



# Employee Health Insurance Needs & Preferences Survey

**Instructions:** Your feedback is crucial! By sharing your thoughts, you help us tailor our health insurance offerings to better meet your needs and preferences, ensuring they align with what matters most to you. Feel free to skip any questions you're not comfortable answering. Your anonymous responses will play a vital role in enhancing the value of our health care benefits for everyone in our organization.

*Please note that participation in this survey is voluntary, and your responses will remain confidential. If responses are not anonymous, we will inform you whether they will be linked to other employee data we hold.*

*Responses to certain questions (11 & 12) may include health information. While these will be handled carefully to protect privacy, they are not classified as protected health information (PHI) under the Health Insurance Portability and Accountability Act (HIPAA).*

## 1 How well do you feel you understand the health care coverage that is available to you?

- a. Very well
- b. Somewhat well
- c. Moderately well
- d. Only a little bit
- e. Not at all

## 2 Which of the following features are most important to you in health care coverage? (Select up to three)

- a. Access to certain doctors or hospitals
- b. Telehealth/virtual doctor visits
- c. Access to specific prescription drugs
- d. Mental health services
- e. Maternity and reproductive care
- f. Specialist visits (e.g., dermatology, cardiology)
- g. Other (please specify)

**3 How many people would utilize this coverage?**

- a. Just myself
- b. Me and my spouse
- c. Me and my children
- d. My entire family (spouse + children)

**4 Which type of health plan would you prefer?**

- a. Lower monthly premium with a higher deductible (includes an option for a Health Savings Account)
- b. Higher monthly premium with a lower deductible
- c. Unsure, would like more information

**5 How often do you utilize your current health coverage (e.g., medical coverage, doctor visits, prescriptions, preventive care)?**

- a. Never (0 visits/prescriptions last year)
- b. Rarely (1-4 visits/prescriptions last year)
- c. A few times a year (5-9 visits/prescriptions last year)
- d. Regularly (10+ visits/prescriptions last year)
- e. Often (Monthly or more frequently)

**6 How satisfied are you with the health coverage options being offered?**

- a. Extremely dissatisfied
- b. Somewhat dissatisfied
- c. Neutral
- d. Satisfied
- e. Extremely satisfied

**7 How satisfied are you with the network of health care providers included in your plan?**

- a. Extremely dissatisfied
- b. Somewhat dissatisfied
- c. Neutral
- d. Satisfied
- e. Extremely satisfied

**8 Do you have a preference for health insurance companies based on reputation, customer service, or past experiences?**

- a. Yes, I prefer a specific insurance company (please specify)
- b. No, I am open to different insurance companies
- c. Not sure

**9 Would you be interested in additional benefits such as dental, vision, disability, or life insurance coverage? (Select all that apply)**

- a. Dental
- b. Vision
- c. Disability
- d. Life Insurance
- e. None of the above

**10 Are there any anticipated health care needs (e.g., chronic conditions, planned surgeries, family planning, ongoing treatments) that you'd like us to consider when evaluating coverage options?**

- a. Yes (please specify, if comfortable)
- b. No
- c. Not sure

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**How likely are you to enroll in the health insurance plan offered by your employer during the next enrollment period?**

- a. Very likely
- b. Somewhat likely
- c. Neutral
- d. Somewhat unlikely
- e. Very unlikely

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**Is there anything else you'd like to share about your health care coverage preferences or needs?**