

## SURVEY INSTRUCTIONS

- Answer all the questions by placing an "X" in the box ☒ to the left of your answer.
- You are sometimes told to skip some questions. When this happens you will see an arrow with a note that tells you what question to answer next, like this:
  - <sup>1</sup> ☒ Yes → **Go to Question 1**
  - <sup>2</sup> ☐ No
- The small numbers to the left of the square boxes are used to code survey responses.

**Morpace Inc. will not share your personal information with anyone without your OK. You may choose to answer this survey or not. Your benefits will not be affected in any way. You may notice a number on the cover page. This number is ONLY used to let us know if you returned your survey so we don't have to send you reminders.**

**If you want to learn more about this survey, please call 1-877-328-8176 and ask for Department 34.**

## HEALTH PLAN ENROLLMENT

1. Our records show that you are now in {Health Plan Name}.  
Is that right?
  - <sup>1</sup> ☐ Yes → **Go to Question 2a**
  - <sup>2</sup> ☐ No → **Go to Question 2**
2. What is the name of your health plan?  
(please print) \_\_\_\_\_
- 2a. How many years in a row have you been in this health plan?
  - <sup>1</sup> ☐ Less than 1 year
  - <sup>2</sup> ☐ At least 1 year but less than 2 years
  - <sup>3</sup> ☐ At least 2 years but less than 5 years
  - <sup>4</sup> ☐ 5 or more years

## YOUR HEALTH CARE IN THE LAST 12 MONTHS

These questions ask about your own health care. Do not include care you got when you stayed overnight in a hospital. Do not include the times you went for dental care visits.

3. In the last 12 months, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?
  - <sup>1</sup> ☐ Yes → **Go to Question 4**
  - <sup>2</sup> ☐ No → **Go to Question 5**

4. In the last 12 months, when you needed care right away, how often did you get care as soon as you thought you needed?
  - <sup>1</sup> ☐ Never
  - <sup>2</sup> ☐ Sometimes
  - <sup>3</sup> ☐ Usually
  - <sup>4</sup> ☐ Always
5. In the last 12 months, not counting the times you needed care right away, did you make any appointments for your health care at a doctor's office or clinic?
  - <sup>1</sup> ☐ Yes → **Go to Question 6**
  - <sup>2</sup> ☐ No → **Go to Question 7**
6. In the last 12 months, not counting the times you needed care right away, how often did you get an appointment for your health care at a doctor's office or clinic as soon as you thought you needed?
  - <sup>1</sup> ☐ Never
  - <sup>2</sup> ☐ Sometimes
  - <sup>3</sup> ☐ Usually
  - <sup>4</sup> ☐ Always

7. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

- 0 ☐ None → Go to Question 12a  
 1 ☐ 1 → Go to Question 8  
 2 ☐ 2 → Go to Question 8  
 3 ☐ 3 → Go to Question 8  
 4 ☐ 4 → Go to Question 8  
 5 ☐ 5 to 9 → Go to Question 8  
 6 ☐ 10 or more → Go to Question 8

8. In the last 12 months, how often did you and a doctor or other health provider talk about specific things you could do to prevent illness?

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always

9. Choices for your treatment or health care can include choices about medicine, surgery, or other treatment. In the last 12 months, did a doctor or other health provider tell you there was more than one choice for your treatment or health care?

- 1 ☐ Yes → Go to Question 10  
 2 ☐ No → Go to Question 12

10. In the last 12 months, did a doctor or other health provider talk with you about the pros and cons of each choice for your treatment or health care?

- 1 ☐ Definitely yes  
 2 ☐ Somewhat yes  
 3 ☐ Somewhat no  
 4 ☐ Definitely no

11. In the last 12 months, when there was more than one choice for your treatment or health care, did a doctor or other health provider ask which choice was best for you?

- 1 ☐ Definitely yes  
 2 ☐ Somewhat yes  
 3 ☐ Somewhat no  
 4 ☐ Definitely no

12. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

Worst health care possible										Best health care possible				
0	1	2	3	4	5	6	7	8	9	10				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
00	01	02	03	04	05	06	07	08	09	10				

- 12a. In the last 12 months, do you feel you have received unsafe health care in...? Select all that apply.

