

CareTrust Health Alliance

Employer Health Plan Questionnaire

Help us understand your business so we can design a smarter, more affordable healthcare solution for your team.

Company Information

Company Name: _____

Contact Name: _____

Role/Title: _____

Email: _____

Phone: _____

Workforce Overview

Number of Employees: _____

Full-Time vs Part-Time Breakdown: _____

Employee Locations: _____

Current Health Plan (if applicable)

Do you currently offer health benefits? Yes No

Type of Plan (if yes): Fully Insured Self-Funded Level-Funded Not Sure

Approximate Monthly Premium Spend: _____

Biggest Challenges (check all that apply)

Rising healthcare costs

Unpredictable renewals

High deductibles for employees

Limited provider access

Administrative burden

No current benefits strategy

Goals

Lower total costs

Better employee satisfaction

More predictable expenses

Access to higher-quality care

Long-term sustainability

Next Step

Would you like a CareTrust specialist to contact you? Yes Just send information

Additional Notes: _____
