

SAINT JOSEPH'S UNIVERSITY
OFFICE OF HUMAN RESOURCES

Spring 2013 BENEFITS SURVEY: EXECUTIVE SUMMARY

From March through April, 2013, the University conducted a formal survey of employees regarding their understanding of and satisfaction with benefits, wellness programs, and other services. This survey was designed in collaboration with Dr. Lucy Ford, Assistant Professor, Management, and Dr. Brent Smith, Associate Professor, Marketing, who also worked with the Office of Human Resources team to analyze the data and prepare this executive summary. The survey yielded data from a useable sample of employees.

P1: Survey Respondents

Based on self-reported data, the survey respondents can be described as follows:

- 82.3% with more than five years employed at the University
- 288 females (64.9%) and 157 males (35.1%)
- 81.8% between 31-64 years of age (31-40: 17.1%; 41-50: 22.3%; 51-64: 42.4%)

Full-time salaried administrative employees account for 49% of responses submitted to the survey. Full-time tenured/tenure track faculty (21.1%) and full-time hourly staff employees (20.9%) represent the next largest and most representative employment categories (see table below).

Employment Category	% of Employees in Category	% of Survey Respondents
FT Salaried – 218 (450)	48.4%	49.0%
FT Hourly – 93 (202)	46.0%	20.9%
FT TT Faculty – 94 (247)	38.0%	21.1%
Public Safety and Security – 17 (73)	13.3%	3.8%
Facilities – 12 (46)	21.7%	2.7%
Visiting Faculty – 10 (52)	19.2%	2.2%
Jesuits – 1 (10)	10.0%	0.2%

Note: Employment category - # respondents (Actual # employees in category).

P2: Information Sources and Utilization

Respondents indicated that they consider a variety of sources when seeking benefits-related information. The sources are mainly associated with the Office of Human Resources (OHR).

Information Source	% of Respondents Utilizing Information Source
OHR	53.7%
OHR benefits booklets	24.3%
OHR website	15.1%
IBC	32.5%

Coworker	14.5%
Armstrong Doyle & Carroll	13.2%
Supervisor	3.0%
Other	3.0%

P3: Plan Enrollment Profile

Participants were enrolled in the following medical plans: Keystone HMO (38.7%), Personal Choice High Deductible (24.5%), Keystone POS (23.0%), and Personal Choice 20/30/70 (12.0%). Nearly 2% (1.6%) of respondents were not sure which medical plan they elected.

While the proportion of participants reporting membership in the Personal Choice 20/30/70 and Personal Choice High Deductible plans is very similar to the proportion of employees in general enrolled in those plans, the Keystone POS was underrepresented in this sample (23% in sample, versus 33% of employees enrolled in the plan at the time of the survey) and the HMO was overrepresented (38.7% in this sample, versus 29% enrolled at the time of this survey).

Regarding level of coverage (n=408 responses), the largest group of employees in the sample is enrolled as “Employee Only” (42.2%).

<i>Level of Coverage</i>	<i>Frequency</i>	<i>%</i>
Employee Only	172	42.2%
Employee/Spouse	69	16.9%
Employee/Child(ren)	89	21.8%
Family	78	19.1%

In their households, the majority of participants report that they are generally the primary decision-makers for selecting a medical plan (n=400).

<i>Primary Decision Maker for Medical Plan</i>	<i>Frequency</i>	<i>%</i>
Myself	233	58.3%
Spouse/Partner	12	3.0%
Joint Decision	155	38.8%

With respect to gender (n =393), the data indicated that female employees (n=252) make medical plan decisions more so on their own, while male employees are split evenly between self, versus joint decisions.

<i>Primary Decision Maker (n=393)</i>	<i>Female (n=252)</i>	<i>%</i>	<i>Male (n=141)</i>	<i>%</i>
Myself	161	63.4%	68	48.2%
Spouse/Partner	6	2.4%	5	3.5%
Joint Decision	85	33.7%	68	48.2%

99 employees (24.9%) reported that they have changed their insurance/benefits plans within the last three years. They based their decisions mainly on cost (44%) or belief that a different plan would better suit their needs (26.5%).

P4: Importance of Benefits; Satisfaction with Benefits

Data indicate that employees viewed as important several elements of the benefits plan. Based on a 5-point Likert-type scale, those aspects include but are not limited to medical (4.85), pharmacy (4.66), vision (4.44), dental (4.65), life insurance (4.29), short-term disability (4.35), long-term disability (4.35), and retirement (4.84). These aspects exhibit standard deviations less than 1.00.

Employees were generally satisfied with their overall benefits package (4.26). Regarding particular characteristics of their plan, employees were relatively satisfied with:

- the amount that the University pays towards benefits (4.17)
- the number of benefits received (4.31)
- the ease of use of benefits (4.14)

In contrast, employees were somewhat less satisfied with:

- their input in benefit planning (3.22)
- the information they receive about benefits (3.84)

Asked specifically about satisfaction with their medical plan (n=408), most employees were satisfied (86.5%) versus those that were not (13.5%). The level of satisfaction varied by plan, with 97% of the participants in Personal Choice 20/30/70 reporting plan satisfaction, 87% in the High Deductible plan, 86% in the HMO, and 82% in the POS plan.

P5: Migration to Other Health Insurance Plans

398 respondents answered two questions related to payroll deductions, co-pays, and deductibles. The tables break down the responses based on the plan in which respondents were enrolled. Overall, nearly 60% of the respondents indicated they would not be willing to enroll in a plan with a higher co-pay to keep the amount coming out of their pay at equal or lower levels, while 75% indicated they would not be willing to enroll in a plan with a higher deductible to keep the amount coming out of their pay at equal or lower levels..

