

**Department of Labor**  
**Employment and Benefits Security Administration**  
**Tree Testing Baseline Survey**  
**11/21/2022**

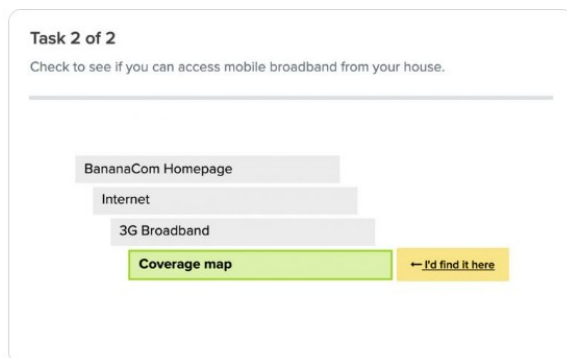
**Purpose:** The purpose of the baseline Tree Testing survey is to gather baseline data on how easily people can find information on the current DOL EBSA website based on the current wording, organizational structure, and hierarchy of the website. The results will be compared to additional Tree Tests conducted after web enhancements are made to see if there is an improvement in correctly finding information in the designated places on the website.

**Target Audience:** Multicultural workforce or their beneficiaries

- Age range: 18-67 years
- Has employer-based health insurance and/or employer-based retirement plan OR is a beneficiary of an individual who has them
- Works at a company with more than 100 employees
- Does not have coverage through programs such as Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE
- Ensure diversity in race/ethnicity, geographic location, income levels, ability levels (including visual disabilities), and those who lack access to resources

**Methodology:** CMRignite will program these questions into a Tree Testing platform, called Treejack, accessible by respondents via a survey link. We will work with a sample provider, Optimal Workshop Panel, to recruit 30 participants that fit the target audience criteria.

**Information about the Survey Questions:** Respondents will be asked to complete a task related to finding information on a particular web page. They won't visit the web page, but they will see a list of topics (links) currently on the page. The gold box represents the first set of topics that all respondents will see, and they will be asked to choose one topic indicating where they would click first to complete the task. The green box represents the second set of topics respondents will choose after clicking an option from the first set of choices in the gold box (depending on what topic they click). Once a respondent has made their final decision on where they would expect to find the information, they will be shown a "I'd find it here" button (depicted below) which they will select. Note, the highlighted response options are the paths the respondent should take to find the information based on the current configuration of the website.



The OMB control number for this collection is 1225-0093 and expires on 02/29/2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 30 minutes to complete.

## Screening Questions

*Please answer a few questions to see if you qualify for the survey.*

1) What is your age group? *(Select one)*

Less than 18 years old [Disqualify and end survey]

18-24

25-34

35-44

45-54

55-64

65-67

68 years old or older [Disqualify and end survey]

Disqualify/End Survey Message: We're sorry. Based on your answers, you don't match the specific profile for the survey. We greatly appreciate your time and interest. You may close your browser.

2) Where do you live? [Drop-down list of states] *(Select one)*

I do not live in the United States. [Disqualify and end survey]

3) Do you have job-based health insurance or a job-based retirement plan? *(Select one)*

Yes

No

I don't know

3a) [If No on previous question] Do you receive benefits from a family member who has job-based health insurance or a job-based retirement plan? *(Select one)*

Yes

No [Disqualify and end survey]

4) Does the company/organization you work for (or the insured family member works for) have more than 100 employees? *(Select one)*

Yes

No [Disqualify and end survey]

I don't know [Disqualify and end survey]

5) Do you have coverage through any of these programs: Medicare, Medicaid, Indian Health Services, Veterans Affairs Health Care, or TRICARE? *(Select one)*

Yes [Disqualify and end survey]  
No  
I don't know [Disqualify and end survey]

*The OMB control number for this collection is 1225-0093 and expires on 02/29/2024. According to the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless such collection displays a valid OMB control number. Collection of this information is authorized by OMB. The obligation to respond to this collection is voluntary. We estimate it takes about 30 minutes to complete.*

*You have qualified for the study. Please complete the following 6 tasks by choosing the topics you would click on to find the information. Your responses combined with others help to guide the layout and grouping of topics on websites for people to learn about benefits related to job-based health insurance and retirement plans.*

[Tasks will be randomized]

**Task 1: Where would you go to see the goal/purpose of the Employee Benefits Security Administration?** [Tree Test for About Us page]

Select the topic you would click first. [Based on the respondent's selection from the list below, the respondents will see the Tree for that link; highlighted responses include the correct navigation]

What We Do

Our Organization

Find Your Regional Office

Our Mission

ERISA Advisory Council

State All Payer Claims Databases Advisory Committee (SAPCDAC)

Select the topic you would click next.

