



2019

Benefits Practices in Hospitals and Health Systems Survey Report

2019

**BENEFITS
PRACTICES IN
HOSPITALS AND
HEALTH SYSTEMS
SURVEY REPORT**

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LICENSE AGREEMENT

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SECTION I:

INTRODUCTION

INTRODUCTION

SullivanCotter, Inc. (SullivanCotter) is pleased to present the 2019 *Benefits Practices in Hospitals and Health Systems Survey Report*, now in its eighth edition. Survey participants submitted data from January 2019 to April 2019 for the current plan year. Data were reported by 177 health care organizations across the United States. The survey participants are listed in appendix A.

SullivanCotter ensures that all organization-specific data remain strictly confidential. While individual organization names appear in the survey participant list, no correlation to an organization's data is provided.

The executive benefits, physician benefits and employee benefits sections are only available to survey participants who completed the corresponding sections of the 2019 *Benefits Practices in Hospitals and Health Systems Survey*. Survey participants who did not complete a section receive a survey report excluding the corresponding section.

All copies of the survey report include section I and II; section II includes the characteristics of all organizations that participated in the survey and is not customized for section-specific copies.

For more information on the full report, including how to purchase any additional sections, email the Center for Information, Analytics and Insights at surveys@sullivancotter.com.

This report is organized into six sections:

Section I presents general information regarding this survey report.

Section II presents general survey participant characteristics.

Section III presents executive benefits practices for organizations with benefits provisions that are unique to executives, including supplemental retirement and nonqualified deferred compensation (NQDC) plans, supplemental benefits, perquisites, severance policies, paid time off (PTO) and vacation, short-term disability (STD), long-term disability (LTD) and life insurance.

Section IV presents physician benefits practices for organizations with benefits provisions that are unique to physicians, including supplemental retirement and NQDC plans, compensation approaches, continuing medical education (CME), supplemental benefits, perquisites, severance policies, PTO and vacation, STD, LTD and life insurance.

Section V presents employee benefits practices, including benefits eligibility, retirement, supplemental benefits, severance policies, PTO and vacation, STD, LTD, life insurance, medical plans, prescription drug benefits, health improvement programs and dental plans.

Section VI presents national employee benefits data tables.

INTRODUCTION

The following guidelines are used in this report:

- Data that are insufficient to include in the report are noted in tables as *isd*. Conditions for insufficient data include the following:
 - When fewer than five organizations provided data.
- All benefits data reflect survey participants' current-year plans.
- Participant counts (n) listed are based on the number of organizations that responded to each corresponding question unless otherwise noted.

SECTION II:

CHARACTERISTICS
OF SURVEY
PARTICIPANTS

CHARACTERISTICS OF SURVEY PARTICIPANTS

ORGANIZATION CLASSIFICATION

TABLE 2.1 – Organization Type

Organization Type			
Type	Independent or Affiliated (n = 163)	Owned (n = 14)	All Organizations (n = 177)
Multiple Hospital System	63%	29%	60%
Single Hospital System	17%	14%	17%
Acute Care Hospital	16%	50%	18%
Medical Group	2%	7%	3%
Other	2%	0%	2%

SIZE AND SCOPE

TABLE 2.2 – Financial and Operating Measures

Financial and Operating Measures					
Measure	n	25th Percentile	Mean	Median	75th Percentile
Net Revenue ⁽¹⁾	177				
Full-Time Equivalent Employees	177				
Employed Physicians	173				

⁽¹⁾Net revenue is displayed in millions.

SECTION III:
EXECUTIVE
BENEFITS

EXECUTIVE BENEFITS

SUPPLEMENTAL RETIREMENT AND NONQUALIFIED DEFERRED COMPENSATION PLANS

TABLE 3.1 – Prevalence of Organizations That Sponsor Programs Permitting Voluntary Deferrals

Prevalence of Organizations That Sponsor Programs Permitting Voluntary Deferrals	
Status	Percentage
Sponsor Programs	
Do Not Sponsor Any Program	
Considering Sponsoring Programs	
n = 162	

TABLE 3.2 – Prevalence of Plan Types When Voluntary Deferrals Permitted

Prevalence of Plan Types When Voluntary Deferrals Permitted ⁽¹⁾		
Plan Type	n	Percentage
457(b) Plan	149	
Other Supplemental Retirement or NQDC Arrangement	147	
⁽¹⁾ Reported data only include organizations that sponsor programs permitting voluntary deferrals. Note: Percentages will not add to 100% due to multiple response categories.		

