



Helpful Hints for Completing 2020 AZ Benefits Benchmarking Survey

BROWSER: Use Chrome or Internet Explorer, NOT Firefox, for the survey link:

https://bcfo.co1.qualtrics.com/jfe/form/SV_3LhFkTjaTDqdJ3v?b=BENEFITCOMMERCE

GENERAL INFO:

1. When you are ready to move on to another section, use the << BACK and NEXT >> buttons. At any time, you can click SAVE & FINISH LATER to exit the survey and return at a later time. Even if you proceed through the entire survey and click SUBMIT, you can always log back in later to make edits if necessary. When you have clicked on "Save and Finish Later" or "Submit," **WAIT to exit the survey** until you see the Thank You screen that says: "We thank you for your time spent taking the survey. Your responses have been recorded."
2. Do NOT type (\$) dollar signs, (%) percentage signs, or (,) commas while entering data.

BEFORE YOU START: Information to gather

1. Plan summaries for medical, dental, vision, life, disability and other coverages; info on time off, retirement & other benefits
2. Total costs for each benefit line & number of participants in each plan
3. Monthly Employee contribution amounts – by tier (Employee-only, Employee + Spouse, Employee + Child(ren), Employee + Family, etc.) – for each benefit plan
4. Insurance company/carrier name (if applicable) for each benefit plan

MEDICAL PLANS

1. **You can enter up to 6 medical plans.**
 - a. The question right under the Employee contribution tiers asks, "Do you have another medical plan to enter?" If you answer "Yes," the next page will allow you to enter info for another plan. If you enter "No," you will move to the next section of the survey.
 - b. If you offer more than 6 plans, we suggest you enter the 6 most popular.
2. You can enter plans with the same medical benefits but with other variances as separate plans. For example: plans that offer either HSA or HRA or plans that have a choice of medical networks:
 - Plan X with HRA, Plan Y with HRA
 - Plan X with XX Network, Plan Y with YY Network
3. If the survey has an "OR" option, you should fill in the amount/info for the one that applies to you.
4. This survey asks for Medical coinsurance from the **Member's** perspective [last year it was from Plan's perspective]. Rx coinsurance is also to be shown from the Member's perspective. Be sure you adjust your answers accordingly.
5. Employee contributions: enter the contribution amounts without adjustments for any wellness incentives. *There is another section where you enter any wellness differentials.*

DENTAL PLANS

1. **You can enter up to 3 dental plans.** If you offer more than 3 plans, we suggest you enter the 3 most popular.
2. This survey asks for Dental coinsurance from the **Member's** perspective.

CAHP Section

1. Medical Plan Funding: Level Funded plans should mark "Self Funded ASO."
2. If you had a decrease in premium rates, you can enter a negative number.
3. Wellness—types of programs. If Cigna or BCBSAZ is your medical carrier, you can mark the following as types of wellness programs you offer. If you have UHC or Aetna, you may have similar programs.
 - a. Wellness newsletters
 - b. Web-based resources for healthy living
 - c. Weight loss programs
 - d. Smoking cessation programs
 - e. Telephonic health coaching
 - f. Email/internet health coaching

INNOVATIVE BENEFITS & STRATEGIES Section

Retirement: 401(k): If none of the vesting schedules listed matches yours, select the one closest to yours.