

*College and University Professional Association for Human Resources*  
**2006-07 Comprehensive Survey of College and University Benefits Programs**

### **SURVEY DESCRIPTION**

- First administered in 2002.
- Survey conducted entirely on the Web using Surveys Online, CUPA-HR's Web-based data collection and reporting system. Survey opened for data collection in May, 2007 and closed in July.
- The 2007 survey focused on health care benefits for employees and retirees, and on employee retirement benefits. Employees are defined as full-time, non-temporary staff and faculty. Institutions with multiple benefit plans were asked to report the plan with the greatest enrollment. Institutions that provide a flexible benefits program were asked to answer the survey questions as they pertain to their core programs.
- Benefits I (Employee Health Care and Retirement Benefits) was completed by 420 institutions, including 17 systems reporting in the aggregate for all of their campuses, providing data for 544 schools in total. More public than private schools are represented in the survey when the aggregate submissions are considered (49% vs. 51%).
- Benefits II (Retiree Health Care) was completed by 133 institutions, including 7 systems reporting in the aggregate for all of their campuses, providing data for 208 schools in total. More public than private schools are represented in the survey when the aggregate submissions are considered (66% vs. 34%).

### **SURVEY CONTENT**

- Institutional Basics: The following information was pre-loaded or collected for each institution.
  - Institution name
  - 2000 Carnegie classification; 2005 Carnegie classification
  - Affiliation (public, private independent, religious, for-profit)
  - Level of instruction (undergraduate only, graduate only, both)
  - NCAA Division
  - Structure type
  - 2006-07 total operating budget
  - Cost of benefits as percentage of payroll
  - Student enrollment for fall 2006-07
  - Faculty size for fall 2006-07
  - Faculty and/or staff represented by a union
- Health Care Basics: The survey collected detailed structure information on Consumer Driven, PPO, HMO, POS and Traditional Indemnity health plans, and also on stand-alone drug, dental and vision plans.
  - Does institution use birthday or first date of coverage rule for health care plans?
  - How is institution's health care plans funded?
  - Does institution offer health care benefits for Non Medicare-eligible retirees; for Medicare-eligible retirees?
  - Does institution offer health care benefits for opposite sex partners, same sex partners and children of domestic partners?
  - Is there a waiting period to qualify for health care coverage; If yes, length of waiting period in days?
  - Can employees opt out of health care benefits? If yes, are they reimbursed?

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- Does institution:
  - Use a salary-based tiered system to determine health care premiums?
  - Pay premiums for employees on approved leaves of absence?
  - Have a mental/nervous carve out plan?
  - Have an Employee Assistance Program?
  - Offer a Long Term Care plan for employees?
- How many different plans does institution offer for each type of health plan?
- Does institution have a Health Reimbursement Arrangement?
- If yes, how much does institution put into HRA annually?
- Can employees carry over unused HRA funds from year-to-year?
- Is HRA paired with a health plan?
- Does institution have a Health Care Flexible Spending Account?
- If yes, maximum dollar amount or % of salary employee can contribute annually?
- Does institution have a Dependent Care Flexible Spending Account?
- If yes, maximum dollar amount or % of salary employee can contribute annually?
- What is your institution's average health/dental plan expenditure per covered employee?
- Wellness Program:
  - Does institution have a Wellness Program?
  - If yes, how much is budgeted for the program this year?
  - Who administers program?
  - How many staff members are dedicated to the wellness program?
  - Is program a joint venture with a university or local hospital?
  - Has wellness program reduced health care costs? If yes, by what percentage?
- Employee and Retiree Health Care Benefits: The survey collected detailed structure information on Consumer Driven, PPO, HMO, POS and Traditional Indemnity health plans, and also on stand-alone drug, dental and vision plans.
  - Does plan include both employees and retirees?
  - Are benefits the same as last year?
  - Are employees required to pay a premium for health care benefits?
  - Monthly employee and institution premiums this year and last year for employee only and employee + family coverage.
  - Annual deductibles, out-of-pocket maximums and lifetime maximum benefit.
  - Coinsurance in- and out-of-network.
  - Is co-pay required for 14 selected services? If yes, co-pay dollar amount.
  - Is there an annual limit on benefits for 10 selected services? If yes, annual maximum benefit (visits, days, shifts, dollars).
  - Is there a lifetime limit on benefits for 7 selected services? If yes, maximum benefit (cycles, days, dollars).
  - Prescription drug plans – out-of-pocket maximums; co-pay requirements and amounts; plan coverage; monthly premiums for stand-alone plans.
  - Dental drug plans – co-pay requirements and amounts; deductibles and maximums; co-insurance for different services; monthly premiums for stand-alone plans.
  - Vision plans – frequency with which benefits paid and benefit amounts (\$ and %) for routine eye exams, corrective lenses, frames and contact lenses.
- Employee Retirement Benefits: The survey collected detailed information on Defined Benefit Plans and four types of Defined Contribution Plans (403(b), 457(b), 401(a), 401(k)). Data also collected on minimum age and service requirements for retirement with full and reduced benefits, and on average plan expenditure per covered employee. All questions asked separately for exempt/professional staff, non-exempt/support staff and faculty.

