



## 2004-05 Survey of College and University Benefits Benefits III: Retirees Age-65-and-Over Health Care

### WORKSHEETS

Once you have completed these worksheets, please enter your data in SurveysOnLine at <https://surveysonline.cupahr.org/>.

### INTRODUCTION

This survey collects data on the Health Care Benefits offered by your institution or system to your **retirees age-65-and-over**. The purpose of the survey is to provide information that will allow institutions to benchmark representative practices.

### COMBINED PLANS

Do not complete this survey for any **"combined"** health care plans that include both active employees and retirees. Report these plans on Benefits I: Employee Health Care survey, now also collecting data.

### QUESTIONS OR PROBLEMS

If you have questions or problems regarding this survey, the primary contact is Ray Sizemore, CUPA-HR's Director of Research. He may be reached at [rsizemore@cupahr.org](mailto:rsizemore@cupahr.org) or at 865-862-2838. The secondary contact for the survey is CUPA-HR's senior research associate, Maria Rodriguez-Calcagno. Maria may be reached at [mrodriguez@cupahr.org](mailto:mrodriguez@cupahr.org) or at 865-862-2840.

**Please use email** whenever possible, rather than the telephone. This is very important because we will need to forward technical questions about benefits to our benefits consultant. Using email also keeps us from being overwhelmed, as there are many of you and only two of us.

### SURVEY CHANGES FOR THIS YEAR

The survey has been revised significantly in response to feedback received on last year's survey. We have simplified the survey, tried to ensure that appropriate response options are available for each question, and added a comments box at the end of each section. We also made a draft of the survey available to last year's respondents in January for comment. Although this doesn't mean that every question will have the response options that you need, hopefully most will.

### WHAT DATA TO REPORT

- Report data for your institution or system, as appropriate. **Important:** Please note that in order to answer for your system as a whole, benefits must be the same across all entities within the system.
- Report benefits plan information as of January 1st of the 2004-05 academic year.
- Report faculty and staff employee counts as of January 1st of the 2004-05 academic year, and student enrollment as reported for Fall, 2004-05.
- Report Operating Budget and other financial data for your 2004-05 fiscal year.

### GUIDELINES

- If you have different benefit plans within your institution, report on the plan that you believe is the **most representative** of the coverage offered to your retirees age-65-and-over.
- If your institution provides a flexible benefit program, please answer the survey questions as they pertain to your **core program**.
- Please answer all survey questions as they apply to your **full-time, non-temporary faculty and staff**, *unless otherwise instructed*. Student workers are not to be included.

### CONFIDENTIALITY GUARANTEED

Complete confidentiality of each institution's data is guaranteed. Confidential data about your institution will be released only in aggregated form. For a complete statement of CUPA-HR policy regarding use of survey data, click the **Privacy Policy** link at the bottom right corner of this page.

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# INSTITUTIONAL BASICS

## A. Expenditures, Enrollment, Staffing

This section needs to be completed only once per year by your institution and is used by all surveys. If someone else has entered data, please review and answer any remaining questions. If you disagree with any existing entries, please do not edit them until you have first contacted Ray Sizemore, CUPA-HR Director of Research and Information Systems.

Report information as of January 1st of the 2004-05 academic year. Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

### 1. Structure Reporting For

Please select the type of entity for which you are reporting data. Your options:

- Single Unit Institution.** Institution that is not part of a college or university system.
- Institution within a College or University System.** Associated with one or more other colleges or universities in a group usually headed by a main campus or system office. Has its own administration, full program of study (not just courses), and a unique FICE Code assigned by the Department of Education.
- System Office.** The administrative office that oversees a group of institutions (system) usually comprised of a main campus and several individual campuses. The System Office does not offer courses or programs of study.
- System Summary.** Select this option if you wish to report data in the **aggregate** for all colleges and universities within your system.

**IMPORTANT:** If you want to select this option, but the words *System Summary is not part of your institution's name at the top of the survey page (e.g. Demonstration University System Summary)*, please contact Ray Sizemore at 865-862-2838.

In order to complete the **Benefits Survey** for your system as a whole, benefits must be the same across all institutions within the system.

**NOTE:** For the remaining questions, if you are reporting data for a system office or system summary, please supply system-wide figures. Otherwise, supply individual institution figures.

### 2. Financial Data

Please provide the following data for your 2004-05 fiscal year.

- a. **Total Operating Budget:** Enter the dollar value of your institution's 2004-05 total operating budget for educational and general operations and auxiliary enterprises. It **includes** research funds and *funded* student aid. It does **not include** unfunded student aid (discounts) or capital funds. Ask your comptroller for this number. Budget is a required field.
- b. **Total Endowment:** The total amount of your institution's endowment.
- c. **Composite Fringe Rate Charged to Grants:** The total cost of benefits expressed as a % of payroll for employees who are eligible for benefits.


**3. Student Enrollment**

Report student enrollment for **fall of the 2004-05 academic year**.