[PN Tree for What We Do]

Agency Enforcement Results | News Release

Agency Enforcement Archive

EBSA Non-Retaliation Policy

History of EBSA and ERISA

Children's Health Insurance Program Working Group

Consumer Complaints

Our Organization

Find Your Regional Office

Our Mission

ERISA Advisory Council

[www.askebsa.dol.gov](http://www.askebsa.dol.gov)

[PN Tree for Our Organization]

No further tree needed

**[PN Tree for Find Your Regional Office]**

No further tree needed

**[PN Tree for Our Mission]**

No further tree needed

**[PN Tree for ERISA Advisory Council]**

Agenda

Register to Attend

Federal Registrar Notice

ERISA Advisor Council Reports

Appointment Process

Executive Summary

Working Process of the Advisory Council

2022 ERISA Advisory Council Members

2022 ERISA Advisory Council Issue Statements

2022 Witness Statements

**[PN Tree for SAPCDAC]**

Introduction

Appointment Process

Advisory Committee Members

Charter and Other Committee Advisory Materials

Final Report and Recommendations

**Task 2: You lost your job. Where do you go to see what to do about your job-based health insurance and retirement benefits?** **[Tree Test for Ask EBSA page]**

Select the topic you would click first. **[Based on the respondent's selection from the list below the respondents will see the Tree for that link]**

**Common Questions**

Resources

Publications

Ask a question, submit a complaint, report a problem

Select the topic you would click next.

**[PN Tree for Common Questions]**

Can the Department of Labor assist me with my health, disability, or other ERISA welfare benefit issue, if my benefit is being denied by my plan?

Am I eligible for COBRA?

If I lose my job can I enroll in my spouse's health plan immediately?

Can I enroll my adult child in my health plan?

How do I file a claim for my health benefits?  
Where can I find information on the Affordable Care Act?  
What do I do if my Multiple Employer Welfare Arrangement (MEWA) can no longer pay health benefits?  
Can the Department of Labor assist me with my pension, 401(k), profit sharing, or other retirement issue, if my benefit is lost, stolen, or being denied by my plan?  
I received a notice from the Social Security Administration that I may have a private retirement benefit. Can you help me?  
How do I file a claim for retirement benefits?  
**I lost my job. How do I protect my health and retirement benefits?**  
What about fees and expenses in 401(k) plans?

#### [PN Tree for Resources]

Frequently Asked Questions  
Fact Sheets  
Health Benefits Advisor  
Abandoned Plan Search  
Videos  
Find your plan's annual 5500 reports  
Find a Form M-1

#### [PN Tree for Publications]

What You Should Know About Your Retirement Plan  
Savings Fitness: A Guide to Your Money and Your Financial Future  
Taking the Mystery out of Retirement Planning  
Your Rights After A Mastectomy...Women's Health & Cancer Rights Act of 1998  
Order publications electronically

#### [PN Tree for Ask Questions]

Request assistance online  
EBSA Office  
Read more about what we do  
Email our webmaster  
Email us to suggest improvements

**Task 3: You want to know what your rights are related to your retirement benefits. [Tree Test for Resources including outreach events]**

Select the topic you would click first. [Based on the respondent's selection from the list below, the respondents will see the Tree for that link]

Advisory Opinions  
Amicus Briefs  
Compliance Assistance Releases  
**Fact Sheets**  
FAQs

Forms  
Information Letters  
Publications  
Reports  
Research Papers  
Research Bulletins  
Seminars and Webcasts  
Videos  
Related Resources

Select the topic you would click next. **[Based on the respondent's selection from the list below, the respondents will see the Tree for that link]**

**[PN Tree for Advisory Options]**

Office of Regulations and Interpretations  
ERSIA Procedure 76-1  
Data Dictionary

**[PN Tree for Amicus Briefs]**

Additional Amicus Briefs  
List of years from 2000 to 2019

**[PN Tree for Compliance Assistant Releases]**

2022  
2021

**[PN Tree for Fact Sheets]**

Health  
Retirement  
Program

**[PN Tree for FAQs]**

**Retirement**  
Health  
Voluntary Correction Programs  
Reporting and Disclosure

**[PN Tree for Forms]**

Form 5500 Series Form PR Form M-1 Annual Report Notices for Apprenticeship and Training Plans and Top Hat Plan Statements Health and Retirement  
Form 5500/Form 5500-SF Filing Search  
Form PR Filing Search  
Form M-1 Online Filing Search  
Apprenticeship and Training Plan Notice Searches and Top Hat Plan Statement Searches

