

Post-Exposure Survey for Medicare Plan Finder Study

Conditions 15 and 16

1. How easy or difficult was it for you to use the website in general?
 - Very easy
 - Somewhat easy
 - Neither easy nor difficult
 - Somewhat difficult
 - Very difficult

2. How easy or difficult was it for you to find information that you were looking for?
 - Very easy
 - Somewhat easy
 - Neither easy nor difficult
 - Somewhat difficult
 - Very difficult

3. How easy or difficult was it for you to understand the information that was provided about the prescription drug plans?
 - Very easy
 - Somewhat easy
 - Neither easy nor difficult
 - Somewhat difficult
 - Very difficult

4. How easy or difficult was it for you to do what was required to get from the home page to a table with information about plan benefits, cost, and quality?
 - Very easy
 - Somewhat easy
 - Neither easy nor difficult
 - Somewhat difficult
 - Very difficult

5. How satisfied or dissatisfied were you with the information you were given about each prescription drug plan?
- Very satisfied
 - Somewhat satisfied
 - Neither satisfied nor dissatisfied
 - Somewhat dissatisfied
 - Very dissatisfied
6. How did you feel about the amount of information you were given about each prescription drug plan? Would you say that it was . . .
- Not enough information (I would have liked more)
 - About the right amount of information for me to handle
 - More information than I could handle
7. How easy or difficult was it for you to choose a prescription drug plan?
- Very easy
 - Somewhat easy
 - Neither easy nor difficult
 - Somewhat difficult
 - Very difficult
8. How confident are you that you made a good choice?
- Extremely confident
 - Somewhat confident
 - Not at all confident
9. To what extent did making a choice make you feel each of the following ways . . .

	Not at all	Very little	Somewhat	Extremely
Confused	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimidated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Capable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relaxed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doubtful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frustrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you could have free access to a website like this one when you need to choose a prescription drug plan in real life, how likely would you be to use this website?

- Definitely would use
- Probably would use
- Not sure
- Probably would not use
- Definitely would not use

11. Would you recommend that your friends and family use a website like this one when they make their own choices about a prescription drug plan?

- Definitely recommend
- Probably recommend
- Not sure
- Probably not recommend
- Definitely not recommend

12. We're interested in knowing what you remember about the website and how useful the information was. This question is about some of the **types of information that were shown about each prescription drug plan.**

Types of Information about Prescription Drug Plans	Do you <u>remember</u> seeing this information?		<i>If you <u>remember</u> seeing the information:</i> How easy or difficult was it to tell which plans were better or worse using this information?				<i>If you <u>remember</u> seeing the information:</i> How much did this information influence your choice of a plan?			
	No	Yes →	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not at all	Very little	Somewhat	A great deal
a. Total estimated annual costs	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Monthly premium	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Annual deductible	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Whether the drugs you entered were on the plan's formulary	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pharmacy status	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Overall plan quality	<input type="checkbox"/>	<input type="checkbox"/> →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Looking at the table on the following page, which plan has the highest **monthly premium**? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

14. Looking at the table on the following page, which plan has the highest **estimated annual health and drug costs**? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

15. Looking at the table on the following page, which plan has the lowest **overall quality rating**? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

16. Looking at the table on the following page, which plan has the lowest **total estimated annual costs**? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

17. If you wanted a plan that is above average quality and has no monthly premium, which plan would be your best choice? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

18. If you wanted a plan that is above average quality and includes all your drugs on its formulary, which plan would you choose? Circle one answer only.

