

# Vermont Department of Labor 2011 Fringe Benefit Study



Economic and Labor Market Information  
Online at [VTLMI.info](http://VTLMI.info)  
April, 2012

## Introduction

The Vermont Department of Labor queries Vermont businesses periodically to determine the typical package of benefits that is currently offered to workers. Employers can compare their own benefits packages to the results of this study to assess the competitiveness of what they offer relative to other businesses of their size.

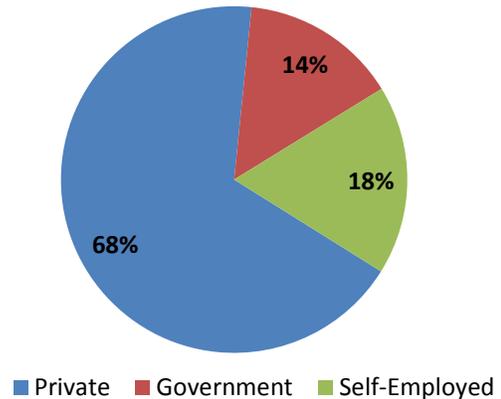
In 2011, Vermont private non-agricultural employers were asked whether they offered medical, disability or life insurance, a pension plan, paid vacation, and a handful of other specific benefits to workers. In addition, they were asked about the number of workers offered, and enrolled in, each type of coverage. Only private employers covered by Unemployment Insurance were sampled. Self-employed workers and government employees were not included. (see Figure 1 at right)

The results present a point-in-time snapshot of benefits currently offered by responding Vermont private employers. They do not address overall levels of coverage in the state, nor are they directly comparable to surveys conducted in the past. However, the sample of firms attempts to be representative of the types of businesses found in the state.

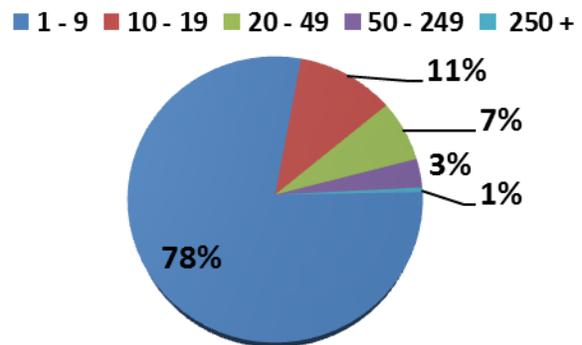
The majority of businesses in Vermont are small. More than three quarters of private employers have fewer than ten employees (Size Class 1). Only about half a percent have more than 250 workers in the state (Size Class 5). Figure 2 indicates the proportion of firms in each size class used in the study. The number of workers in firms of each size class is much more evenly divided, as shown in Figure 3.

Results presented on subsequent pages are based on information provided by respondents in each size class. Some numbers may not add exactly due to rounding or when multiple responses are possible.

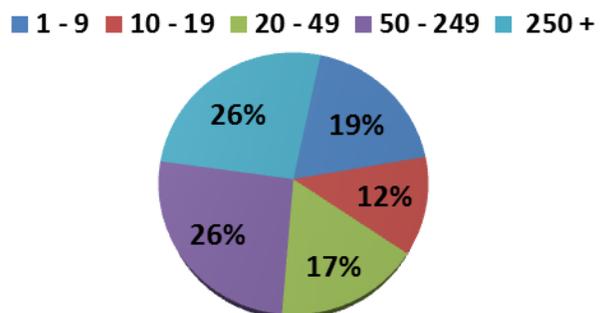
**Fig. 1 Vermont Employment, 2011**



**Fig. 2 Distribution of Private VT Firms by Number of Employees**



**Fig. 3 Distribution of VT Employment by Size of Employer**



## Highlights

- About seventy percent of responding employers offered medical insurance to their workers.
- Over half of employers who responded offered a retirement plan.
- About four in ten responding firms offered dental insurance.
- Fringe benefits were more likely to be available from larger employers.
- Workers in more than half the jobs in responding firms were enrolled in health insurance plans with this employer.
- About one third of the workers in responding firms were offered disability insurance.
- About three fourths of employers who responded offered their workers paid vacation.
- After three years with the firm, the median number of days earned by workers who qualified for paid vacation was ten.
- About half of responding employers offered paid sick leave.
- The median number of paid holidays ranged from 6 to 9 depending on the size of the firm.
- A majority of responding firms increased deductibles, co-payments, or co-insurance rates over the last five years.

