



Overview

of the *Report of Higher Education
Employee Healthcare and Other Benefits*

2016

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Highlights

The following are highlights gleaned from the 2016 Report of Higher Education Employee Healthcare and Other Benefits.

- Preferred Provider Organization (PPO) plans continue to be the most frequently offered plans, followed by High Deductible Health (HDH), Health Maintenance Organization (HMO), and Point of Service (POS) plans. There has been a significant increase in the percentage of institutions offering HDH plans in the past year.
- Doctoral institutions are more likely to offer a variety of plan choices than are other types of institutions.
- The number of institutions providing a long-term care plan has decreased by 7 percentage points since last year.
- Provision of healthcare benefits to both opposite-sex and same-sex domestic partners has increased steadily since 2005; 70% of institutions now provide healthcare benefits to same-sex partners, the same figure as last year. Private religious institutions are least likely to provide domestic partner healthcare benefits.
- Only about one third of institutions provide healthcare benefits to part-time staff and faculty. Doctoral institutions are most likely to provide these benefits.
- Wellness programs in higher education are waning. Budgets and dedicated staff for these programs have shrunk markedly in the past year, and few institutions that do not have a program in place are planning on starting one in the next year.

Citation for the report:

Bichsel, Jacqueline, and Calcagno, Maria. *CUPA-HR 2016 Report of Higher Education Employee Healthcare and Other Benefits*. Research report. Knoxville, TN: CUPA-HR, July 2016. Available from <http://www.cupahr.org/surveys/order.aspx>.

Introduction

CUPA-HR's *Survey of Employee Healthcare and Other Benefits* has been conducted since 2003.¹ This year marks a change in the report design and format. We have included more visual representations of the data and attempted to provide more context for the results to make our data more accessible and usable.

2016 is a pivotal year in which to make these enhancements. Changes in multiple federal policies in the past year make this a crucial time to collect baseline information on benefits for future benchmarking efforts:

- In May 2016, the Department of Labor (DOL) increased the annual salary threshold for exempt employees from \$23,660 to \$47,476. Institutions will have to be in compliance with this change by December 1, 2016, either increasing the salaries of exempt employees who are below threshold to the required amount or making them non-exempt, which requires tracking and paying overtime.²

This change could impact higher education benefits provisioning in a number of ways. The cost of compliance could force some institutions to cut benefits. Changes to flex time experienced by previously-exempt employees may affect participation in wellness activities. Because exempt and non-exempt employees may be on different payroll cycles, the benefits deductions, leave accruals, and accrual limits for employees who switch exempt status will have to be adjusted immediately — before the academic year begins — or will have to be adjusted in the middle of the academic year (no later than December 1), a process that will likely be messy and costly. Not only do institutions have to comply with the December 2016 increase, but there are also a series of planned increases to this threshold in the future.

- In June 2016, DOL issued new sex discrimination guidelines that apply to federal contractors and subcontractors. Some aspects of these guidelines may impact current healthcare policies for certain institutions: contractors may not maintain insurance coverage that excludes health services for gender transition; employers are required to provide pregnancy leave in a similar manner to other leave for medical conditions that affect an employee's ability to work; and family or caregiving leave must also be made available to men. Healthcare plans may need to change in light of these guidelines, and the effective date is August 16, 2016.³
- In 2015, the U. S. Supreme Court ruled that states may not prohibit same-sex couples from marrying, effectively conferring this right at the federal level. We discuss the impact

¹ The survey was not conducted in 2004, and non-healthcare benefits information has been collected only in even years in recent years, as that information does not change as frequently as healthcare benefits.

² Alex Passantino, *The Impact of the Department of Labor's Exempt Salary Increase on Higher Education Employers* (white paper), CUPA-HR, 2016. <http://www.cupahr.org/knowledgecenter/files/toolkits/Impact-of-DOL-Exempt-Salary-Increase-on-Higher-Education-Employers-Whitepaper.pdf>

