



CHRISTIAN ALLIANCE FOR BENEFITS®

2022 Employee Benefits Benchmark Study

ABOUT THE CHRISTIAN ALLIANCE FOR BENEFITS® (CAB)

Our Numbers*

together our light shines brighter and our mission grows stronger



members in...
50+ nations



1,275+
enrolled
members



23
participating
ministries



\$6.6+M
annual
premium

*as of April 1, 2022

Group Healthcare and Benefit solutions for the Body of Christ:

Managed by Insurance Office of America (IOA), the CAB was formed by representatives of like-minded employers who together sought to enhance the ability of their organizations to provide excellent, sustainable, competitive employee benefit programs that exemplify quality, stewardship, integrity, and unity. Over the years the CAB's participating organizations have benefited from meaningful financial savings, exceptional benefit structure and unmatched rate stability - *together our light shines brighter and our mission grows stronger.*

Better care for missionaries

By leveraging enterprise capabilities and local market knowledge, we help staff enjoy better health care experiences, wherever their mission takes them. We leverage a global network serving over 7 million members with medical access, assistance, security, and intelligence services in established as well as remote and challenging locations.

Better value for Christian ministries

Together, we serve mission agencies, churches, para-church organizations, Christian businesses, and Christian schools throughout the United States. By harnessing global capabilities together with local market understanding, we are advancing local health care access, affordability, and outcomes by leveraging foundational enterprise competencies in data analytics, technology, and clinical insights.

Each of the CAB's comprehensive plans include access to industry leading global capabilities and resources to help ensure no matter where the journey may take you, your benefits will travel with you.

HEALTH SERVICES

- Screenings physicals and vaccinations
- Virtual visits for medical and mental health
- Condition management programs
- Treatment monitoring and updates

WELLNESS

- Wellness tracking applications and coaching
- Behavioral health resources
- Employee assistance programs

ASSISTANCE & SECURITY

- Evacuation and repatriation
- Emergency travel assistance
- Legal, compliance, visa support
- Provider referrals

INTELLEGENCE

- Medical and security intelligence
- Alerts and notifications

2022 EMPLOYEE BENEFITS BENCHMARK STUDY

As passionate followers of Jesus Christ, the CAB community seeks to love, support and built-up those that have been called into HR, Benefits, and other leadership roles within the Christian employers they serve. The CAB's annual Employee Benefits Benchmark Study serves as a valuable tool to equip our community with industry leading insights to better understand the unique employee benefit trends, needs and strategies deployed within the faith community.

We pray these insights bless you and your team as you continue to pursue optimized stewardship of your employee benefits program.

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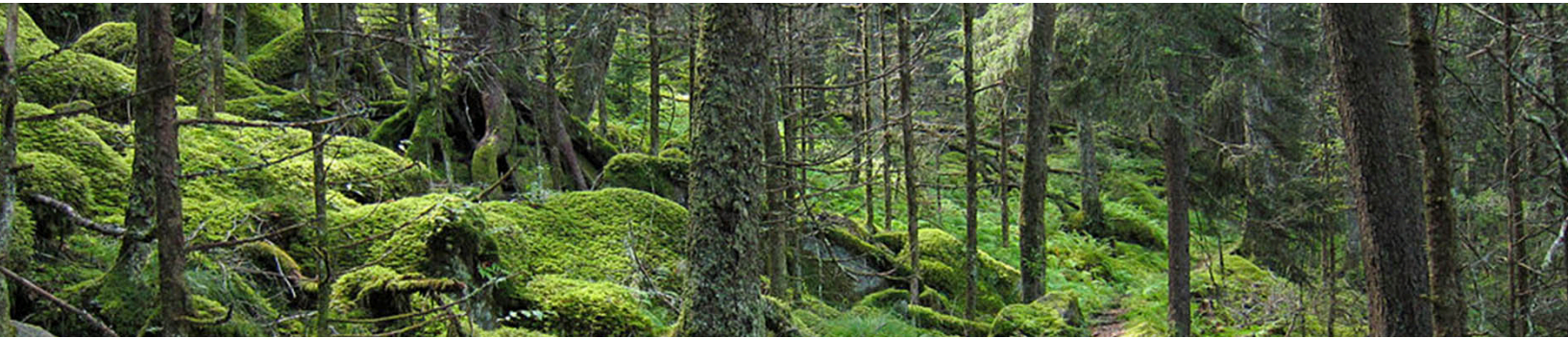
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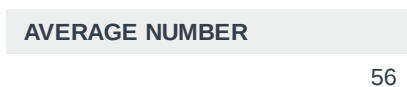
SECTION 1 | RESPONDENT PROFILE



