



Town of Winchester

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Board of Selectmen Meeting
Monday, August 29, 2016

BUSINESS

Docket Item G -6: Winchester Employee / Retiree Health Plan Survey

Supporting Documents:

G -6: Copy of Survey document

Action Required:

Town of Winchester Health Plan Survey

DRAFT

Re-format for on-line (e.g., SurveyMonkey) and mail-out paper responses (if requested)...

Survey universe is --

Current Employees

| | <i>Family</i> | <i>Individual</i> | <i>Total</i> |
|---------------|---------------|-------------------|--------------|
| <i>Town</i> | <i>122</i> | <i>78</i> | <i>200</i> |
| <i>School</i> | <i>194</i> | <i>165</i> | <i>359</i> |
| <i>Total</i> | <i>316</i> | <i>243</i> | <i>559</i> |

Retired Employees

| | <i>Retirees</i> | <i>Spouses</i> | <i>Total</i> |
|---------------|-----------------|----------------|--------------|
| <i>Town</i> | <i>204</i> | <i>45</i> | <i>249</i> |
| <i>School</i> | <i>222</i> | <i>81</i> | <i>303</i> |
| <i>Total</i> | <i>426</i> | <i>126</i> | <i>552</i> |

Introduction *(to be added...)*

- Survey conducted by Town of Winchester....
- Town must renegotiate its health care plans annually and rebid them periodically...
- The purpose of this survey is to collect information from Town employees and retirees about the current health care plans....

Instructions *(to be added...)*

- Add SurveyMonkey instructions here as needed....
- If you prefer a paper survey form, you may request it from _____ ...
- The survey information is collected anonymously. DO NOT provide your name or contact information....

Draft Version for Current Employees

I am ...

- Current Employee

My age is ...

- Under 35
- Under 55
- Under 65
- 65 or Older

I am enrolled in...

- Harvard Pilgrim Health Care HMO Plan
- Harvard Pilgrim Health Care PPO Plan
- Tufts Health Plan Preferred HMO Prime Plan

My subscription is for...

- Individual
- Individual Plus One ("Dual")
- Family

Medical Services

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | No Opinion |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I'm satisfied with my plan's network of primary care doctors . | <input type="checkbox"/> |
| I'm satisfied with my plan's network of specialists . | <input type="checkbox"/> |
| I'm satisfied with my plan's network of hospitals . | <input type="checkbox"/> |
| I'm satisfied with my plan's prescription coverage . | <input type="checkbox"/> |

Customer Services

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | No Opinion |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I'm satisfied with my plan's information services . | <input type="checkbox"/> |
| I'm satisfied with my plan's billing and dispute resolution services . | <input type="checkbox"/> |
| I'm satisfied with my plan's privacy protection . | <input type="checkbox"/> |

Coverage and Cost

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | No Opinion |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Compared to plans used by family or friends, I'm satisfied with my plan's overall coverage . | <input type="checkbox"/> |
| Compared to plans used by family or friends, I'm satisfied with my plan's co-pays and deductibles . | <input type="checkbox"/> |
| Compared to plans used by family or friends, I'm satisfied with my plan's total cost . | <input type="checkbox"/> |

Future Plan Options

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | <i>No Opinion</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| If offered, I would choose a lower-cost plan with a limited network of primary care doctors, specialists and hospitals. | <input type="checkbox"/> |

Comments and Suggestions

Please add comments and suggestions here. Do not identify yourself or provide contact information.

Draft Version for Retired Employees

I retired ...

- Before 2004
- 2004 to 2014
- After 2014

My age is ...

- Under 35
- Under 55
- Under 65
- 65 or Older

I am ...

- Medicare Retiree
- Non-Medicare Retiree

I am enrolled in...

- Harvard Pilgrim Health Care HMO Plan
- Harvard Pilgrim Health Care PPO Plan
- Harvard Pilgrim Health Care Medicare Enhanced Plan (for medical services) and Aetna Rx Plan (for prescriptions)
- Tufts Health Plan Preferred HMO Prime Plan

My subscription is for...

- Individual
- Individual Plus One ("Dual")
- Family

Medical Services

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | <i>No Opinion</i> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| I'm satisfied with my plan's network of primary care doctors . | <input type="checkbox"/> |
| I'm satisfied with my plan's network of specialists . | <input type="checkbox"/> |
| I'm satisfied with my plan's network of hospitals . | <input type="checkbox"/> |
| I'm satisfied with my plan's prescription coverage . | <input type="checkbox"/> |

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|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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Coverage and Cost

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