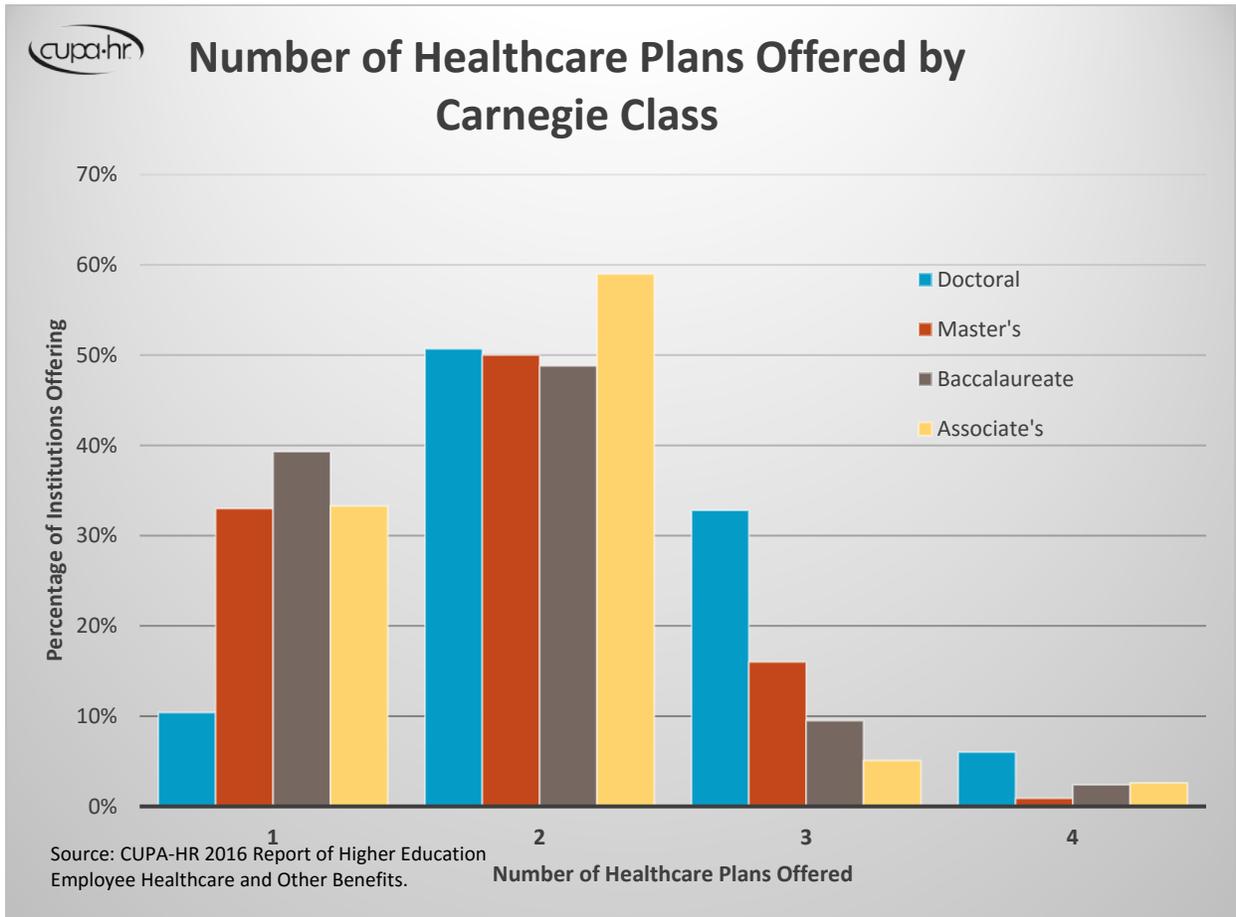
³ Lynn A. Clements, *3 Things You Need to Know About OFCCP's New Sex Discrimination Guidelines* (blog post), CUPA-HR, 2016. <http://blog.cupahr.org/2016/07/3-things-need-know-ofccps-new-sex-discrimination-guidelines/>

this ruling may have on the provision of domestic partner healthcare benefits later in this report.

Institutions will want to benchmark the provisioning of healthcare and other benefits as part of their strategy in managing the impact of these changes. CUPA-HR offers two vehicles for accessing survey results for benchmarking: aggregated survey reports such as this one, and [DataOnDemand](#) (DOD), which allows institutional users to create their own comparison groups.

