

College and University Professional Association for Human Resources
2011 Comprehensive Survey of College and University Benefits Programs
SURVEY FACT SHEET

SURVEY DESCRIPTION

- Survey was first administered in 2002.
- 2011 benefits survey opened for data collection on March 22 and closed on June 15.
- CUPA-HR appreciates the support and sponsorship provided by Aetna.
- Survey was conducted on Web using Surveys Online, CUPA-HR's data collection and reporting system.
- 2011 survey covered health care benefits only and collected data for PPO, HMO, POS and Consumer Driven Health care plans, and also prescription drug and dental plans.
- Detailed data collected on premiums, deductibles, maximums, co-insurance, services covered, co-pay amounts, and annual and lifetime limits. Survey also collected more general data on health care benefits, including the use of Wellness Programs.
- Non-health care benefits will next be surveyed in 2012.
- To review or download the survey questionnaire go to <http://www.cupahr.org/surveys/worksheets.asp>

ACCESSING SURVEY RESULTS

Survey results must be purchased and can be accessed in two ways.

- **Survey Report:** Provides a national-level summary, in table format, of data provided by all responding institutions. Report is published electronically in PDF format only.
- **DataOnDemand:** DOD is a hands-on application that gives institutions direct access to survey data—from the date of purchase until next year's results becomes available.
 - Allows users to create own comparison groups and conduct own analyses 24/7.
 - Structured reports available for all sections of survey; all users have to do is create comparison groups and run reports.
 - Those purchasing DOD receive the survey report free-of-charge. Report includes results for the 2010 non-health care survey.

To order survey results go to <http://www.cupahr.org/surveys/order.asp>.

- Survey report may be purchased by any individual or organization, regardless of survey participation.
- Purchase of DOD is restricted to higher education institutions; however, institutions may request access for consulting organizations on their order form.

PROFILE OF SURVEY RESPONDENTS

- Survey was completed by 415 institutions, including 24 systems reporting in the aggregate for all of their campuses. Survey represents 587 institutions in total.
 - Affiliation: 67% of respondents (280) were from private institutions and 33% (135) from public institutions. If the aggregate submissions of the 24 systems are considered, public and private institutions are equally represented in the results.
 - Carnegie classification: About 32% of respondents are from Master's, 25% from Bachelor's, and 20% from Doctorate institutions. Associate's and Special Focus institutions comprise 12% and 11% of respondents respectively
- Institutional Basics of Respondents
 - Median budget size: \$87M
 - Median student FTE: 3,299
 - Median faculty FTE: 240

SELECTED FINDINGS

Survey report includes 36 aggregate and summary tables for the 2011 health care survey and another 21 tables for the 2010 non-health care survey. Detailed tables covering every survey question are also provided.

Cost of Health Care Benefits Continue to Rise

- Median annual cost of health care this year was 7.3% higher than last year for both employee only and employee + family coverage for the three most common plan types (PPO, HMO and POS). Percentage increase for CDH plans was slightly higher.
- Median annual plan premiums increased to \$5,868 for employee only coverage and to \$16,388 for employees + family coverage. The percentage increases in costs are greater this year than in the preceding two years.
- Increases in employee costs are somewhat higher than the percentage change due to increases in median annual deductibles, which were also higher in 2010 than in 2009.

2011 Median Annual Health Care Premiums for Employee Only and Employee + Family Coverage for PPO, HMO and POS Plans

CUPA-HR 2011 Benefits Survey

	Employee Only Coverage		Employee + Family Coverage	
	2011 Median Annual Total Premium	% Change Over Prior Year*	2011 Median Annual Total Premium	% Change Over Prior Year*
2011 vs. 2010	\$5,868	+ 7.3%	\$16,388	+ 7.3%
2010 vs. 2009		+ 6.7%		+ 7.0%
2009 vs. 2008		+ 3.7%		+ 5.7%

* For each cell, median determined for each plan type and the simple average median then calculated. Percent change is based on a comparison of each participating institution's current year premium to its prior year premium.

Other Health Care Findings

- Domestic Partner Benefits – Percentage of responding institutions offering health care benefits for same sex and opposite set partners increased for the fifth straight year, rising to 56% and 43% respectively.
- Retiree Health Care Benefits – More than half of responding institutions provide health care benefits for retirees under the age of 65; slightly less than half do so for those 65 and over.
- Faculty/staff access to on-campus medical services – About a quarter of responding institutions provide faculty and staff access to on-campus medical services.
- Wellness Programs – More than 60% of responding institutions have a wellness program and slightly less than half of these have their own budget. However, less than 20% know the percentage of faculty/staff participating in their programs.
- Strategy for Health Care Benefits – Only about a quarter of responding institutions have developed a strategy for what their health care benefits should be in 3 years.
- Health Care Vendor Selection – About half of responding institutions sought competitive bids. Of those, about 20% changed vendors.
- Use of "Voluntary Benefits" – Most responding institutions offer voluntary benefits that have no direct cost to the institution. Specific offerings vary.
- Consumer Driven Health Plans – Percentage of responding institutions offering Consumer Driven Health Plans has increased from 11% in 2007 to 26% this year.
- Family Planning – Less than a third of health care plans cover in vitro fertilization.
- Prescription Drugs Out-of-Pocket Maximums – Only about 15% of drug plans have out-of-pocket maximums.

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- Drugs Copay for Chronic Conditions – 11% of responding institutions have plans that lower or eliminate the copay for drugs needed for chronic conditions.
- Dental plan premiums – The median monthly premium for stand-alone dental plans increased 5% for employee only coverage and 3% for employee + family coverage.