You must supply FTE enrollment figures by one of the three methods described below, which are listed in descending order of preference:

- If you can answer rows a, b and c, do so. Then **hit the "Calculate" button** below the grid and row d FTE figures will be derived for you as follows: Number of Full-Time Students + (Fall Part-Time Credit Hours divided by 15 for undergraduates, by 12 for graduates).
- If you are unable to provide row c amounts, please complete just rows a and b, leave row c blank, and then **hit the "Calculate" button**. FTE will be derived as: Number of Full-Time Students + 1/3 Number of Part-Time Students.
- If you are unable to provide amounts for at least rows a and b, please just enter your FTE figures directly in row d and leave rows a-c blank. **Don't hit the "Calculate" button.**

	Undergraduate Students	Graduate Students	Total All Students
a. Number of Full-Time Students			Do Not Enter Totals. SurveysOnline Will Calculate These Automatically.
b. Number of Part-Time Students			
c. Total Number of Fall Credit Hours Taken by Part-Time Students			
d. Full-Time Equivalent (FTE) Total Enrollment			

**4. Faculty Size**

Please report full-time equivalent (FTE) faculty figures for **fall of the 2004-05 academic year**. Include **all** full-time and part-time faculty.

There are two alternate ways to provide an FTE figure for faculty; the first is preferred:

- If you are able to answer rows a-d completely, Faculty FTE will be derived automatically when you **hit the "Calculate" button** below the grid as: Number of Full-Time Faculty + (Total Number of Fall Course Hours Taught by Part-Time Faculty Only / Standard Full-Time Teaching Load in Course Hours).
- If you are unable to supply amounts for some or all of rows a-d, please just enter the FTE figure directly into row e and leave rows a-d blank.

	Faculty
a. Number of Full-Time Faculty	
b. Standard Full-Time Teaching Load in Course Hours (e.g. 15)	
c. Number of Part-Time Faculty	
d. Total Number of Fall Course Hours Taught by Part-Time Faculty Only	
e. Full-Time Equivalent Faculty	

**5. Collective Bargaining**

Are your faculty or staff represented by a union for purposes of collective bargaining?

	Yes	No
a. Faculty		
b. Staff		

## B. Health Care Benefits for Retirees age-65-and-over

Report information as of January 1st of the 2004-05 academic year.

1. Are retirees age-65-and-over allowed to opt out of your health-related benefit plans? If yes, are they reimbursed in part or in full?

	Allowed to Opt Out of Plan?		Reimbursed in part or in full for Opting Out?	
	Yes	No	Yes	No
a. Health care insurance				
b. Prescription drugs insurance				
c. Dental insurance				
d. Vision Insurance				

2. Is health care coverage available for the following dependents of retirees age-65-and-over?

	Yes	No
1. Spouse		
2. Domestic partner		
3. Children under 19 years of age		
4. Children 19 or older that <b>are not</b> students		
5. Children 19 or older that are full-time students		
6. Children 19 or older that are part-time students		
7. Adopted children		
8. Children for whom retiree is the legal guardian		
9. Foster children		

3. Coordination of Health Plan Benefits

- a. Which rule is used by your health care plans for retirees age-65-and-over?
- Birthday rule
  - First date of insurance coverage rule
- b. Do your health care plans for retirees age-65-and-over have a claims subrogation clause?
- Yes
  - No

4. Health Care Plan Bundling

- a. Can retirees age-65-and-over selectively choose a combination of health, life, dental, and vision coverage?
- Yes – option to purchase one plan without the others
  - Yes – option to purchase one plan only for dependents
  - No – mandatory participation in bundled plans
- b. Do you have a Mental/Nervous carve out plan for retirees age-65-and-over?
- Yes
  - No

5. Which of the following types of health care plans are available to retirees age-65-and-over?

	Yes	No
a. Major Medical Plan		
b. Traditional Hospitalization Plan with Major Medical		
c. HMO/EPO Plan		
d. Preferred Provider Organization (PPO) Plan		
e. Point of Service (POS) Plan		
f. Prescription drug benefits		
g. Dental benefits		
h. Vision benefits		

6. How is each of the health care plans for retirees age-65-and-over funded? **Note:** If you offer more than one option for a plan type, respond for plan with largest enrollment.

	Plan Type Not Available	State Employee Plan	Self-Funded System Level Plan	Self-funded Institution Based Plan	Purchased System Level Plan	Purchased Institution Based Plan
a. Major Medical Plan						
b. Traditional Hospitalization Plan with Major Medical						
c. HMO/EPO Plan						
d. Preferred Provider Organization (PPO) Plan						
e. Point of Service (POS) Plan						
f. Stand-Alone Drug Plan						
g. Stand-Alone Dental Plan						
h. Stand-Alone Vision Plan						

7. How many different plans do you offer for each of the following plan types for retirees age-65-and-over? Enter the number or 0 if none.

	# of Plans Offered of Each Plan Type
a. Major Medical Plan	
b. Traditional Hospitalization Plan with Major Medical	
c. HMO/EPO Plan	
d. Preferred Provider Organization (PPO) Plan	
e. Point of Service (POS) Plan	
f. Stand-Alone Drug Plan	
g. Stand-Alone Dental Plan	
h. Stand-Alone Vision Plan	

8. How often does your institution seek bids for the different health care plans for retirees age-65-and-over? If you have "no set schedule," enter 0.

