

2021 National Benefits Survey

Name of System: _____

RUS or REA Number (e.g. AK001 or 01-001): _____

Name of person completing this survey: _____

Phone number: _____

E-mail: _____

INTRODUCTION

Thank you for participating in the NRECA benefits survey. Benefits tend to be a large part of the total rewards package that systems offer their employees. The goal of this survey is to provide our member systems with information about the benefits that other systems offer so that they can examine benefits from a total compensation perspective.

COVID-19

1. Has the pandemic impacted any benefits, work schedules or leave time you offer to your employees?
_____ Yes _____ No
2. If yes; please provide specifics. For example; allowed an additional 401K loan or reduced eligibility period for short-term disability.

TOTAL COMPENSATION

A total compensation statement is a statement that communicates the total value of all the rewards (compensation and benefits) an employee receives.

1. Do you provide a total compensation statement to your employees that includes their wages or salary plus benefit costs?
___ Yes ___ No
2. If yes, how often do you provide a total compensation statement to your employees?
___ Annually ___ Bi-Annually ___ Some other period of time
3. What is the cost of all employer-provided and mandatory benefits for a journey line technician (formerly journeyman lineman) as a percentage of base pay? (Please include employer contributions to medical, dental, vision, pension plan, 401(k), LTD, short-term disability insurance, life insurance,

etc. as well as mandatory contributions to FICA, workers' compensation, unemployment insurance, uniforms, eyeglasses, etc. **DO NOT include** vacation/sick leave and/or PTO) _____%

BENEFIT PLANS - GENERAL

1. In the past two years, have you conducted an analysis of your overall benefits plan that resulted in specific changes? ___ Yes ___ No

IF YES: In which specific benefits area has your system implemented changes? (*check all that apply*).

___ Medical plan : Did you ___ Change deductibles and/or ___ Change plan offerings

___ 401(k) plan – Employer contributions: ___ Increase or ___ Decrease

___ Retirement benefits: ___ Increase or ___ Decrease

___ Other (specify)

Please provide details of the change(s) made:

Example: Increased our 401K contribution	Changed employer contribution from 3% match to 4% match

2. Do you anticipate any significant changes in your benefits package over the next two years?

___ Yes ___ No

IF YES: What changes do you anticipate? (*check all that apply*)

___ Medical plan: ___ Change deductible and/or ___ Change plan offerings

___ 401(k) plan – Employer contributions: ___ Increase or ___ Decrease

___ Retirement benefits: ___ Increase or ___ Decrease

___ Other _____

3. Do you already, or, in the next two years intend to offer a Consumer Driven Health Care (CDHP), plan? A CDHP typically defined as a “high deductible health plan” combined with a pre-tax account which employees can use to pay for eligible medical expenses.

___ Yes, already do ___ Yes, intend to ___ No

4. What type of medical plan or plans do you offer? *(Please only list plans that would be available for new employees, do not check legacy plans. Check all that apply)*

☐ HSA-qualified High Deductible Health Plan (HDHP)

☐ Preferred Provider Organization (PPO) Plan

☐ Health Maintenance Organization (HMO) Plan

☐ HMO-based Point of Service (POS) Plan

5. For which of the following, if any, do you offer employee reimbursement? *(check all that apply)*

☐ Deductibles ☐ System pays ☐ Out of pocket expenses ☐ None of these

6. Do you maintain employee-paid voluntary group programs for your employees? ☐ Yes ☐ No

IF YES: Which programs? *(check all that apply)*

☐ Life

☐ Dependent Life

☐ Supplemental Life

☐ Disease-specific Policy

☐ Accident Insurance

☐ AFLAC

☐ LTD/STD

☐ Long Term Care

☐ BTA (Business Travel

Accident?)

☐ Other _____

TIME OFF BENEFITS

1. How many holidays does your system provide your employees on an annual basis? *(This would include any floating holidays provided to employees).*

Do employees receive PTO days or vacation/sick leave each year?

☐ PTO ☐ Vacation/sick leave *(skip to vacation/sick leave section on nextpage – If your system offers both due to a change in plan*

If your system offers both due to a change in plans, please complete the section that represents the time off benefits offered to new employees just starting with the co-op”

2.

IF PTO: a. Do you have separate plans for union and non-union?

