

# Arizona Education Association 2011-2012 ANNUAL INSURANCE BENEFITS SURVEY

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## INSTRUCTIONS

We are attempting to get the same information — in the same format — for all school districts in the state. Please use the following instructions in providing the requested information:

1. Indicate if the insurance information is for certified employees, classified employees, or all employees. If necessary, please photocopy the survey and provide the data on plans for each employee group.
2. AVAILABILITY: Indicate if the insurance program is available to employees. **NOTE:** If your district offers more than one insurance plan, please check "multiple plans" and photocopy the survey form and provide the data on each plan available to employees.
3. PREMIUM COSTS: Provide the amounts actually paid by the employee and by the school district *per month* for each type of coverage provided. Divide annual premium costs by 12 to establish a monthly cost. If a coverage type is not provided leave the space blank. Use the following definitions:
  - A. *Employee [single]*: covers the employee alone.
  - B. *Employee & Spouse*: covers the employee and 1 adult spouse/companion.
  - C. *Employee, Spouse & Children [family]*: covers the employee, his/her spouse and dependent children.
  - D. *Employee & Children*: covers the employee and his/her dependent children, but no other adult.
4. CAFETERIA: If the district provides insurance as part of a "cafeteria" plan, check Yes. If the district premium payment is not broken out for each insurance program, indicate the total district payment per month under the medical insurance [Question 1] and check the "Included in medical premium" box under the other insurance programs that are part of the cafeteria.
5. DEDUCTIBLE: Indicate the *annual* dollar amount an insured must pay before the insurance plan begins paying benefits [if applicable].
6. CO-PAY: Indicate the percent of benefit costs *paid by the insured* [for indemnity — e.g. "20%"] and/or the actual dollar amount *paid by the insured*.
7. PROVIDER: List the companies/agencies providing the insurance plan. In the case of a trust, please indicate the full trust name.
8. ELIGIBILITY: There may be different eligibility requirements for participation and for full district premium payment. For example, a district may require 20 hours per week to be eligible for participation, but 35 hours per week to receive the full amount of the district's premium payment. If the district's premium payment amount is pro-rated for part-time employees, indicate the percentage or formula used to determine the amount of the premium cost the district pays.
9. COMMITTEE: If your district has an insurance committee, indicate the number of members representing the various groups. Also indicate if the Association is directly represented on the committee, and the committee's and/or Association's role, if any, in determining the insurance program.

All of this information will help the Association and school districts to maintain the overall insurance coverages available to school employees, and deal with insurance reform proposals at the federal and state level.

Please complete and return the survey by **Friday, January 13, 2012.**



3. Is short-term disability insurance [for all or part of the period from 5 to 120 days] available? Yes \_\_\_ No \_\_\_
- 3A. Are premiums included in the medical premium? *If yes, go to Item 3C.* Yes \_\_\_ No \_\_\_
- 3B. Monthly premium cost paid: By employee By district
- Employee [single] coverage: \$ \_\_\_ . \_\_\_ \$ \_\_\_ . \_\_\_
- OR Percent of payroll costs: \_\_\_ . \_\_\_ %
- 3C. Is disability insurance part of a cafeteria benefit plan? Yes \_\_\_ No \_\_\_
- 3D. Number of days before eligible to collect benefits: \_\_\_
- 3E. Percent of employee salary covered: \_\_\_
- 3F. Insurance provider(s):
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4. Is group term life insurance available? Yes \_\_\_ No \_\_\_
- 4A. Are premiums included in the medical premium? *If yes, go to Item 4C.* Yes \_\_\_ No \_\_\_
- 4B. Monthly premium cost paid: By employee By district
- Employee [single] coverage: \$ \_\_\_ . \_\_\_ \$ \_\_\_ . \_\_\_
- OR Percent of payroll costs: \_\_\_ . \_\_\_ %
- 4C. Is life insurance part of a cafeteria benefit plan? Yes \_\_\_ No \_\_\_
- 4D. Amount of life insurance provided: Dollar amount: \$ \_\_\_ , \_\_\_ . \_\_\_
- OR percent of salary: \_\_\_ %
- 4E. Insurance provider(s):
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5. How many hours per week must an employee work to be eligible for insurance:
- 5A. To participate in group insurance programs: \_\_\_
- 5B. To receive the *full amount* of district premium payment(s): \_\_\_
- 5C. Are district premium payments pro-rated for part-time? Yes \_\_\_ No \_\_\_
- 5D. If yes, what is the pro-ration formula? \_\_\_\_\_
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6. Does your district have an insurance committee? Yes \_\_\_ No \_\_\_
- 6A. Number of committee members who are:  
Employee \_\_\_ Administrator \_\_\_ Board \_\_\_
- 6B. Does Association have specific committee representation? Yes \_\_\_ No \_\_\_
- 6C. Is committee approval required on changes in benefits or vendors? Yes \_\_\_ No \_\_\_
- 6D. Is Association approval required on changes in benefits or vendors? Yes \_\_\_ No \_\_\_
- 6E. Is there a district-level appeal process if a claim for benefits is denied? Yes \_\_\_ No \_\_\_
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Please return this survey by **January 13** to Doug Stagner, AEA Research, 345 E. Palm Ln., Phoenix, AZ 85004.

**Thank you for your assistance.**