



Introduction

Survey Start.

Welcome to the 2025 Health and Benefits Survey!

This study will benchmark current benefits offered by manufacturers in three areas (mold manufacturing, plastics processing, and rubber products manufacturing), including health, vision, dental, life insurance and retirement programs. The final report will include some aggregate data for all surveyed manufacturers, as well as data specific to each industry.

If a question does not dictate a specific year, please answer the question based on the company's most recent renewal.

Please take a few moments to provide us with your input on your current benefit options.
All data will remain anonymous.

Note: If you are a member of multiple associations, please complete only one survey.

The survey deadline is April 4, 2025

Note: This survey deadline will NOT be extended, and all partially completed surveys will be excluded from the dataset and the free distribution of the report.

Demographics

Q2. Contact Information

First Name

Last Name

Company Name

Title

Email Address

Q3. In which state do you currently reside?

Q4. What title or functional area best represents your area of responsibility?

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

Q5. Average annual company sales

- <\$1M
- \$1M - \$3.49M
- \$3.5M - \$7.9M
- \$8M - \$14.9M
- \$15M - \$24.9M
- \$25M - \$49.9M
- \$50M - \$99M
- \$100M+

Q6. To which of the following associations is the company a member?

- American Mold Builders Association (AMBA)
- Association for Rubber Products Manufacturing (ARPM)
- Manufacturers Association for Plastics Processors (MAPP)
- None of the Above

	0	1	2	3	4	5
CDHP - Consumer Driven Health Plan	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Plans (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>						

Q13. For each plan offered, indicate the plan type.

	PPO	HDHP	HMO	POS	CDHP	N/A
Plan 1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan 2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan 3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Plan 4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q14. Indicate the percentage of employees enrolled on each plan. Total percentage should not exceed 100%.

	% of Employees on Plan
» Plan 1	<input type="text" value="0"/> %
» Plan 2	<input type="text" value="0"/> %
» Plan 3	<input type="text" value="0"/> %
» Plan 4	<input type="text" value="0"/> %
#Conjoint, Total#	<input type="text" value="0"/> %

Q15. If the company offers a Consumer Driven Health Plan, does the company contribute to a Flexible Spending Account, Health Savings Account or Health Reimbursement Account on the employee's behalf?

- Yes
- No
- Other (please specify)

Q16. Please choose the method below that best explains how those FSA, HSA, or HRA contributions are determined.

- Flat Contribution
- Percentage of Pay
- Other (please specify)

Q17. Please indicate the company's total number of employees.

Q18. Please indicate the number of benefit-eligible employees.

Q19. Please indicate the number of benefit-eligible employees enrolled on the healthcare plan. (If more than one plan is offered, enter total on all plans.)

Q20. Please indicate the total number of lives (includes dependents) enrolled on the healthcare plan. (If more than one plan is offered, enter total on all plans.)

Q21. Does your healthcare plan include a spousal carve out?

- Yes
 No

Q22. Which funding option best describes the healthcare plan(s) offered?

- Fully-insured
 Level-funded
 Self-insured

Fully-Insured

Section 2.

Fully-Insured Plan Details

Cost of Healthcare. Managing healthcare costs is a main concern for most businesses. Knowing the cost of healthcare per employee per year can provide the company with a predictable financial outlook. Additionally, this metric can help business leaders evaluate options, monitor progress through the process and assess the impact to the healthcare

plan.

Average Healthcare Cost per Employee per Year = Annual Healthcare Premium ÷ Number of Employees Enrolled

Example:

Annual Healthcare Premium = \$100,000

Number of Employees Enrolled = 11

\$100,000 ÷ 11 = \$9,091 Cost of Healthcare per Employee per Year

Q25. For 2023, use the formula above and enter the annual average cost per participating employee for healthcare coverage.

Q26. For 2024, use the formula above and enter the annual average cost per participating employee for healthcare coverage.

Q27. In 2023, did the company experience a rate change to the healthcare plan?

- Yes, Rates Increased
- Rates Remained the Same
- No, Rates Decreased
- Other (please specify)

Q28. Please indicate the rate of increase the company received in 2023.

Increase (%)

Q29. Please indicate the rate of decrease the company received in 2023.

Decrease (%)

Q30. In 2024, did the company experience a rate change to the healthcare plan?

