Health Exchange Review Committee - Public Input

*indicates a required field.	
First Name *	Last Name *
City *	County *
	Will and William Control and Act and A
Email *	
Home Phone (Optional)	Cell Phone (Optional)
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	nsurance through Connect for Health Colorado?
For the following questions, (1 = highly dissatisfied, 2 = s Please provide any commen	, respond on a scale from 1 to 5 about your satisfaction with Connect for Health Colorado somewhat dissatisfied, 3 = neutral/no opinion, 4 = somewhat satisfied, 5 = highly satisfied). Its in the space provided.
2. How satisfied are you with	your experience with Connect for Health Colorado?
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3. How satisfied are you with	n Connect for Health Colorado's website and the ability to search for health plans?
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manustation on the property on a page of the Special section of the page of the special section of the page of	·
	h Connect for Health Colorado's call center and overall customer service?
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5. How satisfied are you with	h your experience interacting with health care navigators, insurance brokers, and/or other organizations who helped you to
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6. How satisfied are you wit	h the quality and affordability of health plans available through Connect for Health Colorado?
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How satisfied are you wit	h the process for determining Medicaid eligibility in order to apply for premium assistance?

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selecting a health plan through Connect for Health Colorado, how satisfied are you with your ability to complete your purchase and enroll in the
⊇2 ○3 ○4 ○5
e list any other comments or concerns you have about your experience with Connect for Health Colorado.
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Please enter the above text in this box.
Please click on the image if the text cannot be read.

Submit