





Introduction

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.

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

Deadline: March 15, 2024.







Demographics

Please answer	the questions be	low to the best of your ability.
-		n (NOTE: All information is confidential. Information and company size, and to ensure respondents
receive a copy of t	the report.)	
Full Name		
Company		
Title		
State/Province	select state	_
Email Address		
2. What title or	functional area <u>best re</u>	presents your area of responsibility?
President / C	EO / Owner	Human Resources
General Man	ager / Director	Operations Manager / Plant Manager
CFO / Contro	oller / Finance	
Other (please	e specify)	
3. Average annı	ual company sales	
5	•	
	_•)	
* 4. To which of	the following associati	ons is the company a member?
American Mo	old Builders Association (AMI	3A)
Association f	or Rubber Products Manufac	turing (ARPM)
Manufacture	rs Association for Plastics Pr	ocessors (MAPP)
None of the	Above	
Other (please	e specify)	







Healthcare Plan Specifics

5. Does the company have an a	annual open enrollment process?
6. Does the company currently Yes	y offer healthcare benefits to its employees?
O No	
Other (please specify)	
'. How long does a new employe	ee have to wait to be eligible for healthcare benefits?
	Time to Qualify
Salary	•
	Time to Qualify
Salary	Time to Qualify
Salary Hourly	Time to Qualify

		CDI OF 1
PPO - Preferred	Number	of Plans Offered
ovider Organization		*
HDHP - High Deductible Health		
Plan		•
HMO - Health		
Maintenance Organization		*
OS - Point of Service		•
CDHP - Consumer		
Priven Health Plan		•
er (please specify)		
For each plan offered,	indicate the plan type and t	he percentage of employees enrolled on
t plan. Total percentag	ge should not exceed 100%. (Select all that apply.)
	Plan Type	% of Employees on Plan
Plan 1	\$	\$
Plan 2	\$	\$
Plan 3	₹	▼
Plan 3	+	▼
Plan 4	+	₹
	+	*
Plan 4	*	*
Plan 4 er (please specify)		
Plan 4 er (please specify) 11. If the company offe	ers a Consumer Driven Healt	h Plan, does the company contribute to a t or Health Reimbursement Account on the
Plan 4 er (please specify) 11. If the company offe	ers a Consumer Driven Healt	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Acco	ers a Consumer Driven Healt	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Acco	ers a Consumer Driven Healt Dunt, Health Savings Accoun	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accomployee's behalf? Yes	ers a Consumer Driven Healt Dunt, Health Savings Accoun	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accomployee's behalf? Yes No, skip to question 13	ers a Consumer Driven Healt Dunt, Health Savings Accoun	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accomployee's behalf? Yes No, skip to question 13	ers a Consumer Driven Healt Dunt, Health Savings Accoun	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accompany errors employee's behalf? Yes No, skip to question 13 Other (please specify)	ers a Consumer Driven Healt ount, Health Savings Accoun	h Plan, does the company contribute to a t or Health Reimbursement Account on th
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accomplished Plant	ers a Consumer Driven Healt ount, Health Savings Accoun	h Plan, does the company contribute to a
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accompany employee's behalf? Yes No, skip to question 13 Other (please specify) 12. If yes, please choosed determined.	ers a Consumer Driven Healt ount, Health Savings Accoun	h Plan, does the company contribute to a t or Health Reimbursement Account on th
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accomployee's behalf? Yes No, skip to question 13 Other (please specify) 12. If yes, please choosedetermined. Flat Contribution	ers a Consumer Driven Healt ount, Health Savings Accoun	h Plan, does the company contribute to a t or Health Reimbursement Account on th
Plan 4 er (please specify) 11. If the company offe Flexible Spending Accompany employee's behalf? Yes No, skip to question 13 Other (please specify) 12. If yes, please choosed determined.	ers a Consumer Driven Healt bunt, Health Savings Accoun	h Plan, does the company contribute to a t or Health Reimbursement Account on th

