

# Survey of CCMHG Participating Employers

## Information required to act on the Municipal Health Reform Legislation

1. Name of Governmental Entity: \_\_\_\_\_
2. Name of person responding to this survey: \_\_\_\_\_
3. Title of Person Responding and contact information: \_\_\_\_\_  
\_\_\_\_\_
4. Number of collective bargaining units: \_\_\_\_\_
5. Does your unit have any collective bargaining agreements (CBAs) that specifically state health insurance co-pay and/or deductible amounts or limits that must be maintained for the duration of the CBA (s)? Yes \_\_\_\_\_; No \_\_\_\_\_.  
  
If "Yes", when do those CBAs expire? \_\_\_\_\_
6. Has your governmental unit bargained out the Legacy plans and bargained in Rate Saver plans exclusively for all bargaining units? Yes \_\_\_\_; No \_\_\_\_.  
  
For some bargaining units? Yes \_\_\_\_\_; No \_\_\_\_\_.  
  
If "No" to either question above, are you in the process of bargaining this change with any unions? Yes \_\_\_\_\_; No \_\_\_\_\_.
7. Does your governmental unit still offer either Master Health Plus or Master Medical? Yes \_\_\_\_\_; No \_\_\_\_\_.  
  
If "Yes", are you in the process of bargaining elimination of the plan? Yes \_\_\_\_\_; No \_\_\_\_\_.  
  
Yes \_\_\_\_\_; No \_\_\_\_\_.
8. Does your governmental unit currently offer one or both of the following?
  - Section 125 *Premium Only Plan* cafeteria plan (POP), a pre-tax salary reduction plan for health insurance premiums? Yes \_\_\_\_; No \_\_\_\_\_.
  - A Flexible Spending Medical Account (Health Care FSA)? Yes \_\_\_\_; No \_\_\_\_\_.
  - A Health Reimbursement Arrangement (HRA)? Yes \_\_\_\_\_; No \_\_\_\_\_.