THE COMPETITIVE ADVANTAGE
FOR U.S. MOLD BUILDERS.

AMBA 2020 Health & Benefits Survey

Welcome to the AMBA Health and Benefits Survey: Year 2020!

Welcome to the AMBA 2020 Health and Benefits Survey. This study will benchmark current benefits offered by mold builders, including health, vision, dental and life insurance and retirement programs.

Please take a few moments to provide us with your input on your current benefit options.

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Demographics

Please answer the questions below to the best of your ability.

1. Please provide your contact information.(All information is confidential. Information is used to differentiate results by regions and company size, and to ensure respondents receive a copy of the report)

Full Name

Company

Title

State/Province -- select state --

Email Address

2. What title or functional area *best represents* your area of responsibility?

- President / CEO / Owner
- General Manager / Manufacturing Director
- CFO / Controller / Finance
- Human Resources
- Operations Manager / Plant Manager
- Other (please specify)

3. Average annual company sales

4. How many full-time employees do you have?

5. How many employees do you have on your current health plan?

6. What is the annual total cost to the company to provide health insurance and ancillary benefits to your employees?

7. Organizational Structure:

- ◯ Union
- ◯ Non-Union

8. Number of Employees By Age

	18-30 Yrs	31-40 Yrs	41-45 Yrs	46-50 Yrs	51-55 Yrs	56-60 Yrs	61-65 Yrs	66+ Yrs
Employees								

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Health Plan Specifics

9. Do you currently offer health insurance to your employees?

- Yes
- No

Other (please specify)

10. After how much time does a new employee qualify for health benefits?

- 0 Days
- 30 Days
- 60 Days
- 90 Days
- Other (please specify)

11. Do you have an annual open enrollment process?

- Yes
- No

12. Did your company receive a health insurance increase in 2019?

- ◯ None
- ◯ 1% - 5%
- ◯ 6% - 10%
- ◯ 11% - 15%
- ◯ 16% - 20%
- ◯ 21% - 25%
- ◯ 26% - 30%
- ◯ More than 30%

13. What percentage increase did you receive or do you anticipate for 2020?

- ◯ None
- ◯ 1% - 5%
- ◯ 6% - 10%
- ◯ 11% - 15%
- ◯ 16% - 20%
- ◯ 21% - 25%
- ◯ 26% - 30%
- ◯ More than 30%

14. Which type(s) of health plan options do you currently offer?

- ☐ PPO (Preferred Provider Organization)
- ☐ HMO (Health Maintenance Organization)
- ☐ POS (Point of Service Plan)
- ☐ CDHP (Consumer-Driven Health Plan)
- ☐ High Deductible Health Plan (HDHP)
- ☐ Traditional (Indemnity Health Insurance)
- ☐ Other (please specify)

15. Are the plans referenced above:

- ◯ Fully-insured
- ◯ Self-insured
- ◯ Other (please specify)

16. Plan One: Please report health care plan type(s) and correlating contributions. (Please provide input to plans being used, leave all other responses blanks)

	Percent of Premium Paid by Employer for Employee	Percent of Premium Paid by Employer for Dependent	Annual Deductible (per person)	Co-Pay Per Office Visit
PPO				
HMO				
POS				
CDHP				
HSA or High Deductible Health Plan				
CDHP with HRA				
Traditional				
Other				

17. Plan Two: Please report health care plan type(s) and correlating contributions. (Please provide input to plans being used, leave all other responses blanks)

	Percent of Premium Paid by Employer for Employee	Percent of Premium Paid by Employer for Dependent	Annual Deductible (per person)	Co-Pay Per Office Visit
PPO				
HMO				
POS				
CDHP				
HSA or High Deductible Health Plan				
CDHP with HRA				
Traditional				
Other				

18. Is prescription drug coverage offered through your medical plan?

	Covered	Generic Drug Co-Pay	Preferred Brand-Name Drug Co-Pay	Non-Preferred Brand-Name Drug Co-Pay
Drug Plan				

19. Average premium per participating employee for Medical Plan in Dollars ***in 2019? (Total premium divided by number of enrolled employees)***

20. Average premium per participating employee for Medical Plan in Dollars ***in 2020? (Total premium divided by number of enrolled employees)***

21. Which strategies have you implemented to control company costs for health insurance?

- [ ] Shift of premiums to employee
- [ ] Reduction in overall health benefits
- [ ] Wellness plan implementation
- [ ] Use of onsite or local clinics
- [ ] Move to high deductible health plan
- [ ] Dropped dependent coverage options
- [ ] Defined contribution plan (provide defined monetary amount to employees to allocate accordingly)
- [ ] No longer offer health insurance option
- [ ] HSA
- [ ] HRA
- [ ] Section 125 Plan
- [ ] Flexible spending accounts
- [ ] Other (please specify)

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Other Benefits

22. Other Insurance Benefits: Premiums and Plans Offered

	Offered?	% Paid by Company	% of Employee Enrolled
Dental			
Vision			
Life (Employee)			
Life (for Dependents)			
Short-Term Disability			
Long-Term Disability			

23. Retirement Program

	Type	Employee Participate After	% Matched by Company	Vesting Schedule
Program Details				

24. 401(k) Retirement Program (Skip if not applicable)

	Forfeiture Process	Max Annual Employee Contribution Rate	Can Employees Borrow	Hardship Withdrawals	Have you changed the match over the last 2 years?
Program Details					

25. Please select which of the following benefits you provide:

- [ ] Employee Assistance Programs
- [ ] Flex Time
- [ ] Prenatal Program for Expectant Employee
- [ ] Tuition Reimbursement
- [ ] ESOP
- [ ] Company loans
- [ ] Funded wellness programs at local health facilities
- [ ] Reimbursements for fitness / healthy activity
- [ ] Profit Sharing
- [ ] Maternity Leave (Paid)
- [ ] Paternity Leave (Unpaid)
- [ ] Other (please specify)

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Additional Thoughts

26. Are there any changes and/or additions you would like to see on this survey in the future?

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Thank You

Thank you for your participation, we appreciate your feedback and your continued support of AMBA!