- 1 ☐ Clinic  
 2 ☐ Hospital  
 3 ☐ Urgent Care  
 4 ☐ Surgicenter  
 5 ☐ I do not feel that I received unsafe health care

- 12b. In the last 12 months, did you need any treatment or counseling for a personal or family problem?

- 1 ☐ Yes → Go to Question 12c  
 2 ☐ No → Go to Question 13

- 12c. In the last 12 months, how much of a problem, if any, was it to get the treatment or counseling you needed through your health plan?

- 1 ☐ A big problem  
 2 ☐ A small problem  
 3 ☐ Not a problem

### YOUR PERSONAL DOCTOR

13. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- 1 ☐ Yes → Go to Question 14  
 2 ☐ No → Go to Question 22

14. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

- 0 ☐ None → Go to Question 21  
 1 ☐ 1 → Go to Question 14a  
 2 ☐ 2 → Go to Question 14a  
 3 ☐ 3 → Go to Question 14a  
 4 ☐ 4 → Go to Question 14a  
 5 ☐ 5 to 9 → Go to Question 14a  
 6 ☐ 10 or more → Go to Question 14a

14a. In the last 12 months, when you visited your doctor's office or clinic, how often were you able to see your provider and receive care and/or medical tests in a timely manner?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

14b. In the last 12 months, how typical was the number of visits you made to your doctor compared to previous years?

- 1 ☐ Similar to past years  
2 ☐ Much lower than past years  
3 ☐ Much higher than past years

15. In the last 12 months, how often did your personal doctor explain things in a way that was easy to understand?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

16. In the last 12 months, how often did your personal doctor listen carefully to you?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

17. In the last 12 months, how often did your personal doctor show respect for what you had to say?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

18. In the last 12 months, how often did your personal doctor spend enough time with you?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

19. In the last 12 months, did you get care from a doctor or other health provider besides your personal doctor?

- 1 ☐ Yes → Go to Question 20  
2 ☐ No → Go to Question 21

20. In the last 12 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

21. Using a number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your personal doctor?

Worst personal doctor possible						Best personal doctor possible				
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00	01	02	03	04	05	06	07	08	09	10

### GETTING HEALTH CARE FROM SPECIALISTS

When you answer the next questions, do not include dental visits or care you got when you stayed overnight in a hospital.

22. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 12 months, did you try to make any appointments to see a specialist?

- 1 ☐ Yes → Go to Question 23  
2 ☐ No → Go to Question 26

23. In the last 12 months, how often was it easy to get appointments with specialists?

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

24. How many specialists have you seen in the last 12 months?

- 0 ☐ None → Go to Question 26  
1 ☐ 1 → Go to Question 25  
2 ☐ 2 → Go to Question 25  
3 ☐ 3 → Go to Question 25  
4 ☐ 4 → Go to Question 25  
5 ☐ 5 or more specialists → Go to Question 25

25. We want to know your rating of the specialist you saw most often in the last 12 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

Worst specialist possible										Best specialist possible				
0	1	2	3	4	5	6	7	8	9	10				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
00	01	02	03	04	05	06	07	08	09	10				

## YOUR HEALTH PLAN

The next questions ask about your experience with your health plan.

26. In the last 12 months, did you try to get any kind of care, tests, or treatment through your health plan?
- 1 ☐ Yes → Go to Question 27  
2 ☐ No → Go to Question 28
27. In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan?
- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always
28. In the last 12 months, did you look for any information in written materials or on the Internet about how your health plan works?
- 1 ☐ Yes → Go to Question 29  
2 ☐ No → Go to Question 34
29. In the last 12 months, how often did the written materials or the Internet provide the information you needed about how your health plan works?
- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

Questions 30 through 33 are excluded from this survey.

34. In the last 12 months, did you try to get information or help from your health plan's customer service?

1 ☐ Yes → Go to Question 35  
2 ☐ No → Go to Question 37

35. In the last 12 months, how often did your health plan's customer service give you the information or help you needed?

