



A more human resource.™

## ADP TotalSource Benefits Survey

In this survey, we'll ask questions about your awareness and understanding of the benefits available to you. We'll also ask questions about how you choose and use your benefits. Your responses will help your employer build benefits offerings and communications for the coming Plan Year.

Please be candid—your response is completely confidential. ADP TotalSource® is administering the survey and will not share individual responses with your company.

Thanks in advance for your input.

- 1. Which benefits are most important to you? Please rank the seven benefits most important to you by typing in the numbers, with “1” being most important and “7” being seventh most important. (Use the boxes below to indicate ranking order.)**

Rank	
	Medical Insurance
	Dental Insurance
	Vision Insurance
	401(k) Retirement Savings Plan
	Basic Life and Accidental Death and Personal Loss Insurance
	Short- and Long-Term Disability Coverage
	Advisory Service (assists in managing health care, resolving claims, and coordinating care; e.g., Health Advocate™)
	Health Savings Account
	Health Care Flexible Spending Account
	Dependent Care Flexible Spending Account
	Commuter Benefits
	Accidental Death and Dismemberment Insurance
	Group Legal Plan

Note: 401K questions will only appear if this benefit is offered.



A more human resource.™

	Group Term Life Insurance
	Employee Assistance Program
	Discounts
	Scholarship Programs

**2. Do you have medical insurance coverage through ADP TotalSource? (Select one.) REQUIRED**

a.	Yes
b.	No, I have medical insurance coverage through another source
c.	No, I do not have any medical insurance coverage

If selected, continue to Q.3.

If selected, skip to Q.4.

If selected, skip to Q.5.

**3. Who do you cover under your medical insurance? (Select one.) Skip to Q.6.**

a.	Employee-only
b.	Employee and spouse/domestic partner
c.	Employee and child(ren)
d.	Employee and family—spouse and child(ren)

**4. Where do you get your medical insurance? (Select one.) Skip to Q.6.**

a.	A parent
b.	A spouse/domestic partner
c.	Federal/state program (for example: TRIAD, Medicare, Medicaid)
d.	A retiree plan from a previous employer
e.	Health Insurance Marketplace/Exchange

**5. What's the main reason you don't have medical insurance? (Select one.) Skip to Q.6.**

a.	I'm healthy, so I don't need it
b.	I can't afford it
c.	I missed the enrollment deadline
d.	It's not important to me
e.	Other ( <b>Please provide your other reason for not having medical insurance:</b> )



A more human resource.™

--	--

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
6. <i>Given the choices I have available, it's important to pick the right health plan</i>	1	2	3	4	5	6

7. *How has the importance of picking the right health plan changed for you over the past year?*  
(Select one.)

a.	Become more important
b.	About the same importance
c.	Become less important

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
8. <i>When I or someone in my family gets hurt or feels ill, I know where to go for care to get the best value</i>	1	2	3	4	5	6
9. <i>I'm well-equipped to track and manage my health care costs</i>	1	2	3	4	5	6

10. *Which do you prefer?* (Select one response.)

a.	I prefer to have more money taken out of my paycheck each pay period so I pay less when I need care
b.	I prefer to have less money taken out of my paycheck each pay period, but I would pay more when I need care

11. **When you chose your current medical plan, what was most important to you? Please rank the three things most important to you by typing in the numbers, with "1" being most important and "3" being third most important. (Use the boxes below to indicate ranking order.)**



A more human resource.™

Rank	
	How much I pay from each paycheck
	How much I pay when I go to the doctor
	How much I pay before the plan starts paying for my care
	The maximum amount I will pay toward the cost of care in a year
	Being able to predict how much certain medical services will cost me
	The option to enroll in a Health Savings Account
	Prescription drug coverage
	My preferred doctor(s) and/or hospital is in the network
	Other <b>(Please provide your other most important factor when choosing your medical plan:</b> _____

**12. To what extent do you agree or disagree with the following statements?** (Select one response for each.)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
a. <i>I feel pretty confident that I can make good benefits choices for myself and my family</i>	1	2	3	4	5	6
b. <i>Based on my use of the health care plan this past year, I feel confident that I chose the plan that provided me the best overall value</i>	1	2	3	4	5	6
c. <i>I feel my employer is doing all it can to educate and prepare people given the current uncertainty around benefits and related legislation</i>	1	2	3	4	5	6
d. <i>I am confident that no matter what happens in Washington</i>	1	2	3	4	5	6



A more human resource.™

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<i>(or individual States) that my employer will provide reasonable benefit choices and plans</i>						
e. <i>Beyond making choices, when I have to actually use my benefits, I know how to do that reasonably well</i>	1	2	3	4	5	6
f. <i>I am able to understand and manage how I <b>obtain</b> medical services (e.g., doctor visits, lab tests, procedures, prescriptions, etc.) effectively</i>	1	2	3	4	5	6
g. <i>I am able to understand and manage how I <b>pay</b> for medical services (e.g., doctor visits, lab tests, procedures, prescriptions, etc.) effectively</i>	1	2	3	4	5	6

**13. How often have you....?** (Select one in each row.)

	Never	Once	More Than Once
a. <i>Before going in for a medical visit, I looked for information that tells me about the symptoms I was having and what they might mean</i>	1	2	3
b. <i>I brought a list of questions to ask during a medical visit</i>	1	2	3
c. <i>I brought along a friend or family member to be with me during my medical visit as my advocate or to give me support</i>	1	2	3
d. <i>I brought information I found (on a web site or</i>	1	2	3