☐ Yes (do col 1 & 2) ☐ No (do col 3) ☐ No Union/Not applicable (do col 3)

	Union Employees	Non-Union Employees	All Employees
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1. Annual Accrual Schedule			
a. 1 year employee	_____ hrs	_____ hrs	_____ hrs
b. 5 year employee	_____ hrs	_____ hrs	_____ hrs
c. 10 year employee	_____ hrs	_____ hrs	_____ hrs
d. 15 year employee	_____ hrs	_____ hrs	_____ hrs
	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods/year ____)	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods/year ____)	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods/year ____)
2. # of Hours of Unused PTO that can be carried over to following year	_____ Hours	_____ Hours	_____ Hours
3. Are unused PTO hours paid:			
a. at retirement?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
b. at termination?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
c. at the end of the year?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No
d. Used to fund HRA at retirement?	_____ Yes _____ No	_____ Yes _____ No	_____ Yes _____ No

(if completed "PTO" section, go to "Life Insurance and Disability")

IF VACATION/SICK LEAVE: Do you have separate plans for union and non-union?

__ Yes (do col 1 & 2) __ No (do col 3) __ No Union/Not applicable (do col 3)

	Union Employees	Non-Union Employees	All Employees
1. Annual Accrual Schedule			
***** <u>VACATION</u> *****	_____		
a. 1 year employee	_____ hrs	_____ hrs	_____ hrs
b. 5 year employee	_____ hrs	_____ hrs	_____ hrs
c. 10 year employee	_____ hrs	_____ hrs	_____ hrs
d. 15 year employee	_____ hrs	_____ hrs	_____ hrs
***** <u>SICK LEAVE</u> *****	_____		
a. 1 year employee	_____ hrs	_____ hrs	_____ hrs
b. 5 year employees	_____ hrs	_____ hrs	_____ hrs

c. 10 year employee	__ hrs	_____ hrs	_____ hrs
d. 20 year employee	hrs	hrs	hrs
	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods /year ____)	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods /year ____)	Hrs Reported Are Per: __ Year __ Month __ Pay period (# of pay periods /year ____)
2. # of Hours that can be carried over to following year:			
--- Unused Vacation	_____ Hours	_____ Hours	_____ Hours
--- Unused Sick Leave	_____ Hours	_____ Hours	_____ Hours
3. Are unused days paid: ***** <i>VACATION</i> *****			
a. at retirement?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
b. at termination?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
c. at the end of the year?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
d. used to fund HRA at retirement?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
***** <i>SICK LEAVE</i> *****			
a. at retirement?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
b. at termination?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
c. at the end of the year?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
d. used to fund HRA at retirement?	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
When an employee leaves/retires, are there minimum requirements to receive accumulated sick leave? Such as age 55 or 10 years of service.	____ Yes ____ No	____ Yes ____ No	____ Yes ____ No
What are those minimum requirements? Age	_____	_____	_____
Years of Service	_____	_____	_____

3. Are you considering changing to a PTO Plan? ____ Yes ____ No

4. If yes, what would be your timeframe? _____ years

LIFE INSURANCE AND DISABILITY

1. Do you provide group life insurance?
_____ Yes → Benefit (# times salary) _____ 1X _____ 2X _____ 3X _____ Other _____
2. Do you provide optional child/spouse life insurance?
_____ Yes
3. If yes to Question 2; does your system pay any portion of the child/spouse insurance?
_____ % (if none, enter 0)
_____ Cost per \$10,000 coverage child
_____ Cost per \$10,000 coverage spouse
4. Do you provide short-term disability insurance?
_____ Yes
_____ No
IF YES: What portion of the short-term disability premium (if any) does your system pay?
_____ % (if none, enter 0)
_____ Cost per \$100 coverage
5. Do you provide long-term disability insurance? _____ Yes _____ No
IF YES:
 - a. What portion of the long-term disability premium (if any) does your system pay?
_____ % (if none, enter 0)
_____ Cost per \$100 coverage
 - b. What is your income replacement percentage for LTD? _____ %
 - c. What is your waiting period? _____ weeks
 - d. Can sick leave or PTO be used to provide income replacement during the LTD waiting period?
_____ Yes _____ No
 - e. Can sick leave or PTO be used to “top off” LTD benefits or do sick leave benefits stop when LTD begins? _____ Top Off _____ Benefits Stop
6. If an employee is on either short-term or long-term disability benefits, does your system subsidize their benefits such as medical, dental, retiree medical, etc.? _____ Yes _____ No
IF YES: At what percent does your system subsidize these other employee benefits? _____ %
For how long? _____ months (If the subsidy is different for short-term or long-term disability benefits, please indicate the difference.)