TABLE 3.3 – Prevalence of Organizations That Sponsor Programs Providing Employer Contributions or Accruals

Prevalence of Organizations That Sponsor Programs Providing Employer Contributions or Accruals	
Status	Percentage
Sponsor Programs	
Do Not Sponsor Any Program	
Considering Sponsoring Programs	
n = 162	

TABLE 3.4 – Prevalence of Organizations Providing Employer Contributions to 457(b) Plans

Prevalence of Organizations Providing Employer Contributions to 457(b) Plans ⁽¹⁾	
Status	Percentage
Provide Employer Contributions	
Do Not Provide Employer Contributions	
n = 123	
⁽¹⁾ Reported data only include organizations that sponsor programs providing employer contributions or accruals in supplemental retirement and NQDC plans.	

TABLE 3.5 – Prevalence of Organizations That Use a Plan Structure With Life Insurance Policies

Prevalence of Organizations That Use a Plan Structure With Life Insurance Policies ⁽¹⁾	
Status	Percentage
Use a Plan Structure With Life Insurance Policies	
Do Not Use a Plan Structure With Life Insurance Policies	
n = 120	
⁽¹⁾ Reported data only include organizations that sponsor programs providing employer contributions or accruals in supplemental retirement and NQDC plans.	

SECTION IV:
PHYSICIAN
BENEFITS

PHYSICIAN BENEFITS

SUPPLEMENTAL RETIREMENT AND NONQUALIFIED DEFERRED COMPENSATION PLANS

TABLE 4.1 – Prevalence of Organizations That Sponsor Programs Permitting Voluntary Deferrals

Prevalence of Organizations That Sponsor Programs Permitting Voluntary Deferrals	
Status	Percentage
Sponsor Programs	
Do Not Sponsor Any Program	
Considering Sponsoring Programs	
n = 120	

TABLE 4.2 – Prevalence of Plan Types When Voluntary Deferrals Permitted

Prevalence of Plan Types When Voluntary Deferrals Permitted ⁽¹⁾		
Plan Type	n	Percentage
457(b) Plan	67	
Other Supplemental Retirement or NQDC Arrangement	27	
⁽¹⁾ Reported data only include organizations that sponsor programs permitting voluntary deferrals. Note: Percentages will not add to 100% due to multiple response categories.		

TABLE 4.3 – Prevalence of Organizations That Sponsor Programs Providing Employer Contributions or Accruals

Prevalence of Organizations That Sponsor Programs Providing Employer Contributions or Accruals	
Status	Percentage
Sponsor Programs	
Do Not Sponsor Any Program	
Considering Sponsoring Programs	
n = 119	

TABLE 4.4 – Prevalence of Organizations Providing Employer Contributions to 457(b) Plans

Prevalence of Organizations Providing Employer Contributions to 457(b) Plans ⁽¹⁾	
Status	Percentage
Provide Employer Contributions	
Do Not Provide Employer Contributions	
n = 65	
⁽¹⁾ Reported data only include organizations that sponsor programs providing employer contributions or accruals in supplemental retirement and NQDC plans.	

TABLE 4.5 – Prevalence of Organizations That Use a Plan Structure With Life Insurance Policies

Prevalence of Organizations That Use a Plan Structure With Life Insurance Policies ⁽¹⁾	
Status	Percentage
Use a Plan Structure With Life Insurance Policies	
Do Not Use a Plan Structure With Life Insurance Policies	
n = 27	
⁽¹⁾ Reported data only include organizations that sponsor programs providing employer contributions or accruals in supplemental retirement and NQDC plans.	

SECTION V:
EMPLOYEE
BENEFITS

EMPLOYEE BENEFITS

BENEFITS ELIGIBILITY AND OFFERINGS

TABLE 5.1 – Employee Benefits at Affiliated Non-Hospital Organizations Compared to Parent Organization

Employee Benefits at Affiliated Non-Hospital Organizations Compared to Parent Organization	
Status	Percentage
Affiliated Organizations Have Substantially the Same Benefits	
Some or All Affiliated Organizations Have Different Benefits	
n = 77	

TABLE 5.2 – Comparison of Benefits of Employee Groups

Comparison of Benefits of Employee Groups ⁽¹⁾				
Employee Group	n	Less Generous Benefits	Same Benefits	More Generous Benefits
Home Care Employees	0	isd	isd	isd
Hospice Care Employees	0	isd	isd	isd
For-Profit Subsidiary or Affiliate	1	isd	isd	isd
Medical Group Advanced Practice Providers	1	isd	isd	isd
Medical Group Physicians	0	isd	isd	isd
Nursing Home or Long-Term Care Employees	1	isd	isd	isd
Other Medical Group Staff ⁽²⁾	0	isd	isd	isd
Religious Staff	0	isd	isd	isd

⁽¹⁾Reported data only include organizations with affiliated non-hospital organizations that have different benefits for their employees.
⁽²⁾Other medical group staff includes registered nurses and medical assistants.