13. Please indicate the company's total number of employees.
14. Please indicate the number of benefit-eligible employees.
15. 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.)
16. 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.)
17. December 14 computer in close of control
17. Does your healthcare plan include a spousal carve out? — Yes
○ No
* 18. Which funding option best describes the healthcare plan(s) offered?
○ Fully-insured
Level-funded
Self-insured







Fully-Insured

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
$100,000 \div 11 = 9091$ Cost of Healthcare per Employee per Year
19. For 2022, use the formula above and enter the annual average cost per participating employee for healthcare coverage.
20. For 2023, use the formula above and enter the annual average cost per participating employee for healthcare coverage.
21. In 2022, did the company experience a rate change to the healthcare plan?
Yes, Rates Increased
Rates Remained the Same
No, Rates Decreased
Other (please specify)

	Rate of Change
Increase	‡
Decrease	\Delta
3. In 2023, did the company ϵ	experience a rate change to the healthcare plan?
Yes, Rates Increased	
Rates Remained the Same	
No, Rates Decreased	
Other (please specify)	
Please indicate the rate of chase leave this blank.)	ange the company received in 2023. (If there was no chang
Se leave this blank.)	
se leave this blank.)	Rate of Change
Increase	Rate of Change
Increase Decrease	enced a decrease in rates in the last three years, to what is
Increase Decrease 5. If the company has experie	enced a decrease in rates in the last three years, to what is
Increase Decrease 5. If the company has experient tributed? (Check all that appoint in the company has experient the com	enced a decrease in rates in the last three years, to what is
Increase Decrease 5. If the company has experient the tributed? (Check all that app Changed Carrier	enced a decrease in rates in the last three years, to what is
Increase Decrease 5. If the company has experientributed? (Check all that app Changed Carrier Changed Network	enced a decrease in rates in the last three years, to what is
Increase Decrease 5. If the company has experient the tributed? (Check all that app Changed Carrier Changed Network Changed Benefits	enced a decrease in rates in the last three years, to what is oly.)
Increase Decrease 5. If the company has experient the tributed? (Check all that appoint Changed Carrier Changed Network Changed Benefits Changed Broker	enced a decrease in rates in the last three years, to what is oly.)
Increase Decrease 5. If the company has experient the tributed? (Check all that appoint Changed Carrier Changed Network Changed Benefits Changed Broker Change to Funding Methodolog	enced a decrease in rates in the last three years, to what is oly.)
Increase Decrease 5. If the company has experient tributed? (Check all that appoint Changed Carrier Changed Network Changed Benefits Changed Broker Change to Funding Methodolog Change to Demographics	enced a decrease in rates in the last three years, to what is oly.)
Increase Decrease 5. If the company has experient the tributed? (Check all that app Changed Carrier Changed Network Changed Benefits Changed Broker Change to Funding Methodolog Change to Demographics Not Sure	enced a decrease in rates in the last three years, to what is oly.)

26. Did the company blank.)	y make any pr	rovider changes in	n the las	t three years?	(If unsure, leave
	Changed C	arrier C	hanged No	etwork	Changed Broker
2022	- 4	•			•
2023		•		•	\$
2024	•	•			\Delta
Other (please specify)					
27. What is the comeither a flat rate amanswer this for the	ount or a perc plan that has t	centage - not both	n. If mor	e than one pla	
	Employee Contribution (Percentage)	Employee Contribu (Flat Rate Amour		Employer Contribution (Percentage)	Employer Contribution (Flat Rate Amount)
Employee Only	\$		*	\$	\$
Employee + Spouse	‡		\$	\$	\$
Employee + Child	\$		\$	\$	\$
Family	\$		\$	\$	\$
28. Does the com	pany offer inc	centives to reward	d employ	ees for health	ny behaviors (wellness)?
No, skip to que	estion 30				
29. If yes, how do th	ne incentives i	mpact the compa	ny's hea	lthcare contri	bution strategy? (If
	Reduce	ed by Percentage		Reduce	ed by Flat Rate
Reduces the employee's contribution		‡			\$
Reduces the company's contribution		\$			\$
Reduces the company's total healthcare premium		\$			\$
Other (please specify)					