	Every "x" Years
a. Major Medical Plan	
b. Traditional Hospitalization Plan with Major Medical	
c. HMO/EPO Plan	
d. Preferred Provider Organization (PPO) Plan	
e. Point of Service (POS) Plan	
f. Stand-Alone Prescription Drug Plan	
g. Stand-Alone Dental Plan	
h. Stand-Alone Vision Plan	

9. Are either of the following plans for retirees age-65-and-over administered by third-party (TPA)?

	Yes	No	Not offered
a. Major Medical Plan			
b. Traditional Hospitalization Plan with Major Medical			

10. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## C. This Section Left Intentionally Blank

### HEALTH CARE PLANS: RETIREES AGE-65-AND-OVER

Sections D – K of the actual survey cover eight different types of health care plans. You only need to open the sections that you are going to answer. If you are not going to enter data for a given plan, you don't need to open the section. The last question of each section is for comments.

Pages 7 – 11 can be used to record information for Major Medical, Traditional, and HMO/EPO Plans. Copy these pages if you are going to provide data for more than one of these plan type.

Pages 12 – 16 can be used to record information for PPO and POS Plans. Copy these pages if you are going to provide data for more than one of these plan types.

Pages 17 – 22 can be used to record information for Stand-Alone Drug, Dental and Vision Plans.

**Very Important:** If your institution offers multiple versions of a plan, please report the one with the highest enrollment. For example, if you offer 3 PPO plans, report the one with the highest number of lives enrolled.

To help you keep track - space is provided at the top right side of the page for recording the name of the plan for which you are entering data.

Major Medical, Traditional, and HMO/EPO Plans for Retirees age-65-and-over

Indicate which medical plan you are reporting. If your institution offers multiple versions of a plan (e.g. 2 HMO plans), report the **one** with the **highest enrollment**. Make copies if you are going to provide data for more than one of these three plans.

**Major Medical Plan**      **Section D of survey online**

Major Medical Plans typically pay a portion of expenses for illness and injury after deductibles, co-payments, or coinsurance have been satisfied. Participants may choose providers without restrictions. *Major Medical Plans differ from Traditional Hospitalization Plans, which you report on in Section E.*

**Traditional Plan**      **Section E of survey online**

Traditional Hospitalization Plans provide **FULL** coverage for inpatient hospital, surgical, and medical care, but also have a major medical component that pays a portion of expenses for illnesses and injuries after satisfying deductibles co-payments, or coinsurance. Participants may choose providers without restriction.

**HMO/EPO Plan**      **Section F of survey online**

Health Maintenance Organization (HMO) and Exclusive Provider Organization (EPO) health plans provide a full range of benefits and services within a certain geographic area. The provider is usually located in one facility/clinic or is connected by an administrative component. No benefits are available if the participant uses out-of-network providers.

- No question – reserved for future use.
- How many **Lives** (including dependents) are currently enrolled in this health care plan for retirees age-65-and-over?

**Retirees Age-65-and-Over**

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- What is the **budgeted or projected total cost** of this health care plan for retirees age-65-and-over during the current plan year? Enter whole dollars. You may need to ask your controller.

**Retirees Age-65-and-Over**

Institution's Total Cost	Retiree Total Cost

- Did the **cost of coverage** for this health care plan for retirees age-65-and-over change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Retiree costs	

- Does this health care plan for retirees age-65-and-over also cover the following?

	Yes	No
a. Prescription Drug Insurance		
b. Dental Insurance		
c. Vision Insurance		

- Does this health care plan for retirees age-65-and-over include an institution-funded Health Reimbursement Account (**HRA**) or Health Savings Account (**HSA**)?

- Yes - HRA
- Yes – HSA
- Yes – Both HRA and HSA
- No

7. Does this health care plan for retirees age-65-and-over require **pre-certification** for the following?

	Yes	No	Not a Benefit
a. Inpatient hospital admission			
b. Outpatient mental health/ substance abuse care			
c. Inpatient mental health/ substance abuse care			
d. Home health care			
e. Home infusion therapy			
f. Hospice care			
g. Organ & tissue transplants			
h. Physical therapy			
i. Speech, occupational, vision, & hearing therapy			
j. Outpatient private nursing			
k. Skilled nursing facility admission			
l. Chiropractic services			
m. Does this plan require notification of emergency services within a specified time?			

8. What are the monthly contribution rates for this health care plan for retirees age-65-and-over in effect as of January 1 of 2004-05 Academic Year? Use only the coverage categories that are appropriate. **If applicable, report HRA/HSA contribution separately;** leave blank otherwise. If your institution uses a tiered system based on salary, use the most representative rate, typically the one associated with the highest enrollment.