BENEFITS REQUIREMENTS

TABLE 5.3 – Length of Employment Criteria for Benefits – Full-Time Employees

Length of Employment Criteria for Benefits – Full-Time Employees ⁽¹⁾						
Benefit	n	Immediate Eligibility	First Day of the Month Following Hire	30 Days	More Than 30 Days	Benefit Not Offered
Defined Contribution Plan Employee Deferrals	73					
PTO	71					
Defined Contribution Plan Employer Contributions	71					
Defined Benefit Plan	66					
Health Insurance	75					
Life and Accidental Death and Dismemberment Insurance	71					
STD or Salary Continuation	72					
LTD	72					

⁽¹⁾Reported data only include organizations with affiliated non-hospital organizations that have different benefits for their employees.

SECTION VI:
EMPLOYEE
BENEFITS DATA
TABLES

EMPLOYEE BENEFITS DATA TABLES

TABLE 6.1 – Medical Plan Monthly Premiums

Medical Plan Monthly Premiums									
Plan Type	n	Employee Only				Employee + Family			
		25th %ile	Mean	Median	75th %ile	25th %ile	Mean	Median	75th %ile
PPO/POS Plan	43								
HMO/EPO Plan	17								
CDHP/HDHP	18								

TABLE 6.2 – Medical Plan Monthly Contributions – Full-Time Employees

Medical Plan Monthly Contributions – Full-Time Employees									
Plan Type	n	Employee Only				Employee + Family			
		25th %ile	Mean	Median	75th %ile	25th %ile	Mean	Median	75th %ile
PPO/POS Plan	46								
HMO/EPO Plan	18								
CDHP/HDHP	18								

TABLE 6.3 – Medical Plan Monthly Contributions – Part-Time Employees

Medical Plan Monthly Contributions – Part-Time Employees									
Plan Type	n	Employee Only				Employee + Family			
		25th %ile	Mean	Median	75th %ile	25th %ile	Mean	Median	75th %ile
PPO/POS Plan	46								
HMO/EPO Plan	16								
CDHP/HDHP	16								

TABLE 6.4 – Medical Plan Monthly Contributions as a Percentage of Premium – Full-Time Employees

Medical Plan Monthly Contributions as a Percentage of Premium – Full-Time Employees									
Plan Type	n	Employee Only				Employee + Family			
		25th %ile	Mean	Median	75th %ile	25th %ile	Mean	Median	75th %ile
PPO/POS Plan	43								
HMO/EPO Plan	17								
CDHP/HDHP	16								

TABLE 6.5 – Medical Plan Monthly Contributions as a Percentage of Premium – Part-Time Employees

Medical Plan Monthly Contributions as a Percentage of Premium – Part-Time Employees									
Plan Type	n	Employee Only				Employee + Family			
		25th %ile	Mean	Median	75th %ile	25th %ile	Mean	Median	75th %ile
PPO/POS Plan	41								
HMO/EPO Plan	16								
CDHP/HDHP	15								

APPENDIX A:

