

Federal Annuitant Benefits Survey (FABS)

I. Introduction

Welcome to the Federal Annuitant Benefits Survey, administered by the U.S. Office of Personnel Management (OPM). The results of the survey will help guide benefits policy across the Federal Government and will provide helpful information to OPM about your experience with your health plan. Your input is critical in ensuring that the Federal Government offers benefits that meet the needs of all annuitants.

- Participation is voluntary and your responses are anonymous. Please read each question carefully and answer as honestly as possible.
- The survey should take approximately 15-20 minutes to complete.
- As you complete the survey, a bar at the bottom of each page will indicate your progress.
- The response scales change throughout the survey. Please take note of the response scale when responding to each question.
- When navigating through the survey, please use the buttons on the bottom of the survey pages and not your browser's "Back" and "Forward" buttons.
- If you have questions, please contact the Survey Support Center at surveys@opm.gov

Survey Item	Response Choices
Are you a <u>retired federal employee</u> or the spouse of a retired federal employee?	Yes No
Are you enrolled in the Federal Employees Health Benefits (FEHB) Program? (This is your health care coverage)	Yes No
Are you currently covered by TRICARE?	Yes No

Are you 65 years or older?	Yes No
Are you enrolled in Medicare? <i>Select all that apply.</i>	Yes, part A (hospital insurance) Yes, part B (medical insurance) Yes, part C (Medicare Advantage) Yes, part D (prescription coverage) No, I am not enrolled in any Medicare options

II. Your Health Plan Experience

This section asks you to provide feedback about your experience with the health insurance plan you have through the Federal Employees Health Benefits Program.

Survey Item	Response Choices
Which Federal Employee Health Benefits plan are you currently enrolled in? (<i>Please select from the list below.</i>)	Drop down menu of top 20 FEHB plans and an option for “other (please specify)” <i>Note: updated top 20 list will be added at the time the survey is fielded</i>
How do you usually access information about your FEHB plan?	Internet (websites, emails, etc.) Phone Mailings/Plan Brochures From my former agency

	Other
In the last <u>12 months</u> , how often was it easy to get the care, tests, or treatment you needed?	Always Usually Sometimes Never N/A
In the last <u>12 months</u> , when you needed care right away, how often did you get care as soon as you needed?	Always Usually Sometimes Never N/A
In the last <u>12 months</u> , how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?	Always Usually Sometimes Never N/A
What do you like best about your FEHB plan? <i>Select up to 3.</i>	Customer service Prescription coverage Hospital coverage Medical coverage Health and wellness programs/discounts/incentives Health reimbursement arrangement

	<p>My doctor is in the network</p> <p>Access to primary care physicians</p> <p>Access to specialists</p> <p>My plan is easy to understand</p> <p>The services I need are covered</p> <p>My out of pocket costs are minimal</p> <p>My insurance is accepted everywhere</p> <p>Other (please specify)</p>
<p>In the last <u>12 months</u>, how often were you able to find out from your health plan how much you would have to pay for a health care service or equipment</p>	<p>Always</p> <p>Usually</p> <p>Sometimes</p> <p>Never</p> <p>N/A</p>
<p>In the last <u>12 months</u>, how often were you able to find out from your health plan how much you would have to pay for specific prescription medicines?</p>	<p>Always</p> <p>Usually</p> <p>Sometimes</p> <p>Never</p> <p>N/A</p>
<p>In the last <u>6 months</u>, how often did your FEHB health plan's customer service give you the information or help you needed?</p>	<p>Always</p> <p>Usually</p> <p>Sometimes</p> <p>Never</p> <p>N/A</p>

<p>In the last <u>12 months</u>, how often did your FEHB health plan handle your claims quickly?</p>	<p>Always Usually Sometimes Never Don't know N/A</p>
<p>In the last <u>12 months</u>, how often did your FEHB health plan handle your claims correctly?</p>	<p>Always Usually Sometimes Never Don't know N/A</p>
<p>To what extent does your FEHB plan meet your needs?</p>	<p>To a great extent To a moderate extent To a slight extent Not at all adequate</p>
<p>Please tell us how important your FEHB plan is to you.</p>	<p>Extremely important Important Neutral Slightly important Not at all important</p>
<p>Considering the amount you have to pay, how you would rate the value (benefits you receive for your money) of your FEHB plan?</p>	<p>Excellent value for the money Good value for the money</p>

	Fair value for the money Poor value for the money
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III. Prescription Drug Coverage

This section asks you to provide feedback about your experience using your prescription drug coverage.

Survey Item	Response Choices
In the last <u>12 months</u> , how often was it easy to use your prescription drug coverage to fill a prescription at your local pharmacy?	Always Usually Sometimes Never N/A
In the last <u>12 months</u> , how often was it easy to use your prescription drug coverage to fill a prescription by mail?	Always Usually Sometimes Never N/A
In the last <u>12 months</u> , how often did your health plan give you all the information you needed about which prescription medicines were covered?	Always Usually Sometimes Never N/A

In the last <u>12 months</u> , how often did your health plan give you all the information you needed about how much you would have to pay for your prescription medicines?	Always Usually Sometimes Never N/A
In the last <u>6 months</u> , have you talked to a doctor or other health provider about stopping or starting a prescription medicine?	Yes No
(IF YES) When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want to take a medicine?	A lot A little Some Not at all
(IF YES) When you talked about starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might <u>not</u> want to take a medicine?	A lot A little Some Not at all

IV. Health & Wellness

This section contains general questions about your overall health, diet, exercise and tobacco use.