SECTION 125

1. Does your system offer a Section 125 Plan to employees? ____ Yes ____ No

IF YES: Which of the following do you allow to be included in your Section 125?
(check all that apply)

- ____ Dependent childcare
- ____ Out of pocket health care costs
- ____ Medical care premiums
- ____ Dental premiums
- ____ Vision premiums
- ____ Disability premiums
- ____ Life insurance
- ____ Disease-specific insurance (i.e. cancer insurance)
- ____ Other (specify) _____

MEDICAL/DENTAL/VISION PLANS

MEDICAL PLAN

1. Are the medical plans offered to your employees obtained through NRECA?
____ Yes (go to Q5) ____ No ____ Through NRECA and another vendor

Please answer the following questions for medical plans obtained from a vendor other than NRECA.

2. Please provide the following information for the medical plan(s) offered to your active employees. If your system offers one type of plan, fill out the information under Plan A. If your system offers two types of plans, fill out the information under both Plan A and Plan B, and so on. If your system offers more than four types of plans, provide information for the four plans in which the most employees participate.

What type of medical plan(s) does your system have for active employees? (*check all that apply*)

- ____ HMO
- ____ PPO
- ____ Indemnity
- ____ Point of Service (POS)
- ____ HDHP (Consumer Driven Health Care)
- ____ Other _____

(*answer questions 3 through 4 for each plan*)

- | | Individual | Family |
|--|------------|----------|
| 3. What is your deductible? (In-network): | \$ _____ | \$ _____ |
| 4. What is your out of pocket maximum?
(excluding deductible) | \$ _____ | \$ _____ |

PPO/HMO Plan

- | | Employee | Employee
Plus Spouse | Employee
Plus Children | Family |
|--|----------|-------------------------|---------------------------|----------|
| 5. What % of premium does your system pay? | _____ | _____ | _____ | _____ |
| 6. What is the dollar value that your system pays? | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

HDHP (Consumer Driven) Plan

7. What % of premium does your system pay? Employee Employee Plus Spouse Employee Plus Children Family

8. What is the dollar value that your system pays? \$ _____ \$ _____ \$ _____ \$ _____

9. What % of premium does your system pay? Employee Employee Plus Spouse Employee Plus Children Family

10. What is the dollar value that your system pays? \$ _____ \$ _____ \$ _____ \$ _____

11. Does your system contribute to a Health Savings Account (HSA) and/or a Health Reimbursement Arrangement (HRA) for your employees?

_____ Yes (Go to Question 12) _____ No _____ Both

12. What is the dollar value of the contribution to an HSA or HRA?

HSA

Employee Only
\$ _____

Employee plus Dependents
\$ _____

Other (Please specify) _____
\$ _____

HRA

Employee Only
\$ _____

Employee plus Dependents
\$ _____

_____ \$ _____

13. Do you offer retiree health insurance? _____ Yes _____ No

a. What portion of the premium, if any, is paid by your system? _____% (if none, enter 0)

b. Are there other “qualifying” features of this benefit, such as vesting? _____ Yes _____ No

c. Is your retiree coverage for () Pre- 65 ; () Over 65 or () Both

4. Do you offer your employees dental insurance? _____ Yes _____ No

IF YES: Cost of premium paid by your system for:

Employee: \$ _____

Employee & Spouse: \$ _____

Employees & Children: \$ _____

Family: \$ _____

5. Do you offer your employees vision insurance? _____ Yes _____ No

IF YES: Cost of premium paid by your system for:

Employee: \$ _____

Employee & Spouse: \$ _____

Employees & Children: \$ _____

Family: \$ _____

401(k)/DEFINED BENEFIT

401(k) PLAN

1. Does your system participate in a 401(k) Plan?

___ Yes ___ No (go to next section)

2. Is your 401(k) Plan obtained through NRECA?

___ Yes (go to next section) ___ No ___ Through NRECA and another vendor

Please answer the following questions for 401(k) plans obtained from a vendor other than NRECA.

3. Does your system contribute regardless of employee contributions (base contribution)?

___ Yes ___ No

IF YES: What is the base contribution? _____ % (if none, enter zero)

(represents amount system contributes even if employee contributes nothing)

4. What is the maximum percentage your system will match? _____ % *(if none, enter 0)*

5. If your system offers both a base contribution plus an employer match; what is the total percentage your system contributes to an employee 401K? _____ %

6. Are loans allowed? _____ Yes _____ No

7. IF YES: How many loans can an employee have outstanding at one time? _____

8. Are hardship withdrawals allowed? _____ Yes _____ No

9. Do you have a Safe Harbor plan? _____ Yes _____ No
(exempt from compliance testing)

DEFINED BENEFIT PLAN

10. Do you have a defined benefit retirement plan? ☐ Yes ☐ No

11. Is your defined benefit plan obtained through NRECA?

☐ Yes (go to Q17) ☐ No ☐ Through NRECA and another vendor

Please answer the following questions for defined benefit plans obtained from a vendor other than NRECA.