<b>Retirees age-65-and-over</b>	Retiree's monthly \$ contribution to Plan	Institution's monthly \$ contribution to Plan	Institution's monthly \$ contribution to HRA/HSA
a. Retiree only			
b. Retiree + 1			
c. Retiree + Spouse			
d. Retiree + Child(ren)			
e. Family			

9. Medical Deductibles, Coinsurance, and Maximums - If 0 or *Unlimited*, enter 0.

	<b>Retirees Age-65-and-Over \$</b>
a. Annual deductible - \$ per individual	
b. Annual deductible - \$ per family	
c. % paid by plan after deductible met	
d. Annual out-of-pocket maximum - \$ per individual	
e. Annual out-of-pocket maximum - \$ per family	
f. Lifetime maximum benefit \$	

10. Physician Office Visits and Emergency Care - If 0, enter 0.

	<b>Retirees Age-65-and-Over \$ or %</b>
<b>Physician Office Visits</b>	
a. Primary Care Physician CoPay \$ per visit	
b. Specialist CoPay \$ per visit	
c. % of charges paid by plan after copay or deductible	
<b>Emergency Care</b>	
d. Emergency Room CoPay \$	
e. % of charges paid by plan after copay or deductible	

**11. Inpatient Hospital and Surgery - If 0, enter 0.**

	Retirees Age-65-and-Over \$ or %
<b>Inpatient Hospital</b>	
a. Inpatient Hospital CoPay \$	
b. % of charges paid by plan after copay or deductible	
<b>Inpatient Surgery</b>	
c. Inpatient Surgery CoPay \$	
d. % of charges paid by plan after copay or deductible	
<b>Outpatient Surgery</b>	
e. Out patient Surgery CoPay \$	
f. % of charges paid by plan after copay or deductible	

**12. Mental Health and Substance Abuse - If 0 or Unlimited, enter 0.**

	Retirees Age-65-and-Over \$ or %
<b>Outpatient Mental Health/ Substance Abuse Care</b>	
a. Outpatient Mental Health/ Substance Abuse CoPay \$	
b. % of charges paid by plan after copay or deductible	
c. Maximum # of mental health <b>visits</b> per year	
d. Maximum # of substance abuse <b>visits</b> per year	
<b>Inpatient MH/SA Care</b>	
e. Inpatient Mental Health/ Substance Abuse CoPay \$	
f. % of charges paid by plan after copay or deductible	
g. Maximum # of confinement <b>days</b> per year for MH/SA combined	
h. Lifetime limit on number of confinements	

**13. Medical Therapy, Chiropractic, and Skilled Nursing - If 0 or Unlimited, enter 0.**

	Retirees Age-65-and-Over \$ or %
<b>Physical, Occupational, and Speech Therapy</b>	
a. P/O/S Therapy CoPay \$	
b. % of charges paid by plan after copay or deductible	
c. Maximum # of <b>visits</b> per year	
<b>Chiropractic</b>	
d. Chiropractic CoPay \$	
e. % of charges paid by plan after copay or deductible	
f. Maximum # of <b>visits</b> per year	
<b>Skilled Nursing Facility</b>	
g. SNF CoPay \$	
h. % of charges paid by plan after copay or deductible	
i. Maximum # of <b>days</b> per year	

**14. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!**

**15. No question – reserved for future use.**

**PRESCRIPTION DRUG INSURANCE (SKIP Q. 16-18 IF NOT COVERED BY THIS MEDICAL PLAN)**

16. Drug Plan Deductibles, Coinsurance, and Maximums - If 0 or *Unlimited*, enter 0.

**Drug Coverage: Retirees  
Age-65 and Over \$ or %**

- a. Annual deductible - \$ per individual
- b. Annual deductible - \$ per family
- c. % paid by plan after deductible met
- d. Annual out-of-pocket maximum – \$ per individual
- e. Annual out-of-pocket maximum - \$ per family
- f. Lifetime maximum benefit \$


17. Drug Plan Co-Payments - Please enter the dollar **or** percentage amount as appropriate, and also enter the supply limit in number of days. If 0 or *Unlimited*, enter 0 in the \$ column.

**Drug Coverage:  
Retirees Age-65  
and Over**

- | <b>Retail</b>                                       | <b>\$</b> | <b>%</b> |
|---|-----------|----------|
| a. CoPay for Generic                                |           |          |
| b. CoPay for preferred brand (on formulary)         |           |          |
| c. CoPay for non-preferred brand (not on formulary) |           |          |
| d. Deductible for retail                            |           |          |
| e. Supply limit – in # of days                      |           |          |
| <b>Mail Order</b>                                   |           |          |
| f. CoPay for Generic                                |           |          |
| g. CoPay for preferred brand (on formulary)         |           |          |
| h. CoPay for non-preferred brand (not on formulary) |           |          |
| i. Deductible for mail order                        |           |          |
| j. Supply limit – in # of days                      |           |          |

<b>Retail</b>	<b>\$</b>	<b>%</b>
<b>Mail Order</b>		

18. Other Drug Policies

- a. Does the drug plan use a closed formulary
- b. Is mail order required?
- c. Are Rx benefits allowed for dental or dental trauma?

Yes	No

**DENTAL INSURANCE (SKIP Q. 19-20 IF NOT COVERED BY THIS MEDICAL PLAN)**

19. Dental Plan Deductibles and Maximums - If 0 or *Unlimited*, enter 0.

**Dental Coverage: Retirees  
Age-65 and Over \$**

- a. Annual deductible \$ per individual
- b. Non-orthodontia annual maximum benefit \$ per individual
- c. Orthodontia annual maximum benefit \$ per individual
- d. Annual out-of-pocket maximum – \$ per individual
- e. Annual out-of-pocket maximum - \$ per family
- f. Lifetime maximum benefit \$


**20. Dental Plan Co-Pay and Coinsurance** - Please enter the dollar or percentage amount as appropriate. If there is no copay or no coverage by the plan after the copay or deductible, enter 0 in the \$ column.