## Table 1 Summary of Benefits

Private Employers

	% of Firms, Grouped by Employment Size				
	1 - 9	10 - 19	20 - 49	50 - 249	250 +
<b>Benefits Offered</b>					
Health insurance	47%	77%	86%	98%	100%
of those offering, have a waiting period to enroll	51%	70%	74%	83%	79%
number of days to wait	Range: 0 to 365		Most common:		90
Dental insurance	17%	34%	44%	85%	94%
Vision insurance	18%	20%	29%	60%	68%
Prescription drug coverage	36%	62%	76%	95%	97%
Life insurance	18%	28%	51%	85%	97%
Short-term disability	14%	26%	42%	74%	97%
Long-term disability	18%	26%	33%	72%	87%
<b>Retirement plan</b>					
Defined Contribution	31%	57%	58%	85%	87%
Defined Benefit	2%	3%	9%	8%	6%
<b>Paid Leave</b>					
Vacation	66%	77%	85%	84%	50%
Sick leave	46%	43%	67%	59%	38%
Holidays	69%	72%	82%	84%	65%
Consolidated leave	23%	16%	21%	42%	79%
<b>Educational Benefits</b>					
Tuition Reimbursement	18%	12%	25%	50%	71%
Tuition Advance	5%	1%	6%	17%	21%
Paid Time Off to Attend Class	16%	17%	11%	28%	25%
<b>Other Benefits</b>					
Child Care	1%	2%	3%	2%	38%
Elder Care	1%	0%	0%	0%	5%
Non-production Bonuses	15%	23%	15%	27%	48%
Flexible Spending Account	6%	12%	25%	48%	70%
Telecommuting	10%	4%	11%	17%	29%
Transportation Subsidy	4%	3%	8%	9%	10%
Health Club Subsidy	3%	2%	9%	17%	48%
EAP (Employee Assistance Program)	3%	3%	14%	51%	59%
					Online at <a href="http://VTLMInfo.com">VTLMInfo.com</a>

**Table 2**  
Private Employers

**% of Firms, Grouped by Employment Size** Responses  
1 - 9 10 - 19 20 - 49 50 - 249 250 + Total = 532

**Insurance Benefits Offered**

		1 - 9	10 - 19	20 - 49	50 - 249	250 +	Total = 532
Firms	Health insurance						
	full-time workers only	37%	56%	59%	63%	45%	
	full- and part-time workers	<u>10%</u>	<u>21%</u>	<u>27%</u>	<u>35%</u>	<u>55%</u>	
	Total	47%	77%	86%	98%	100%	511
	Has a waiting period to enroll, if insurance is offered	51%	70%	74%	83%	79%	396
	median number of days in waiting period	53	60	90	60	30	275
Workers	Workers offered insurance as % of total workers in firm	76%	81%	75%	75%	65%	369
	Enrolled workers as % of those workers offered insurance	80%	58%	67%	69%	64%	340
	Enrolled workers as % of total workers in firm	63%	47%	50%	52%	46%	340
Firms	Dental insurance						
	full-time workers only	13%	19%	27%	50%	35%	
	full- and part-time workers	<u>4%</u>	<u>15%</u>	<u>18%</u>	<u>36%</u>	<u>58%</u>	
	Total	17%	34%	44%	85%	94%	495
Workers	Workers offered insurance as % of total workers in firm	77%	85%	82%	79%	68%	223
	Enrolled workers as % of those workers offered insurance	79%	58%	65%	68%	64%	199
	Enrolled workers as % of total workers in firm	68%	49%	53%	53%	53%	200
Firms	Vision insurance						
	full-time workers only	15%	14%	20%	32%	13%	
	full- and part-time workers	<u>3%</u>	<u>5%</u>	<u>9%</u>	<u>28%</u>	<u>55%</u>	
	Total	18%	20%	29%	60%	68%	487
Workers	Workers offered insurance as % of total workers in firm	75%	79%	73%	82%	76%	160
	Enrolled workers as % of those workers offered insurance	83%	57%	65%	66%	65%	134
	Enrolled workers as % of total workers in firm	69%	47%	45%	54%	55%	134
Firms	Prescription drug coverage						
	full-time workers only	8%	17%	26%	35%	53%	
	full- and part-time workers	<u>28%</u>	<u>45%</u>	<u>50%</u>	<u>59%</u>	<u>43%</u>	
	Total	36%	62%	76%	95%	97%	500
Workers	Workers offered insurance as % of total workers in firm	76%	82%	76%	77%	64%	318
	Enrolled workers as % of those workers offered insurance	75%	59%	67%	71%	63%	273
	Enrolled workers as % of total workers in firm	61%	51%	52%	55%	47%	278