1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

36. In the last 12 months, how often did your health plan's customer service staff treat you with courtesy and respect?

1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

Please state your level of agreement with the following statements about your most recent experience with a customer service representative.

- 36a. The customer service representative was helpful in answering my questions.

1 ☐ Strongly Agree  
2 ☐ Agree  
3 ☐ Disagree  
4 ☐ Strongly Disagree

- 36b. The customer service representative resolved my issue in a timely manner.

1 ☐ Strongly Agree  
2 ☐ Agree  
3 ☐ Disagree  
4 ☐ Strongly Disagree

37. In the last 12 months, did your health plan give you any forms to fill out?

1 ☐ Yes → Go to Question 38  
2 ☐ No → Go to Question 39

38. In the last 12 months, how often were the forms from your health plan easy to fill out?

1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

**39. Claims are sent to a health plan for payment. You may send in the claims yourself, or doctors, hospitals, or others may do this for you. In the last 12 months, did you or anyone else send in any claims for your care to your health plan?**

- 1 ☐ Yes → Go to Question 40  
 2 ☐ No → Go to Question 42  
 3 ☐ Don't know → Go to Question 42

**40. In the last 12 months, how often did your health plan handle your claims quickly?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always  
 5 ☐ Don't know

**41. In the last 12 months, how often did your health plan handle your claims correctly?**

- 1 ☐ Never  
 2 ☐ Sometimes  
 3 ☐ Usually  
 4 ☐ Always  
 5 ☐ Don't know

**41a. In the last 12 months, did you contact your plan to resolve a claim issue?**

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**41b. Do you know how to use your health plan's grievance process to resolve a problem with a claim?**

- 1 ☐ Yes  
 2 ☐ No  
 3 ☐ Don't know

**42. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan?**

Worst health plan possible											Best health plan possible				
0	1	2	3	4	5	6	7	8	9	10					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
00	01	02	03	04	05	06	07	08	09	10					

**42a. In the last 12 months, did your plan's overall performance get better, stay the same, or get worse?**

- 1 ☐ Got better  
 2 ☐ Stayed the same  
 3 ☐ Got worse

**42b. How would you rate your plan's effort to provide you or your family with educational information on health and wellness issues such as smoking cessation, weight loss, and mammograms, etc.?**

- 1 ☐ Excellent  
 2 ☐ Very Good  
 3 ☐ Good  
 4 ☐ Fair  
 5 ☐ Poor

**42c. How would you rate your understanding of your health plan's referral/prior authorization and pre-certification requirements?**

- 1 ☐ Excellent  
 2 ☐ Very Good  
 3 ☐ Good  
 4 ☐ Fair  
 5 ☐ Poor

**42d. Would you recommend your health plan to your family or friends?**

- 1 ☐ Definitely Yes  
 2 ☐ Probably Yes  
 3 ☐ Probably Not  
 4 ☐ Definitely Not

**42e. Do you intend to switch to a different health plan when you next have an opportunity?**

- 1 ☐ Definitely Not  
 2 ☐ Probably Not  
 3 ☐ Probably Yes  
 4 ☐ Definitely Yes

## ABOUT YOU

The next questions ask about you.

**43. In general, how would you rate your overall health?**

- 1 ☐ Excellent  
 2 ☐ Very good  
 3 ☐ Good  
 4 ☐ Fair  
 5 ☐ Poor

**44. Have you had a flu shot since September 1, 2007?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know

**44a. In the last 12 months, did a doctor, nurse, or other health care professional ask you about your dietary habits?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know  
4 ☐ I had no visits in the last 12 months

**44b. In the last 12 months, did a doctor, nurse, or other health care professional ask you about your exercise habits?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know  
4 ☐ I had no visits in the last 12 months

**44c. In the last 12 months, did a doctor, nurse, or other health care professional ask whether or not you smoke or use tobacco in any form?**

- 1 ☐ Yes  
2 ☐ No  
3 ☐ Don't know  
4 ☐ I had no visits in the last 12 months

**45. Do you now smoke cigarettes every day, some days, or not at all?**

- 1 ☐ Every day → Go to Question 46  
2 ☐ Some days → Go to Question 46  
3 ☐ Not at all → Go to Question 49  
4 ☐ Don't know → Go to Question 49