Plan A Plan B Plan C Plan D Plan E Plan F

▶ Plan A						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$2,450 Rest of 2012: \$1,838 Mail Order Annual: \$1,446 Rest of 2012: \$1,113	\$48.00 Drug: \$48.00 Health: N/A	Annual Drug Deductible: \$200 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★★★ 4 out of 5 stars	Enroll
▶ Plan B						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$1,250 Rest of 2012: \$938 Mail Order Annual: \$738 Rest of 2012: \$568	\$25.00 Drug: \$25.00 Health: N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: No Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★★★ 4 out of 5 stars	Enroll
▶ Plan C						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$1,400 Rest of 2012: \$1,050 Mail Order Annual: \$826 Rest of 2012: \$636	\$0.00 Drug: \$0.00 Health: N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: No Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★★★ 4 out of 5 stars	Enroll
▶ Plan D						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$2,100 Rest of 2012: \$1,575 Mail Order Annual: \$1,239 Rest of 2012: \$954	\$31.00 Drug: \$31.00 Health: N/A	Annual Drug Deductible: \$31 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: No Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★★★ 4 out of 5 stars	Enroll
▶ Plan E						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$1,700 Rest of 2012: \$1,275 Mail Order Annual: \$1,003 Rest of 2012: \$772	\$0.00 Drug: \$0.00 Health: N/A	Annual Drug Deductible: \$0 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★★ 3 out of 5 stars	Enroll
▶ Plan F						
	Estimated Annual Drug Costs:[?]	Monthly Premium: [?]	Deductibles:[?] and Drug Copay[?] / Coinsurance:[?]	Drug Coverage: [?] and Drug Restrictions: [?]	Overall Plan Rating:[?]	
<input type="checkbox"/>	Retail Pharmacy Status: Network Annual: \$1,950 Rest of 2012: \$1,463 Mail Order Annual: \$1,151 Rest of 2012: \$886	\$22.00 Drug: \$22.00 Health: N/A	Annual Drug Deductible: \$350 Health Plan Deductible: N/A Drug Copay/ Coinsurance: \$0, 25% - 40%	All Your Drugs on Formulary: Yes Drug Restrictions: No No Gap Coverage Lower Your Drug Costs N	★★ 2 out of 5 stars	Enroll

19. Below is a picture of the first page you saw on the Plan Finder website. Thinking about when you first saw that web page, how good an idea did the page give you about what information was available on the Plan Finder website?

- No idea at all
- Very little idea
- Some idea
- A very clear idea

20. How good an idea did this page give you about what you might be able to **do** on the website?

- No idea at all
- Very little idea
- Some idea
- A very clear idea

Medicare Plan Finder

You have the option to complete a general or personalized plan search. A personalized search may provide you with more accurate cost estimates and coverage information. To begin your plan search, please choose from one of these options below.



General Search

A general plan search only requires your zip code.

ZIP Code:

Find Plans

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#)

or

Personalized Search

A personalized plan search requires your zip code and complete Medicare information. This page is secured to protect your personal information. If you don't want to enter your Medicare information, you may use the general search option above.

ZIP Code:

Medicare Number:

Example: 123456789A

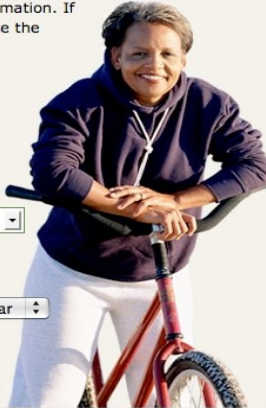
Where can I find my Medicare Number?



Last Name:

Effective Date for Part A: Month Year
Not Part A? [Click here.](#)

Date of Birth: Month Day Year



Find Plans

By clicking on this button you are agreeing to the terms and conditions of the [User Agreement](#)

Additional Tools

- Find and Compare Medigap Policies
- Search by Plan Name or ID
- Enroll Now
- Find formularies in your area
- Medicare Complaint Form

Resources

- Extra Help Paying for Medicare Prescription Drug Coverage
- Helpful Contacts
- Five Ways to Lower Your Costs During the Coverage Gap
- Find out about your Medicare Choices
- Download the Medicare Drug and Health Plan Data and Medigap Compare Databases

Finally, we'd like to ask you some questions about risk. Please choose the best answer possible by checking the appropriate box or writing in an answer on the line provided.

21. Which of the following numbers represents the biggest risk of getting a disease?

- 1 in 100
- 1 in 1000
- 1 in 10

22. Which of the following numbers represents the biggest risk of getting a disease?

- 1%
- 10%
- 5%

23. If Person A's risk of getting a disease is 1% in ten years, and person B's risk is double that of A's, what is B's risk?

_____ %

24. If Person A's risk of getting a disease is 1 in 100 in ten years, and person B's risk is double that of A's, what is B's risk?

_____ in 100

25. If the chance of getting a disease is 10%, how many people would be expected to get the disease:

- a. Out of 100? _____ out of 100
- b. Out of 1000? _____ out of 1000

26. If the chance of getting a disease is 20 out of 100, this would be the same as having a _____ % chance of getting the disease.