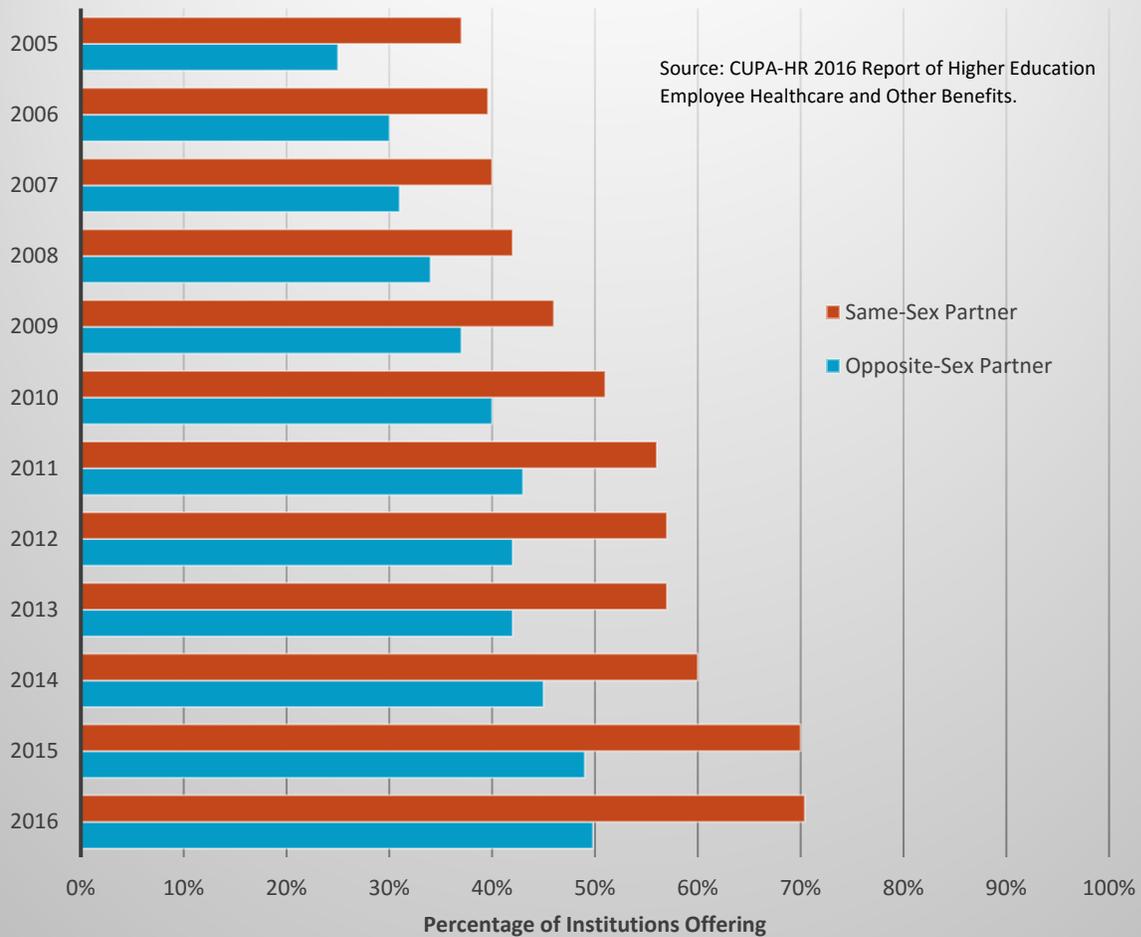
This year's report focuses on healthcare benefits, as these have experienced the most change in the past year. The expanded analyses cover basic healthcare plans; dental, vision, and long-term care plans; benefits for domestic partners; benefits for part-time employees; and wellness programs. Those looking for data on non-healthcare benefits will find summary tables and comprehensive tables in the appendices.