A more human resource.™

	Never	Once	More Than Once
<i>other source) to a medical visit to discuss</i>			
e. <i>I asked about whether a type of treatment or prescription drug I heard about might be right for me</i>	1	2	3
f. <i>I asked a provider or insurance company about costs or looked up costs for any medical services recommended for me</i>	1	2	3
g. <i>I compared costs for any recommended medical services from different providers or facilities to find the best value for me</i>	1	2	3

**14. Excluding preventive exams and visits (when you're not sick), how many medical visits did you or a dependent family member receive in the past 12 months? (Select one response for each.)**

*"Medical visit" is a visit to a doctor's office, urgent care center, ER, or hospital for you or your dependent covered by your medical plan.*

	Number of Medical Visits in Past 12 Months										
	0	1	2	3	4	5	6	7	8	9	10
a. <i>Primary care visits (seeing your regular doctor)</i>	<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"/>	<input type="radio"/>
b. <i>Specialty visits (seeing a doctor who specializes in a particular health area)</i>	<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"/>	<input type="radio"/>
c. <i>Urgent care or retail health clinic visits (like a MinuteClinic or company onsite clinic)</i>	<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"/>	<input type="radio"/>
d. <i>Emergency room (ER) visits</i>	<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"/>	<input type="radio"/>





A more human resource.™

	Number of Medical Visits in Past 12 Months										
	0	1	2	3	4	5	6	7	8	9	10
e. <i>Hospital stays (non ER outpatient or inpatient)</i>	<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"/>	<input type="radio"/>

**15. If you've ever regretted a health decision you've made (that led to getting the wrong care or care that you paid more for than you needed to), what led you down the wrong path? (Select all that apply.)**

a.	I jumped into treatment without asking the right questions
b.	I did not check costs at various facilities
c.	I did not go through my primary physician
d.	I took advice from someone who was not a health care professional
e.	I got bad advice from a health care professional
f.	Other ( <b><i>Please provide your other regrettable health decision:</i></b> ) _____
g.	I haven't ever regretted a health decision I have made

**16. In the past 12 months....**

	Yes	No, and have not seriously considered it	No, but have given it serious consideration
a. <i>I have declined other types of insurance or benefits like dental or vision to be able to pay for health insurance</i>	1	2	3
b. <i>I have stopped taking or taken less medications (either less frequently or fewer in number) to save money</i>	1	2	3
c. <i>I have not gotten care for myself or another family member because I could not come up with the out of pocket costs required to pay for the care</i>	1	2	3



A more human resource.™

	Not At All Prepared	Not Very Prepared	Somewhat Unprepared	Somewhat Prepared	Prepared	Very Prepared
17. <i>How prepared are you to pay out-of-pocket expenses if an unexpected illness or accident occurred today?</i>	1	2	3	4	5	6

18. How much money do you have available to cover an unexpected illness or accident if it were to occur? (Select one.)

a.	<\$500
b.	\$500—<\$1,000
c.	\$1,000—<\$2,500
d.	\$2,500—<\$5,000
e.	\$5,000 or more

19. I know where to go to find the information I need to... (Select one in each row.)

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
a. <i>Pick the right health plan</i>	1	2	3	4	5	6
b. <i>Figure out what a health service I need or want will cost</i>	1	2	3	4	5	6
c. <i>Compare costs for health services I need or want</i>	1	2	3	4	5	6
d. <i>Get my health plan or health services questions answered</i>	1	2	3	4	5	6





A more human resource.™

	Strongly Disagree	Disagree	Slightly Disagree	Slightly Agree	Agree	Strongly Agree
<i>clearly and accurately</i>						

**20. Following is a list of resources available to you during annual enrollment. When making your benefits decision each year, please indicate how you prefer to get your information. Rank your most preferred source as “1,” your second most preferred source as “2,” until you have ranked all of the resources. (Use the boxes below to indicate ranking order.)**

Rank	
	ADP TotalSource website
	Benefits enrollment wizard on ADP TotalSource
	MyLife Advisors (Employee Service Center)
	Onsite benefits enrollment meeting with an ADP TotalSource representative
	Other <b>(Please provide your other resource(s) used during annual enrollment:)</b> _____

**21. How much time did you take reviewing and educating yourself on available benefits before choosing your medical plan?**

a.	8 hours or more
b.	5—<8 hours
c.	3—<5 hours
d.	2—<3 hours
e.	1—<2 hours
f.	More than 30 minutes but less than 1 hour
g.	30 minutes or less

**22. How much support do you prefer from ADP TotalSource during the enrollment process?**

None (I've got this)					A little (just tell me what I need to do to enroll)					A lot (I want everything possible to be educated)
-------------------------	--	--	--	--	--	--	--	--	--	--



A more human resource.™

0	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"/>	<input type="radio"/>

**23. How much do you earn each year?**

a.	Under \$25,000
b.	\$25,000 to \$39,999
c.	\$40,000 to \$59,999
d.	\$60,000 to \$79,999
e.	\$80,000 to \$99,999
f.	\$100,000 to \$149,999
g.	\$150,000 or more

*Thank you for your input.*

*ADP TotalSource thanks you for your participation. Your feedback will help us work with you and your employer to make informed benefits decisions in the months ahead.*