

Health Exchange Review Committee – Public Input

*indicates a required field.

First Name *

Last Name *

City *

County *

Email *

Home Phone (Optional)

Cell Phone (Optional)

1. Did you purchase health insurance through Connect for Health Colorado?

Please Select One

For the following questions, respond on a scale from 1 to 5 about your satisfaction with Connect for Health Colorado (1 = highly dissatisfied, 2 = somewhat dissatisfied, 3 = neutral/no opinion, 4 = somewhat satisfied, 5 = highly satisfied). Please provide any comments in the space provided.

2. How satisfied are you with your experience with Connect for Health Colorado?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

3. How satisfied are you with Connect for Health Colorado's website and the ability to search for health plans?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

4. How satisfied are you with Connect for Health Colorado's call center and overall customer service?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

5. How satisfied are you with your experience interacting with health care navigators, insurance brokers, and/or other organizations who helped you to purchase insurance through Connect for Health Colorado?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

6. How satisfied are you with the quality and affordability of health plans available through Connect for Health Colorado?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

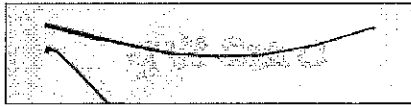
How satisfied are you with the process for determining Medicaid eligibility in order to apply for premium assistance?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

8. After selecting a health plan through Connect for Health Colorado, how satisfied are you with your ability to complete your purchase and enroll in the health plan?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

9. Please list any other comments or concerns you have about your experience with Connect for Health Colorado.



Please enter the above text in this box.
Please click on the image, if the text cannot be read.

Submit