TOWN OF MIDDLEBOROUGH

2014 HEALTH INSURANCE QUESTIONNAIRE

No individual, and no family, consumes the same amount of health care services. Every individual and family is different – they have different medical conditions, see different doctors and take different prescription drugs. Picking the right Group Insurance Commission (GIC) requires some research. Here are some suggestions:

- Complete this questionnaire and keep it in a safe and accessible place;
- Carefully read the GIC's Benefit Decision Guide;
- Visit the GIC's website at www.mass.gov/gic;
- Call the GIC at (617) 727-2310, extension 1;
- Ask your physician(s) for their opinions of the GIC plans;
- Ask family and friends in the GIC for their opinions;
- Call the carriers whose phone numbers are listed on page **35** of your GIC Benefit Decision Guide.

For each question below, select the best answer. ***Your answers are private.*** *No one but you or a family member will see these answers.*

1. **I am:**
   - ☐ An Active employee or the spouse of an Active employee
   - ☐ A retired employee or the spouse of a retired employee who is eligible for Medicare
   - ☐ A retired employee or the spouse of a retired employee who is not eligible for Medicare

2. **I currently have this type of health plan coverage:**
   - ☐ Individual Coverage
   - ☐ Family Coverage

3. **How many times did you visit a doctor, physical therapist or mental health professional in 2013? (If you have family coverage, please select the total number of visits for all family members)**

   - ☐ 0 visits
   - ☐ 1 – 4 visits
   - ☐ 5 – 10 visits
   - ☐ 10 – 20 visits
   - ☐ More than 20 visits

4. **I use/my family uses the following Primary Care Physicians on a regular basis:**

PCP Name	Street	City	Phone Number

5. **How many times were you or a family member hospitalized in 2013?**
   - ☐ 0
   - ☐ 1
   - ☐ 2 or more

6. **In 2013, I used/my family used the following hospitals to receive medical services:**

Hospital Name	Street	City	Phone Number

7. **Are you currently taking medication for:**
   - ☐ Diabetes
   - ☐ Asthma
   - ☐ High Blood Pressure
   - ☐ High Cholesterol
   - ☐ Depression, Anxiety, Stress
   - ☐ Pain
   - ☐ Other

8. **What prescription or over-the-counter medications do you take on a regular basis?**

Medication Name	Dosage	Medication Name	Dosage

9. **Which statement best reflects your feelings about health insurance plans?**
   - ☐ I am comfortable with plans where I can only obtain care from a restricted network of providers and must obtain referrals for specialists, but where I will pay a lower premium

   - ☐ Freedom of choice is extremely important to me and I am willing to pay more in premiums to avoid having to get referrals to visit specialists and to have the ability to visit any medical provider or medical facility.