(Note: If your system has two different tiers of defined benefit plan because of grandfathering please note this and provide details of both).

12. What is your defined benefit level? (factor)

13. What is the current billing rate of your defined benefit pension plan (as a percentage of compensation).
 % *Example: 20% of base salary.*

14. Do you apply a COLA to your defined benefit plan? ☐ Yes ☐ No

15. Do you have 100% death benefit? ☐ Yes ☐ No

16. What is your normal retirement date? ☐ Age 62 ☐ Age 65
☐ 30 Years ☐ Age 62/30 years
Other (specify)

17. Does your system allow employees to quasi retire and continue to work?

☐ Yes ☐ No

18. Can employees receive a lump sum from the plan at retirement?

☐ Yes ☐ No

19. Do you plan on making any changes to your defined benefit plan within the next 12 months?

(freeze the benefits, eliminate the benefit for new hires, etc.)

☐ No ☐ Yes, Increase ☐ Yes, Decrease ☐ Yes, Freeze

BONUS & INCENTIVE PAY

A bonus program is different than an incentive plan. A bonus may be offered after a goal is accomplished. An incentive program is forward looking, and payment is tied to the achievement of specific objectives that are pre-determined and communicated to employees on the plan.

1. Which of the following bonus programs does your system offer? *(check all that apply)*

- ☐ Performance bonuses
- ☐ Team bonuses
- ☐ Project completion bonuses
- ☐ Employee recognition bonuses
- ☐ Holiday bonuses
- ☐ Hiring bonuses
- ☐ Safety programs/awards
- ☐ Annual cash payout for unused sick time
- ☐ Other bonus programs (specify) _____
- ☐ None

2. If your system offers bonuses, what is the average bonus payout in these various categories? *For example, our average holiday bonus is \$200.*

- \$ _____ Performance bonuses
- \$ _____ Project completion bonuses
- \$ _____ Employee recognition bonuses
- \$ _____ Holiday bonuses
- \$ _____ Hiring bonuses
- \$ _____ Safety programs/awards
- \$ _____ Annual cash payout for unused sick time
- \$ _____ Other bonus programs (specify) _____

Incentive pay is pay over and above base salary that is based on achieving specific performance targets. These cash payments are tied to results identified at the beginning of the performance cycle. Please list all types of incentive pay. DO NOT include general cost of living and/or merit increases.

Short-term incentive pay (based on achieving results within a 12-month period):

3. Did your system have a **short-term** incentive pay plan for employees for the last financial year?

_____ Yes (go to Q2) _____ No

4. To which job categories did the **short-term** incentive pay apply? What is the **average short-term** incentive pay out as a percentage of salary for the most recent financial year for the following job groups?

Job Category	Eligible for Long-Term Incentive Y/N	% of Salary
Sample Position	Y	7%
CEO		
Senior Staff (reports directly to CEO)		
Managers (reports directly to Senior Staff member – two levels down from CEO)		
Professional (Exempt employees)		
Non-Exempt (hourly) employees		

Long-Term Incentive pay (Based on achieving results beyond a 12-month period, e.g., 2 or 3 year goals):

5. Did your system have a **long-term** incentive pay plan for employees for the most recent financial year?

_____ Yes (go to Q4) _____ No

6. To which job classifications does the long-term incentive pay apply? What is the **average long-term** incentive pay out as a percentage of salary for the most recent financial year?

Job Category	Eligible for Long-Term Incentive Y/N	% of Salary
Sample Position	Y	7%
CEO		
Senior Staff (reports directly to CEO)		

Managers (reports directly to Senior Staff member – two levels down from CEO)		
Professional (Exempt employees)		
Non-Exempt (hourly) employees		

7. Does your system have a **system wide** incentive/goal sharing pay plan for employees for the most recent financial year? (All employees share in the incentive if the system meets certain goals?)

_____ Yes (go to Q6) _____ No

8. What was the **system wide** incentive/goal sharing payout out as a percentage of salary; in 2020?

Job Category	Eligible for Long-Term Incentive Y/N	% of Salary
Sample Position	Y	7%
CEO		
Senior Staff (reports directly to CEO)		
Managers (reports directly to Senior Staff member – two levels down from CEO)		
Professional (Exempt employees)		
Non-Exempt (hourly) employees		

9. If employees are eligible for short-term, long-term and/or system-wide incentive pay, are they also eligible for annual merit or cost of living increases? (*Check all that apply*)

_____ Merit _____ Cost-of-living ___ Neither

ADDITIONAL BENEFITS

1. Does your system provide any of the following amenities on-site or provide compensation for off-site programs? *(Check all that apply)*

☐ Child day care ☐ ATM ☐ Health Club/Fitness Center
☐ Cafeteria/food service ☐ Discount tickets to special events
☐ Wellness program (weight loss/smoking cessation, etc.)
☐ None ☐ Other, specify: _____

2. If any of the items in Question #1 are provided by your system; what is the value in dollars of the benefit provided? Example: \$200 for Health Club/Fitness Center.