**Table 2 (continued)**

Private Employers

**% of Firms, Grouped by Employment Size** Responses  
 1 - 9   10 - 19   20 - 49   50 - 249   250 +   Total = 532

**Insurance Benefits Offered**

		1 - 9	10 - 19	20 - 49	50 - 249	250 +	Total = 532
Firms	Life insurance						
	full-time workers only	5%	5%	18%	34%	55%	
	full- and part-time workers	<u>14%</u>	<u>23%</u>	<u>33%</u>	<u>51%</u>	<u>42%</u>	
	Total	18%	28%	51%	85%	97%	488
Workers	Workers offered insurance as % of total workers in firm	82%	78%	86%	82%	66%	225
	Enrolled workers as % of those workers offered insurance	86%	75%	91%	89%	81%	196
	Enrolled workers as % of total workers in firm	80%	59%	78%	73%	65%	197
Firms	Short-term disability						
	full-time workers only	4%	11%	13%	29%	59%	
	full- and part-time workers	<u>10%</u>	<u>16%</u>	<u>29%</u>	<u>45%</u>	<u>38%</u>	
	Total	14%	26%	42%	74%	97%	482
Workers	Workers offered insurance as % of total workers in firm	80%	89%	87%	83%	67%	192
	Enrolled workers as % of those workers offered insurance	88%	72%	80%	87%	72%	162
	Enrolled workers as % of total workers in firm	70%	61%	72%	73%	57%	164
Firms	Long-term disability						
	full-time workers only	6%	8%	12%	27%	40%	
	full- and part-time workers	<u>12%</u>	<u>18%</u>	<u>21%</u>	<u>45%</u>	<u>47%</u>	
	Total	18%	26%	33%	72%	87%	484
Workers	Workers offered insurance as % of total workers in firm	80%	87%	79%	76%	61%	184
	Enrolled workers as % of those workers offered insurance	78%	77%	80%	94%	73%	160
	Enrolled workers as % of total workers in firm	70%	64%	66%	66%	55%	161

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**Table 3**  
Private Employers

	<b>% of Firms, Grouped by Employment Size</b>					Responses
	1 - 9	10 - 19	20 - 49	50 - 249	250 +	
<b>Benefit Plans and Payments</b>						
Types of insurance plans offered ^						352
Indemnity	6%	5%	9%	8%	12%	
HMO or Managed Care	21%	27%	22%	18%	20%	
PPO (Preferred Provider Plan)	31%	33%	28%	48%	52%	
POS (Point of Service Plan)	1%	1%	3%	8%	0%	
Cafeteria Benefits Plan	6%	12%	12%	25%	32%	
HDHP (High Deductible Health Plan)	23%	32%	35%	45%	52%	
HSA (Health Savings Account)						
--only the employee contributes	26%	22%	26%	17%	12%	
--employer contribution with or without employee	19%	23%	31%	33%	44%	
<b>Deductible per person for those having a deductible</b>						
	Range			Median		315
Indemnity	up to	\$4,000		\$1,000 *		23
HMO or Managed Care	up to	\$8,000		\$1,750		48
PPO (Preferred Provider Plan)	up to	\$10,000		\$1,500		108
POS (Point of Service Plan)	up to	\$3,000		\$1,000 *		13
Cafeteria Benefits Plan	up to	\$3,000		\$2,000 *		5
HDHP (High Deductible Health Plan)	up to	\$25,000		\$2,500		140
<b>Changes to plans over the last five years</b>						
						426
Changed medical coverage						414
Add	4%	8%	11%	12%	10%	
Drop	11%	6%	7%	6%	5%	
No Change	85%	86%	81%	82%	86%	
Changed deductibles, co-payments, or co-insurance rates						407
Increase	30%	48%	60%	66%	71%	
Decrease	2%	6%	6%	4%	5%	
No Change	67%	46%	34%	30%	24%	
Changed employee's share of premiums						402
Increase	14%	27%	33%	42%	48%	
Decrease	3%	6%	4%	7%	0%	
No Change	83%	67%	63%	51%	52%	

