



Group Health Plan Administrator Satisfaction Survey

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We are continually looking for ways to improve the quality of our performance in administering your plan. We appreciate your taking a few minutes to complete this survey. Your responses will be kept confidential and will not be used for any purpose other than to assist us in enhancing our services. *Thank you and Si Yu'os Ma'ase* for your continued business!

General Information:

a) My company has offered NetCare's health coverage to our employees for:

- less than 1 year ○ 1 - 3 years ○ 3 - 5 years ○ more than 5 years

b) My company currently has the following number of employees enrolled in NetCare's health plan:

- fewer than 5 ○ 5 - 49 ○ 50 -99 ○ more than 100

On a scale from 1 to 5, please rate your satisfaction on the following statements based on your experiences: (1=Very Dissatisfied, 2=Somewhat Dissatisfied, 3=Undecided, 4=Somewhat Satisfied, 5=Very Satisfied)

	Very Dissatisfied	Very Satisfied
Group Health Plan Administration:		
a) The range of NetCare's plans and options offered.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
b) Information in NetCare's written materials, or on its website, describing health plans, benefits, and administrative procedures.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
c) The business application process.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
d) The employee, dependent, and COBRA enrollment process.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
e) The promptness and accuracy of the billing process.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
f) The help I receive when I contact NetCare.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

	Very Dissatisfied	Very Satisfied
NetCare Marketing Representative Performance:		
a) My marketing representative's knowledge about NetCare's plans and services.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
b) My marketing representative's courteousness and friendliness.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
c) My marketing representative's accessibility and prompt response to my service needs.	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	

Comments:

Other services that would be helpful to my company: