Employee Health Benefits Survey

We seek to provide affordable health benefits that meet our employees’ needs. Your responses will help us understand what is important to you and will provide the information we need to get accurate pricing.

1. How important is it that your employer provides health benefits to you?
   ___ Very important
   ___ Somewhat important
   ___ Less important
   ___ Less important
   ___ Not important at all

2. Please rank which benefits are most important to you, where 1 is most important and 6 is least important.
   ___ Medical
   ___ Dental
   ___ Life
   ___ Long-term disability
   ___ Short-term disability
   ___ Vision

3. List any benefits not included above that are of interest to you.
   __________________________________________________________________________________________
   __________________________________________________________________________________________

4. How much would you be willing to spend each month for health insurance coverage? $ ________________

5. Which scenario do you prefer?
   ___ Spending less each month for insurance, but paying more when you see a doctor.
   ___ Spending more each month for insurance, but paying less when you see a doctor.

6. An insurance company’s network is the doctors and hospitals you can choose from. Which statement below best describes your needs?
   ___ I am comfortable with a smaller, local network of doctors, specialists and hospitals.
   ___ I would prefer to have a larger local network of doctors, specialists and hospitals.
   ___ I would prefer to have a national network of doctors, specialists and hospitals.

Humana.
Please list any doctors and/or medical facilities that it is important for you/your family to have in-network, when possible.

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

To get accurate pricing, please provide the following information for each family member you plan to cover, including yourself.

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<th>First and last name</th>
<th>Relationship to you</th>
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<th>Gender (M/F)</th>
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