^ Totals for size classes do not add to 100% as multiple responses are possible

\* not statistically significant

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**Table 4**  
Private Employers

		<b>% of Firms, Grouped by Employment Size</b>					Responses
		1 - 9	10 - 19	20 - 49	50 - 249	250 +	
<b>Enrollment by Type of Coverage</b>							
<b>Workers Enrolled in Each Type of Coverage, as Percent of Enrolled, Average for Size Class</b>							
<b>Workers</b>	<b>Medical insurance</b>						314
	Single	63%	55%	59%	53%	43%	
	Single+1	20%	20%	18%	22%	23%	
	Family	18%	25%	24%	25%	34%	
	<b>Dental insurance</b>						171
	Single	54%	45%	47%	52%	42%	
	Single+1	28%	23%	21%	24%	24%	
	Family	18%	32%	32%	25%	33%	
	<b>Vision insurance</b>						116
	Single	50%	44%	53%	48%	47%	
	Single+1	32%	25%	23%	26%	25%	
	Family	18%	31%	25%	26%	28%	
	<b>Prescription Drug Coverage</b>						247
	Single	62%	56%	57%	52%	46%	
	Single+1	19%	18%	18%	22%	23%	
	Family	18%	26%	25%	25%	32%	
<b>Medical Insurance Premiums--Share of Cost by Type of Coverage</b>							
							317
<b>Firms</b>	<b>Single</b>						300
	Employer Pays All	45%	29%	32%	22%	3%	
	Employer Pays None	0%	0%	0%	4%	0%	
	Most frequent % of premium paid by employer	50%	50%	50%	75%	n/a *	
* n/a--near uniform distribution							
<b>Firms</b>	<b>Single+1</b>						226
	Employer Pays All	26%	10%	15%	12%	0%	
	Employer Pays None	0%	5%	4%	7%	0%	
	Most frequent % of premium paid by employer	50%	50%	50%	50%	80%	
<b>Firms</b>	<b>Family</b>						234
	Employer Pays All	28%	8%	12%	10%	0%	
	Employer Pays None	0%	4%	4%	5%	0%	
	Most frequent % of premium paid by employer	50%	50%	50%	75%	80%	

Online at VTLM.info

**Table 5**  
Private Employers

**% of Firms, Grouped by Employment Size** Responses  
1 - 9   10 - 19   20 - 49   50 - 249   250 +

**Retirement Benefits**

Defined Contribution Plan Offered							445
Firms	full-time workers only	20%	27%	22%	33%	22%	
	<u>full- and part-time workers</u>	<u>11%</u>	<u>30%</u>	<u>36%</u>	<u>52%</u>	<u>65%</u>	
	total	31%	57%	58%	85%	87%	
Percentage of Cost Paid by Employer							225
	None	16%	17%	21%	26%	22%	
	All	28%	15%	18%	21%	11%	
	Most frequent partial percentage	3%	3%	3%	3%	4%	
	Average # of Workers per Firm Offered DC Plan	4	13	27	91	462	234
	Average Workers Enrolled as % of Offered	86%	69%	70%	70%	63%	205

Defined Benefit Plan Offered							407
Firms	full-time workers only	1%	1%	5%	4%	0%	
	<u>full- and part-time workers</u>	<u>2%</u>	<u>2%</u>	<u>5%</u>	<u>3%</u>	<u>6%</u>	
	total	3%	3%	9%	8%	6%	

Costs and Enrollment for Defined Benefit Plans \*

\* n/a - Insufficient data to report

Online at [VTLMI.info](http://VTLMI.info)

**Table 6**  
Private Employers

% of Firms, Grouped by Employment Size    Responses  
1 - 9    10 - 19    20 - 49    50 - 249    250 +

