Stay Well Newsletter Survey

Complete our survey for a chance to win a $50 gift card!

Thank you for being an L.A. Care Covered Direct™ Member. Please complete this survey and mail it back to us with this postage paid form. Completed surveys received or postmarked by August 31, 2018 will be entered for a chance to win one of five $50 gift cards! The survey will be open from July 15 through August 31. You can complete this survey online at www.lacare.org/staywellsurvey.

Name: __________________________________________  Member ID: ______________________________
Address/City/ZIP code: ___________________________________________________________________

1. Do you find the information in the Stay Well Newsletter useful and/or interesting?
   ☐ Yes  ☐ No

2. What do you like about the Stay Well Newsletter?
   ______________________________________________________________________________________
   ______________________________________________________________________________________

3. Would you like to receive the Stay Well Newsletter by email?
   ☐ Yes. My email address is__________________________________
   ☐ No. I like it in print.

4. What would you like to learn more about? (Please check all that apply)
   ☐ Health and wellness topics (like cancer, allergies, nutrition, heart health)
   ☐ L.A. Care programs (like L.A. Cares About Asthma® and L.A. Cares About Diabetes®)
   ☐ Health benefits and services from L.A. Care (like access to care and medicine)
   ☐ Family Resource Centers (FRCs) and events (like health classes, Zumba®, Cooking)
   ☐ Community Advisory Committees (CACs) and Health Promoters
   ☐ Mental and behavioral health
   ☐ Other __________________________________________________

5. Are you interested in accessing services on your mobile phone or computer?
   ☐ Yes  ☐ No
   If yes, please check all that apply.
   ☐ Communicate with your doctor by email, chat/instant message instead of an office visit
   ☐ Make appointments to see your doctor
   ☐ Refill your prescriptions
   ☐ Get a copy of your medical records
   ☐ Find out your test and lab results
   ☐ Check your eligibility
   ☐ Track your fitness, diet, and well-being
   ☐ Search for answers to your health questions
   ☐ Get health tips
   ☐ Find medical services nearby (such as doctor, clinic, pharmacy, lab)
6. What devices do you use? (Please check all that apply)
☐ Mobile phone  ☐ Laptop/Desktop computer  ☐ Tablet (for example, iPad)

7. Does L.A. Care Covered Direct™ provide you with what you need to help you be as healthy as possible?
☐ Yes  ☐ No
If no, what other services would you like L.A. Care Covered Direct™ to provide? ________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

8. Would you recommend L.A. Care Covered Direct™ to a friend or family member?
☐ Yes  ☐ No

9. Is there anything you would like to share with us?
__________________________________________________________________________________________
__________________________________________________________________________________________

Thank you for your feedback!

Survey must be completed online or mailed and postmarked by August 31, 2018 to be eligible for a chance to win one of five $50 gift cards. Only one survey entry per member. Must be an LACC subscriber, at least 18 years of age, and be an active member current with his/her premiums at the time L.A. Care processes the completed survey. Winners will be selected completely at random on October 1, 2018.