#### **[PN Tree for Reports]**

List of years from 2000 to 2019

#### **[PN Tree for Research Papers]**

Funded Retirement Research Papers 1998-2017

Funded Health and Welfare Research Papers 1999-2022

#### **[PN Tree for Research Bulletins]**

Retirement

Health and Welfare

#### **[PN Tree for Seminars and Webcasts]**

For Workers and Families

For Employers and Advisors

#### **[PN Tree for Videos]**

A look at 401K Plan Fees

Choosing a Health Plan for Your Small Business

Choosing a Retirement Solution for Your Small Business

Health Care Coverage – Pay a Little to Save A Lot

Know Your Health Benefit Rights

Making Your Retirement Look Great

Protecting Health and Retirement Benefits After Job Loss

Questions? EBSA has Answers

Saving Matters

Saving Fitness Financial Planning Series

What Do You Want Your Retirement to Look Like?

#### **[PN Tree for Related Resources]**

Public Sector Resources

Private Sector Resources

**Task 4: Your mental health benefits were denied by your job-based health insurance.**

**Where would you go to see if you can appeal the claim? [Tree Test for Mental Health Parity and Addiction Equity Act]**

Select the topic you would click first. [Based on the respondent's selection from the list below the respondents will see the Tree for that link]

FAQs

**Know Your Rights**

Learn how to use your employer-sponsored health plan.

Visit the Substance Abuse and Mental Health Services Administration website

Regulations

Guidance

Related information

Publications and Videos  
Reports and research papers  
Other resources  
askebsa.dol.gov

Select the topic you would click next.

**[PN Tree for FAQs]**

No Further Tree Needed

**[PN Tree for Know Your Rights]**

No Further Tree Needed

**[PN Tree for Learn How to Use your employer-sponsored health plan]**

No Further Tree Needed

**[PN Tree for Visit the Substance Abuse and Mental Health Services Administration website]**

No Further Tree Needed

**[PN Tree for Regulations]**

Final Regulation

**[PN Tree for Guidance]**

**Frequently Asked Questions**

Mental Health Parity and Addiction Equity Act  
Mental Health Parity Implementation (ACA FAQs Part V)  
Mental Health Parity Implementation (ACA FAQs Part VII)  
Mental Health Parity Implementation (ACA FAQs Part XVII)  
Mental Health Parity Implementation (ACA FAQs Part XVIII)  
Mental Health Parity Implementation (ACA FAQs Part XXIX)  
Mental Health Parity Implementation (ACA FAQs Part 31)  
Mental Health Parity Implementation (ACA FAQs Part 34)  
Mental Health Parity Implementation (ACA FAQs Part 38)  
Draft MHPAEA Disclosure Template  
PRA Information Collection Request  
Public Comments  
Mental Health Parity Implementation (ACA FAQs Part 39 - Proposed)  
Revised Draft MHPAEA Disclosure Template (issued April 23, 2018)  
PRA Information Request  
PRA Appendix II: Crosswalk of Changes  
Public Comments – Proposed MHPAEA FAQs Part 39  
Public Comments – Revised Draft MHPAEA Disclosure Template  
Mental Health Parity Implementation (ACA FAQs Part 39 - Final)  
Final MHPAEA Disclosure Template  
Outpatient Benefit Sub-classifications  
Understanding Implementation of MHPAEA  
Mental Health Parity Implementation (ACA FAQs Part 45)

**[PN Tree for Related Information]**

FY2021 MHPAEA Enforcement Fact Sheet  
Appendix  
FY2020 MHPAEA Enforcement Fact Sheet  
Appendix  
Introduction



FY2019 MHPAEA Enforcement Fact Sheet  
Appendix  
FY2018 MHPAEA Enforcement Fact Sheet  
Appendix  
Introduction  
FY2017 MHPAEA Enforcement Fact Sheet  
FY2016 MHPAEA Enforcement Fact Sheet  
FY2015 Enforcement Fact Sheet  
MHPAEA IFR Fact Sheet  
Mental Health and Addiction Insurance Help  
Standards Related to Essential Health Benefits, Actuarial Value, and Accreditation  
Application of MHPAEA to Medicaid MCOs, CHIP, and Alternative Benefit (Benchmark) Plans  
Internal Claims and Appeals and External Review  
Mental Health Parity Act Model Forms

