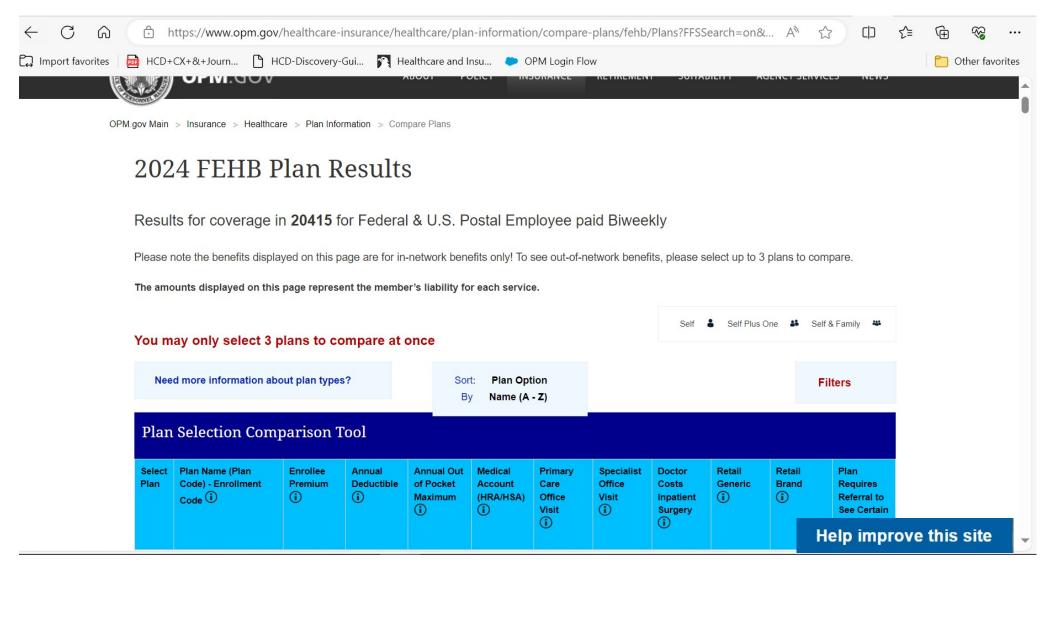
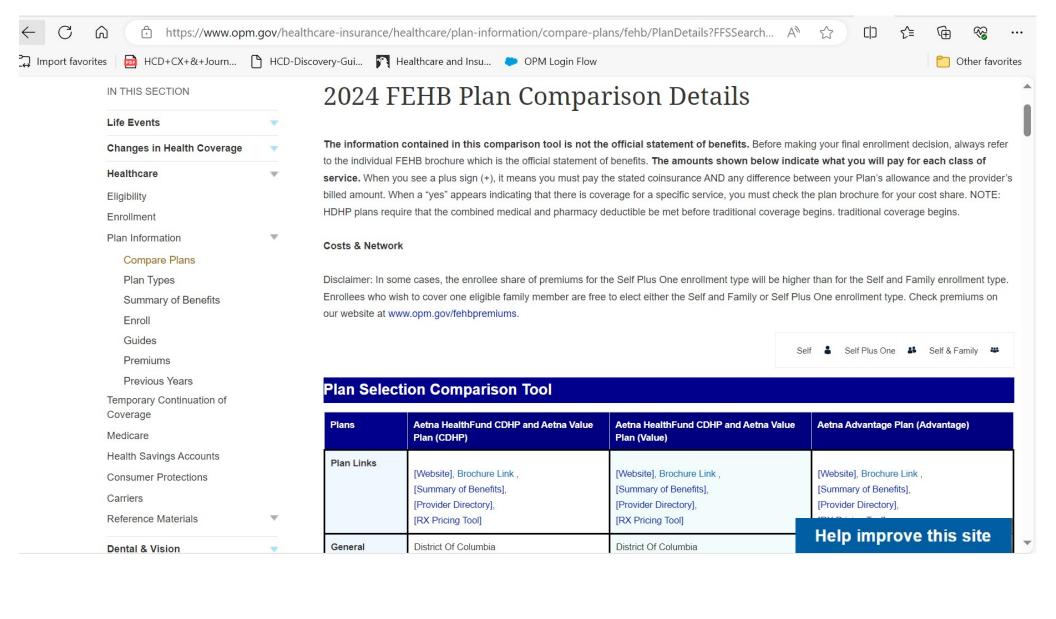
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ans Benefits			one of the following the second second with an * are							
		Enter yo	our home or wor	k zip code.	To enroll, you mu	st live or work in	a plan's geogra	ohic service are	a.	
ars inuation of			Zip Code*	taide the Con	atinoptal I bited Ota	stoo (Coloating thi	o option will got th	o zip oods to 000	200)	
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## **Help Improve the Plan Comparison Tool**

Give us your feedback - page 1 of 2

What is your primary reason for visiting the site today?	
Select one   \$\circ\$	
The Plan Comparison Tool was useful in selecting a health plan.	
Strongly agree	
Agree	
Neither agree nor disagree	
O Disagree	
Strongly disagree	

What information were you looking for when you came to the Plan Comparison Tool? (Select all that apply)
Information about plan premiums
Information about other healthcare costs
If a provider is in the network
If a prescription is covered
Plan coverage for specific health conditions or needs
Plan quality ratings
Something else
I found the information I needed in the Plan Comparison Tool.
Strongly agree
Agree
Neither agree nor disagree
O Disagree
Strongly disagree

It was easy to find the information I needed.		
Strongly agree		
Agree		
Neither agree nor disagree		
O Disagree		
Strongly disagree		
I am satisfied with the Plan Comparison Tool.		
Strongly agree		
Agree		
Neither agree nor disagree		
O Disagree		
O Strongly disagree		

The public reporting burden to complete this information collection is estimated at four minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Office of Personnel Management, Healthcare and Insurance at CEP@opm.gov. Current information regarding this collection of information - including all background materials -- can be found at https://www.reginfo.gov/public/do/PRAMain by using the search function to enter either the title of the collection or the OMB Control Number.

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## **Help Improve the Plan Comparison Tool**



## Tell us about yourself - page 2 of 2

Select the statement that best describes you:

I am a new employee.
I am newly eligible for health benefits.
I am a current employee or annuitant exploring health plan information.
I am a family member of an eligible employee or annuitant.

have you used the plan companson tool before?
I'm a first-time user
I use it occasionally
O I use it regularly

llava vav vaad tha plan aanananiaan taal hafara?

## **Submit**

The public reporting burden to complete this information collection is estimated at four minutes per response, including time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and the completing and reviewing the collected information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number and expiration date. Send comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden to the Office of Personnel Management, Healthcare and Insurance at CEP@opm.gov. Current information regarding this collection of information – including all background materials -- can be found at https://www.reginfo.gov/public/do/PRAMain by using the search function to enter either the title of the collection or the OMB Control Number.

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