### Defined Benefit Plan

- Which staff (exempt, non-exempt, faculty) are eligible to participate in plan?
- Is participation in plan mandatory?
- Is plan a Primary or Supplemental Retirement Plan (PRP or SRP)?
- Is there a waiting period? If yes, number of months.
- What is the vesting schedule – immediate, upon retirement or in “X” years?
- Institution’s contribution to plan.
- Does institution compute Normal Retirement Benefit (NRB) as “X% \* Years of Service \* Average Salary for N or T Years?”
- If yes – what is the multiplier (X%) used and what is the number represented by N or T?

### Defined Contribution Plans

- Which staff (exempt, non-exempt, faculty) are eligible to participate in plan?
- Is participation in plan mandatory?
- Is plan a Primary or Supplemental Retirement Plan (PRP or SRP)?
- Is there a waiting period? If yes, number of months.
- What is the vesting schedule – immediate, upon retirement or in “X” years?
- Does institution contribute to plan?
- If yes – is employee match required?
- Maximum percentage of annual salary (up to IRS limits) institution will pay into plan.
- Does institution match additional contributions by employee?
- If yes – additional maximum percentage institution will match.

## SELECTED RESULTS

### Employee Health Care Benefits

- 58% of responding institutions offer health care benefits to non-Medicare eligible retirees and 52% do so for retirees that are eligible for Medicare.
- 40% of responding institutions offer health care benefits for same sex domestic partners; 31% for opposite sex partners and 44% for children of domestic partners.
- 75% of responding institutions have an Employee Assistance Program.
- Only 11% of responding institutions offer a Consumer Driven Health Plan.
- 36% of responding institutions have a Wellness Program.
- Up to 40% of the responding institutions pay the entire premium for “Employee Only” health care coverage; the percentage varies by plan type.
- The median monthly total premium for “Employee Only” health care coverage at responding institutions ranged from \$350 to \$422. Both the amount and the distribution of cost between employee and institution vary by plan type.
- HMO and POS plans had the largest percentage increase in total monthly premiums and Consumer Driven plans the smallest (2006 vs. 2007). This was true for employee only and employee + family coverage.
- Median co-pay for Inpatient Hospital Care ranged from \$150 to \$250 depending on plan type.
- A significant percentage of plans do not cover infertility treatments, in vitro fertilization or artificial insemination.
- For all plans, the median retail copay for generic drugs was \$10. Copay amounts are higher and more varied for preferred and non-preferred brands and also for mail order.
- The median monthly total premium for Employee + Family stand-alone dental coverage was \$87.

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- 20-85% of the vision care plans at responding institutions require a copay for routine eye exams; the percentage varies by plan type.

### Employee Retirement Benefits

- 50% of the responding institutions offer Defined Benefit Retirement Plans.
- Almost all responding institutions offer 403(b) defined contribution plans, but only a small percentage offer 401(k) plans.
- The median percentage of annual salary contributed by responding institutions ranges from 2-10%, depending on the plan. The percentage requiring an employee match also varies by plan.

### Retiree Health Care Benefits

- The median monthly premium paid by retirees for “Retiree Only” health care coverage ranged from \$185 to \$407 for non-Medicare eligible retirees, and from \$112 to \$222 for Medicare-eligible retirees. Both the amount and the distribution of cost between retiree and institution varied by plan type.

## ACCESSING SURVEY RESULTS

Survey results can be accessed in two ways.

- **Survey Report:** Provides a national-level summary, in table format, of the data provided by all institutions responding to both the employee and retiree sections of the survey. The report is published electronically in PDF format only.
- **DataOnDemand:** DOD is a hands-on application that gives institutions and up to six specified users direct access to survey data—from the date of purchase until next year’s report becomes available. DOD allows users to conduct their own analyses any time they want and as often as they want, using peer comparison groups that you create – limited only by the restrictions in place to protect confidentiality. This year, for the first time, canned reports are available for all sections of the benefits survey; all you have to do is create your comparison groups and run reports. Those purchasing DOD receive the survey report free-of-charge.

The report may be purchased by any individual or organization, regardless of survey participation. Purchase of DOD, however, is restricted to higher education institutions and, at the request of an institution, to consulting organizations representing them. To order survey results, go to [www.cupahr.org](http://www.cupahr.org), highlight Surveys in the menu on the left and select Benefits Surveys 2007. Order form is the first item on the page.