SURVEY

PARTICIPANTS

SURVEY PARTICIPANTS

ORGANIZATION	CITY	STATE
Advocate Health Care	Downers Grove	IL
Agnesian HealthCare	Fond du Lac	WI
Akron Children's Hospital	Akron	OH
Allina Health System	Minneapolis	MN
Anne Arundel Health System	Annapolis	MD
Ascension Health	St. Louis	MO
Aspen Valley Hospital	Aspen	CO
Aspirus	Wausau	WI
Atrium Health	Charlotte	NC
Avera Health	Sioux Falls	SD
Banner Health	Phoenix	AZ
Baptist Health	Louisville	KY
BayCare Health System	Clearwater	FL
Baystate Health	Springfield	MA
Beaumont Health	Troy	MI
Benefis Health System	Great Falls	MT
Billings Clinic	Billings	MT
Blanchard Valley Health System	Findlay	OH
Boston Children's Hospital	Boston	MA
Boston Medical Center	Boston	MA
Broadlawns Medical Center	Des Moines	IA
Bryan Health	Lincoln	NE
Butler Health System	Butler	PA
Cambridge Health Alliance	Cambridge	MA
Care New England Health System	Providence	RI
Carilion Clinic	Roanoke	VA
CaroMont Health	Gastonia	NC
Catholic Health Initiatives	Englewood	CO
Catholic Health Services of Long Island	Rockville Centre	NY
Cedars-Sinai Health System	Los Angeles	CA
Centegra Health System	Crystal Lake	IL
CentraCare Health	St. Cloud	MN
Centra Health	Lynchburg	VA
ChenMed	Miami Gardens	FL
Children's Healthcare of Atlanta	Atlanta	GA

SURVEY PARTICIPANTS

ORGANIZATION	CITY	STATE
Children's Health System of Texas	Dallas	TX
Children's Hospital and Health System	Milwaukee	WI
Children's Hospital Colorado	Aurora	CO
Children's Hospital & Medical Center	Omaha	NE
Children's Hospitals and Clinics of Minnesota	Minneapolis	MN
Children's Mercy Kansas City	Kansas City	MO
Children's National Health System	Washington	DC
CHOC Children's	Orange	CA
Circle Health	Lowell	MA
Cleveland Clinic Indian River Hospital	Vero Beach	FL
Community Health Network	Indianapolis	IN
Cone Health	Greensboro	NC
Connecticut Children's Medical Center	Hartford	CT
Cook Children's Health Care System	Fort Worth	TX
Dana-Farber Cancer Institute	Boston	MA
Deaconess Health System	Evansville	IN
Dignity Health	San Francisco	CA
Einstein Healthcare Network	Philadelphia	PA
Emerson Hospital	Concord	MA
Essentia Health	Duluth	MN
Fairfield Medical Center	Lancaster	OH
Fairview Health Services	Minneapolis	MN
Forrest General Hospital	Hattiesburg	MS
Franciscan Health	Mishawaka	IN
Froedtert Health	Milwaukee	WI
Geisinger Health	Danville	PA
Genesis HealthCare System	Zanesville	OH
Greater Baltimore Medical Center	Baltimore	MD
Gundersen Health System	La Crosse	WI
Hackensack Meridian Health	Edison	NJ
Hartford HealthCare	Hartford	CT
HCA Healthcare	Nashville	TN
HealthPartners	Bloomington	MN
Hennepin Healthcare System	Minneapolis	MN
Holland Hospital	Holland	MI

SURVEY PARTICIPANTS

ORGANIZATION	CITY	STATE
Hospital for Special Surgery	New York	NY
Indiana University Health	Indianapolis	IN
Infirmity Health System	Mobile	AL
Inova Health System	Falls Church	VA
Inspira Health Network	Mullica Hill	NJ
INTEGRIS Health	Oklahoma City	OK
Intermountain Healthcare	Salt Lake City	UT
Jefferson Health	Philadelphia	PA
John Muir Health	Walnut Creek	CA
Kearney Regional Medical Center	Kearney	NE
La Rabida Children's Hospital	Chicago	IL
Lifespan	Providence	RI
LMH Health	Lawrence	KS
Maimonides Medical Center	Brooklyn	NY
MaineHealth	Portland	ME
Maine Medical Center	Portland	ME
Marshfield Clinic	Marshfield	WI
Massachusetts Eye and Ear	Boston	MA
Mayo Clinic – Corporate	Rochester	MN
McLaren Health Care	Flint	MI
McLeod Health	Florence	SC
Medical College of Wisconsin	Milwaukee	WI
MediSys Health Network	Jamaica	NY
MelroseWakefield Healthcare	Melrose	MA
MemorialCare Health System	Fountain Valley	CA
Memorial Health System	Springfield	IL
Memorial Sloan Kettering Cancer Center	New York	NY
Mercy	Chesterfield	MO
Mercy Iowa City	Iowa City	IA
Meridian Health Services	Muncie	IN
Methodist Le Bonheur Healthcare	Memphis	TN
Metro Health	Wyoming	MI
Metropolitan Jewish Health System	Brooklyn	NY
MidMichigan Health	Midland	MI
Montefiore Hospital	Bronx	NY