- Yes, Rates Increased

- Rates Remained the Same
- No, Rates Decreased
- Other (please specify)

Q31. Please indicate the rate of increase the company received in 2024.

Increase (%)

Q32. Please indicate the rate of decrease the company received in 2024.

Decrease (%)

Q33. If the company has experienced a decrease in rates any time in the last three years, to what is it attributed? (Check all that apply.)

- Changed Carrier
- Changed Network
- Changed Benefits
- Changed Broker
- Change to Funding Methodology
- Change to Demographics
- Not Sure
- Other (please specify)
- N/A

Q34. Did the company make any carrier changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q35. Did the company make any network changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>

	Yes	No
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q36. Did the company make any broker changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q37. What is your company's annual healthcare contribution strategy per employee?

- Employer Contributes a Flat Rate (\$)
- Employer Contributes a Percentage (%)
- No Contribution
- Other (please specify)

Q38. What is the company's annual healthcare contribution percentage?

Employee Only	▼
Employee + Spouse	▼
Employee + Child	▼
Family	▼

Q39. What is the company's annual healthcare contribution flat rate amount per employee (in dollars)?

	Employer Contribution Flat Rate Amount (\$)
Employee Only	
Employee + Spouse	
Employee + Child	
Family	

Q40. What is the company's annual healthcare contribution strategy for employee

contribution (flat rate amount per employee)?

Employee Contribution Flat Rate Amount (\$)

- Employee Only
- Employee + Spouse
- Employee + Child
- Family

Q41. Does the company offer incentives to reward employees for healthy behaviors (wellness)?

- Yes - reduces costs by a percentage (%)
- Yes - reduces by a flat rate (\$)
- Yes - other (please specify)
- No

Q42. How do the incentives impact the company's healthcare contribution strategy (by percentage)?

Reduces the employee's contribution	▼
Reduces the company's contribution	▼
Reduces the company's total healthcare premium	▼
Other (please specify) <input type="text"/>	▼

Q43. How do the incentives impact the company's healthcare contribution strategy (flat rate amount per employee)?

	Flat Rate Amount (\$)
Reduces the employee's contribution	<input type="text"/>
Reduces the company's contribution	<input type="text"/>
Reduces the company's total healthcare premium	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>

Q44. Enter the appropriate annual cost share limits for each healthcare plan(s) offered in dollars (\$):

	Plan 1	Plan 2	Plan 3
Individual Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual Out-of-Pocket Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Out-of-Pocket Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q45. Does the company's healthcare plan cover prescription drugs?

- Yes
 No

Q46. If known, indicate the percentage of the company's healthcare spend that is allocated to Rx. (If unsure, leave this blank.)

Percentage (%)

0 10 20 30 40 50 60 70 80 90 100

Not Applicable

% Allocated to Rx

Q47. Select any of the following Rx cost containment strategies the company utilizes.

- No Spread Contracting with PBM
- Carve Out Pharmacy Benefits (to an independent PBM)
- 100% Return of Rebates
- Specialty Rx
- Patient Assistance Programs
- Co-Pay Assistance Programs
- International Sourcing
- Unknown
- Other (please specify)
- N/A

Q48. What percentage of the company's overhead expenses does healthcare cost represent? (If unsure, leave blank.)

	Percentage (%)	Not Applicable
% of Overhead Expenses	<input type="text"/>	<input type="checkbox"/> <input type="text"/>

Q49. Select any of the following strategies the company has implemented to control healthcare costs.

- Captive participation
- Dropped dependent coverage options
- Spousal carve out
- Defined contribution plan (provide defined monetary amount to employees to allocate accordingly)
- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)
- Health Savings Account (HSA) (company contribution)
- Health Savings Account (HSA) (employee contribution)
- Move to high deductible health plan
- No longer offer healthcare
- Reduction in healthcare benefits
- Shift of premiums to employees
- Section 125 Plan
- Use of onsite or local clinics
- Wellness plan implementation
- Change provider(s)
- Other (please specify)
- N/A

Level-Funded / Self-Insured

Section 2.

Level-Funded / Self-Insured Plan Details

Managing healthcare costs is a main concern for most businesses. Knowing the cost of healthcare per employee per year can provide the company with a predictable financial outlook. Additionally, these metrics can help business leaders evaluate options, monitor progress through the process, and assess the impact on the healthcare plan.

Q51. For 2023, enter the annual cost to the company for each category below.

	Annual Cost (\$)
Stop Loss Premium	<input type="text"/>
Admin Fees	<input type="text"/>
Gross Medical Claims	<input type="text"/>
Gross Prescription Drug Claims	<input type="text"/>
Other (Please Specify) <input type="text"/>	<input type="text"/>

Q52. For 2024, enter the annual cost to the company for each category below.

	Annual Cost (\$)
Stop Loss Premium	<input type="text"/>
Admin Fees	<input type="text"/>
Gross Medical Claims	<input type="text"/>
Gross Prescription Drug Claims	<input type="text"/>
Other (Please Specify) <input type="text"/>	<input type="text"/>

Q53. For 2023, please indicate if the company received a rate change for the items below.

	Yes, Increase	No	Yes, Decrease
Admin Fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stop Loss Premium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q54. For 2023, please indicate the percentage of increase for the items below. (If

there was no change, please leave blank.)

- » Admin Fees
- » Stop Loss Premium
- » Other (please specify)

Q55. For 2023, please indicate the percentage of decrease for the items below. (If there was no change, please leave blank.)

- » Admin Fees
- » Stop Loss Premium
- » Other (please specify)

Q56. For 2024, please indicate if the company received a rate change for the items below.

- | | Yes, Increase | No | Yes, Decrease |
|--|-----------------------|-----------------------|-----------------------|
| Admin Fees | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stop Loss Premium | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Other (please specify)
<input type="text"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Q57. For 2024, please indicate the percentage of increase for the items below. (If there was no change, please leave blank.)

- » Admin Fees
- » Stop Loss Premium
- » Other (please specify)

Q58. For 2024, please indicate the percentage of decrease for the items below.

- » Admin Fees
- » Stop Loss Premium
- » Other (please specify)

Q59. If the company has experienced a decrease in rates in the last three years, to what is it attributed? (Check all that apply.)

- Changed Carrier
- Changed Network
- Changed Benefits
- Changed Broker
- Change to Funding Methodology
- Change to Demographics
- Not Sure
- Other (please specify)

Q60. Did the company make any carrier changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q61. Did the company make any network changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q62. Did the company make any PBM (Pharmacy Benefit Manager) changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q63. Did the company make any TPA (Third-Party Administrator) changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>

	Yes	No
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q64. Did the company make any broker changes in the last three years? (If unsure, leave blank.)

	Yes	No
2023	<input type="radio"/>	<input type="radio"/>
2024	<input type="radio"/>	<input type="radio"/>
2025	<input type="radio"/>	<input type="radio"/>

Q65. What is your company's annual healthcare contribution strategy per employee?

- Employer Contributes a Flat Rate (\$)
- Employer Contributes a Percentage (%)
- No Contribution
- Other (please specify)

Q66. What is the company's annual healthcare contribution? (by percentage)

Employee Only	<input style="width: 100%; height: 15px;" type="text"/>
Employee + Spouse	<input style="width: 100%; height: 15px;" type="text"/>
Employee + Child	<input style="width: 100%; height: 15px;" type="text"/>
Family	<input style="width: 100%; height: 15px;" type="text"/>

Q67. What is the company's annual healthcare contribution? (flat rate amount per employee in \$)

	Employer Contribution Flat Rate Amount (\$)
Employee Only	<input style="width: 100%; height: 15px;" type="text"/>
Employee + Spouse	<input style="width: 100%; height: 15px;" type="text"/>
Employee + Child	<input style="width: 100%; height: 15px;" type="text"/>
Family	<input style="width: 100%; height: 15px;" type="text"/>

Q68. What is the company's annual healthcare contribution strategy for employee

contributions (flat rate amount per employee in \$)?

	Employee Contribution Flat Rate Amount (\$)
Employee Only	<input type="text"/>
Employee + Spouse	<input type="text"/>
Employee + Child	<input type="text"/>
Family	<input type="text"/>

Q69. Does the company offer incentives to reward employees for healthy behaviors (wellness)?

- Yes - reduces costs by a percentage (%)
- Yes - reduces by a flat rate (\$)
- Yes - other (please specify)
- No

Q70. How do the incentives impact the company's annual healthcare contribution strategy (by percentage)?