**Paid Leave and Other Benefits Offered ^**

Paid Vacation	66%	77%	85%	84%	50%*	411
Median Number of Days after 1 Year	5	5	10	10	8*	294
Median Number of Days after 3 Years	10	10	10	10	10*	254
Median Number of Days after 5 Years	15	11	15	15	13*	261
Paid Sick leave	46%	43%	67%	59%	38%*	401
Median Number of Days after 1 Year	5	5	5	5	5*	185
Median Number of Days after 5 Years	5	5	5	5	5*	166
Paid Holidays	69%	72%	82%	84%	65%*	424
Median Number of Days	6	7	7	8	9*	312
Paid Consolidated leave	23%	16%	21%	42%	79%*	367
Median Number of Days after 1 Year	11	15	15	15	20*	93
Median Number of Days after 3 Years	15	15	15	18	24*	84
Median Number of Days after 5 Years	15	21	20	20	24*	86

**Educational Benefits**

Tuition Reimbursement	18%	12%	25%	50%	71%	445
Tuition Advance	5%	1%	6%	17%	21%*	423
Paid Time Off to Attend Class	16%	17%	11%	28%	25%	428

**Other Benefits**

Child Care	1%	2%	3%	2%	38%	448
Elder Care	1%	0%	0%	0%	5%	447
Non-production Bonuses	15%	23%	15%	27%	48%	447
Flexible Spending Account	6%	12%	25%	48%	70%	453
Telecommuting	10%	4%	11%	17%	29%	448
Transportation Subsidy	4%	3%	8%	9%	10%	451
Health Club Subsidy	3%	2%	9%	17%	48%	448
EAP (Employee Assistance Program)	3%	3%	14%	51%	59%	444

^ Totals for size classes do not add to 100% as multiple responses are possible

\* not statistically significant

Online at [VTLMI.info](http://VTLMI.info)

## Methodology

A sample of about ten percent of Vermont private non-agricultural businesses covered by Unemployment Insurance with the State of Vermont was selected based on employment size classes. The sample was also stratified by area of the state, to ensure a representative geographic distribution of firms. Businesses with more than one location in the state were asked to provide a combined response for all of their Vermont locations. Employers received a postcard in the mail, inviting them to submit their responses online. A paper copy of the response form was mailed to businesses that requested one.

Size Class	Employment	Firms	% of Total	Employment	% of Total	Sample	Sampling Rate	% of Sample	Response Rate
1	1 - 9	14,950	78%	44,268	19%	800	5%	40%	23%
2	10 - 19	2,113	11%	28,483	12%	450	21%	22%	24%
3	20 - 49	1,331	7%	39,514	17%	300	23%	15%	29%
4	50 - 249	623	3%	60,531	26%	350	56%	17%	34%
5	250 +	102	<1%	61,186	26%	102	100%	5%	31%
Total		19,119	100%	233,982	100%	2,002	10%	100%	27%

Size classes were sampled at different rates to reflect differences in variation among size classes and to optimize the effectiveness of the survey. All private firms with Vermont employment of 250 or more were included. Respondents were asked how many employees they had at the time of participation. Responses were post-stratified by the employment reported.

Usable responses were received from 532 firms. Not all respondents completed the entire questionnaire. The overall response rate was 27 percent, with the rates for individual size classes ranging from 23 percent for the smallest firms to 34 percent of the firms in the 50 to 249 size class. Responding firms matched the overall distribution of firms by sector and across regions of the state.

Attachment A: Survey Instrument



## VERMONT DEPARTMENT OF LABOR

Exit now



Welcome to the Vermont Department of Labor 2011 Fringe Benefit Study. Your participation is greatly appreciated. All responses are CONFIDENTIAL. Results will only be reported in aggregate.

### Brief Instructions:

Please

- 1) Answer and submit this form even if your firm offers no benefits.
- 2) Provide the most current information for all VERMONT locations of your firm, if possible. Use 2011 benefit plans.
- 3) Respond to every pertinent question. There may be MANY questions that do not apply to your circumstance. Skip all that do not apply. Please complete the form as best you can and submit your response.
- 4) Where numbers are needed, DO NOT enter commas, decimal points, percent signs, or dollar signs.

If employer costs differ for different groups of workers, please report the costs that apply to the MAJORITY of workers, i.e. the most typical or common plan offered.

You have the option of saving a partially completed form and returning to it later. You must press 'NEXT' at the bottom of each page for your responses to be saved to that point in the report form. When you wish to return to the form, click on the link you used on our site. You will be returned to the page you were working on when you exited.

