

HEALTH PLAN SURVEY

In an effort to improve the health care benefits that we offer long term, we are first trying to determine where we stand as a company. Please answer these questions honestly as we are going to use this data to try and improve our company. The information that is collected will not be released and will remain anonymous.

Instructions: Begin by answering the questions below. Each response will be given a numerical value depending on the answer.

Yes: 1 points | **No:** 0 points | **Unsure:** 0 points

QUESTIONS	YES	NO	UNSURE	SCORE
1. Are you currently comfortable with your understanding of your health benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you confident about taking a more active role in your health care purchasing decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Do you know how copayments work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you know how deductibles work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Do you know what coinsurance is?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you have an understanding of why you are billed for some health care services or items and not others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Would you be comfortable using a health savings account (HSA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does your culture support workplace flexibility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you find open enrollment to be a stress-free process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Are you currently satisfied with the cost of health care benefits at this organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TOTAL SCORE				