

# UBBN

## UNION BULLETIN BOARD NETWORK

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AUGUST 17, 2006

### OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES BENEFITS ADMINISTRATION SERVICES (BAS) 2006 EMPLOYEE SURVEY

YOUR AGENCY NAME: \_\_\_\_\_ YOUR AGENCY LOCATION: \_\_\_\_\_

The Ohio Department of Administrative Services, Bureau of Administrative Services, is planning for the future. As a state employee, we need your feedback on various topics relating to health care during open enrollment and communications - it is valuable and appreciated! The survey will take approximately 8-10 minutes to complete. Please return the survey to the attention of Gretchen Feldmann, Rhodes Tower, BAS, 30 E. Broad St., 28th Flr. by August 18th.

- 1) Online: [www.ohio.gov/employeebenefits](http://www.ohio.gov/employeebenefits) (Available by August 18th)
- 2) Fax: Send to the attention of Gretchen Feldmann, Communications Manager at 614-728-3002
- 3) Mail: Send to the attention of Gretchen Feldmann, Rhodes Tower, BAS, 30 E. Broad St., 28th Flr.

#### SECTION 2 TELL US ABOUT OPEN ENROLLMENT

We will use the information you share to assist us in understanding the employee decision making process during open enrollment. Please select one answer per question unless otherwise indicated.

- 1) Do you have health care coverage through the state?
- Yes (Please proceed to Q3)
  - No (Please proceed to Q2, then to Section 2)
- 2) Why have you opted not to select health care coverage through the state? Please check all that apply.
- My spouse has better insurance coverage through his/her employer.
  - My spouse's employer's health plan is more affordable than the state's health plans.

(Cont'd on next column)

- I have health insurance through a non-spouse family member.
- I have health insurance through my spouse who is a state employee.
- 5) What is the primary reason that motivated you to switch health plans?

The Joint Health Care Committee is circulating a health care survey to aid it in planning and communications. The committee wants to know, for example, why people switch from different plans, and what attracts them to some plans and not to others. It also wants feedback on customer service.

Ask your union leadership for a copy or download the survey from the OCSEA website. In addition, surveys are being distributed to chapters. Surveys must be returned to the Department of Administrative Services by **Sept. 15**. The surveys have instructions on where to send completed forms.



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Download and complete  
the health care survey at

[www.ocsea.org/healthcare](http://www.ocsea.org/healthcare)