For more detailed instructions in completing this report form, go to [www.vtmi.info/vt2011fringe](http://www.vtmi.info/vt2011fringe) where you will find a list of Frequently Asked Questions and answers. If you have further questions, contact Reenie De Geus at (802) 828-4304, or email [reenie.degeus@state.vt.us](mailto:reenie.degeus@state.vt.us)

**1. Please enter the four-digit Study ID number provided on the study request postcard you received. If you do not have this number, please email Reenie De Geus at [reenie.degeus@state.vt.us](mailto:reenie.degeus@state.vt.us)**

Study ID Number

**2. HOW MANY total workers, full-time (35 or more hours per week) and part-time (less than 35 hours per week), are employed at your Vermont locations? (Include only employees covered by Unemployment Insurance law--including reimbursable firms.)**

**IF you have NO employees covered by Unemployment Insurance, please enter zero and click NEXT. You may page through to the comments section and submit. It is important that we receive your response even if you have no covered employees.**

**3. HOW MANY of your Vermont workers (from Question 2) are FULL-TIME? (35 or more hours per week)**

Number of Employees

Number of Employees (all other questions will refer to the employees reported here)

## VERMONT DEPARTMENT OF LABOR



**INSURANCE:** In answering the following questions, consider only those workers included in Question 2 (total full- and part-time workers covered under Unemployment Insurance). IF your firm offers NO INSURANCE BENEFITS, page through to Question 22 (Changes), then continue on from Question 28, about Paid Leave.

**4. Does your firm OFFER the following insurance benefits, and if your firm has part-time workers (less than 35 hours per week), do they qualify for these benefits?**

	YES, Full-time AND any part-time workers	YES, Full-time workers ONLY	NO, do not offer
Medical insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drug coverage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life insurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Short-term disability insurance (separate from Worker's Compensation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term disability insurance (separate from Worker's Compensation)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**5. IF dental coverage is offered, is it included in a medical plan, or is it a separate, standalone dental plan?**

- Included in medical plan
- Separate dental plan

**6. IF vision coverage is offered, is it included in a medical plan, or is it a separate, standalone vision plan?**

- Included in medical plan
- Separate vision plan

**7. IF prescription drug coverage is offered, is it included in a medical plan, or is it a separate, standalone prescription drug plan?**

- Included in medical plan
- Separate prescription drug plan



In answering the following questions, consider only those workers included in Question 2 (total full- and part-time workers covered under Unemployment Insurance).

**8. How many WORKERS (full-time and part-time) are OFFERED the following insurance programs?**

- Medical insurance (full-time and part time workers)
- Dental insurance (full-time and part-time)
- Vision insurance (full-time and part-time)
- Prescription drug coverage (full-time and part-time)
- Life insurance (full-time and part-time)
- Short-term disability insurance (full-time and part-time)
- Long-term disability insurance (full-time and part-time)

**10. Is there a waiting period for medical insurance coverage?**

- Yes  No (skip to Question 12)

**9. IF you have PART-TIME workers, how many are OFFERED the following insurance programs? If your firm does not have part-time workers, leave blank.**

- Medical insurance (part-time workers only)
- Dental insurance (part-time only)
- Vision insurance (part-time only)
- Prescription drug coverage (part-time only)
- Life insurance (part-time only)
- Short-term disability insurance (part-time only)
- Long-term disability insurance (part-time only)

**11. IF there is a waiting period, how many days is it?**

- Number of days. (If 1st of month after hire, use 15)

For the next two questions, consider only those workers who are covered by Unemployment Insurance and are eligible for insurance benefits (as reported in Questions 2, 8 and 9). Leave blank if the type of insurance is not offered. A zero would indicate that it is offered, but no one is enrolled.

**12. HOW MANY workers, both full-time and part-time, are ENROLLED in the following insurance programs?**

Medical insurance (full-time and part-time workers)	<input type="text"/>
Dental insurance (full-time and part-time)	<input type="text"/>
Vision insurance (full-time and part-time)	<input type="text"/>
Prescription drug coverage (full-time and part-time)	<input type="text"/>
Life insurance (full-time and part-time)	<input type="text"/>
Short-term disability insurance (full-time and part-time)	<input type="text"/>
Long-term disability insurance (full-time and part-time)	<input type="text"/>