#### **[PN Tree for Publications and Videos]**

Disclosure Guide: Making the Most of Your Mental Health and Substance Use Disorder Benefits  
Know Your Rights: Parity for Mental Health and Substance Use Disorder Benefits  
Parity of Mental Health and Substance Use Benefits with Other Benefits: Using Your Employer-Sponsored Health Plan to Cover Services  
Understanding Parity: A Guide to Resources for Families and Caregivers  
Top Ten Ways to Make Your Health Benefits Work for You  
elaws Health Benefits Advisor  
Questions? EBSA Has the Answers | in Spanish

#### **[PN Tree for Reports and Research Papers]**

2022 Report to Congress: Realizing Parity, Reducing Stigma, and Raising Awareness  
DOL 2020 Report to Congress: Parity Partnerships: Working Together  
DOL 2018 Report to Congress: Pathway to Full Parity  
HHS Action Plan  
DOL 2016 Report to Congress: Improving Health Coverage for Mental Health and Substance Use Disorder Patients  
DOL 2014 Report to Congress: Compliance With the Mental Health Parity and Addiction Equity Act of 2008  
DOL 2012 Report to Congress: Compliance With the Mental Health Parity and Addiction Equity Act of 2008  
HHS Study: Consistency of Large Employer and Group Health Plan Benefits with Requirements of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008  
HHS Study: Short-Term Analysis to Support Mental Health and Substance Use Disorder Parity Implementation

#### **[PN Tree for Other Resources]**

SAMHSA Home Page  
SAMHSA Health Reform - Mental Health Parity  
SAMHSA - Caring for Every Child's Mental Health

SAMHSA - National Center on Substance Abuse and Child Welfare

SAMHSA - National Prevention Week

National Institute of Mental Health

National Institute on Drug Abuse

Department of Defense Centers of Excellence

Children's Mental Health Network

National Association of Insurance Commissioners

National Council for Community Behavioral Healthcare

National Alliance on Mental Illness

Health Law Advocates

National Association of State Mental Health Program Directors

National Association of State Alcohol and Drug Abuse Directors, Inc.

Community Catalyst

Legal Action Center

The College for Behavioral Health Leadership

**Task 5: You have questions on the rising cost of medical care and what is being done to prevent your job-based health insurance from increasing prices unfairly if you need to go to the ER. [Tree Test for Surprise Billing (Consolidated Appropriations Act, 2021)]**

Select the topic you would click first. [Based on the respondent's selection from the list below, the respondents will see the Tree for that link]

**Laws**

Statutes (United States code)

Executive Orders

Select the topic you would click next.

**[PN Laws]**

Affordable Care Act (ACA)

American Rescue Plan Act (ARP)

Consolidated Omnibus Budget Reconciliation Act (COBRA)

Employee Retirement Income Security Act (ERISA)

Health Insurance Portability and Accountability Act (HIPAA)

Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008

**No Surprises Act**

Pension Protection Act (PPA)

Setting Every Community Up for Retirement Enhancement Act of 2019 (SECURE Act)

Children's Health Insurance Program Reauthorization Act (CHIPRA)

Genetic Information Nondiscrimination Act (GINA)

Newborns' and Mothers' Health Protection Act (NMHPA)

Women's Health and Cancer Rights Act (WHCRA)

### [\[PN Tree for Statutes \(United States code\)\]](#)

ERISA Title 29 Chapter 18

Public Law No. 93-406

### [\[PN Tree for Executive Orders\]](#)

Reorganization Plan No. 4 of 1978 ERISA Transfers of Authority

**Task 6: You have questions about your benefits and want to contact EBSA.** [\[Tree Test for Ask EBSA form\]](#)

Select the topic you would click first. [\[Based on the respondent's selection from the list below, the respondents will see the Tree for that link\]](#)

Common Questions

[Resources](#)

Publications

Ask a question, submit a complaint, report a problem

Select the topic you would click next.

### [\[PN Tree for Common Questions\]](#)

Can the Department of Labor assist me with my health, disability, or other ERISA welfare benefit issue, if my benefit is being denied by my plan?

Am I eligible for COBRA?

If I lose my job can I enroll in my spouse's health plan immediately?

Can I enroll my adult child in my health plan?

How do I file a claim for my health benefits?

