

WakelyBCS Market Insights Benchmarking Dashboard Prospective Client Survey

Overview

Beginning in May 2020, WakelyBCS has created an online survey for collecting basic medical plan information from prospective clients. Data will only be accepted from prospective clients of current dashboard participants. The form can be completed by either the employer group or the benefits broker and is available year-round. WakelyBCS will receive daily updates to monitor submissions. In general, participants can expect a 5-business day turnaround, and we will notify you when the data has been published to the dashboard.

Please contact Krista Penn at 720-510-7002 or krista.penn@wakely.com or WakelyBCSBenchmarkSupport@wakely.com if you have additional questions or need to discuss timelines for a recent prospective client submission.

Survey Instructions

1. The link to complete the survey is: https://www.surveymonkey.com/r/WakelyBCS_Dashboard_Prospective_Client_Survey
 - a. Screenshots of each survey page are included in this document.
2. Respondents can enter up to three (3) medical plans per employer group.
3. Questions with an asterisk must be completed before proceeding to the next page.
4. Respondents can leave and return to the survey to edit responses until they click on “Done” to complete the survey.



In order for this setting to work properly, the respondent must use the same device and web browser they used to start the survey on because a cookie is stored in the respondent's browser that remembers their survey responses.

General Survey Information

The purpose of this survey is to collect basic health plan information from prospective clients of benefits brokers participating in the WakelyBCS Market Insights Benchmarking Dashboard. Although you do not have to complete the survey in one session, having the following information handy when you start the survey will help you complete it in one sitting:

- Contact information for the benefits broker you are considering, including the name of the agency, a contact name, and his or her phone number and email address.
- Contact information for your company, including a contact name, and his or her phone number and email address.
- Your company headquarters' zip code, 6-digit NAICS code or 4-digit SIC code, and total employer group size.
- For each plan you enter (up to 3), it will be helpful to have a plan summary of benefits and coverage that includes:
 - Coinsurance and copays for inpatient, outpatient, PCP and specialist services
 - In-network deductibles and out-of-pocket maximums for the plan's individual and family tiers
 - Employer and employee contribution amounts per employee per month (PEPM) for the plan's individual and family tiers
 - Annual employer contributions to an HRA or HSA associated with the plan
 - Total employees and dependents enrolled for the plan's individual and family tiers

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Broker Contact Information

Please let us know how to reach the broker you are working with so we can notify them when your data has been loaded to the dashboard.

* 1. Broker Name:

* 2. Agency Contact Name:

3. Agency Contact Phone Number:

* 4. Agency Contact Email Address:

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Employer Contact Information

Please fill out all fields if you represent the employer group so we can contact you if we have any questions about your data. If you represent the benefits broker, only Employer Group Name is necessary.

* 5. Employer Group Name:

6. Employer Group Contact Name:

7. Employer Group Contact Phone Number:

8. Employer Group Contact Email Address:

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Employer Demographics Information

The dashboard allows users to filter the benchmark data by multiple parameters, including industry, location, and employer group size. Please provide this information for your company so we can assist the broker to prepare the most useful report for you.

For industry code, please provide your 6-digit NAICS code or 4-digit SIC code. Both can be obtained by searching for your company on mailinglists.com

* 9. Employer Group Zip Code:

* 10. Industry Code Type:

* 11. Employer Group Industry Code:

* 12. Employer Group Size:

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WakelyBCS Market Insights Benchmarking Dashboard Prospective Client Data Entry Survey

Now we need basic information about your medical plan. You will have an opportunity to enter up to 3 plans, one at a time. Click next to begin.

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Plan Design – General Plan Information

Please enter general plan information below.

* 13. Plan Name:

* 14. Plan Type

* 15. Plan Start Date:

	Month	Day	Year
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

* 16. Funding Method:

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Plan Design — Member Coinsurance & Copays

Please enter coinsurance and copays owed by the member for the requested medical services. Values should be entered as whole numbers and reflect the amount the member owes AFTER the deductible is satisfied. If there is no coinsurance or copay for a particular service, please enter 0. Leave unknown values or inapplicable fields blank.

17. Member Coinsurance (%)

Inpatient

Outpatient

PCP

Specialist

18. Member Copay (\$)

Inpatient

Outpatient

PCP

Specialist

* 19. Out-of-network coverage provided:

20. Out-of-network coinsurance (%) for routine services (e.g., PCP and specialist visits)

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Plan Design— In-Network Deductibles and Out-of-Pocket Maximums (OOPMs)

Please enter deductibles and OOPMs owed by the member as whole numbers. If the member does not owe a deductible, set to 0. If there is no out-of-pocket maximum, please set to 0. If a value is unknown, please leave blank.

21. Deductible (\$)

Individual

Family

22. OOPM (\$)

Individual

Family

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Plan Design — Per Employee Per Month (PEPM) Premium Rates

Please enter the amount the employee contributes to premiums as well as total premiums on a per employee per month (PEPM) basis. Values should be entered as a decimal. If the employee does not contribute anything, please set to 0. If a value is unknown, leave blank.

23. Employee Contributions (\$)

Individual

Family

24. Total Premium (\$)

Individual

Family

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Plan Design — Employers Contributions to Savings Accounts

Please tell us whether this plan includes a Health Reimbursement Account (HRA) or Health Savings Account (HSA). If yes, enter the total ANNUAL amount the employer contributes to the HRA and/or HSA as whole numbers. For HRAs, enter the total MAXIMUM amount the employer will contribute; a value greater than 0 is expected. For HSAs, enter a number greater than or equal to 0. Leave unknown values or inapplicable fields blank.

*** 25. HRA Offered**

*** 26. HSA Offered**

27. Maximum Annual Employer Contribution to HRA (\$)

Individual

Family

28. Annual Employer Contribution to HSA (\$)

Individual

Family

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Plan Design – Total Members Enrolled

Please enter the most current enrollment information available, parsed into employer and dependent counts. If actual values are not available, please enter your best estimate. Leave unknown values blank if an estimate is not available.

29. Employees Enrolled

(#)

Individual:

Family:

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Plan Design Complete

Data collection for your first plan is complete.

30. Do you have another plan to enter?

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WakelyBCS Market Insights Benchmarking Dashboard Prospective Client Data Entry Survey

Survey Complete

Thank you for your responses! WakelyBCS will notify the broker when your data has been loaded to the benchmarking dashboard.

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Done