

\*General note: Add SHOP Marketplace logo as header to all pages.

**Learning about the SHOP Marketplace:**

**How did you first hear about the Small Business Health Options Program (SHOP) Marketplace?**

(Essay Response)

**Enrollment:**

**How long did it take you to complete the SHOP Marketplace enrollment application on HeathCare.gov?**

Less than 1 hour / 1-2 hours / 2-3 hours / More than 3 hours / NA (someone else completed the enrollment application)

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA (someone else completed the enrollment application)

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**How would you rate your overall experience with making updates to your SHOP Marketplace account, like adding or removing an employee or dependent from coverage, adding or changing an agent or broker, or making updates to your phone number or address?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied / NA

- Small Business Health Care Tax Credit
- Employee Choice (the ability to offer more than one plan to employees)
- The ability to work with an agent or broker
- Recommendation from an agent
- Recommendation from someone else
- Other (specify): [text response]

**Optional - Briefly give any other feedback regarding improvements to the SHOP Marketplace .**

(Essay Response)

**SHOP Call Center:**

**[Ask if Yes] How satisfied were you with your experience with the SHOP Call Center? (Scale of 1 to 5)**

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**SHOP payments:**

- Online
- Check
- Phone
- Not sure

**[If yes] How would you rate your overall experience with making a payment to the SHOP Marketplace?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied

**Optional - Briefly give any other feedback about improvements to the SHOP Marketplace payment process.**

(Essay Response)

**Plan and benefits:**

(Scale of 1 to 5)

1 – Extremely Dissatisfied -> 2 – Somewhat Dissatisfied -> 3 – Neutral -> 4 – Somewhat Satisfied -> 5 – Extremely Satisfied

**Overall, how satisfied are you with the health plan choices available through the SHOP Marketplace?**

(Scale of 1 to 5)

1 – Extremely Dissatisfied -> 2 – Somewhat Dissatisfied -> 3 – Neutral -> 4 – Somewhat Satisfied -> 5 – Extremely Satisfied

**Overall, how satisfied are you with the dental plan choices available through the SHOP Marketplace (if you offer dental coverage)?**

(Scale of 1 to 5)

1 – Extremely dissatisfied -> 2 – Somewhat dissatisfied -> 3 – Neutral -> 4 – Somewhat satisfied -> 5 – Extremely satisfied -> N/A

**Customer demographics (optional):**

**What state(s) do you have SHOP coverage? \*Check all that apply) (Drop down)**

- 1-5
- 6-10
- 11-24
- 25-40
- 41-50
- 51-75
- 76-100
- 100+

**What is the name of your business?** (Text response)

**In which industry is your business?** (Text response)

**Has your business offered health coverage to your employees before offering SHOP coverage?** (Yes/No)

**Did a licensed insurance agent or broker help you with your SHOP Marketplace enrollment application?** (Yes/No)

**Resources/recommendations:**

**What SHOP Marketplace resources or additional support do you recommend to help you or your employees?**

(Essay Response)

**(Scale of 1 to 5)**

**1 – Extremely unlikely -> 2 – Somewhat unlikely -> 3 – Neutral -> 4 – Somewhat likely -> 5 – Extremely**

**likely Do you have any other comments or feedback about your experience with the SHOP Marketplace?**

(Essay Response)

**Can we contact you if we have questions about any of your responses?**

**Yes/No Name:**

**Phone  
number: Email**