

Stay Well Newsletter Survey



L.A. Care
Covered™
Direct

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

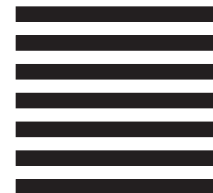
If yes, please check all that apply.

- 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)

ATTN: Sales & Marketing Admin Unit



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 36 LOS ANGELES CA

POSTAGE WILL BE PAID BY ADDRESSEE

**LA CARE HEALTH PLAN
1055 W 7TH ST FL 10
LOS ANGELES CA 90017-9662**



▲ Fold here ▲

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.