## 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*™ 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**.

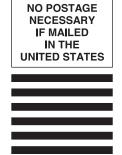
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Address/City/ZIP code:
1. Do you find the information in the <i>Stay Well</i> Newsletter useful and/or interesting?  ☐ Yes ☐ No
2. What do you like about the <i>Stay Well</i> Newsletter?
3. Would you like to receive the Stay Well Newsletter by email?  ☐ 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** 



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## BUSINES 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™ 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 <i>Covered</i> ™ to provide?
8. Would you recommend L.A. Care Covered™ to a friend or family member?  □ Yes □ No
9. Is there anything you would like to share with us?

Thank you for your feedback!