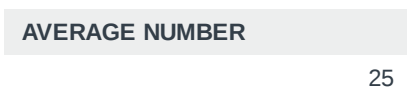
Question 1 | Which of the following best describes your organization?

| ANSWER CHOICES | RESPONSES |
|--------------------------|-----------|
| Church | 18.18% |
| Mission Agency | 45.45% |
| Christian Education | 0.00% |
| Para-Church Organization | 18.18% |
| Christian Business | 9.09% |
| Other (please specify) | 9.09% |
| TOTAL | |

Question 2 | How many benefits eligible domestic/US-based employees are at your organization?



Question 3 | How many benefits eligible international/expat employees are at your organization?



Question 4 | In what state or U.S. territory is your organization currently headquartered?

Arizona
9.09%



Colorado
36.36%

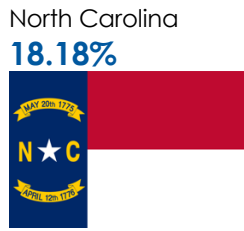


Georgia
9.09%



Idaho
9.09%





Question 5 | What is your new hire waiting period?

| ANSWER CHOICES | RESPONSES |
|---|-----------|
| Date of hire | 54.55% |
| 1st of the month following DOH | 18.18% |
| 1st of the month following 30 days of DOH | 18.18% |
| 1st of the month following 60 days DOH | 0.00% |
| 1st of the month following 90 days DOH | 0.00% |
| Other (please specify) | 9.09% |
| TOTAL | |

Question 6 | What is your organization's minimum # of hours/week for benefits eligibility?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| 20 hrs./week | 0.00% |
| 30 hrs./week | 45.45% |
| 40 hrs./week | 45.45% |
| Other (please specify) | 9.09% |
| TOTAL | |

SECTION 2 | HEALTHCARE/RX



Question 7 | Which best describes the type of healthcare plan your organization offers?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| Fully-Insured | 62.50% |
| Level-Funded | 25.00% |
| Self-Funded | 12.50% |
| Healthcare Sharing | 0.00% |
| Other (please specify) | 0.00% |
| TOTAL | |

Question 8 | Does your organization offer international healthcare to expats and/or missionaries?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 50.00% |
| No | 50.00% |
| TOTAL | |

Question 9 | Which healthcare administrator OR insurance company do you currently utilize?

| ANSWER CHOICES | RESPONSES |
|--|-----------|
| Cigna | 12.50% |
| UnitedHealthcare UMR | 0.00% |
| Aetna | 37.50% |
| Kaiser Permanente | 0.00% |
| Anthem Blue Cross Blue Shield (BCBS) | 25.00% |
| Humana | 0.00% |
| Healthcare Sharing | 0.00% |
| Other (please specify) | 25.00% |

Question 10 | On a scale of 1 to 5 please rate your level of satisfaction with your current healthcare administrator or insurance company.

| VERY DISSATISFIED | DISSATISFIED | NEUTRAL | HAPPY | VERY HAPPY |
|-------------------|--------------|---------|--------|------------|
| 12.50% | 12.50% | 12.50% | 50.00% | 12.50% |

Question 11 | On a scale of 1 to 5 please rate your level of satisfaction with your current healthcare plan(s).

| VERY DISSATISFIED | DISSATISFIED | NEUTRAL | HAPPY | VERY HAPPY |
|-------------------|--------------|---------|--------|------------|
| 12.50% | 0.00% | 12.50% | 62.50% | 12.50% |

Question 12 | How many healthcare plan options does your organization offer?

| AVERAGE NUMBER |
|----------------|
| 3 |

Question 13 | Of the healthcare plans you offer, which best describes your plan type?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| PPO | 62.50% |
| HSA | 62.50% |
| HMO/EPO | 0.00% |
| Healthcare Sharing | 0.00% |
| Other (please specify) | 12.50% |

Question 14 | Approximately how much does your organization contribute towards your staff's healthcare cost?

Average Contribution...



Question 15 | Approximately how much does your organization contribute towards dependent's healthcare cost?

Average Contribution...



Question 16 | If you offer an HSA plan and make an employer contribution, how much do you contribute on an annual basis for each of the enrollment tiers outlined below?



