

2015 ARBenefits Membership Survey

Welcome

Thank you for participating in the ARBenefits Membership Survey. The survey is intended for active public school and state employees enrolled in the ARBenefits Health Plan. The purpose of this survey is to learn about the experiences of our members and how we can improve them. The survey should take about 15 minutes to complete.

Your privacy is protected. Your responses to this survey are completely confidential. All information will be recorded and reported as an aggregate and not identified to any individuals. The survey code on the front of your postcard is used only to let us know if you completed your survey as to not send additional reminders. Your participation is voluntary. If you choose not to complete the survey, it will not affect the services you receive.

Please do not share your survey invitation or responses with any other person. Thank you!

***1. In order to continue, please enter the 6 character code listed on the postcard's mailing label (Survey code will be one letter, three numbers, and two more letters):**

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

- Excellent Very Good Good Fair Poor

***3. In the last 12 months, have you used ARBenefits' direct customer service line (877-815-1017) for any reason?**

- Yes
 No

***4. In the last 12 months, how many times have you used ARBenefits' direct customer service line?**

- Once
 Between 2-5 times
 More than 5 times

2015 ARBenefits Membership Survey

***5. In your most recent experience with the ARBenefits customer service line, about how long did you have to wait before speaking to a representative?**

- I spoke to a representative immediately
- Less than two minutes
- Between two and five minutes
- Between five and ten minutes
- More than ten minutes

***6. In your most recent experience with the ARBenefits customer service line, about how long did it take to resolve your problem or answer your question?**

- Less than two minutes
- Between two and five minutes
- More than one phone call was needed

***7. How many contacts did it take before the problem was solved or the question or answered?**

- One additional phone call was needed
- Two additional phone calls were needed
- Three or more additional phone calls were needed
- The issue is not yet resolved

***8. In the past 12 months, have you used health care services covered by your ARBenefits Health Plan?**

- Yes
- No

2015 ARBenefits Membership Survey

***9. How many times in the past 12 months have you used covered health care services?**

- Once
- Between two and five times
- More than five times

***10. After you used health care services, did you have a question about your bill or health claim?**

- Yes
- No

***11. Whom did you contact first with your question over your bill or health claim?**

- HealthAdvantage
- QualChoice
- Your physician or health care provider
- ARBenefits

***12. How satisfied are you overall with your current health plan coverage offered through ARBenefits? For this question, please use a 10 point scale where "10" means completely satisfied and "1" means completely dissatisfied.**

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2015 ARBenefits Membership Survey

***13. How often do you use each of the following to receive information about your ARBenefits Health Plan?**

	Never	Semi-annually	Monthly	Weekly
District or Agency Health Insurance Representative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ARBenefits website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ARBenefits customer service line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Advantage or QualChoice website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Advantage or QualChoice customer service line	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coworkers or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Facebook	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***14. Please rank in order your preferred method for receiving periodic updates on information or announcements about your ARBenefits health plan? A score of "1" means most preferred and a score of "6" means least preferred.**

	1	2	3	4	5	6
Printed material sent to your home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Group meetings or presentations at work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-mail	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Monthly E-Newsletter	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ARBenefits website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Advantage/QualChoice website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***15. Do you know who your assigned agency/district health insurance representative is?**

- Yes
- No

***16. Rate the value of information provided by your health insurance representative where "1" is the least valuable and "10" is the most valuable**

1	2	3	4	5	6	7	8	9	10
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2015 ARBenefits Membership Survey

*17. How long have you been a member of ARBenefits?

- 1 to 2 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

*18. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 64 or older
- Prefer not to answer

*19. What is your gender?

- Male
- Female
- Prefer not to answer