**13. IF you have eligible PART-TIME workers, how many are ENROLLED in the following insurance programs?**

Medical insurance (part-time workers only)	<input type="text"/>
Dental insurance (part-time only)	<input type="text"/>
Vision insurance (part-time only)	<input type="text"/>
Prescription drug coverage (part-time only)	<input type="text"/>
Life insurance (part-time only)	<input type="text"/>
Short-term disability insurance (part-time only)	<input type="text"/>
Long-term disability insurance (part-time only)	<input type="text"/>

**14. Which types of insurance PLANS does your firm offer? (Indicate for each type offered)**

	Yes	No
Indemnity Coverage (Generally full choice of provider)	<input type="radio"/>	<input type="radio"/>
HMO or Managed Care plan	<input type="radio"/>	<input type="radio"/>
PPO (Preferred Provider Plan)	<input type="radio"/>	<input type="radio"/>
POS (Point of Service plan)	<input type="radio"/>	<input type="radio"/>
Cafeteria benefits plan	<input type="radio"/>	<input type="radio"/>
HDHP (High Deductible Health Plan)	<input type="radio"/>	<input type="radio"/>
HSA (Health Savings Account)-only the employee contributes	<input type="radio"/>	<input type="radio"/>
HSA (Health Savings Account)-the employer contributes with or without the employee	<input type="radio"/>	<input type="radio"/>

**15. What is the annual DEDUCTIBLE PER PERSON for each plan? (Indicate for each type offered.)**

Indemnity Coverage \$	<input type="text"/>
HMO or Managed Care plan \$	<input type="text"/>
PPO (Preferred Provider Plan) \$	<input type="text"/>
POS (Point of Service plan) \$	<input type="text"/>
Cafeteria benefits plan \$	<input type="text"/>
HDHP (High deductible plan) \$	<input type="text"/>
Other medical plan \$	<input type="text"/>

Other medical plan (please specify)

**16. IF your firm contributes to the employee's HSA (above), how much is your firm's contribution per year?**

**17. Does your firm SELF-INSURE?**

Yes  No

## VERMONT DEPARTMENT OF LABOR



Of your enrolled employees who are covered by Unemployment Insurance, both full-time and part-time, HOW MANY are enrolled in each TYPE of coverage?  
 (Leave blank if coverage is NOT OFFERED. Enter zero if coverage is offered, but no one is enrolled.)

### 18. Employees enrolled in Medical insurance?

Number in Single

Number in Single+1

Number in Family

### 19. Employees enrolled in Dental insurance?

Number in Single

Number in Single+1

Number in Family

### 20. Employees enrolled in Vision insurance?

Number in Single

Number in Single+1

Number in Family

### 21. Employees enrolled in Prescription Drug Coverage?

Number in Single

Number in Single+1

Number in Family

## 22. CHANGES

In the last five years, has your firm:

	Add/ increase	Drop/ decrease	No Change
Added or dropped medical coverage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed deductibles, co-payments, or co-insurance rates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changed the percentage share of PREMIUMS paid by the EMPLOYEE?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Optional comments, such as reasons for changes

## VERMONT DEPARTMENT OF LABOR



Since many firms offer more than one plan, for the MAJORITY of your firm's full-time employees, what PERCENTAGE of insurance PREMIUMS are paid by your firm, the employer, for the following types of insurance and coverage. Please leave blank if not applicable. Enter zero if your firm pays none. Enter percentages as whole numbers without a percent sign.

### 23. Percent of Medical Insurance Premium Paid by EMPLOYER

% of Single premium

% of Single+1 premium

% of Family premium

### 24. Dental Insurance Premium (if separate or different from the medical premium)

% of Single

% of Single+1

% of Family

### 25. Vision Insurance Premium (if separate or different from the medical premium)

% of Single

% of Single+1

% of Family

### 26. Prescription Drug Premium (if separate or different from the medical premium)

% of Single

% of Single+1

% of Family

### 27. What percentage of the following premiums are paid by you, the employer?

% of Short-term Disability premium

% of Long-term Disability premium

% of Life Insurance premium

### 28. PAID LEAVE: Which of the following types of paid leave does your firm offer? (Indicate for each)

	YES, Full-time AND part-time workers	YES, Full-time workers only	NO, do not offer
Paid vacation leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid sick leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid holiday leave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consolidated leave? (Time bank, PTO or Paid Time Off, etc.) May be offered in addition to other types of paid leave or in place of separate paid leave.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other, such as, Negotiated as Need Arises

### 29. Number of paid leave days per year (leave blank if not offered)

Vacation days (after 1 yr)

Vacation days (after 3 yrs)

Vacation days (after 5 yrs)

Sick days (after 1 yr)

Sick days (after 5 yrs)

Holidays

Consolidated days (after 1 yr)

Consolidated days (after 3 yrs)

Consolidated days (after 5 yrs)

## VERMONT DEPARTMENT OF LABOR



RETIREMENT: Does your firm offer either a Defined CONTRIBUTION retirement plan or Defined BENEFIT pension retirement plan? As before, please consider only the Unemployment Insurance-covered employees from Question 2 in answering the following questions about retirement benefits.