	Plan 1	Plan 2	
lividual Deductible	\$	•	\$
amily Deductible	\$	•	\$
ndividual Out-of- Pocket Maximum	\$	•	\$
mily Out-of-Pocket Maximum	\$	+	\$
31. Does the company	r's healthcare plan c	cover prescription drugs?	
Yes			
No, skip to question	34		
If known, indicate the (If unsure, leave this	-	company's healthcare sp	end that is allocated to
(II diloui o, louvo dilis			
0%	50%		100%
-		ntainment strategies the	company utilizes.
No Spread Contraction Carve Out Pharmacy 100% Return of Reba	ng with PBM Benefits (to an independ		company utilizes.
No Spread Contraction Carve Out Pharmacy	ng with PBM Benefits (to an independates		company utilizes.
No Spread Contraction Carve Out Pharmacy 100% Return of Rebate Specialty Rx	ng with PBM Benefits (to an independentes		company utilizes.
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No Spread Contraction Carve Out Pharmacy 100% Return of Rebassion Specialty Rx Patient Assistance Pr	ng with PBM Benefits (to an independentes rograms		company utilizes.
No Spread Contraction Carve Out Pharmacy 100% Return of Rebase Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin	ng with PBM Benefits (to an independentes rograms rograms		company utilizes.
No Spread Contraction Carve Out Pharmacy 100% Return of Rebase Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown	ng with PBM Benefits (to an independentes rograms rograms		company utilizes.
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No Spread Contraction Carve Out Pharmacy 100% Return of Rebain Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown Other (please specify	ng with PBM Benefits (to an independentes rograms rograms ng	dent PBM)	company utilizes.
No Spread Contraction Carve Out Pharmacy 100% Return of Rebase Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown Other (please specify) What percentage of t	ng with PBM Benefits (to an independentes rograms rograms ng	dent PBM)	

	Captive participation
	Dropped dependent coverage options
	Spousal carve out
	Defined contribution plan (provide defined monetary amount to employees to allocate accordingly)
	Flexible spending accounts
	HRA
	HSA (company contribution)
	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)
L	







Level-Funded / Self-Insured

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 to the healthcare plan.

Cost per Category per Employee per Year = Annual Category Spend ÷ Number of Participating Employees

Example: Annual Stop Loss Premium = \$100,000 Number of Participating Employees = 11
$100,000 \div 11 = 9091$ Cost of Stop Loss Premium per Employee per Year
36. For 2022, use the formula above and enter the annual cost for each category below per employee.
Stop Loss Premium
Admin Fees
Gross Medical Claims
Gross Prescription Drug Claims
Other (Please Specify)
37. For 2023, use the formula above and enter the annual cost for each category below per
employee.
Stop Loss Premium
Admin Fees
Gross Medical Claims
Gross Prescription Drug Claims
Other (Please Specify)

	Experienced Rate Change	Percentage of Increase	Percentage of Decrease
Admin Fees	‡	\$	\$
Stop Loss Premium	\$	\$	\$
ther (please specify)			
	e indicate if the company ease or decrease for the it	tems below. (If there was	no change, please lea
	Experienced Rate Change	Percentage of Increase	Percentage of Decrease
Admin Fees	\$	\$	\$
Stop Loss Premium	\$	•	\$
ther (please specify) 40. If the compa	ny has experienced a dec		three years, to what is
40. If the compa attributed? (Che Changed Carr Changed Netw Changed Bene	ck all that apply.) fer work fits er		three years, to what is
40. If the compa attributed? (Che Changed Carr Changed Netw Changed Bene Changed Brok Change to Fur	ck all that apply.) ier vork fits er ading Methodology		three years, to what is
40. If the comparattributed? (Che Changed Carr Changed Netw Changed Bene Changed Brok Change to Fur Change to Der	ck all that apply.) ier vork fits er ading Methodology		three years, to what is
40. If the compa attributed? (Che Changed Carr Changed Netw Changed Bene Changed Brok Change to Fur	ck all that apply.) ier ork fits er iding Methodology nographics		three years, to what is
40. If the compa attributed? (Che Changed Carr Changed Netw Changed Bene Changed Brok Change to Fur	ck all that apply.) ier vork fits er ading Methodology		three years, to wha