EMPLOYEE ONLY (EE) = **\$1,275**



EMPLOYEE + SOUSE (EE+SP) = **\$1,525**



EMPLOYEE + CHILDREN (EE+CH) = **\$1,525**



FAMILY (FAM) = **\$1,525**

Question 17 | Which of the following best describe the type of network your staff have access to within your healthcare plan?

| ANSWER CHOICES | RESPONSES |
|---|-----------|
| National Network | 100.00% |
| Narrow (regional) Network | 0.00% |
| Reference Based Pricing (RBP) | 0.00% |
| Health Maintenance Organization (HMO) / Exclusive Provider Organization (EPO) | 0.00% |
| Other (please specify) | 14.29% |



Question 18 | What are the employee and family out-of-pocket max limits on your plan(s)?

Average Limits...

| | US PLAN 1 | US PLAN 2 | INT. PLAN 1 | INT. PLAN 2 |
|--------------|----------------|-----------------|-------------|----------------|
| EMPLOYEE | \$4,000 | \$4,750 | \$0 | \$1,500 |
| FAMILY | \$7,650 | \$10,250 | \$0 | \$3,000 |

Question 19 | What are the employee and family deductible limits on your plan(s)?

Average Limits...

| | | US PLAN 1 | US PLAN 2 | INT. PLAN 1 | INT. PLAN 2 |
|---|----------|-----------|-----------|-------------|-------------|
|  | EMPLOYEE | \$1,125 | \$2,480 | \$0 | \$750 |
|  | FAMILY | \$2,375 | \$3,650 | \$0 | \$1,250 |

Question 20 | What % increase did your organization experience on your last healthcare renewal cycle?

Average Rate Increase...



Question 21 | What is the % in-network co-insurance on your health plan(s)?

Average response...



Question 22 | What medical co-pay's does your current PPO health plan have?

Average response...

PRIMARY CARE PHYSICIAN (PCP) = **\$22.50**

URGENT CARE (UC) = **\$31.67**

SPECIALIST (SP) = **\$36.67**

EMERGENCY ROOM (ER) = **\$250**

Question 23 | What pharmacy co-pay's does your current PPO health plan have?

Average response...

| | |
|-----------------------|--------------|
| GENERIC = | \$15 |
| BRAND PREFERRED = | \$50 |
| BRAND NON-PREFERRED = | \$75 |
| SPECIALTY = | \$150 |

Question 24 | As you think about the future of your health plan, rate the following from most (5) to least (1) important.

| | 1 (LOW PRIORITY) | 2 | 3 | 4 | 5 (TOP PRIORITY) |
|---|------------------|--------|--------|--------|------------------|
| Cost | 0.00% | 0.00% | 0.00% | 16.67% | 83.33% |
| Access to Care/Network | 0.00% | 14.29% | 42.86% | 42.86% | 0.00% |
| Customer Service | 71.43% | 0.00% | 28.57% | 0.00% | 0.00% |
| Plan Design (Deductibles & Out-of-Pocket Max) | 0.00% | 14.29% | 28.57% | 28.57% | 28.57% |
| Claims Processing | 14.29% | 71.43% | 0.00% | 14.29% | 0.00% |

SECTION 3 | DENTAL



Question 25 | Do you offer a dental plan to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 71.43% |
| No | 28.57% |

Question 26 | If “yes”, what dental plan design do you currently offer your staff?

Average response...

DEDUCTIBLE



EMPLOYEE
\$50



FAMILY
\$137.50

ANNUAL MAX BENEFIT = **\$1,875**

PREVENTATIVE (%) = **100%**

BASIC SERVICES (%) = **87.5%**

MAJOR SERVICES (%) = **52.5%**

ORTHODONTIC (%) = **50%**

ORTHODONTIC MAX BENEFIT = **\$1,875**

Question 27 | If “yes”, approximately how much does your organization contribute towards your staff's dental cost?

Average Contribution...



Question 28 | If “yes”, approximately how much does your organization contribute towards dependents dental cost?

Average Contribution...



SECTION 4 | VISION



Question 29 | Do you offer a vision plan to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 85.71% |
| No | 14.29% |

Question 30 | If “yes”, what vision plan design do you offer your staff?

Average response...

