term Disability, Employee Whole/Universal, Spouse/Dependent Whole/Universal, Split Dollar Life, EmployER-Paid AD&D, Subsidized or Fully EmployEE Paid AD&D, and Retiree Life EmployER Paid. Check each for Full Time and/or Part Time employees.

Paid Time Off (PTO)

All benefits reported for MAJORITY of employees.

PTO (Paid Time Off) refers to programs where a single accrual system is used for employee paid time off. The time can be used as vacation, holiday, sick, personal or some combination of these. It is sometimes referred to as Earned Benefit Time or Earned Time Off (ETO). Some employers use this method rather than a traditional method where accruals are done separately for each type of paid time off.

If you select YES that you utilize a PTO system, check off those leave categories for which you use PTO in the first section below. For those leave categories not included in your PTO program--do not check off--and you will be taken to the individual survey sections upon clicking the "Save&Continue" button at the bottom of this page.

If you check NO that you DO NOT have a Paid Time Off Program, you will be brought to individual leave categories after selecting Save & Continue.

Have PTO?	Select Y or N if Paid Time Off Program is available to employees.
Benefits Included	Check all benefit categories included in your PTO: Sick Days -- Vacation Days -- Personal Days -- Holidays -- Other
Max Days Awarded per Time Worked	Total Paid Time Off days awarded for employees with the following length of service: 6-months -- 1 year -- 2 years -- 3 years -- 5 years -- 10 years -- 15 years -- 20 years -- 25 years
Max PTO Days Balance	What are the Maximum PTO Days that an employee can obtain before the PTO days stop accruing and/or PTO days are sacrificed? Enter # of DAYS each for Full Time and Part Time employees.
Max Days to Carryover	Enter the Maximum number of PTO DAYS you can carry over per year.
Waiting Period	Waiting period to be eligible for Paid Time Off benefit expressed in number of DAYS.
Accrual for PART TIME employees Based On:	Check mark indicates if Paid Time Off accrual is based on: Hours Paid -- Hours Worked -- Budgeted FTEs/Hours Scheduled.

Buy Back policy - employees are reimbursed for unused Paid Time Off based on criteria established by the employer.

Have Buy Back?	Y or N if employees have a Buy Back option.
Max Buy Back amount	Enter either % or # of DAYS employees are allowed to buy back.
Extended Illness Account	
Do you have?	Y or N if Extended Illness Account is available to employees.
Max Days for Accrual	Enter the Maximum number of DAYS accrued for Extended Illness benefit.
# Days out of work to access	Report number of DAYS an employee has to be out of work before having access to their Extended Illness Account.
Minimum Hours Worked	Enter the Minimum # of hours worked per WEEK to maintain eligibility for Extended Illness benefit.

Holiday Leave

All benefits reported for MAJORITY of employees.

If you do not include Holiday Leave as part of a PTO program, you should complete this page.

If you DO include Holiday Leave as part of a PTO program, return to the main Time Off Benefits survey page, make sure you have answered YES to the "Do you have a Paid Time Off program?" question, checked off the "Holidays" box, and then click the "Continue" button at the bottom of that page.

Do you offer Paid Holiday Leave?

Select Y or N if paid Holiday Leave is available to employees.

Number holidays per year

Enter the number of regular or named holidays per year.

Number of floating or personal holidays

Enter the number of personal or floating holidays per year.

Premium Paid Holiday

Number of holidays per year that qualify for premium pay.

% Premium Pay

Report Holiday premium pay in whole percentages (i.e. - time and 1/2 = 150%; double time = 200%, etc).

Waiting Period

Waiting period to be eligible for Holiday Leave benefit expressed in number of DAYS.

Paid Sick Days

All benefits reported for MAJORITY of employees.

If you do not include Sick Leave as part of a PTO program, you should complete this page.

If you DO include Sick Leave as part of a PTO program, return to the main Time Off Benefits survey page, make sure you have answered YES to the "Do you have a Paid Time Off program?" question, checked off the "Sick Days" box, and then click the "Continue" button at the bottom of that page.

Do you offer Paid Sick Leave?

Select Y or N if paid Sick Leave is available to employees.

Number days per year

Enter the number of Sick days per year.

Max Sick Days Balance

What are the Maximum Sick Days that an employee can obtain before the Sick days stop accruing and/or Sick days are sacrificed? Enter # of DAYS each for Full Time and Part Time employees.