ank.)					
	Changed Carrier	Changed Network	Changed PBM	f Changed TPA	Changed Broker
2022	•	•	\$	\$	\$
2023	\$	\$	\$	\$	\$
2024	\$	\$	\$	\$	\$
ther (please specify)					
2. What is the con ither a flat rate ar nswer this for the	nount or a per	centage - not bot the most particip	ch. If more the pation.)	nan one plan is	offered, please
	Contribution (Percentage)	Employee Contrib (Flat Rate Amou	oution Con	tribution Em	oloyer Contribution lat Rate Amount)
Employee Only	*		\$	\$	\$
Employee + Spouse	‡		‡	\$	‡
Employee + Child	\$		\$	\$	\$
Family	\$		\$	\$	\$
Yes No, skip to qu 4. If yes, how do to, please leave bla	estion 28 the incentives	centives to rewar			
o, prease reave bro	111K.)				
	Reduc	ed by Percentage		Reduced by I	ilat Rato
Reduces the employee's contribution	Reduc	eed by Percentage		Reduced by I	Flat Rate
employee's	Reduc	eed by Percentage		Reduced by I	
employee's contribution Reduces the company's	Reduc	eed by Percentage		Reduced by I	\$
employee's contribution Reduces the company's contribution Reduces the company's total	Reduc	eed by Percentage		Reduced by I	‡

lividual Deductible	\$	•	\$
amily Deductible	\$	•	\$
ndividual Out-of- Pocket Maximum	\$	•	\$
mily Out-of-Pocket Maximum	\$	\$	\$
I.C. Doos the commons	da haalthaana nlan a	orron proportion draws	2
Yes	's nearmeare plan c	cover prescription drugs	<i>:</i>
No, skip to question	32		
If known, indicate the	e percentage of the	company's healthcare s	pend that is allocated to
(If unsure, leave this	blank.)		
0%	50%		100%
_	_	ntainment strategies the	e company utilizes.
No Spread Contracti	ng with PBM	ntainment strategies the	e company utilizes.
_	ng with PBM	ntainment strategies the	e company utilizes.
No Spread Contraction 100% Return of Reba	ng with PBM		e company utilizes.
No Spread Contraction 100% Return of Reba	ng with PBM		e company utilizes.
No Spread Contraction 100% Return of Rebain Carve Out Pharmacy	ng with PBM ates Benefits (to an independ		e company utilizes.
No Spread Contraction 100% Return of Rebain Carve Out Pharmacy Specialty Rx	ng with PBM ates Benefits (to an independence)		e company utilizes.
No Spread Contraction 100% Return of Rebain Carve Out Pharmacy Specialty Rx Patient Assistance Pr	ng with PBM ates Benefits (to an independance) rograms		e company utilizes.
No Spread Contraction 100% Return of Rebassion Carve Out Pharmacy Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr	ng with PBM ates Benefits (to an independance) rograms		e company utilizes.
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No Spread Contraction 100% Return of Rebassion Carve Out Pharmacy Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown	ng with PBM ates Benefits (to an independence) rograms rograms		e company utilizes.
No Spread Contraction 100% Return of Rebassion Carve Out Pharmacy Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown	ng with PBM ates Benefits (to an independence) rograms rograms		e company utilizes.
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No Spread Contraction 100% Return of Rebation Carve Out Pharmacy Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown Other (please specify) What percentage of to	ng with PBM ates Benefits (to an independence of the pendence	dent PBM)	e company utilizes.
No Spread Contraction 100% Return of Rebase Carve Out Pharmacy Specialty Rx Patient Assistance Pr Co-Pay Assistance Pr International Sourcin Unknown Other (please specify	ng with PBM ates Benefits (to an independence of the pendence	dent PBM)	

50. Select the following strategies the company has implemented to control healthcare co	sts.
Captive participation	
Dropped dependent coverage options	
Spousal carve out	
Defined contribution plan (provide defined monetary amount to employees to allocate accordingly)	
Flexible spending accounts	
☐ HRA	
HSA (company contribution)	
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)	
51. Please indicate the company's specific stop loss limit (whole number only, no decimals).	
	,
52. Please indicate the company's aggregate stop loss limit (whole number only, no decimals).







