**Employee Survey: Satisfaction with Health and Dental Insurance**

We are currently reviewing health and dental insurance renewal options with our insurance provider as well as bids from other insurance carriers to offer the best and most cost-effective insurance coverage to our employees. Your feedback is important in this process. Please take a few minutes to complete this survey and return it to human resources by [date].

Are you currently enrolled in [Company Name]’s **group health insurance** plan? [ ]  Yes [ ]  No

**If no, please complete this section:**

[ ]  I have coverage elsewhere.
[ ]  I cannot afford coverage at this time.
[ ]  Coverage is affordable but not elected.

**If yes, please continue with the full survey.**

Coverage elected:

[ ]  Employee only
[ ]  Employee + Spouse
[ ]  Employee + Children
[ ]  Family

Plan selected:

[ ]  [Carrier name] [Type of plan (HMO, Open access, PPO, etc.)]
[ ]  [Carrier name] [Type of plan (HMO, Open access, PPO, etc.)]
[ ]  [Carrier name] [Type of plan (HMO, Open access, PPO, etc.)]

Are you currently enrolled in [Company Name]’s **dental** insurance plan? [ ]  Yes [ ]  No

**If no, please complete this section:**

[ ]  I have coverage elsewhere.
[ ]  I cannot afford coverage at this time.
[ ]  Coverage is affordable but not elected.

**If yes, please continue with the full survey.**

Coverage elected:

[ ]  Employee only
[ ]  Employee + Spouse
[ ]  Employee + Children
[ ]  Family

**Using a scale of 1-5, with 5 being strongly agree and 1 being strongly disagree, please select one response for each statement.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Health Insurance** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| I am happy with the network of doctors/hospitals through the current provider. | ° | ° | ° | ° | ° | ° |
| The cost of health insurance premiums (paycheck deductions) is affordable. | ° | ° | ° | ° | ° | ° |
| Out-of-pocket costs (deductible, office co-pays, co-insurance, prescription co-pays) are reasonable. | ° | ° | ° | ° | ° | ° |
| I don’t know where to turn for customer service support or claims questions. | ° | ° | ° | ° | ° | ° |
| Insurance claims are processed timely. | ° | ° | ° | ° | ° | ° |
| I understand the different health insurance plan options available to me.  | ° | ° | ° | ° | ° | ° |
| I am satisfied overall with the current health insurance carrier. | ° | ° | ° | ° | ° | ° |
| Comments or suggestions for improvement: |

**Using a scale of 1-5, with 5 being strongly agree and 1 being strongly disagree, please select one response for each statement.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Dental Insurance** | **5** | **4** | **3** | **2** | **1** | **N/A** |
| I am happy with the network of dentists through the current provider. | ° | ° | ° | ° | ° | ° |
| The cost of dental insurance premiums (paycheck deductions) is affordable. | ° | ° | ° | ° | ° | ° |
| Out-of-pocket costs (deductible, office co-pays, co-insurance) are reasonable. | ° | ° | ° | ° | ° | ° |
| I don’t know where to turn for customer service support or claims questions. | ° | ° | ° | ° | ° | ° |
| Insurance claims are processed timely. | ° | ° | ° | ° | ° | ° |
| Child orthodontics is an important coverage option on the dental plan | ° | ° | ° | ° | ° | ° |
| I am satisfied overall with the current dental insurance carrier. | ° | ° | ° | ° | ° | ° |
| Comments or suggestions for improvement: |

**If available, I would be interested in electing the following supplemental benefits at my own cost:**

[ ]  Additional long-term disability coverage for myself.

[ ]  Additional short-term disability coverage for myself.

[ ]  Long-term care for dependents and/or myself.

[ ]  Additional life insurance for family members and/or myself.

[ ]  Cancer insurance, accident policy, hospital indemnity plan.

[ ]  Pet insurance.

[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Additional comments or suggestions:**

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*Optional:*

Date: \_\_\_\_\_\_\_\_\_\_\_ Employee name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_