

Modern Healthcare

2008 Healthcare Purchasing Power Survey

Co-sponsored by: The National Business Coalition on Health
The Leapfrog Group

DEADLINE: September 19, 2008 by 5 p.m. Central
Results to appear in the November 10 issue

This survey is meant to help healthcare providers better understand who pays for healthcare and how much it costs.
To qualify, companies/organizations must have a minimum of \$1 billion in U.S. annual revenue.
All answers should apply to the stated fiscal years.
Government entities are not eligible for participation in this survey.
Questionnaires should be filled out by the parent company only.
Firms will be ranked by total annual expenditures for healthcare benefits from 2007.

Questions about this survey?

Please contact Rebecca Mielcarski
(312) 397-5511 or rmielcarski@crain.com

COMPANY INFORMATION

Company name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Web site: _____

Company CEO (or President): _____

Fiscal year-end date (month/date): _____

CONTACT INFORMATION **

Survey contact – This should be the person who can be contacted if there are questions about the survey data.

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Additional contact:

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

PURCHASING POWER SURVEY QUESTIONS

1. Which best describes the ownership of the company? **Choose only one.**

- Publicly traded (for-profit)
- Privately held (for-profit)
- Not-for-profit
- Other (specify) _____

2. What is the company/organization's main type of business? **Choose only one.**

- Agriculture/mining Biotechnology Engineering/construction Energy Financial
- Healthcare services Insurance Information businesses Manufacturing Media
- Pharmaceutical Real estate Retail/distribution School/university
- Service business Transportation/automotive Utilities Other

If you chose other, or would like to further describe the company's business type you chose, please do so below:

3. What was the organization's total annual U.S. gross revenue for the following (\$ in BILLIONS)?

Fiscal 2007 \$ _____ Fiscal 2006 \$ _____

4. Enter the total number of covered lives in the U.S. that are provided healthcare benefits by the company/organization:

	2007	2008 (estimate)	2009 (estimate)
a. Number of current FTEs (FTEs = full-time-equivalent employees)	_____	_____	_____
b. Number of retirees	_____	_____	_____
c. Retiree spouses	_____	_____	_____
d. Number of covered dependents	_____	_____	_____
e. Total number of covered lives that are provided healthcare benefits	_____	_____	_____

5. Provide the total annual U.S. expenditures for providing healthcare benefits (\$ in MILLIONS):

\$ _____ \$ _____ \$ _____

6. Are any covered lives under a union contract? YES NO

If yes: What percentage? _____%

If yes: Do you expect this will change within the next five years? YES NO

7. Please indicate the company's/organization's benefits source (check only one):

Self-insured Commercial carrier Other (specify) _____

8. Please check all appropriate types of **coverage offered** by the company:

Traditional indemnity coverage HMO

High-deductible health plan PPO

Other (please specify) _____

Please return completed survey to:

Modern Healthcare
Attn: Rebecca Mielcarski, Research
360 N. Michigan Ave., 5th floor
Chicago, IL 60601

Or return using one of these methods:

Fax* 312-280-3159 or 312-280-3183
E-mail rmielcarski@crain.com

To avoid duplication or confusion, please do not send multiple copies of your completed survey. We ask that you choose only one method and follow up with Rebecca Mielcarski to ensure its receipt if you are concerned that it may not have been received.

*Due to a high volume of facsimile transactions on or around survey deadlines, please follow up your faxed survey with an e-mail or phone call to confirm receipt, regardless of a fax confirmation.

** Survey contact information will not be published – for internal use only.
Participating companies may be contacted by *Modern Healthcare's* sales department for advertising purposes.

Thank you for your participation. All surveys become the property of *Modern Healthcare* once submitted and will not be returned. Please make a copy for your records. Any survey submitted after the stated deadline without having first made arrangements with Rebecca Mielcarski will be considered ineligible for participation.