Welcome!

Welcome to the 2018 City of Los Angeles LAwell Benefits Program Communications Survey. The purpose of this survey is to obtain your feedback about the City’s benefits communications.

The City’s Joint Labor-Management Benefits Committee (JLMBC) oversees the LAwell Benefits Program. Participant feedback plays a crucial role in understanding the needs and preferences of our members. We encourage you to take the survey and share your views. The survey should take 15 minutes or less to complete.

Your opinions are strictly confidential

You are not required to identify yourself as part of taking this survey. However, the survey does provide an option for you to provide contact information in the event you are interested in participating in a focus group discussion regarding benefits communications.

Your keys to successfully completing the survey

- Selecting answers that best describe your experience or opinion.
- Using the "Back" and "Next" buttons at the bottom of each page to navigate the survey. Do not use the buttons in your browser's toolbar, as your responses may not be recorded.
- When you have completed the survey, click the "Submit" button to save your responses. Once you have clicked this button, you will not be able to go back and edit your responses.
- Not able to take the survey online? Call ___________ or email ____________ to request a printed version.
- Please complete the survey by APRIL X, 2018.

Questions?
If you have questions, please call ___________ or email ____________.

Thank you in advance for your participation!
A. BACKGROUND INFORMATION

1. How long have you worked for the City of Los Angeles? (Choose one)
   - Less than one year
   - 1-4 years
   - 5-9 years
   - 10-14 years
   - 15-19 years
   - 20 or more years

2. With which gender do you most identify? (Choose one)
   - Male
   - Female
   - Non-binary/Third Gender
   - Other
   - I prefer not to answer

3. What is your age group? (Choose one)
   - 25 or under
   - 26 to 40
   - 41-55
   - 56-65
   - 66-74
   - 75 or older

4. How many members are covered on your health plan? (Choose one)
   - Self only
   - Self + spouse/domestic partner
   - Self + children
   - Self + family

5. What City Department do you presently work for? (Choose one)
   - DROP DOWN MENU

6. What City job category most closely matches your current job classification? (Choose one)
   - Clerical (e.g. Administrative Clerk, Senior Administrative Clerk)
   - Paraprofessional (e.g. Engineering Associate, Architectural Associate, Assistant Inspector)
   - Administrative Professional (e.g. Management Assistant, Management Analyst)
   - Technical/Professional (e.g. Engineer, Architect, Inspector)
   - Skilled Craft (e.g. Warehouse and Toolroom Worker, Electrician, Painter)
   - Service & Maintenance (e.g. Tree Surgeon, Gardener)
   - Management (e.g. Chief Management Analyst, Senior Management Analyst)
   - Protective Services (e.g. Detention Officer, Traffic Officer)

7. What City labor organization are you a member of? (Choose one)
   - DROP DOWN MENU

8. What is your employment status? (Choose one)
   - Full-time
   - Half-time
9. How would you rate the information you receive about your benefits (e.g. emails, New Hire and Open Enrollment Guides, FAQs, [www.keepingLAwell.com](http://www.keepingLAwell.com) website, flyers/posters, webinars, on-site seminars, etc.)? (Choose one)

- Excellent
- Above average
- Average
- Below average
- Poor

10. To what extent do you agree or disagree with the following statements? Please check only one response per statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am satisfied with the benefits information (e.g. emails, Open Enrollment Guides, flyers/posters, webinars, information on <a href="http://www.keepingLAwell.com">www.keepingLAwell.com</a>, etc.) I receive from the City.</td>
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<td>I read all of the benefits information I receive.</td>
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<td>I read only the information that I need to make benefits-related decisions during Open Enrollment.</td>
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<tr>
<td>I refer to the benefits information (e.g. emails, Open Enrollment Guides, flyers/posters, webinars, information on <a href="http://www.keepingLAwell.com">www.keepingLAwell.com</a>, etc.) I receive when I have benefits related questions throughout the year.</td>
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<td>The City keeps me informed about important benefits changes, such as changes in benefits providers and tools to help me enroll.</td>
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<td>In general, the benefits information (e.g. emails, Open Enrollment Guides, flyers/posters, webinars, information on <a href="http://www.keepingLAwell.com">www.keepingLAwell.com</a>, etc.) I receive are easy to comprehend. After I read them, I understand my benefits better.</td>
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<td>I visit the <a href="http://www.keepingLAwell.com">www.keepingLAwell.com</a> website when I have questions</td>
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</table>
11. When you have questions about your benefits, where do you go first for answers? (Choose one)

- [ ] www.keepingLAwell.com website
- [ ] www.per.lacity.org/Bens website
- [ ] Emails from per.empbenefits@lacity.org
- [ ] Department human resources personnel
- [ ] Supervisor or coworker
- [ ] Personnel Department, Employee Benefits Division – City Hall, Room 867
- [ ] LAwell Benefits Service Center (1-800-778-2133)
- [ ] Benefits provider website (e.g. anthem.com, KP.org, etc.) and/or benefits provider customer service call center
- [ ] Benefits guides (e.g. New Hire Enrollment Guide, Open Enrollment Guide)
- [ ] N/A – I never have questions about my benefits
- [ ] Other (please explain): ___________________________

12. What is your preferred source for receiving benefits information? (Choose the top five)

**Electronic/Web-based**
- [ ] www.keepingLAwell.com website
- [ ] Emails
- [ ] Videos
- [ ] Webinars
- [ ] Benefits provider website (e.g. anthem.com, KP.org, etc.)