Where can I find information on the Affordable Care Act?

What do I do if my Multiple Employer Welfare Arrangement (MEWA) can no longer pay health benefits?

Can the Department of Labor assist me with my pension, 401(k), profit sharing, or other retirement issue, if my benefit is lost, stolen, or being denied by my plan?

I received a notice from the Social Security Administration that I may have a private retirement benefit. Can you help me?

How do I file a claim for retirement benefits?

I lost my job. How do I protect my health and retirement benefits?

What about fees and expenses in 401(k) plans?

### [\[PN Tree for Resources\]](#)

[Frequently Asked Questions](#)

Fact Sheets

Health Benefits Advisor

Abandoned Plan Search

Videos

Find your plan's annual 5500 reports  
Find a Form M-1

#### **[PN Tree for Publications]**

What You Should Know About Your Retirement Plan  
Savings Fitness: A Guide to Your Money and Your Financial Future  
Taking the Mystery out of Retirement Planning  
Your Rights After A Mastectomy...Women's Health & Cancer Rights Act of 1998  
Order publications electronically

#### **[PN Tree for Ask Questions]**

Request assistance online  
EBSA Office  
Read more about what we do  
Email our webmaster  
Email us to suggest improvements

### **About You**

*These questions help us combine your responses with others like you.*

7) Were you born in the United States? (Select one)

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

8) What is the combined income of all members of your household for the past 12 months (before taxes and from all sources)? (Select one)

- ☐ Less than \$10,000
- ☐ \$10,000 to under \$25,000
- ☐ \$25,000 to under \$50,000
- ☐ \$50,000 to under \$75,000
- ☐ \$75,000 to under \$100,000
- ☐ \$100,000 to under \$150,000
- ☐ \$150,000 to under \$200,000
- ☐ \$200,000 or more

- ☐ I prefer not to answer

9) Are you of Spanish, Hispanic, or Latino origin? (Select one)

- ☐ Yes
- ☐ No
- ☐ I prefer not to answer

10) What race best describes you? (Select all that apply)

- ☐ American Indian or Alaska Native
- ☐ Asian/Pacific Islander
- ☐ Black/African American
- ☐ White/Caucasian
- ☐ Other (specify) \_\_\_\_\_
- ☐ I prefer not to answer

11) What is the highest level of school you completed? (Select one)

- ☐ No high school diploma or GED
- ☐ High school diploma or GED
- ☐ Some college, no degree
- ☐ College degree, or vocational training degree or certificate (2-year program)
- ☐ College degree (4-year program)
- ☐ Master's/Graduate degree or higher
- ☐ I prefer not to answer

12) How do you describe your gender identity? (*Select the best fit*)

- ☐ Woman, female, or feminine
- ☐ Man, male, or masculine
- ☐ Transgender woman, female, or feminine
- ☐ Transgender man, male, or masculine
- ☐ Nonbinary, gender queer, or gender fluid
- ☐ Not listed here/I prefer to self-describe: (specify) \_\_\_\_\_
- ☐ I prefer not to answer

13) What language(s) do you speak? (*Select all that apply*)

- ☐ English
- ☐ Spanish
- ☐ Chinese
- ☐ Vietnamese
- ☐ Korean
- ☐ Haitian Creole
- ☐ Polish
- ☐ Tagalog
- ☐ Arabic
- ☐ Russian
- ☐ Portuguese
- ☐ French
- ☐ Other (specify) \_\_\_\_\_
- ☐ I prefer not to answer

14) Do you identify with any of the following statements? (Select all that apply)

- ☐ I wear glasses.
- ☐ I have difficulty seeing small words or shapes.
- ☐ I have difficulty seeing certain colors. (Please specify.) \_\_\_\_\_
- ☐ I have a vision impairment. (Please specify.) \_\_\_\_\_
- ☐ I prefer not to answer.
- ☐ None of the above

15) Would you like to participate in a virtual interview to share your opinions about organization and information that may be helpful? It will take about 40 minutes, there is no need to prepare, and all you need is a smartphone or device to join the call. After the interview, you will receive a \$75 electronic gift card as a thank you.

Yes

No

**[If Yes]** 15a) Please provide your information below, and we will reach out to you to schedule the call. Your information will be kept separate from your survey responses.

First name:

Last name:

Email address:

Mobile phone (include area code):

Days/times available for a 40-minute interview (include time zone):

##

We thank you for your time spent taking this survey. Your response has been recorded.