<b>Dental Coverage: Retirees Age-65 and Over</b>				
	<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
<b>Diagnostic/Preventive Services</b>				
a. CoPay				
b. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Basic Restorative Services</b>				
c. CoPay				
d. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Major Restorative Services</b>				
e. CoPay				
f. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Orthodontia Services</b>				
g. CoPay				
h. Maximum \$ and/or % of charges paid by plan after copay or deductible				

**VISION INSURANCE (SKIP Q. 21-23 IF NOT COVERED BY THIS MEDICAL PLAN)**

- 21. What is the coverage period for the first pair of glasses or contacts?**
- Benefits paid once every 12 months
  - Benefits paid once every 24 months
  - Benefits paid once every 36 months
  - Other coverage period

**22. Please enter the dollar or percentage amount paid by this vision plan for an eye exam and the first pair of glasses or contacts. Also indicate the benefits, if any, paid by the plan for corrective laser eye surgery. If "Covered in full" enter 100%. Leave blank if not applicable.**

	<b>Vision Coverage: Retirees Age-65-and-Over</b>			
	<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
a. Eye exams				
b. Lenses (first pair)				
c. Frames (first pair)				
d. Contact lenses (first pair)				
e. Laser eye surgery				

- 23. Does this vision plan provide benefits for extra pairs of glasses or contacts?**
- Yes
  - No

**24. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!**

**PPO AND POS PLANS**

Indicate which medical plan you are reporting. If your institution offers multiple versions of a plan (e.g. 3 PPO plans), report the one with the highest enrollment. Make a copy if you are going to provide data for both of these plans.

**PPO Plan**                      **Section G of survey online**

PPO plans have both in-network and out-of-network benefits. Participants are free to choose out-of-network providers, but their benefits are lower than for in-network providers. A referral from a primary care physician **is not required** to receive specialty and hospital services. PPO plans include open-access, open-ended HMOs as well as open-access POS plans.

**POS Plan**                      **Section H of survey online**

POS Plans have both in-network and out-of-network benefits. Services provided by out-of-network providers are covered, but the benefits are lower than for in-network providers. A referral from a primary care physician **is required** to receive specialty and hospital services. POS Plans include open-ended HMOs.

1. No question – reserved for future use.
2. How many **Lives** (including dependents) are currently enrolled in this health care plan for retirees age-65-and-over?

**Retirees Age-65-and-Over**

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3. What is the **budgeted or projected total cost** of this health care plan for retirees age-65-and-over during the current plan year? Enter whole dollars. You may need to ask your controller.

**Retirees Age-65-and-Over**

Institution's Total Cost	Retiree Total Cost

4. Did the **cost of coverage** for this health care plan for retirees age-65-and-over change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Retiree costs	

5. Does this health care plan for retirees age-65-and-over also cover the following?

	Yes	No
a. Prescription Drug Insurance		
b. Dental Insurance		
c. Vision Insurance		

6. Does this health care plan for retirees age-65-and-over include an institution-funded Health Reimbursement Account (**HRA**) or Health Savings Account (**HSA**)?

- Yes - HRA
- Yes – HSA
- No

**Benefits III: Retirees Age-65-and-Over Health Care  
CUPA-HR 2004-05 Survey Worksheets**

Plan Name \_\_\_\_\_

7. Does this health care plan for retirees age-65-and-over require **pre-certification** for the following?

	Yes	No	Not a Benefit
a. Inpatient hospital admission			
b. Outpatient mental health/ substance abuse care			
c. Inpatient mental health/ substance abuse care			
d. Home health care			
e. Home infusion therapy			
f. Hospice care			
g. Organ & tissue transplants			
h. Physical therapy			
i. Speech, occupational, vision, & hearing therapy			
j. Outpatient private nursing			
k. Skilled nursing facility admission			
l. Chiropractic services			
m. Does this plan require notification of emergency services within a specified time?			

8. What are the monthly contribution rates for this health care plan for retirees age-65-and-over in effect as of January 1 of 2004-05 Academic Year? Use only the coverage categories that are appropriate. **If applicable, report HRA/HSA contribution separately**; leave blank otherwise. If your institution uses a tiered system based on salary, use the most representative rate, typically the one associated with the highest enrollment.