A Peek at Some of the Data Analyzed in the Report



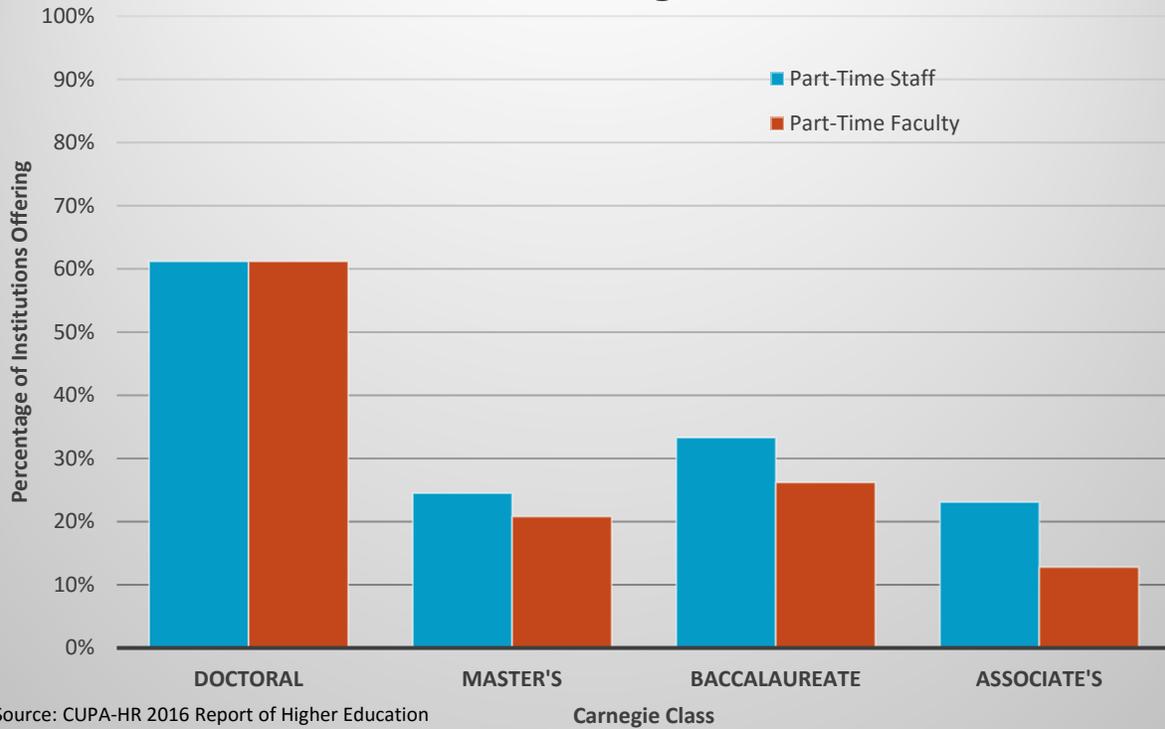


Healthcare Benefits for Domestic Partners





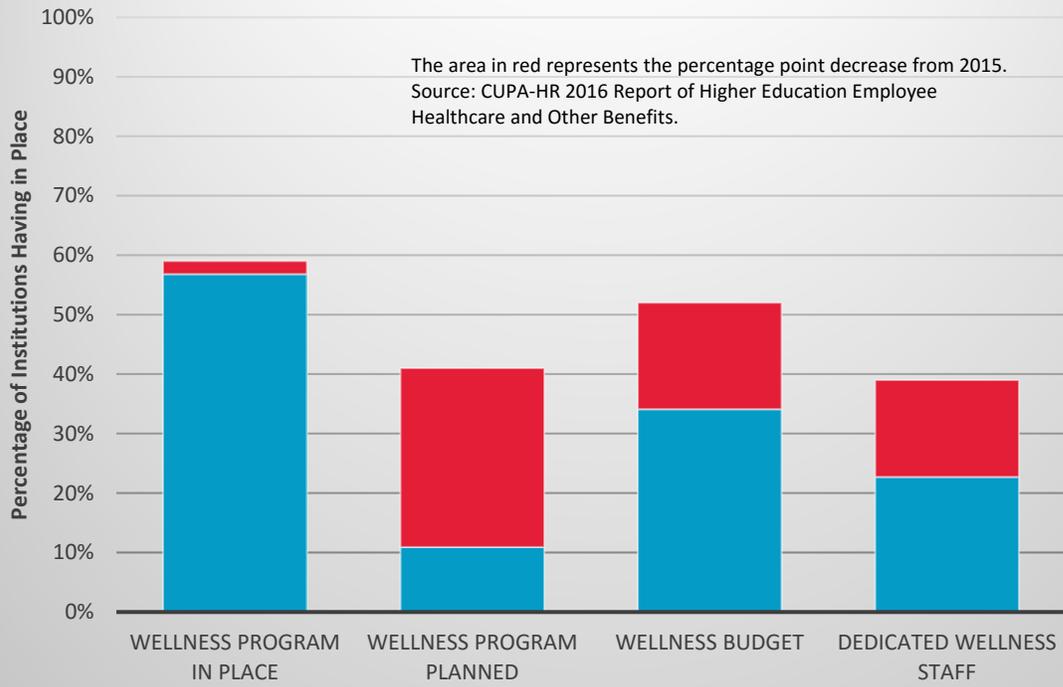
Part-Time Employee Healthcare Benefits by Carnegie Class



Source: CUPA-HR 2016 Report of Higher Education Employee Healthcare and Other Benefits.



What Is In Place for Wellness Programs



Methodology

Survey

Data for the [CUPA-HR Higher Education Employee Healthcare and Other Benefits Survey](#) was collected March 21-June 10, 2016. The survey was conducted entirely online. Data were collected through Surveys Online, CUPA-HR's data collection and reporting system.

Respondents

Respondents were largely human resource and benefits administrators. There were 335 colleges and universities that completed the survey, including 24 systems reporting in the aggregate for all of their campuses. Counting these campuses, this year's survey reflects data for 492 schools in total. Private for-profit institutions and institutions outside the U.S. were not included in the analyses for this report.

Number of Responding Institutions by Carnegie Class and Affiliation

		Affiliation			Total
		Private Independent	Private Religious	Public	
Carnegie Class	Doctoral	17	8	42	67
	Master's	51	35	20	106
	Baccalaureate	35	45	4	84
	Associate's	0	1	38	39
	Special Focus	31	3	1	35
Total		134	92	105	331

Full Report

For more analyses and discussion of this data, the full report is available at: <http://www.cupahr.org/surveys/benefits.aspx>



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