

# Employee Benefits Feedback

As we approach the upcoming benefits open enrollment, we would like to take this time to ask a few short questions about your current benefits package and evaluate any potential interests for the new plan year. By reflecting on how our employees are using and benefiting from our current offerings, we're better equipped to make any potential changes or enhancements.

As a reminder, our employee benefits offering includes [INSERT LIST OF BENEFITS]

This survey is completely anonymous. It will take <10 minutes to complete, and should be completed by [DATE]. This is an important time to make your needs and preferences heard.

Thank you for helping us build the best benefits plan for your needs!

## **I have a clear understanding of the benefits package offered to me.**

- Strongly agree - *I understand the selection of benefits offered to me.*
- Agree - *I am sometimes confused, but I am still able to choose my benefits confidently.*
- Somewhat disagree - *I am sometimes confused, and it has impacted my ability to confidently choose my benefits.*
- Strongly disagree - *I am often confused, and I am not confident that I have selected the right benefits for my needs.*

## **I participate in the medical program offered by [EMPLOYER].**

- Yes
- No

## **Rate the effectiveness of your current medical insurance plan:**

- Extremely effective - *I am able to easily use my plan, find high-quality in-network providers, and manage out-of-pocket costs.*

- Somewhat effective - *I am able to use my plan most of the time, but have sometimes run into challenges with finding or paying for care.*
- Somewhat ineffective - *I run into challenges with finding or paying for care often.*
- Extremely ineffective - *These plans do not provide coverage for key health needs for myself or my family.*

**Rate the current network of doctors/hospitals available through your medical insurance plan.**

- Extremely satisfied - *I am able to find appointments with several providers in my area within a reasonable timeframe, and I have been very satisfied with the quality of care received.*
- Somewhat satisfied - *I am able to find appointments with some providers in my area within a reasonable timeframe, and/or I have been somewhat satisfied with the quality of care received.*
- Somewhat dissatisfied - *It is sometimes challenging to make appointments with providers in my area, and/or I have been somewhat dissatisfied with the quality of care received.*
- Extremely dissatisfied - *It is often challenging to make appointments with providers in my area, and/or I have been dissatisfied with the quality of care received.*

**Comments/feedback on your current medical insurance plan:**

[SHORT ANSWER, <500 CHARACTERS - OPTIONAL]

**Rate the effectiveness of your current dental insurance plan:**

- Extremely satisfied - *I am able to easily use my plan, find high-quality providers, and can afford out-of-pocket costs.*
- Somewhat satisfied - *I am able to use my plan most of the time, but have sometimes run into challenges with finding or paying for care.*
- Somewhat dissatisfied - *I run into challenges with finding or paying for care often.*
- Extremely dissatisfied - *These plans do not provide coverage for key health needs for myself or my family.*

**Comments/feedback on your current dental insurance plan:**

[SHORT ANSWER, <500 CHARACTERS - OPTIONAL]

**Rate the effectiveness of your current vision insurance plan:**

- Extremely satisfied - *I am able to easily use my plan, find high-quality providers, and can afford out-of-pocket costs.*
- Somewhat satisfied - *I am able to use my plan most of the time, but have sometimes run into challenges with finding or paying for care.*
- Somewhat dissatisfied - *I run into challenges with finding or paying for care often.*
- Extremely dissatisfied - *These plans do not provide coverage for key health needs for myself or my family.*

**Comments/feedback on your current vision insurance plan**

[SHORT ANSWER, (<500 CHARACTERS) - OPTIONAL]

**To what extent do you feel financially stretched paying for your annual health claims?**

[1-10 SCALE:

1: I am always able to afford out-of-pocket costs

10: I am never able to afford out-of-pocket costs]

**Thinking through all the ancillary benefits we offer, which benefit do you value the most?**

[MULTIPLE CHOICE - LIST CURRENT ANCILLARY BENEFITS]

**Which benefit do you use the least, and why?**

[SHORT ANSWER, (<500 CHARACTERS)]

**If [EMPLOYER] offered one additional benefit that you do not have access to today, what would you want that to be?**

[SHORT ANSWER, <500 CHARACTERS]

**Based only on the offered benefits, how likely are you to recommend [EMPLOYER] as an employer to friends or family?**

[1-10 SCALE:

1: Not likely

10: Very likely]

**Any additional comments, questions, or concerns?**

[SHORT ANSWER, <500 CHARACTERS - OPTIONAL]