Retirees age-65-and-over	Retiree's monthly contribution to Plan	Institution's monthly contribution to Plan	Institution's monthly contribution to HRA/HSA
a. Retiree only			
b. Retiree + 1			
c. Retiree + Spouse			
d. Retiree + Child(ren)			
e. Family			

9. Medical Deductibles, Coinsurance, and Maximums -If 0 or Unlimited, enter 0.

	Retirees Age-65-and-Over \$	
	In-Network	Out-of Network
a. Annual deductible - \$ per individual		
b. Annual deductible - \$ per family		
c. % paid by plan after deductible met		
d. Annual out-of-pocket maximum – \$ per individual		
e. Annual out-of-pocket maximum - \$ per family		
f. Lifetime maximum benefit \$		

10. Physician Office Visits and Emergency Care -If 0, enter 0.

	Retirees Age-65-and-Over \$ or %	
	In-Network	Out-of Network
<b>Physician Office Visits</b>		
a. Primary Care Physician CoPay \$ per visit		
b. Specialist CoPay \$ per visit		
c. % of charges paid by plan after copay or deductible		
<b>Emergency Care</b>		
d. Emergency Room CoPay		
e. % of charges paid by plan after copay or deductible		

**11. Inpatient Hospital and Surgery - If 0, enter 0.**

**Retirees Age-65-and-Over  
\$ or %**

	In-Network	Out-of Network
<b>Inpatient Hospital</b>		
a. Inpatient Hospital CoPay \$		
b. % of charges paid by plan after copay or deductible		
<b>Inpatient Surgery</b>		
c. Inpatient Surgery CoPay		
d. % of charges paid by plan after copay or deductible		
<b>Outpatient Surgery</b>		
e. Out patient Surgery CoPay		
f. % of charges paid by plan after copay or deductible		

**12. Mental Health and Substance Abuse - If 0 or Unlimited, enter 0.**

**Retirees Age-65-and-Over  
\$ or %**

	In-Network	Out-of Network
<b>Outpatient Mental Health/ Substance Abuse Care</b>		
a. Outpatient Mental Health/ Substance Abuse CoPay \$		
b. % of charges paid by plan after copay or deductible		
c. Maximum # of mental health <b>visits</b> per year		
d. Maximum # of substance abuse <b>visits</b> per year		
<b>Inpatient MH/SA Care</b>		
e. Inpatient Mental Health/ Substance Abuse CoPay \$		
f. % of charges paid by plan after copay or deductible		
g. Maximum # of confinement <b>days</b> per year for MH/SA combined		
h. Lifetime limit on number of confinements		

**13. Medical Therapy, Chiropractic, and Skilled Nursing -If 0 or Unlimited, enter 0.**

**Retirees Age-65-and-Over  
\$ or %**

	In-Network	Out-of Network
<b>Physical, Occupational, and Speech Therapy</b>		
a. P/O/S Therapy CoPay \$		
b. % of charges paid by plan after copay or deductible		
c. Maximum # of <b>visits</b> per year		
<b>Chiropractic</b>		
d. Chiropractic CoPay \$		
e. % of charges paid by plan after copay or deductible		
f. Maximum # of <b>visits</b> per year		
<b>Skilled Nursing Facility</b>		
g. SNF CoPay \$		
h. % of charges paid by plan after copay or deductible		
i. Maximum # of <b>days</b> per year		

**14.** Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

**15.** No question – reserved for future use.

**PRESCRIPTION DRUG INSURANCE (SKIP Q. 16-18 IF NOT COVERED BY THIS MEDICAL PLAN)**

16. Drug Plan Deductibles, Coinsurance, and Maximums - If 0 or *Unlimited*, enter 0.

**Drug Coverage: Retirees Age-65-and-Over \$ or %**

- a. Annual deductible - \$ per individual
- b. Annual deductible - \$ per family
- c. % paid by plan after deductible met
- d. Annual out-of-pocket maximum – \$ per individual
- e. Annual out-of-pocket maximum - \$ per family
- f. Lifetime maximum benefit \$


17. Drug Plan Co-Payments - Please enter the dollar **or** percentage amount as appropriate, and also enter the supply limit in number of days. If 0 or *Unlimited*, enter 0 in the \$ column.

		Drug Coverage: Retirees Age-65-and-Over	
		\$	%
<b>Retail</b>			
a.	CoPay for Generic		
b.	CoPay for preferred brand (on formulary)		
c.	CoPay for non-preferred brand (not on formulary)		
d.	Deductible for retail		
e.	Supply limit – in # of days		
<b>Mail Order</b>			
f.	CoPay for Generic		
g.	CoPay for preferred brand (on formulary)		
h.	CoPay for non-preferred brand (not on formulary)		
i.	Deductible for mail order		
j.	Supply limit – in # of days		

18. Other Drug Policies

- a. Does the drug plan use a closed formulary
- b. Is mail order required?
- c. Are Rx benefits allowed for dental or dental trauma?

	Yes	No
a.		
b.		
c.		

**DENTAL INSURANCE (SKIP Q. 19-20 IF NOT COVERED BY THIS MEDICAL PLAN)**

19. Dental Plan Deductibles and Maximums - If 0 or *Unlimited*, enter 0.

**Dental Coverage: Retirees Age-65-and-Over \$**

- a. Annual deductible \$ per individual
- b. Non-orthodontia annual maximum benefit \$ per individual
- c. Orthodontia annual maximum benefit \$ per individual
- d. Annual out-of-pocket maximum – \$ per individual
- e. Annual out-of-pocket maximum - \$ per family
- f. Lifetime maximum benefit \$


**20. Dental Plan Co-Pay and Coinsurance** - Please enter the dollar or percentage amount as appropriate. If there is no copay or no coverage by the plan after the copay or deductible, enter 0 in the \$ column.