**Printed Materials**
- [ ] Printed benefits material (e.g. benefits guides, enrollment package)
- [ ] Flyers/posters
- [ ] Newsletters

**Telephone**
- [ ] LAwell Benefits Service Center (1-800-778-2133)
- [ ] Benefits provider (i.e. Anthem, Kaiser, Delta Dental, EyeMed, etc.) customer service call center

**In-Person**
- [ ] On-site seminars with Personnel Department, Employee Benefits Division staff, and benefits providers (i.e. Anthem, Kaiser, Delta Dental, EyeMed, etc.)
- [ ] On-site benefits fair with access to benefits providers (i.e. Anthem, Kaiser, Delta Dental, EyeMed, etc.)
- [ ] Department human resources personnel
- [ ] Supervisor or co-worker

**Other**
- [ ] Other (please explain): ________________________________
13. How often do you prefer to receive benefits information? (Choose one)

- [ ] Never
- [ ] Weekly
- [ ] Monthly
- [ ] Quarterly
- [ ] Annually (generally at Open Enrollment)
- [ ] Other (please explain): ________________________________

14. Did you review the Open Enrollment (OE) Guide and Personalized Enrollment Fact Sheet (PEFS) after receiving them in the mail in October 2017? (Choose one)

- [ ] Yes, I reviewed the OE Guide and PEFS
- [ ] Yes, but I only reviewed the OE Guide and not the PEFS
- [ ] Yes, but I only reviewed the PEFS and not the OE Guide
- [ ] No, I did not review the OE Guide and PEFS

If not, please explain why: ________________________________

15. Approximately how much of the OE Guide did you review? (Choose one)

- [ ] Benefits summary only (less than 5%)
- [ ] One to two benefit sections (25%)
- [ ] Three to five benefit sections (50%)
- [ ] Most benefit sections (75%)
- [ ] All benefit sections, rules, & notices (100%)
- [ ] N/A – I did not review the OE Guide

If not, please explain why: ________________________________

16. To what extent do you agree or disagree with the following statements? Please check only one response per statement.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Somewhat Agree</th>
<th>Neither Agree or Disagree</th>
<th>Somewhat Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Open Enrollment Guide was easy to understand.</td>
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<td>The Open Enrollment Guide was a useful tool for helping me make Open Enrollment decisions.</td>
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<td>The Open Enrollment Guide provided me with a complete understanding of my benefits.</td>
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<td>I refer to the Open Enrollment Guide when I have benefits questions throughout the year.</td>
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<td>The amount of information included in the Open Enrollment Guide was adequate.</td>
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17. Do you feel that choosing your benefits is confusing or frustrating? (Choose one)
- Yes
  If yes, please explain why and what do you think might help you feel less confused or frustrated: ___________________________________________________________
- No
  If not, please explain why: ______________________________________________

18. Did you make a change to your benefits during last year’s Open Enrollment period? (Choose one)
- Yes, I made a change to my benefits during last year’s Open Enrollment period.
  If yes, please explain what information sources you used to make your benefits decisions: ___________________________________________________________
- No, I did not make a change to my benefits during last year’s Open Enrollment period.
  If no, please explain why: ______________________________________________

19. How helpful were the following during last year’s Open Enrollment period?

<table>
<thead>
<tr>
<th>Information Source</th>
<th>N/A</th>
<th>Not Helpful</th>
<th>Neutral</th>
<th>Somewhat Helpful</th>
<th>Very Helpful</th>
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<tbody>
<tr>
<td><a href="http://www.keepingLAwell.com">www.keepingLAwell.com</a> website</td>
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<td>Printed Open Enrollment Guide and Personalized Enrollment Fact Sheet</td>
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<tr>
<td>Emails and reminders</td>
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<td>Flyers/posters and reminder postcards</td>
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<td>Webinars</td>
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20. Do you prefer to receive your Open Enrollment materials by mail, as you currently do, or would you prefer to receive it electronically via email? (Choose one)
- Hard copy by mail
- Electronic copy (access through email link and posted online)
- I would like both

21. How would you like to see the annual Open Enrollment process improved for next year? (Choose one)
- Additional information about benefits (please explain): _________________________
- On-site benefits fairs or meetings where you can ask questions concerning benefits
- Additional webinars
Educational videos
Benefits calculators
N/A – No improvements are required
Other (please explain): ________________________________

22. What improvements do you feel are needed in the way benefits information is presented and provided to you?
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

D. CLOSING QUESTION

23. **OPTIONAL:** Would you be willing to participate in a focus group session on these topics, to be scheduled at a later date? If yes, please provide your information below.

Name: ________________________
Department: ___________________
Email: _______________________
Phone Number: ________________

THANK YOU FOR PARTICIPATING IN OUR SURVEY!