Reduces the employee's contribution	<input type="text"/>
Reduce the company's contribution	<input type="text"/>
Reduces the company's total healthcare premium	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>

Q71. How do the incentives impact the company's annual healthcare contribution strategy (flat rate amount per employee)?

	Flat Rate Amount (\$)
Reduces the employee's contribution	<input type="text"/>
Reduce the company's contribution	<input type="text"/>
Reduces the company's total healthcare premium	<input type="text"/>
Other (please specify) <input type="text"/>	<input type="text"/>

Q72. Enter the appropriate cost share limits (in \$) for each healthcare plan(s) offered:

	Plan 1	Plan 2	Plan 3
Individual Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Individual Out-of-Pocket Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>
Family Out-of-Pocket Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q73. Does the company's healthcare plan cover prescription drugs?

- Yes
 No

Q74. If known, indicate the percentage of the company's healthcare spend that is allocated to Rx. (If unsure, leave this blank.)

Percentage (%)

0 10 20 30 40 50 60 70 80 90 100

Not Applicable

% Allocated to Rx

Q75. Select any of the following Rx cost containment strategies the company utilizes.

- No Spread Contracting with PBM
- 100% Return of Rebates
- Carve Out Pharmacy Benefits (to an independent PBM)
- Specialty Rx
- Patient Assistance Programs
- Co-Pay Assistance Programs
- International Sourcing
- Unknown
- Other (please specify)

Q76. What percentage of the company's overhead expenses does healthcare cost represent? (If unsure, leave blank.)

0 10 20 30 40 50 60 70 80 90 100

% of Overhead Expenses

Q77. Select the following strategies the company has implemented to control healthcare costs.

- Captive participation
- Dropped dependent coverage options
- Spousal carve out
- Defined contribution plan (provide defined monetary amount to employees to allocate accordingly)
- Flexible Spending Account (FSA)
- Health Reimbursement Account (HRA)
- Health Savings Account (HSA) (company contribution)
- Health Savings Account (HSA) (employee contribution)
- Move to high deductible health plan
- No longer offer healthcare
- Reduction in healthcare benefits
- Shift of premiums to employees
- Section 125 Plan
- Use of onsite or local clinics
- Wellness plan implementation
- Change provider(s)
- Other (please specify)
- N/A

Q78. Please indicate the company's specific stop loss limit (whole number only, no decimals).

Q79. Please indicate the company's aggregate stop loss limit (whole number only, no decimals).

Other Benefits

Section 3.

Other Employee Benefits

Q81. Please select all other insurance benefits the company offers:

	Yes	No
Dental	<input type="radio"/>	<input type="radio"/>
Vision	<input type="radio"/>	<input type="radio"/>
Life (Employee)	<input type="radio"/>	<input type="radio"/>
Life (for Dependents)	<input type="radio"/>	<input type="radio"/>
Short-Term Disability	<input type="radio"/>	<input type="radio"/>
Long-Term Disability	<input type="radio"/>	<input type="radio"/>
Critical Illness	<input type="radio"/>	<input type="radio"/>
Accident	<input type="radio"/>	<input type="radio"/>
Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>

Q82. Please select the percentage of employees enrolled in the other insurance benefits the company offers:

» Dental	<input type="text"/>
» Vision	<input type="text"/>
» Life (Employee)	<input type="text"/>
» Life (for Dependents)	<input type="text"/>
» Short-Term Disability	<input type="text"/>
» Long-Term Disability	<input type="text"/>
» Critical Illness	<input type="text"/>
» Accident	<input type="text"/>
» Other (please specify) <input type="text"/>	<input type="text"/>

Q83. Please indicate who is responsible for the cost of the insurance benefits the company offers:

	Employee	Employer	Both
» Dental	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Life (Employee)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Life (for Dependents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Short-Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Long-Term Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Critical Illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Accident	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
» Other (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 15px;" type="text"/>			

Q84. How does the company contribute to the other benefits?