Other Benefits

each.	other msurance	belletits til	e company	oners a	ma the compan	y contribution for
cucii.		Company	Company	Flat	Company	% of

each.							
	Plans Offered	Company Pays Full Premium	Company Pays Flat Contribution	Flat Contribution Amount	Company Pays Percentage of Premium	Percentage Paid	% of Employees Enrolled
Dental	\$	\$	*	\$	\$	\$	\$
Vision	\$	\$	•	•	\$	•	\$
Life (Employee)	\$	•	•	*	\$	•	\$
Life (for Dependents)	\$	•	•	•	\$	•	\$
Short-Term Disability	\$	*	•	*	\$	•	•
Long-Term Disability	\$	•	•	*	\$	•	\$
Critical Illness	\$	*	•	*	\$	*	•
Accident	\$	•	•	*	\$	•	•
Other (please specify)							
54. Retirement Pro	ogram						
	Туре		Employee Pa		Matched by Company	Vesting	Schedule
Program Details		*		\$	‡		\$
EE 401(ls) Detimen	ant Dragger	ma (Claim if	mat amplica	lala)			
55. 401(k) Retirem	ieni Prograi	_	not appnea Iaximum	ibie.)	Нос	the company	
For	feiture Proces	ss E	mployee ntribution Em		dship chang	the company ged the match er the last 2 years?	401(k) Company Match Level
Program Details		\$	\$	\$	\$	\$	\$

	elect any of the following benefits the company provides: e Assistance Programs	
Flex Time		
	Program for Expectant Employee	
□ ☐ Tuition R	eimbursement	
ESOP		
Company	Loans	
Funded V	Vellness Programs at Local Health Facilities	
Reimburs	sements for Fitness / Healthy Activity	
Profit Sha	aring	
Maternit	y Leave (Paid)	
Paternity	Leave (Paid)	
Other (pl	ease specify)	







Strategic Planning

Human Resource Manager Owner / President Broker Consultant Payroll Company Other (please specify) 58. Does the company currently use a broker or a consultant for the annual healthcare renewal? Broker Consultant Payroll Company No Other (please specify) 59. 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)	57. Who currently manag	ges the company's annual healthcare renewal?
Broker Consultant Payroll Company Other (please specify) 58. Does the company currently use a broker or a consultant for the annual healthcare renewal? Broker Consultant Payroll Company No Other (please specify) 59. 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	Human Resource Manage	er
Consultant Payroll Company Other (please specify) 58. Does the company currently use a broker or a consultant for the annual healthcare renewal? Broker Consultant Payroll Company No Other (please specify) 59. If the company currently uses a broker and/or consultant, does that individual developlans 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	Owner / President	
Payroll Company Other (please specify) 58. Does the company currently use a broker or a consultant for the annual healthcare renewal? Broker Consultant Payroll Company No Other (please specify) 59. If the company currently uses a broker and/or consultant, does that individual developlans 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	Broker	
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No, the company needs to have a planUnsure	Yes, the company always	knows where it's headed
Unsure	Yes, but the company wo	uld like more guidance
	No, the company needs t	o have a plan
Other (please specify)	Unsure	
	Other (please specify)	

. How lat in	advance does tl	no company z	egin preparii	g for the h		
30 days						
60 days						
90 days						
120 days						
180 days						
Always prep	aring for the next r	renewal				
Other (pleas	e specify)					
				1		
qualifying m	your company a embers that inc tactics to reduc	cludes leading	g-edge cost-re	duction str	ategies, da	ata analytic
Yes						
No						
Interesting,	I would like more i	nformation				
Other (pleas	e specify)					
				Ī		
				1		







Final Comments and Recommendations

62. Is there any additional information you would like to share with us?
63. Are there any questions you would like us to <u>add</u> or <u>remove</u> from future surveys?
64. Please indicate how you plan to utilize the information in the final report.







2024 Health and Benefits Survey
Thank You!
Thank you for your participation - your feedback and continued support are appreciated!