<b>Dental Coverage: Retirees Age-65-and-Over</b>				
	<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
<b>Diagnostic/Preventive Services</b>				
a. CoPay				
b. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Basic Restorative Services</b>				
c. CoPay				
d. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Major Restorative Services</b>				
e. CoPay				
f. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Orthodontia Services</b>				
g. CoPay				
h. Maximum \$ and/or % of charges paid by plan after copay or deductible				

**VISION INSURANCE (SKIP Q. 21-23 IF NOT COVERED BY THIS MEDICAL PLAN)**

- 21. What is the coverage period for the first pair of glasses or contacts?**
- Benefits paid once every 12 months
  - Benefits paid once every 24 months
  - Benefits paid once every 36 months
  - Other coverage period

**22. Please enter the dollar or percentage amount paid by this vision plan for an eye exam and the first pair of glasses or contacts. Also indicate the benefits, if any, paid by the plan for corrective laser eye surgery. If "Covered in full" enter 100%. Leave blank if not applicable.**

	<b>Vision Coverage: Retirees Age-65-and-Over</b>			
	<b>In-Network</b>		<b>Out-of-Network</b>	
	<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>
a. Eye exams				
b. Lenses (first pair)				
c. Frames (first pair)				
d. Contact lenses (first pair)				
e. Laser eye surgery				

- 23. Does this vision plan provide benefits for extra pairs of glasses or contacts?**
- Yes
  - No

**24. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!**

## I. Stand-Alone Prescription Drug Plan

Do not answer this section if your drug plan is part of a health care plan.

Please report on the Stand-Alone Drug Plan with the **highest enrollment**. Report plan information as of January 1st of the 2004-05 academic year.

**Note:** Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

- No question – reserved for future use.
- How many **Lives** (including dependents) are currently enrolled in this stand-alone drug plan for retirees age-65-and-over?

**Stand-Alone Drug Plan: Retirees  
 Age-65-and-Over**

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- What is the budgeted or projected total cost of this stand-alone drug plan for retirees age-65-and-over during the current plan year? Enter whole dollars. You may need to ask your controller.

**Stand-Alone Drug Plan: Retirees Age-65-and-Over**

Institution's Total Cost	Retiree Total Cost

- Did the **cost of coverage** for this stand-alone drug plan for retirees age-65-and-over change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Retiree costs	

- What are the **monthly contribution rates** for this stand-alone drug plan for retirees age-65-and-over in effect as of January 1 of the 2004-05 academic year? Use only the coverage categories that are appropriate. If your institution uses a tiered system based on salary, use the most representative rate, typically the one associated with the highest enrollment.

**Stand-Alone Drug Plan: Retirees age-65-and-over**

	Institution's monthly \$ contribution	Retiree's monthly \$ contribution
a. Retiree only		
b. Retiree + 1		
c. Retiree + Spouse		
d. Retiree + Child(ren)		
e. Family		

**6. Drug Plan Deductibles, Coinsurance, and Maximums - If 0 or Unlimited, enter 0.**

**Drug Plan: Retirees Age-65-and-Over \$ or %**

a. Annual deductible - \$ per individual	
b. Annual deductible - \$ per family	
c. % paid by plan after deductible met	
d. Annual out-of-pocket maximum – \$ per individual	
e. Annual out-of-pocket maximum - \$ per family	
f. Lifetime maximum benefit \$	

**7. Drug Plan Co-Payments - Please enter the dollar or percentage amount as appropriate, and also enter the supply limit in number of days. If 0 or Unlimited, enter 0 in the \$ column.**

		<b>Drug Plan: Retirees Age-65-and-Over</b>	
<b>Retail</b>		<b>\$</b>	<b>%</b>
a.	CoPay for Generic		
b.	CoPay for preferred brand (on formulary)		
c.	CoPay for non-preferred brand (not on formulary)		
d.	Deductible for retail		
e.	Supply limit – in # of days		
<b>Mail Order</b>			
f.	CoPay for Generic		
g.	CoPay for preferred brand (on formulary)		
h.	CoPay for non-preferred brand (not on formulary)		
i.	Deductible for mail order		
j.	Supply limit – in # of days		

**8. Other Drug Policies**

	<b>Yes</b>	<b>No</b>
a. Does the drug plan use a closed formulary		
b. Is mail order required?		
c. Are Rx benefits allowed for dental or dental trauma?		

**9. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!**

## J. Stand-Alone Dental Plan

Please report on the **Stand-Alone Dental Plan with the highest enrollment**. Report plan information as of January 1st of the 2004-05 academic year. **Do not answer this section if this drug plan is part of a health care plan.**

**Note:** Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

- No question – reserved for future use.
- How many **Lives** (including dependents) are currently enrolled in this stand-alone dental plan for retirees age-65-and-over?

**Stand-Alone Dental Plan: Retirees  
 Age-65-and-Over**

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- What is the budgeted or projected total cost of this stand-alone dental plan for retirees age-65-and-over during the current plan year? Enter whole dollars. You may need to ask your controller.

