



Dental Insurance Program Survey

THE PAPERWORK REDUCTION ACT OF 1995 requires us to notify you that this information collected is in accordance with the clearance requirements of section 3507 of this Act. The public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. No person will be penalized for failing to furnish this information if it does not display a currently valid OMB control number. Your obligation to respond to this survey is voluntary and failure to furnish this information will have no effect on any benefits you are entitled.

Q1 Who did you select as your dental provider?

- Delta Dental.....
- MetLife.....

Q2 How would you describe the area where you live?

- Urban (greater than 1000 people per square mile).....
- Rural (8 to 999 people per square mile).....
- Highly rural (less than 8 people per square mile).

Q3 How reasonable was the distance you had to travel to the dental provider?

- Very reasonable.....
- Reasonable
- Neither reasonable or not reasonable.....
- Fairly reasonable
- Not reasonable at all.....

Q4 Would you please provide your age?

- Less than 30
- 30 to 40
- 41 to 50
- 51 to 60
- 61 to 70
- Greater than 70

Q5 How satisfied are you with how well the Dental plan met your dental needs?

- Highly Satisfied
- Very Satisfied
- Neither Satisfied or dissatisfied
- Fairly Satisfied
- Not Satisfied at all.....

Q6 Considering premiums and out of pocket costs, how would you describe the value of the VA Dental Insurance Program?

- Excellent
- Very good
- Good.....
- Fair
- Poor

Q7 Would you recommend VA Dental Insurance Program to another Veteran?

- Yes
- No

Q8 Would you like to see your family included in the program?

- Yes
- No
- N/A

Q9 Please rate your overall satisfaction with the VA Dental Insurance Program.

- Excellent
- Very good
- Good.....
- Fair
- Poor

Q10 If your satisfaction is not excellent or very good please tell us why.

Q11 Do you plan on renewing your coverage under the VA Dental Insurance Program?

- Yes
- No

Q12 Please provide us any comments to improve the Dental program.