EXAM BENEFIT

| FREQUENCY | CO-PAY (\$) |
|-------------------------------|-------------------------------|
| Every 12 months 50% | Every 24 months 50% |
| | \$20 |

FRAME BENEFIT

| FREQUENCY | ALLOWANCE (\$) |
|-------------------------------|-------------------------------|
| Every 12 months 50% | Every 24 months 50% |
| | \$150 |

LENS BENEFIT

| FREQUENCY | ALLOWANCE (\$) |
|-------------------------------|-------------------------------|
| Every 12 months 50% | Every 24 months 50% |
| | \$150 |

Question 31 | If “yes”, how much does your organization contribute towards your staff's vision cost?

Average Contribution...



27% (80% of respondents do not make employer contribution)

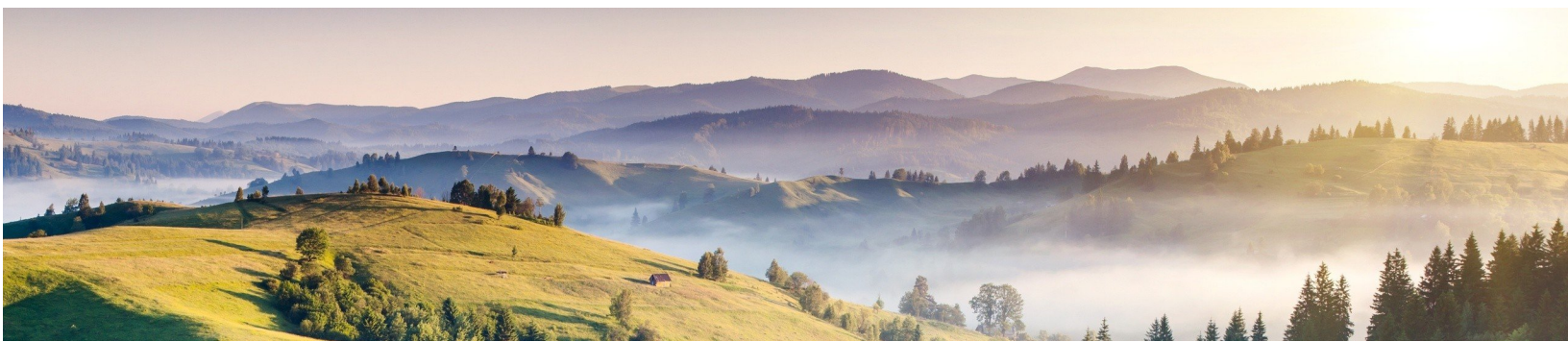
Question 32 | If “yes”, how much does your organization contribute towards dependent's vision cost?

Average Contribution...



20% (80% of respondents do not make employer contribution)

SECTION 5 | LIFE INSURANCE



Question 33 | Do you currently offer an employer-paid life insurance benefit to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 85.71% |
| No | 14.29% |

Question 34 | If “yes”, how much do life insurance do you provide?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| Flat \$10k | 0.00% |
| Flat \$25k | 0.00% |
| Flat \$50k | 66.67% |
| Flat \$100k | 0.00% |
| 1x Salary | 0.00% |
| Other (please specify) | 33.33% |

SECTION 6 | SHORT- & LONG-TERM DISABILITY



Question 35 | Do you currently offer a short-term disability plan to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 71.43% |
| No | 28.57% |

Question 36 | If “yes”, which of the following best describes how your STD program is funding?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| Employer-Paid | 40.00% |
| Voluntary | 60.00% |
| Other (please specify) | 0.00% |

Question 37 | Do you currently offer a long-term disability plan to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 57.14% |
| No | 42.86% |

Question 38 | If “yes”, which of the following best describes how your LTD program is funding?

| ANSWER CHOICES | RESPONSES |
|------------------------|-----------|
| Employer-Paid | 50.00% |
| Voluntary | 50.00% |
| Other (please specify) | 0.00% |

SECTION 7 | RETIREMENT 403(B) / 401(K)



Question 39 | Do you currently offer a retirement program to your staff?

| ANSWER CHOICES | RESPONSES |
|----------------|-----------|
| Yes | 100.00% |
| No | 0.00% |

Question 40 | If “yes”, what level of employer contribution (if any) do you provide?

| ANSWER CHOICES | RESPONSES |
|-------------------------------------|-----------|
| We make a flat contribution | 14.29% |
| We make a matching contribution | 28.57% |
| Other (enter details if applicable) | 57.14% |



Questions?

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