**Stand-Alone Dental Plan: Retirees Age-65-and-Over**

Institution's Total Cost	Retiree Total Cost

- Did the **cost of coverage** for this stand-alone dental plan for retirees age-65-and-over change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Retiree costs	

- What are the **monthly contribution** rates for this stand-alone dental plan for retirees age-65-and-over in effect as of January 1 of 2004-05 Academic Year? Use only the coverage categories that are appropriate. If your institution uses a tiered system based on salary, use the most representative rate, typically the one associated with the highest enrollment.

**Stand-Alone Dental Plan: Retirees  
 age-65-and-over**

	Institution's monthly \$ contribution	Retiree's monthly \$ contribution
a. Retiree only		
b. Retiree + 1		
c. Retiree + Spouse		
d. Retiree + Child(ren)		
e. Family		

6. Dental Plan Deductibles and Maximums - If 0 or *Unlimited*, enter 0.

- a. Annual deductible \$ per individual
- b. Non-orthodontia annual maximum benefit \$ per individual
- c. Orthodontia annual maximum benefit \$ per individual
- d. Annual out-of-pocket maximum – \$ per individual
- e. Annual out-of-pocket maximum - \$ per family
- f. Lifetime maximum benefit \$

<b>Dental Plan: Retirees Age-65-and-Over \$</b>	

7. Dental Plan Co-Pay and Coinsurance - Please enter the dollar or percentage amount as appropriate. If there is no copay or no coverage by the plan after the copay or deductible, enter 0 in the \$ column.

<b>Dental Coverage: Retirees Age-65-and-Over</b>				
	In-Network		Out-of-Network	
	\$	%	\$	%
<b>Diagnostic/Preventive Services</b>				
a. CoPay				
b. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Basic Restorative Services</b>				
c. CoPay				
d. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Major Restorative Services</b>				
e. CoPay				
f. Maximum \$ and/or % of charges paid by plan after copay or deductible				
<b>Orthodontia Services</b>				
g. CoPay				
h. Maximum \$ and/or % of charges paid by plan after copay or deductible				

8. Does this dental plan provide the following plan types?

	Yes	No
a. HMO		
b. Traditional		
c. PPO		

9. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!

## K. Stand-Alone Vision Plan

Please report on the **Stand-Alone Vision Plan with the highest enrollment**. Report plan information as of January 1st of the 2004-05 academic year. **Do not answer this section if this drug plan is part of a health care plan.**

**Note:** Error messages suggesting a minimum or maximum value are provided as an aid only. You can over-ride the message by pressing the "Enter" key.

- No question – reserved for future use.
- How many **Lives** (including dependents) are currently enrolled in this stand-alone vision plan for retirees age-65-and-over?

**Stand-Alone Vision Plan: Retirees  
Age-65-and-Over**

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- What is the **budgeted or projected total cost** of this stand-alone vision plan for retirees age-65-and-over during the current plan year? Enter whole dollars. You may need to ask your controller.

**Stand-Alone Vision Plan: Retirees Age-65-and-Over**

Institution's Total Cost	Retiree Total Cost

- Did the **cost of coverage** for this stand-alone vision plan for retirees age-65-and-over change this year over last?
  - Enter 0 if it stayed the same.
  - Enter a % **increase** in cost as a positive number to one decimal place (ex. 4.3).
  - Enter a % **decrease** in cost as a negative number to one decimal place (ex. -5.2).

	% increase or decrease
a. Institutional costs	
b. Retiree costs	

- What are the **monthly contribution** rates for this stand-alone vision plan for retirees age-65-and-over in effect as of January 1 of 2004-05 Academic Year? Use only the coverage categories that are appropriate. If your institution uses a tiered system based on salary, use the most representative rate, typically the one associated with the highest enrollment.

**Stand-Alone Vision Plan: Retirees  
Age-65-and-Over**

	Institution's monthly \$ contribution	Retiree's monthly \$ contribution
a. Retiree only		
b. Retiree + 1		
c. Retiree + Spouse		
d. Retiree + Child(ren)		
e. Family		

- What is the coverage period for the **first pair** of glasses or contacts?
  - Benefits paid once every 12 months
  - Benefits paid once every 24 months
  - Benefits paid once every 36 months
  - Other coverage period

7. Please enter the dollar or percentage amount paid by this stand-alone vision plan for an eye exam and the first pair of glasses or contacts. Also indicate the benefits, if any, paid by the plan for corrective laser eye surgery. If "Covered in full" enter 100%. Leave blank if not applicable.

- a. Eye exams
- b. Lenses (first pair)
- c. Frames (first pair)
- d. Contact lenses (first pair)
- e. Laser eye surgery

<b>Stand-Alone Vision Plan: Retirees Age-65-and-Over</b>			
<b>In-Network</b>		<b>Out-of-Network</b>	
<b>\$</b>	<b>%</b>	<b>\$</b>	<b>%</b>

8. Does this stand-alone vision plan provide benefits for extra pairs of glasses or contacts?  
 Yes  
 No

9. Does this stand-alone vision plan provide the following plan types?

	<b>Yes</b>	<b>No</b>
a. HMO		
b. Traditional		
c. PPO		

10. Please use the space below to clarify your responses or otherwise comment on this section. Be sure to indicate the question number on any specific clarifications. You are allowed a maximum of 500 characters; so do keep your entry brief!