Max Days Carryover

Maximum number of Sick Days to carryover per year.

Year 1 Accrual

Enter # of Paid Sick Days that can be accrued the first year.

Sick for Family Illness

Select Y or N if employees are able to use Sick Days for family illness.

Waiting Period

Waiting period to be eligible for Sick Leave benefit expressed in number of DAYS.

Buy Back policy - employees are reimbursed for unused Sick Time based on criteria established by the employer.

Have Buy Back?

Y or N if employees have a Buy Back option.

Max Buy Back amount

Enter either % or # of Sick Days employees are allowed to buy back.

Personal Leave

All benefits reported for MAJORITY of employees.

If you do not include Personal leave as part of a PTO program, you should complete this page.

If you DO include Personal leave as part of a PTO program, return to the main Time Off Benefits survey page, make sure you have answered YES to the "Do you have a Paid Time Off program?" question, checked off the "Personal days" box, and then click the "Continue" button at the bottom of that page.

Do you offer Personal Leave time?	Select Y or N if paid Personal Leave is available to employees.
Number days per year	Enter the number of Personal Days per year.
Max Personal Days Balance	What are the Maximum Personal Days that an employee can obtain before the Personal days stop accruing and/or Personal days are sacrificed? Enter # of DAYS each for Full Time and Part Time employees.
Max Days Carryover	Maximum number of Personal Days to carryover per year.
Funeral Leave	Select Y or N if funeral/bereavement leave is offered in <u>addition</u> to personal time.
Waiting Period	Waiting period to be eligible for Personal Leave benefit expressed in number of DAYS.

Buy Back policy - employees are reimbursed for unused Personal Time based on criteria established by the employer.

Have Buy Back?	Y or N if employees have a Buy Back option.
Max Buy Back amount	Enter either % or # of Personal Days employees are allowed to buy back.

Vacation Leave

All benefits reported for MAJORITY of employees.

If you do not include Vacation leave as part of a PTO program, you should complete this page.

If you DO include Vacation leave as part of a PTO program, return to the main Time Off Benefits survey page, make sure you have answered YES to the "Do you have a Paid Time Off program?" question, check off the "Vacation Days" box, and then click the "Continue" button at the bottom of that page.

Do you offer Vacation Time?	Select Y or N if Vacation Time is available to employees.
Max Days accrued per time worked	Total Vacation Days accrued for employees with the following length of service: 6-months -- 1 year -- 2 years -- 3 years -- 5 years -- 10 years -- 15 years -- 20 years -- 25 years
Max Vacation Days Balance	What are the Maximum Vacation Days that an employee can obtain before the Vacation days stop accruing and/or Vacation days are sacrificed? Enter # of DAYS each for Full Time and Part Time employees.
Max Days Carryover	Maximum number of Vacation days to carryover per year.
Accrual for PART TIME employees	Select one way that Paid Time Off accrual for PART TIME employees is based on: Hours Paid -- Hours Worked -- Budgeted FTEs/Hours Scheduled
Minimum Hours for Eligibility for PART TIME employees	Minimum hours required to work per week to maintain eligibility for Vacation Time benefit for PART TIME employees (can enter PR if pro rata benefit).
Waiting Period	Waiting period to be eligible for Vacation Leave benefit expressed in number of DAYS.
Buy Back policy - employees are reimbursed for unused Vacation Time based on criteria established by the employer.	
Have Buy Back?	Y or N if employees have a Buy Back option.
Max Buy Back amount	Enter either % or # of DAYS employees are allowed to buy back.

Flexible Benefits / Day Care Survey

All benefits reported for majority of employees

Flexible Benefits / Cafeteria Program is a benefit program which allows employees to choose, with limits, which benefits options they most need and want from a "menu" of benefits.

Do you have a Flexible Benefits/Cafeteria Program?	Y or N if Flexible Benefits/Cafeteria Program is available to employees.
Benefits Included	Check all benefits that are included in the Flexible Benefits/ Cafeteria Program: Medical -- Dental -- Life Insurance -- Long Term Disability -- Vision/Eye Care -- Dependent/Day Care -- Vacation
Employer Annual Contribution Individual	Enter the Total \$ amount of the employer contribution to the Flexible Benefits/Cafeteria Program for an Individual .
Employer Annual Contribution Family	Enter the Total \$ amount of of the employer contribution to the Flexible Benefits/Cafeteria Program for a Family .