For this sample of employees, only about 25% of those not currently enrolled in the HDHP indicated they would likely migrate to a plan with a deductible.

Question: To keep the amount coming out of your check the same or lower than it is currently, would you be willing to enroll in a plan with higher co-pays?

	<i>n</i>	<i>Yes</i>	<i>No</i>	<i>% No</i>
<i>Current plan</i>				
<i>Not sure</i>	7	4	3	43
<i>High Deductible Plan</i>	96	41	55	57
<i>Personal Choice 20/30/70</i>	48	18	30	63
<i>Keystone HMO</i>	155	59	96	62
<i>Keystone POS</i>	92	38	54	59
				59.8% overall

Question: To keep the amount coming out of your check the same or lower than it is currently, would you be willing to enroll in a plan with a higher deductible?

	<i>n</i>	<i>Yes</i>	<i>No</i>	<i>% No</i>
<i>Current plan</i>				
<i>Not sure</i>	7	2	5	71
<i>High Deductible Plan</i>	96	32	64	67
<i>Personal Choice 20/30/70</i>	48	11	37	77
<i>Keystone HMO</i>	155	37	118	76
<i>Keystone POS</i>	92	23	69	75
				74% overall

P6: Evaluation of OHR Communications

Regarding the efforts of OHR to communicate various benefits plan options respondents (n=442), reported a marginal rating (mean = 3.39, median = 3.00)

- 45.1% report them as above average or excellent
- 43.4% rate them as average
- 11.5% rate communications as poor or below average

In terms of receiving OHR communications about healthcare benefits, employees expressed a preference for e-mail (48.2%), home mailings (13.1%), benefit booklets (11.8%), employee meetings (10.0%), annual benefits fair (7.5%), and OHR website (7.0%).

P7: Wellness Programs

Nearly 64% of respondents indicated that it would be important for the University to have a multi-year wellness program. 71% of all respondents reported that they would be interested in utilizing such a program, particularly elements related to stress management, walking, fitness, ergonomics, and cancer prevention. There is little reported interest in smoking cessation programs, 47% of respondents would consider participating in a program during a lunch hour,

36% after work, and 26% before work. Even with interest in a wellness program, most respondents (80%) stated that they would not be willing to serve on a wellness committee.

P7: Looking forward

This survey represents an important step in learning the perceptions and practices of the University's employees with regard to benefits. In light of that information, some important questions and recommendations merit consideration for future planning.

Questions: Relative to similar educational institutions

- Benefits related information sources
 - Is the employee utilization of information sources typical? Is it desirable?
- Survey participation
 - Is the degree of employee participation (i.e., overall, by category) typical?
 - What factors could explain lower participation of hourly employees?
 - What are the implications (e.g., communication, trust, risk) of not achieving greater participation from hourly employees?
- Plan options and migration
 - What kinds of migration scenarios and time horizons have been considered?
 - Do any indicators suggest an increasing or decreasing interest in higher co-pays or deductibles in relation to take-home pay?

Questions: Within the University context

- How effectively is OHR engaging/engaged by people within each employment category?
- What are/would be the most effective points of contact and channels for information?
- What systems can be implemented to evaluate the effectiveness of OHR performance (e.g., activities, information source utilized) intended to serve employees' needs?

Recommendations

- R1. OHR should reconsider the expectations of its relationship with ADC for communicating information to employees. Present methods and channels account for only 14.1% of employee inquiries, even less than employee-to-employee inquiries (15.0%). OHR should also find ways to address the Employee > IBC > OHR information loop. Overall, OHR should assess the quality of its footprint within divisions and units around the University.
- R2. OHR should enact deliberate efforts to engage hourly employees about benefits and wellness. This engagement should occur early and often.
- R3. OHR should consider enhancing its online and offline resources. Employees report using the OHR website (15.1%) and information booklets (24.3%). Perhaps, OHR could implement a centralized online trouble-ticket system, an online knowledgebase or wiki, etc. The OHR website contains a lot of requests to call OHR for more information – perhaps this information could be made available online, and thus immediately available to the employee at the time they have a question.

- R4. OHR should ask hourly employees to provide responses to basic benefits questions dealing with importance of benefits, satisfaction with benefits, interest/potential for plan migration, and so forth.
- R5. OHR should tailor its communications to the employee profiles actually present at the University. That is, OHR should present benefits related scenarios, concerns, and FAQs for discrete segments (e.g., primary decision-maker, income level, utilization of information resources).
- R6. Employee preference for different types of medical plans should be balanced with plan costs (to employees and to the University), as well as external factors, e.g. the impact of the Affordable Care Act, in evaluating the viability and continuance of any given plan.
- R7. While impossible to determine the reasons for it, the data indicated that many employees do not understand basic aspects of their medical plan, such as co-pays and deductibles. This may be nothing more than the employee having had no occasion to use the benefit. On the other hand, it may be related to poor communication around plan essentials. Future surveys should ask participants for actual benefit usage levels, as satisfaction with particular plans might differ with different utilization.
- R8. Wellness programs appear to be desirable for the majority of those surveyed. OHR should continue to pursue wellness programming for the university, continuing to include all employee groups in the planning process, to ensure that the wellness benefits offered are the ones that are most desired and most beneficial.
- R9. Regarding voluntary benefits, only a minority of employees is interested in any given voluntary benefit; however, the interest is strong enough to justify continuing to evaluate voluntary benefits vendors and policies.