	Flat Rate (\$)	Percentage (%)
» Dental	<input type="radio"/>	<input type="radio"/>
» Vision	<input type="radio"/>	<input type="radio"/>
» Life (Employee)	<input type="radio"/>	<input type="radio"/>
» Life (for Dependents)	<input type="radio"/>	<input type="radio"/>
» Short-Term Disability	<input type="radio"/>	<input type="radio"/>
» Long-Term Disability	<input type="radio"/>	<input type="radio"/>
» Critical Illness	<input type="radio"/>	<input type="radio"/>
» Accident	<input type="radio"/>	<input type="radio"/>
» Other (please specify)	<input type="radio"/>	<input type="radio"/>
<input style="width: 200px; height: 15px;" type="text"/>		

Q85. Select the company contribution for each of the insurance benefits the company offers. (flat contribution amount in \$ per employee)

	Flat Contribution Amount (\$)
» Dental	<input style="width: 150px; height: 15px;" type="text"/>
» Vision	<input style="width: 150px; height: 15px;" type="text"/>
» Life (Employee)	<input style="width: 150px; height: 15px;" type="text"/>
» Life (for Dependents)	<input style="width: 150px; height: 15px;" type="text"/>

Flat Contribution Amount (\$)

» Short-Term Disability

» Long-Term Disability

» Critical Illness

» Accident

» Other (please specify)

Q86. Select the company contribution for each of the insurance benefits the company offers. (Percentage Paid)

» Dental

» Vision

» Life (Employee)

» Life (for Dependents)

» Short-Term Disability

» Long-Term Disability

» Critical Illness

» Accident

» Other (please specify)

Q87. Select the type of retirement program the company offers:

401K

SEP

Simple IRA

Simple Pension

I.A.M. Pension Plan

Profit Sharing

N/A

Q88. Employee participation in the retirement program is allowed after:

30 Days

60 Days

90 Days

- 180 Days
- 1 Year
- Other (please specify)
- N/A

Q89. What is the company's match percentage for the retirement program?

% Matched by Company

Q90. What is the vesting schedule for the retirement program?

- Immediate
- 1-2 Years
- 3-4 Years
- 5-6 Years
- 7-8 Years
- Other (please specify)
- N/A

Q91. What is the forfeiture process for the 401(k) retirement program?

- Allocate to Participant
- Apply to Fees
- Other (please specify)

Q92. What is the maximum employee contribution percentage for their 401(k)?

Maximum Employee Contribution Percentage

Q93. Can employees borrow from their 401(k)?

- Yes
- No

Q94. Can employees make hardship withdrawals from their 401(k)?

Yes

No

Q95. Has the company changed the match over the last two years to the 401(k) plan?

Increased

Unchanged

Decreased

Q96. Select the frequency in which the company pays its 401(k) contributions:

Every Pay Period

Monthly

Annually

Other (please specify)

Q97. Please select all of the following additional benefits your organization provides:

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 (Paid)

Mental Health Services

Other (please specify)

Strategic Planning

Section 4.

Strategic Planning

Q99. Who currently manages the company's annual healthcare renewal?

- Human Resource Manager
- Owner / President
- Broker
- Consultant
- Payroll Company
- Other (please specify)

Q100. Does the company currently use a broker or a consultant for the annual healthcare renewal?

- Broker
- Consultant
- Payroll Company
- No
- Other (please specify)

Q101. If the company currently uses a broker and/or consultant, does that individual develop plans and offer long-term strategic guidance for the company? (If not using a broker or consultant, please leave this blank.)

- Yes, the company always knows where it's headed
- Yes, but the company would like more guidance
- No, the company needs to have a plan
- Unsure
- Other (please specify)

Q102. How far in advance does the company begin preparing for the next healthcare

renewal?

- 30 days
- 60 days
- 90 days
- 120 days
- 180 days
- Always preparing for the next renewal
- Other (please specify)

Q103. Our company is aware that $\{q://QID9/ChoiceGroup/SelectedChoices\}$ offers an healthcare insurance solution package to qualifying members that includes:

- leading-edge cost-reduction strategies**
- enhanced data analytics**
- state-of-the-art tactics to reduce prescription drug cost**
- trustworthy brokerage services**

- Yes
- No
- Interesting, I would like more information

Final Comments and Recommendations

Section 5.

Comments and Recommendations

Q105. Is there any additional information you would like to share with us?

Q106. Are there any questions you would like us to add or remove from future surveys?

Q107. Please indicate how you plan to utilize the information in the final report.