Day Care Program

Do you have a Day Care Program	Y or N if Day Care Program available to employees.
Where is Day Care Program located:	1) Day Care Program is offered on-site.
	2) Day Care Program is offered Other than on-site.
Employer subsidy for Day Care Program	Enter Percent (%) employer provides in ANNUAL subsidy for Day Care Program OR Dollar (\$) amount employer provides in ANNUAL subsidy for Day Care Program.

Retirement Benefits

All benefits reported for MAJORITY of employees.

Defined Benefit Plan: (a set benefit amount upon retirement)

Do you have a Defined Benefit Plan?	Y or N if you have a Defined Benefit plan.
How is the Benefit calculated?	Select one: Final Average -- Career Average -- Other
Waiting Period	Waiting period to be eligible for the Defined Benefit Plan benefit expressed in number of DAYS.
Full Vesting	Enter the number of YEARS until employee is fully vested in Defined Benefit Plan.

Defined Contribution Plan: (same as a Money Purchase Plan)

Do you have a Defined Contribution Plan?	Y or N if you have a Defined Contribution plan.
Defined Contribution Type	Select the type of plan offered : 401K -- 403B -- both 401K and 403B -- Other
Contribution methods (select all that apply)	1) EmployEE contribution.
	2) EmployER Match
	-- Enter Maximum EmployER Match amount in % or Annual dollars
	3) EmployER Contribution (NO employee contribution required)
	-- Enter Maximum EmployER Contribution amount in % or Annual dollars
Waiting Period	Waiting period to be eligible for the Defined Contribution Plan benefit expressed in number of DAYS.
Full Vesting	Enter the number of YEARS until employee is fully vested in Defined Contribution Plan.
Non-Qualified Plans	Y or No if offer any non-qualified retirement plans? (For example, plans eligible under 457 of the Internal Revenue Code).

Tuition Assistance Benefits

All benefits reported for MAJORITY of employees.

Do you offer Tuition Assistance Benefits?	Y or N if there is a Tuition Assistance benefit.
% Paid	Percentage paid by the employer for tuition.
Max \$ Paid	Maximum dollar amount paid by employer per employee per year.
Maximum Credits	Maximum credits eligible for Tuition Assistance each year.
Maximum Courses	Maximum # OF courses eligible for Tuition Assistance each year.
Waiting Period	Waiting period to be eligible for Tuition Assistance benefit expressed in number of DAYS.
Work Requirement	Number of DAYS employee is required to work after utilizing Tuition Assistance benefit.
Upfront Payment	
Offer Upfront Payment	Y or N if upfront payment is offered for specialized professional education (ie, nursing).
Work Requirement	If Yes, enter number of days required to work after utilizing benefit with upfront payment.
Job Related	Y or N if education must be job related to receive Tuition Assistance.
Prior Approval	Y or N if prior approval is required to receive Tuition Assistance.

Other Benefits

All benefits reported for MAJORITY of employees.

If your facility offers Other benefits to Full and/or Part Time employees, please check the appropriate box to indicate which Other benefit(s) is offered.

Adoption Benefits
Business Casual Policy
Business Travel Accident
Child/Elder Care Assistance
College Scholarships
Discount Purchasing
Employee Assistance Program
Financial Planning Assistance
Fitness facilities - subsidized Offsite
Fitness Facility - Onsite
Flextime
Funeral Leave
Gambling Assistance
Job Sharing
Jury Leave
Legal Counseling
Long Term Care
Other
Parental Family Leave
Parking - Free/Subsidized
Pre-retirement Counseling
Satellite Workplace
Subsidized Eating Facilities
Telecommuting
Wellness Program
Work at Home Policy

Benefits as Percent of Payroll

All benefits reported for MAJORITY of employees.

Cost of benefits as a percentage of total payroll

Please enter the cost of benefits against the total payroll costs (formula: total cost of benefits ÷ total payroll) Enter a WHOLE % number only.

Check all the benefits included in the calculation:

Cafeteria Discount
Defined Benefit Plan
Defined Contribution Plan
Dental Insurance
Employee Assistance Program
Entertainment (ie, Disney accounts, etc)
FICA
Flexible Spending Account
Life Insurance
Long Term Disability
Medical Insurance
Other benefits
Outplacement Services
Parties (ie, Christmas, picnics, etc)
Pharmacy Discount
Recognition Programs
Severance Program
Short Term Disability
Tuition Assistance
Unemployment
Worker's Compensation