**46. In the last 12 months, on how many visits were you advised to quit smoking by a doctor or other health provider in your plan?**

- 0 ☐ None  
1 ☐ 1 visit  
2 ☐ 2 to 4 visits  
3 ☐ 5 to 9 visits  
4 ☐ 10 or more visits  
5 ☐ I had no visits in the last 12 months

**47. On how many visits was medication recommended or discussed to assist you with quitting smoking (for example: nicotine gum, patch, nasal spray, inhaler, prescription medication)?**

- 0 ☐ None  
1 ☐ 1 visit  
2 ☐ 2 to 4 visits  
3 ☐ 5 to 9 visits  
4 ☐ 10 or more visits  
5 ☐ I had no visits in the last 12 months

**48. On how many visits did your doctor or health provider recommend or discuss methods and strategies (other than medication) to assist you with quitting smoking?**

- 0 ☐ None  
1 ☐ 1 visit  
2 ☐ 2 to 4 visits  
3 ☐ 5 to 9 visits  
4 ☐ 10 or more visits  
5 ☐ I had no visits in the last 12 months

**49. In the last 12 months, have you seen a doctor or other health provider 3 or more times for the same condition or problem? Do not include pregnancy or menopause.**

- 1 ☐ Yes → Go to Question 50  
2 ☐ No → Go to Question 51

**50. Is this a condition or problem that has lasted for at least 3 months? Do not include pregnancy or menopause.**

- 1 ☐ Yes  
2 ☐ No

**51. Do you now need or take medicine prescribed by a doctor? Do not include birth control. Do not include medications associated with pregnancy or menopause.**

- 1 ☐ Yes → Go to Question 52  
2 ☐ No → Go to Question 53

**52. Is this to treat a condition that has lasted for at least 3 months? Do not include medications associated with pregnancy or menopause.**

- 1 ☐ Yes  
2 ☐ No

**53. What is your age?**

- 1 ☐ 18 to 24
- 2 ☐ 25 to 34
- 3 ☐ 35 to 44
- 4 ☐ 45 to 54
- 5 ☐ 55 to 64
- 6 ☐ 65 to 74
- 7 ☐ 75 or older

**53a. How are you related to the policyholder?**

- 1 ☐ I am the policyholder
- 2 ☐ Spouse
- 3 ☐ Adult Child (18 years or older)
- 4 ☐ Other

**54. Are you male or female?**

- 1 ☐ Male
- 2 ☐ Female

**55. What is the highest grade or level of school that you have completed?**

- 1 ☐ 8th grade or less
- 2 ☐ Some high school, but did not graduate
- 3 ☐ High school graduate or GED
- 4 ☐ Some college or 2-year degree
- 5 ☐ 4-year college graduate
- 6 ☐ More than 4-year college degree

**56. Are you of Hispanic or Latino origin or descent?**

- 1 ☐ Yes, Hispanic or Latino
- 2 ☐ No, Not Hispanic or Latino

**57. What is your race? Please mark one or more.**

- a ☐ White
- b ☐ Black or African-American
- c ☐ Asian
- d ☐ Native Hawaiian or other Pacific Islander
- e ☐ American Indian or Alaska Native
- f ☐ Other

**HEALTH PLAN REPORT CARD**

**58a. Have you ever used the Health Plan Report Card published in the *It's Your Choice* book when making decisions about changing health plans?**

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ Don't Know

**58b. Please indicate the way(s) in which you use the Health Plan Report Card. Select all that apply.**

- a ☐ Look up performance information on my health plan
- b ☐ Compare performance of all my health plan choices
- c ☐ Look up health information
- d ☐ Look up clinical scores for a health plan or health plans (HEDIS®)
- e ☐ Look up consumer opinions about a health plan or health plans (CAHPS®)
- f ☐ Look up complaint statistics of a health plan or health plans

**ABOUT NAVITUS HEALTH SOLUTIONS**

Thank you for answering questions about the service provided by your health plan. The next questions ask about your experiences with Navitus Health Solutions over the last 12 months. Navitus is the company that manages your pharmacy benefit.