☐ Child day care ☐ ATM ☐ Health Club/Fitness Center
☐ Cafeteria/food service ☐ Discount tickets to special events
☐ Wellness program (weight loss/smoking cessation, etc.)
☐ None ☐ Other, specify: _____

3. Does your system provide educational (tuition) assistance for: *(Educational assistance refers to courses taken at a college, trade school or professional association. For example; if an employee was taking courses to obtain their associate degree or to obtain their project management certification. Check all that apply)*

☐ Certifications? ☐ College Degree Program? ☐ Neither

4. If your system provides educational assistance what is the maximum amount per year an employee can receive in educational (tuition) assistance per calendar year?: *(Check all that apply)*

☐ Dollar Amount ☐ There is no limit

IF COLLEGE DEGREE PROGRAM:

1. Must the program be directly related to the employee's job? ☐ Yes ☐ No
2. Does the employee have to reimburse the system if they terminate/retire?
☐ Yes ☐ No

IF YES:

Is there an amount of time they must remain with the system in order to not be required to repay any of the funds?

____ Yes (how many years? _____) ____ No

Do they have to repay the full amount or a specific percentage?

____ Full amount ____ Pro-rated amount

5. Does your system provide a training allowance (non-degree programs or conferences) for employees?
Yes _____ No _____

6. If yes on Question 5; what are the annual training costs per employee at your system? (Total training and/or conference budget/number of employees at your system). \$ _____

7. Does your system provide an Employee Assistance Program (EAP)? ____ Yes ____ No

8. Does your system allow business casual attire? (“tie vs. no tie”)
____ All the time ____ Summer only ____ Fridays only ____ Never

9. Does your system allow casual attire (blue jeans, etc.)?
____ All the time ____ Summer only ____ Fridays only ____ Never

10. Does your system allow: *(Note: This question refers to flexible work policies pre-Covid)*

a. Job sharing? ____ Yes ____ No c. Remote Work ____ Yes ____ No
b. Flex time? ____ Yes ____ No d. Four 10-hour days ____ Yes ____ No
e. Other Alternative Work Schedules ____ Yes ____ No

11. Does your system have an employment contract with the following:

a. CEO? ____ Yes ____ No
b. Senior Management? ____ Yes ____ No

12. If your system has an employment contract with the following, what is the average contract term (in years).

a. CEO? _____
b. Senior Management? _____

13. What does your system provide for the following:

CEO: Is a vehicle provided? ____ Yes ____ No
Is there a monthly vehicle allowance? ____ Yes ____ No
If so, what is the vehicle allowance in dollars: \$ _____/month
Is there an allowance per mile? ____ Yes ____ No

Senior Management: Is a vehicle provided? ____ Yes ____ No
Is there a monthly vehicle allowance? ____ Yes ____ No

If so, what is the vehicle allowance in dollars: \$_____/month

Is there an allowance per mile? ____ Yes ____ No

Other Positions (please specify): _____

Is a vehicle provided? ____ Yes ____ No

Is there a monthly vehicle allowance? ____ Yes ____ No

If so, what is the vehicle allowance in dollars: \$_____/month

Is there an allowance per mile? ____ Yes ____ No

14. Does your system pay for relocation expenses? If yes; go to Q15. *(check all that apply)*
____ CEO ____ Senior Management ____ Other employees ____ None

15. What is the maximum your system will contribute to relocation expenses by job category?
____ CEO ____ Key staff ____ Other employees

16. Does your system have a deferred compensation program? *(For example, 457 Plan? check all that apply)*
____ CEO ____ Senior Management ____ Other employees ____ None

17. If your system has a deferred compensation program, how much does the system contribute to the plan on average on an annual basis?
\$____ CEO \$____ Senior Management \$____ Other employees ____ None

18. Does your system offer any of the following allowances?

a. Uniform	____ Yes	____ No
b. Tool	____ Yes	____ No
c. Boot	____ Yes	____ No
d. Safety glasses	____ Yes	____ No
e. Other (please specify)	_____	

19. Please list and provide a brief description of any other benefits not listed on this survey:

Contact Info: Name _____ Email _____ Phone number _____