

# Benefits Survey for Employees of ABC America Corporation

Please Read Carefully Before Completing Survey

This questionnaire gives you the opportunity to express your candid opinions about the benefits available to you as an employee of ABC America Corporation.

We prefer that all responses remain anonymous. However, you may include your name if you wish.

## Completing the Questionnaire

As you read the questions in this survey, please keep the following points in mind:

- Our objective is to understand your personal views and perceptions about employee benefits. There are no “right” or “wrong” answers.
- Please answer the questions in order.
- Please respond by circling the appropriate numbered response.
- Please give only one answer to each question.
- Please answer each question.

Please mail your completed survey in the enclosed self-addressed postage-paid envelope by June 15, 2011 to:

Hollis Companies  
Attn: Benefits Survey Department  
2800 Veterans Blvd., Suite 365  
Metairie, Louisiana 70002

**Personal Information** This information will help us understand how employees’ opinions differ among various groups. It will not be used to identify individuals.

For each of the following questions, circle the number of the correct answer.

1. How long have you worked for ABC America Corporation? \_\_\_\_\_ (use whole years, rounding up)
2. What is your age? \_\_\_\_\_ (use whole years, rounding up)
3. What is your sex?  
1 – Female  
2 – Male
4. What is your annual income?  
1 – less than \$20,000  
2 - \$21,000 to \$35,000  
3 - \$36,000 to \$50,000  
4 - \$51,000 to \$75,000  
5 - \$76,000 or more
5. What is your work location?  
1 – Chalmette, LA  
2 – Charleston, SC  
3 – Chicago, IL  
4 - Detroit, MI  
5 - Houston, TX  
6 - Jacksonville, FL
6. Do you have a dependent spouse and/or child(ren) (age 19 or younger)?  
1 – Yes  
2 – No
7. What type of health coverage did you select?  
1 – Myself only  
2 – Myself and one dependent  
3 – Myself and two or more dependents  
4 – None
8. When Seeking *initial* treatment for illness/injury for yourself/your dependent(s), which method of care is your most likely choice?  
1 – Emergency Room Care  
2 – Primary Care Physician (Internal Medicine, Family Practice, General Practice or Pediatrician)  
3 – Specialist Physician

## Your “Personal Satisfaction” with Medical Benefits

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Enrolled
9. I am satisfied with the selection of providers in the United Healthcare network.	4	3	2	1	0
10. I am satisfied with the quality of health care I receive from my United Healthcare providers.	4	3	2	1	0
11. I am satisfied with our prescription drug program.	4	3	2	1	0
12. The statements I receive explaining how benefits are paid are clear and easy to understand.	4	3	2	1	0
13. My medical claims are paid promptly and accurately.	4	3	2	1	0
14. The Customer Service Representatives at United Healthcare are easy to reach and responsive to my needs.	4	3	2	1	0

15. I fully understand my health care benefits and how to use them to my best advantage.	4	3	2	1	0
16. When I need information about my benefits, I know how and where to get it.	4	3	2	1	0
17. I'm glad to have health care benefits, and I view them as one of the most important "rewards" of working here.	4	3	2	1	0
18. Overall, I am pleased with the health benefits ABC America Corporation offers me.	4	3	2	1	0

**The future of Health care. Your opinions**

	Strongly Agree	Agree	Disagree	Strongly Disagree
19. I would be willing to pay more for health care to keep the same benefits.	4	3	2	1
20. I would be willing to accept reductions in coverage or benefits rather than a big increase in my contribution.	4	3	2	1
21. I would be willing to accept limited choice in my health care providers, i.e doctors and hospitals, in order to keep cost increases down.	4	3	2	1
22. I understand how high deductible Health Savings Accounts (HSA) plans work.	4	3	2	1
23. I would like more information on cost containment strategies for health care.	4	3	2	1

**Your "Personal Satisfaction" with Dental Benefits**

	Strongly Agree	Agree	Disagree	Strongly Disagree	Not Enrolled
24. I am satisfied with the selection of providers in the United Healthcare dental network.	4	3	2	1	0
25. I am satisfied with the quality of dental care I receive from my United Healthcare providers.	4	3	2	1	0
26. The statements I receive explaining how dental benefits are paid are clear and easy to understand.	4	3	2	1	0
27. My dental claims are paid promptly.	4	3	2	1	0
28. Overall, I am pleased with the dental benefits offered to me by ABC America Corporation.	4	3	2	1	0

**Your "Personal Satisfaction" with Other Benefits**

	Strongly Agree	Agree	Disagree	Strongly Disagree
29. The retirement plan at ABC America Corporation offers me adequate opportunity to build a nest egg for a financially secure retirement.	4	3	2	1
30. I have a good understanding of the financial security Benefits (life insurance, short term disability, long term disability) currently offered to me by ABC America Corporation.	4	3	2	1
31. Overall, I am satisfied with the financial security benefits provided to me by ABC America Corporation.	4	3	2	1

**"Generally Speaking . . ."**

	Strongly Agree	Agree	Disagree	Strongly Disagree
32. Overall, I am pleased with the benefits package ABC America Corporation offers me.	4	3	2	1

33. Are there other employee-paid benefits that you would consider purchasing if they were offered? (Please indicate your interest in each of the following benefits and services. This information will be used as we consider future benefit offerings.)

See the attached sheet for definitions of these benefits

	Very Interested	Interested	Somewhat Interested	Not Interested
Permanent Life Insurance	4	3	2	1
Long-Term Care Insurance	4	3	2	1
Accidental Injury Insurance	4	3	2	1
Vision Care	4	3	2	1
Flexible Spending Account	4	3	2	1
529 College Savings Plan (for dependents)	4	3	2	1
Supplemental Medical Expense Coverage	4	3	2	1

*Thank you for completing the survey.*