**30. Does your firm offer a Defined CONTRIBUTION retirement plan (401k, savings and thrift, deferred profit sharing, etc.) to full-time and/or part-time workers?**

- YES, Full-time and Part-time workers
- YES, Full-time workers only
- NO, do not offer (skip to Question 34)

**32. How many workers are OFFERED a Defined CONTRIBUTION retirement plan?**

Number of workers OFFERED, full-time and part-time

Number of workers OFFERED, part-time workers only

**34. Does your firm offer a Defined BENEFIT\* pension retirement plan to full-time and/or part-time workers? (\*Uses a specific, pre-determined formula to calculate an employee's future benefit.)**

- YES, Full-time and part-time workers
- YES, Full-time workers only
- NO, do not offer (skip to Question 38)

**36. How many workers are OFFERED a Defined BENEFIT pension plan?**

Number of workers OFFERED, full-time and part-time

Number of workers OFFERED, part-time workers only

**31. What percentage of the Defined CONTRIBUTION plan cost per worker is paid by you, the employer?**

% paid by employer (Enter whole digits without a percent sign)

**33. How many workers are ENROLLED in a Defined CONTRIBUTION retirement plan?**

Number of workers ENROLLED, full-time and part-time

Number of workers ENROLLED, part-time workers only

**35. What percentage of the Defined BENEFIT plan cost per worker is paid by you, the employer?**

% paid by employer (Enter whole digits without a percent sign)

**37. How many workers are ENROLLED in a Defined BENEFIT pension plan?**

Number of workers ENROLLED, full-time and part-time

Number of workers ENROLLED, part-time workers only



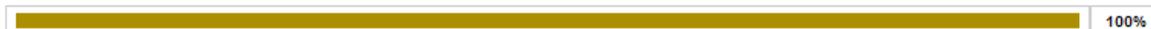
**38. Does your firm offer any of the following education benefits?**

	YES, to Full-time AND Part-time workers	YES, to Full-time workers only	NO, do not offer
Tuition reimbursement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tuition advance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paid time off to attend classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (please specify/comment)	<input type="text"/>		

**39. Does your firm offer any of the following benefits?**

	YES, to Full- AND part-time workers	YES, to Full-time workers only	NO, do not offer
Child care? (e.g. on- or off-site daycare, reimbursements, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Elder care? (e.g. placement assistance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-production bonuses? (e.g. hiring, signing, year-end, attendance, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flexible Spending Accounts? (pre-tax setaside from paychecks for qualified expenses)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telecommuting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation subsidy? (bus, carpool, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health club subsidy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
EAP services (Employee Assistance Program)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (optional comments)	<input type="text"/>		

## VERMONT DEPARTMENT OF LABOR



40. What percentage of payroll do your firm's medical insurance costs represent? (Include the total of the firm share of premiums on whatever plans you offer--medical, dental, vision, or prescription drugs--as a percentage.)

Percentage of PAYROLL (Enter whole digits without a percent sign.)

41. How long has your firm been in business?

Years in business

42. Type of firm

For Profit  Non-profit  Low-profit L3C

43. What percentage of your workers belong to a union? (Best estimate)

Percentage of WORKERS

44. Does your firm have an affiliation with a national or multi-state company that determines the benefits package for your employees?

Yes  No

45. IF yes, what is the overall size of the national or multi-state partner?

under 50 employees  50 to 249 employees  250 or more employees

46. Contact Information

Please provide your name and contact information so that we can contact you in case we have questions. Thank you.

Name

Title

Phone

Email address

47. COMMENTS: Please provide additional comments or explanations here.



Thank you for submitting your input. Your responses help to build a picture of a competitive benefits package in Vermont today.

Done