**59a. Have you filled a prescription for yourself or a family member in the last 12 months?**

- 1 ☐ Yes → Go to Question 59b
- 2 ☐ No → Go to Question 59c

**59b. Think about the person on your policy that had the most prescriptions filled in the past month. Over the past month would you say this person had filled...**

- 1 ☐ Zero prescriptions
- 2 ☐ One prescription
- 3 ☐ Two prescriptions
- 4 ☐ Three or more prescriptions

**59c. In the last 12 months, did you try to get information or help from Navitus customer service?**

- 1 ☐ Yes → Go to Question 59d
- 2 ☐ No → Go to Question 60a

Please state your level of agreement with the following statements about your most recent experience with a Navitus customer service representative.

**59d. The customer service representative was helpful in answering my questions.**

- 1 ☐ Strongly Agree
- 2 ☐ Agree
- 3 ☐ Disagree
- 4 ☐ Strongly Disagree

**59e. The customer service representative resolved my issue in a timely manner.**

- 1 ☐ Strongly Agree  
2 ☐ Agree  
3 ☐ Disagree  
4 ☐ Strongly Disagree

**HEALTH INSURANCE BENEFIT INFORMATION FROM EMPLOYEE TRUST FUNDS (ETF)**

Now we have a few questions about the information provided to you by ETF via the ETF website and through the *It's Your Choice* benefits booklet provided to employees and retirees each October. For your reference, the ETF website can be found at <http://etf.wi.gov> and the *It's Your Choice* benefits booklet can be found at [http://etf.wi.gov/members/health\\_ins.htm](http://etf.wi.gov/members/health_ins.htm)

**60a. In the last 12 months, did you (or the contract holder if you are the spouse or adult child) receive the *It's Your Choice* benefits booklet through your employer (including as an email link) or through the mail?**

- 1 ☐ Yes  
2 ☐ No → Go to Question 60h  
3 ☐ Don't Know → Go to Question 60h

**60b. Overall, how useful is the information in the *It's Your Choice* benefits booklet?**

- 1 ☐ Very Useful  
2 ☐ Somewhat Useful  
3 ☐ Not At All Useful  
4 ☐ I do NOT look for information in the booklet

Please rate each section of the booklet listed below in terms of how important it is to you on a scale of 0 to 10, where 0 means not at all important and 10 means extremely important.

**60c. Information about premium rates, tiering, and coverage areas (Section A)**

Not at all Important											Extremely Important
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	

**60d. Common Questions and Answers (Section C)**

Not at all Important											Extremely Important
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	

**60e. Description/Schedule of Benefits (Section D)**

Not at all Important											Extremely Important
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	

**60f. Health Plan Report Cards (Section E)**

Not at all Important											Extremely Important
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	

**60g. Health Plan Description Pages (Section G)**

Not at all Important											Extremely Important
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
00	01	02	03	04	05	06	07	08	09	10	

**60h. In the last 12 months, did you look for any information on the ETF website about your health insurance benefits?**

- 1 ☐ Yes  
2 ☐ No → Go to Question 61  
3 ☐ Don't Know → Go to Question 61

**60i. In the last 12 months, how often did the information on the ETF website provide the information you needed about your health insurance benefits?**

- 1 ☐ Never  
2 ☐ Sometimes  
3 ☐ Usually  
4 ☐ Always

**ASSISTANCE WITH SURVEY**

**61. Did someone help you complete this survey?**

- 1 ☐ Yes → Go to Question 62  
2 ☐ No → Please return survey

**62. How did that person help you? Select all that apply.**

- 1 ☐ Read the questions to me  
2 ☐ Wrote down the answers I gave  
3 ☐ Answered the questions for me  
4 ☐ Translated the questions into my language  
5 ☐ Helped in some other way (please print) \_\_\_\_\_

Please Return To: Morpace, Inc.  
PO BOX 5703  
Hopkins, MN  
55343-9989

**THANK YOU**

Please return the completed survey in the postage-paid envelope