Survey Item	Response Choices
In general, how would you rate your overall health?	Excellent Very Good

	<p>Good</p> <p>Fair</p> <p>Poor</p>
How confident are you in your ability to maintain a high quality of life throughout your senior years?	<p>Very confident</p> <p>Somewhat confident</p> <p>Not very confident</p> <p>Not at all confident</p>
In 2011, FEHB plans began comprehensive coverage of up to two tobacco quit attempts per year, including all recommended drugs, up to 8 counseling sessions, and no enrollee cost sharing. Before you read this information, were you aware of this benefit?	<p>Yes</p> <p>No</p>
<p>Have you used any tobacco products (i.e. cigarettes, chewing tobacco, other tobacco products) within the past 30 days?</p> <p>*Skip patterns will be utilized in electronic survey for tobacco questions.</p>	<p>Yes</p> <p>No, but I used tobacco in the past (more than 30 days ago).</p> <p>No, I have never used tobacco</p>
When did you quit using tobacco?	<p>Within the past year</p> <p>1-2 years ago</p> <p>Over two years ago</p> <p>N/A, I use tobacco on an infrequent/social basis</p>
When you quit using tobacco, did you use the FEHB tobacco cessation benefit?	<p>Yes</p> <p>No</p> <p>Don't know/not sure</p>
When you quit using tobacco, which elements of the FEHB tobacco cessation benefit did you use?	<p>Prescription medications (i.e., bupropion, varenicline, clonidine) at no cost to you</p>

	<p>Counseling sessions with a health professional at no cost to you.</p> <p>Other</p>
Do you now smoke cigarettes every day, some days, or not at all?	<p>Every day</p> <p>Some days</p> <p>Not at all</p>
Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?	<p>Every day</p> <p>Some days</p> <p>Not at all</p>
Do you want to quit using tobacco products permanently?	<p>Yes</p> <p>No</p> <p>Don't know/Not sure</p>
How likely are you to try to quit using tobacco now that FEHB plans will pay for tobacco cessation counseling and medications?	<p>Extremely likely</p> <p>Likely</p> <p>Neither more or less likely</p> <p>Unlikely</p> <p>Extremely unlikely</p> <p>Not sure</p>
During the past 12 months, have you stopped using tobacco for one day or longer because you were trying to quit?	<p>Yes</p> <p>No</p>
During the past 12 months, how many times have you attempted to quit using tobacco?	<p>1-2 times</p>

	<p>3-5 times</p> <p>More than 5 times</p>
<p>The <u>last time</u> you tried to quit using tobacco products, did you... (Check all that apply.)</p>	<p>Call a telephone quit line?</p> <p>Use a class or program to help you quit?</p> <p>Use one-on-one counseling from a health professional to help you quit?</p> <p>Use over the counter medications (i.e., nicotine gum, patches, lozenges)</p> <p>Use prescription medications (i.e., bupropion, varenicline, clonidine)</p> <p>None of the above</p>
<p>In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products?</p>	<p>Yes</p> <p>No</p> <p>Don't know/haven't seen a health professional</p>
<p>In the past 12 months, did a doctor or other health professional advise you to lose weight?</p>	<p>Yes</p> <p>No</p> <p>Don't know/haven't seen a health professional</p>
<p>In the past 12 months, have you completed a health risk assessment (HRA)? (will provide a definition on the survey itself, using FEVS/FEBS format)</p>	<p>Yes, a HRA was available through my health plan.</p> <p>No, but I knew a HRA was available through my health plan.</p> <p>No, a HRA was not made available to me.</p> <p>Don't know</p>

<p>In the past 12 months, did you set one or more specific goals to manage your health?</p>	<p>Yes No Don't know</p>
<p>Physical activity (i.e., aerobic or muscle strengthening exercises) is an important part of my lifestyle.</p>	<p>Strongly agree Agree Neither agree nor disagree Disagree Strongly disagree N/A, Physical illness/injury prevent me from participating in these types of physical activities</p>
<p>Do you <u>have access to</u> a wellness program? (The program may include nutrition counseling, medication management, fitness classes, health coaching, etc.)</p>	<p>Yes, No Don't know/not sure</p>
<p>(if selected yes) Do you <u>participate</u> in a wellness program?</p>	<p>Yes, I participate in a program through my health plan. Yes, I participate in a program through my local community/senior center. No, I do not participate in a program.</p>
<p>I prioritize eating healthy, nutritious foods as part of my daily life.</p>	<p>Strongly agree Agree Neither agree nor disagree</p>

	Disagree Strongly disagree
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V. About You

This section includes basic demographic items and questions about how you access your personal health information.

Survey Item	Response Choices
How often do you use e-mail?	Frequently Occasionally Never
How often do you use the internet to access health information online? (This includes apps on phones or tablets)	Often Sometimes Rarely Never
What is your zip code?	(fill-in blank)
Which retirement system are you (or your spouse) covered by?	Federal Employees Retirement System (FERS) Civil Service Retirement System (CSRS)
Are you:	Male Female
How old are you?	(fill in blank)

<p>Please select the racial category or categories with which you most closely identify. <i>Select all that apply.</i></p>	<p>American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White</p>
<p>Are you Hispanic or Latino?</p>	<p>Yes No</p>
<p>When did you retire?</p>	<p>Less than 5 years ago 5-10 years ago 11-20 years ago More than 20 years ago</p>

FINAL: Do Not Distribute