SURVEY PARTICIPANTS

ORGANIZATION	CITY	STATE
Morris Hospital & Healthcare Centers	Morris	IL
Munson Healthcare	Traverse City	MI
Nationwide Children's Hospital	Columbus	OH
New Hanover Regional Medical Center	Wilmington	NC
Nicklaus Children's Health System	Miami	FL
North Memorial Health Care	Robbinsdale	MN
Northwestern Memorial HealthCare	Chicago	IL
Northwest Permanente	Portland	OR
NYU Langone Health	New York	NY
OhioHealth	Columbus	OH
Olmsted Medical Center	Rochester	MN
OSF HealthCare	Peoria	IL
Parkview Health	Fort Wayne	IN
Phoenix Children's Hospital	Phoenix	AZ
Piedmont Healthcare	Atlanta	GA
Presence Health	Chicago	IL
ProMedica	Toledo	OH
Providence St. Joseph Health	Renton	WA
Rady Children's Hospital-San Diego	San Diego	CA
Renown Health	Reno	NV
Rush-Copley Medical Center	Aurora	IL
Rush University Medical Center	Chicago	IL
RWJBarnabas Health	West Orange	NJ
Saint Luke's Health System	Kansas City	MO
Saint Peter's Healthcare System	New Brunswick	NJ
Sarasota Memorial Health Care System	Sarasota	FL
Seattle Children's	Seattle	WA
Sentara Healthcare	Norfolk	VA
Sharp HealthCare	San Diego	CA
Shepherd Center	Atlanta	GA
Sinai Health System	Chicago	IL
Southcentral Foundation	Anchorage	AK
Southcoast Health System	New Bedford	MA
Southern California Permanente Medical Group	Pasadena	CA
Southern Illinois Healthcare	Carbondale	IL

SURVEY PARTICIPANTS

ORGANIZATION	CITY	STATE
South Shore Hospital	South Weymouth	MA
Sparrow Health System	Lansing	MI
Spectrum Health	Grand Rapids	MI
SSM Health	St. Louis	MO
St. Elizabeth Healthcare	Edgewood	KY
St. Jude Children's Research Hospital	Memphis	TN
Sutter Health	Roseville	CA
Texas Children's Hospital	Houston	TX
The Carle Foundation	Urbana	IL
The Christ Hospital	Cincinnati	OH
The Guthrie Clinic	Sayre	PA
The Queen's Health Systems	Honolulu	HI
The Southeast Permanente Medical Group	Atlanta	GA
Tower Health	West Reading	PA
Trinity Health	Livonia	MI
Tufts Medical Center Physicians Organization	Boston	MA
UNC Health Care	Chapel Hill	NC
UNC Rex Healthcare	Raleigh	NC
Union Hospital	Elkton	MD
UnityPoint Health	West Des Moines	IA
University Hospitals and Health System	Cleveland	OH
University of Wisconsin Hospital and Clinics	Madison	WI
UPMC	Pittsburgh	PA
UVA Health System	Charlottesville	VA
UVM Health Network	Burlington	VT
Vail Health Hospital	Vail	CO
Valley Children's Healthcare	Madera	CA
Valley Health System	Ridgewood	NJ
Vanderbilt University Medical Center	Nashville	TN
Virginia Mason Medical Center	Seattle	WA
WakeMed Health & Hospitals	Raleigh	NC
Wellforce	Burlington	MA
WellStar Health System	Marietta	GA
Wentworth-Douglass Hospital	Dover	NH
Woman's Hospital	Baton Rouge	LA

SURVEY PARTICIPANTS

ORGANIZATION

CITY

STATE

WVU Medicine

Fairmont

WV

Yale New Haven Health System

New Haven

CT

APPENDIX B:

TERMS AND

DEFINITIONS

APPENDIX C:

ABOUT

SULLIVANCOTTER

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SullivanCotter partners with health care and other not-for-profit organizations to drive performance and improve outcomes through the development and implementation of integrated workforce strategies. Using our time-tested methodologies and industry-leading research and information, we provide data-driven insights and expertise to help organizations align business strategy and performance objectives – enabling our clients to deliver on their mission, vision and values.

For more information, visit www.sullivancotter.com or call 888.739.7039.

SullivanCotter has offices in Atlanta, Boston, Chicago, Denver, Detroit, Eau Claire, Minneapolis, New York, Parsippany, Philadelphia, Pittsburgh and San Francisco.