



Title and Total Compensation Introduction of Benefits Preferences Survey

What is the Benefits Preferences Survey?

An additional aspect of the Title and Total Compensation Study designed to assess faculty and staff opinions regarding the benefit program offerings available to UW System and UW-Madison employees. The results of this survey will be used to evaluate employee benefit preferences and whether or not programs are meeting employees' diverse needs.

Who will be surveyed?

All full-time benefits eligible employees will have the opportunity to participate in the survey.

When will this happen?

The target survey dates are November 26, 2018 – December 14, 2018. Results delivered February, 2019.

How will the survey be administered?

Mercer Consulting will partner with UW System and UW-Madison to administer the survey electronically through a secure site that allows respondents to complete the survey anonymously.

Why is this being done?

To provide faculty and staff the opportunity to communicate their preferences and satisfaction with current benefits and share their desire for potential trade-off of benefits elements.

What are the potential benefits of the Survey?

- Baseline measure of faculty & staff satisfaction with the UW System's total benefits offering
- Respondent preferences for different benefit elements, including the overall perceived value of these elements, as well as potential trade-offs respondents may deem desirable
- Side-by-side comparison of the perceived importance *and* satisfaction with benefits elements to assess the overall alignment between what the UW System/State of Wisconsin offers and the preferences of faculty and staff.
- Segmented results by respondent group (e.g., faculty, staff, level or seniority) and demographics (e.g., age, length of service) to determine how opinion varies across the institutions.

Will the results be shared? Yes.

What are the next steps?

Communication tool kits will be developed and dates will be shared with employees at each institution through the CHRO/HR Director starting in September.

SAMPLE

Sample Survey of Employee Benefits Preferences

XYZ Co Benefits Survey

Your Benefits

For the following section, please select the answer that best describes your experience or opinion.

- Thinking back to when you first joined the company, which benefits did you find most valuable? Now that you have been here for some period of time, which benefits are the most valuable to you today? Please select the top THREE items in each column. Be sure to read the entire list before making your selections.

Most valuable initially		Most valuable today
<input type="checkbox"/>	401(k) Plan	<input type="checkbox"/>
<input type="checkbox"/>	Dental coverage	<input type="checkbox"/>
<input type="checkbox"/>	Educational assistance program (i.e., tuition reimbursement)	<input type="checkbox"/>
<input type="checkbox"/>	Financial education program (i.e., Ayco)	<input type="checkbox"/>
<input type="checkbox"/>	Flexible Work Arrangements (e.g., compressed work week, flextime)	<input type="checkbox"/>
<input type="checkbox"/>	Life insurance	<input type="checkbox"/>
<input type="checkbox"/>	Medical coverage (including prescription drugs)	<input type="checkbox"/>
<input type="checkbox"/>	Pension Plan	<input type="checkbox"/>
<input type="checkbox"/>	Short-Term and Long-Term Disability programs	<input type="checkbox"/>
<input type="checkbox"/>	Sick/Personal Days	<input type="checkbox"/>
<input type="checkbox"/>	Retiree medical (i.e., RHRA or soft cap)	<input type="checkbox"/>
<input type="checkbox"/>	Vacation time	<input type="checkbox"/>
<input type="checkbox"/>	Wellness programs	<input type="checkbox"/>

Value of Benefits

- Please indicate how valuable the following benefits are to you personally (including to your family, as applicable). While each of these benefits is likely to be valuable to you, these questions are designed to help us better understand if certain programs are of significantly greater value to you personally. Please note that we are NOT asking you to evaluate your satisfaction with these benefits, just how valuable they are to you personally.

For each question in this section, please select the ONE item that is most valuable and the ONE item that is least valuable to you personally, as shown in the EXAMPLE below.

EXAMPLE

Most valuable		Least valuable
X	Vacation time	
	Life Insurance	
	Dental coverage	X
	401(k)/Plan	

Please be sure to answer all questions in this section even though the questions may seem repetitive. The format is designed specifically to measure the value you place on different types of benefits.

a.

Most Valuable		Least Valuable
<input type="checkbox"/>	Wellness programs	<input type="checkbox"/>
<input type="checkbox"/>	401(k) Plan	<input type="checkbox"/>
<input type="checkbox"/>	Educational assistance program (i.e., tuition reimbursement)	<input type="checkbox"/>
<input type="checkbox"/>	Short-Term and Long-Term Disability programs	<input type="checkbox"/>

b.

Most Valuable		Least Valuable
<input type="checkbox"/>	401(k) Plan	<input type="checkbox"/>
<input type="checkbox"/>	Dental coverage	<input type="checkbox"/>
<input type="checkbox"/>	Financial education program (i.e., Ayco)	<input type="checkbox"/>
<input type="checkbox"/>	Sick / Personal Days	<input type="checkbox"/>

Your Benefits (continued)

Please indicate the degree to which you agree or disagree with the following statements.

	Strongly Disagree				
	Disagree				
	Neither Agree nor Disagree				
	Agree				
	Strongly Agree				
2. XYZ Co's benefits as a whole are as good as, or better than, the benefits offered by other companies in the local marketplace.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The benefits offerings played a significant role in my decision to work at XYZ Co.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The overall amount I pay for medical and prescription drug coverage (payroll deductions plus out-of-pocket expenses like deductibles and coinsurance) is reasonable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would like to reduce the value of some benefits I receive in order to increase the value of other benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The benefits offered by XYZ Co meet my needs (including those of my dependents, if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I can easily find answers to questions I have about my XYZ Co benefits.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. XYZ Co does a good job communicating benefits information to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Please rate your current satisfaction level with each of the following:

	Not Applicable/Cannot Rate						
	Very Dissatisfied						
	Dissatisfied						
	Neither Satisfied nor Dissatisfied						
	Satisfied						
	Very Satisfied						
a. 401(k) Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Dental coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Educational assistance program (i.e., tuition reimbursement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Employee Assistance Programs (EAP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Financial education program (i.e., Ayco)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Flexible Spending Accounts (Dependent Care & Health Care)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Flexible Work Arrangements (e.g., compressed work week, flextime)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Life insurance (e.g., group term or group variable life insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Medical coverage (including prescription drugs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Pension Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Short-Term and Long-Term Disability programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Sick/Personal days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Retiree medical (i.e., RHRA or soft cap)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Vacation time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Vision coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Wellness programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAMPLE