

Hello,

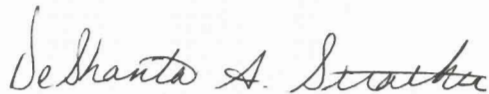
As someone enrolled in the Kaiser Permanente Bridge Plan until recently, will you please answer a few brief questions to help improve the Bridge Plan for others seeking assistance with their health care coverage?

Please complete the brief survey attached, tear on the perforated line, seal with tape, and mail it back to us. No postage is necessary.

Your experiences are important for us and to future enrollees because you know how the Bridge Plan works and how it could be better.

Thank you in advance for your help. We at Kaiser Permanente wish you the best of health.

Sincerely,



DeShanta Strother
Community Benefit Program Coordinator
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Hola,

Por estar usted inscrito en el programa Bridge de Kaiser Permanente hasta hace poco, ¿nos haría el favor de contestar unas cuantas preguntas para ayudarnos a mejorar el programa Bridge para otras personas que estén buscando ayuda con su cobertura de atención médica?

Por favor llene la breve encuesta aquí adjunta, separarla por la línea de puntos, cerrarla con cinta adhesiva y enviárnosla por correo. No necesita ponerle estampillas.

Sus experiencias son muy importantes para nosotros y miembros futuros porque usted ya sabe cómo funciona el programa Bridge y cómo podríamos hacerlo mejor.

Le damos las gracias anticipadas por su gran ayuda. En Kaiser Permanente le deseamos la mejor salud.

Muy atentamente,



DeShanta Strother
Coordinadora de Programas de Beneficios para la Comunidad
Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc.

Please tape before mailing. (Favor cerrarla con cinta adhesiva antes de enviarla)

Kaiser Permanente Bridge Plan Survey

Your responses will be kept confidential and will not be shared with anyone outside Kaiser Permanente.

1. In what county and state do you live?

County: _____ State: _____

2. How would you rate the Bridge Plan overall?

Excellent Good Fair Poor

3. Think about your health when you first joined the Bridge Plan.

Compared to that time, your health is now:

Much better A little better
 A little worse Much worse

4. Prior to your enrollment in the Bridge Plan, what was your health care coverage?

Health insurance through my employer
 Government program
 Health insurance I bought on my own
 Did not have health care insurance

5. If you selected "Did not have health care insurance" in #4, where did you receive health care?

Community or charitable clinic
 Emergency room
 Did not receive health care services

6. Would you recommend joining the Bridge Plan to any friends or family who might be eligible?

Definitely yes Probably yes
 Probably not Definitely not

7. Do you have health care coverage today?

Yes No

8. If you answered "Yes" to #7, how are you covered?

Through my employer
 I purchase my own insurance
 Through a government program

9. Do you currently have a job?

Yes, I work full time
 Yes, I work part time
 No, I am not employed at this time

The following information can help Kaiser Permanente to understand the people who use the Bridge Plan. Your answers will not be used to identify you.

10. You are:

Male Female

11. You are:

Younger than 18 18-24 45-54 25-34
 55-64 35-44 65 or older

12. With which of the following groups do you most identify?

Asian Native American
 African American White/Caucasian
 Latino Other _____

THANK YOU FOR COMPLETING THE SURVEY.

Tear on the perforation, fold, seal with tape, and drop this in the mail before January 31, 2011. No postage is necessary.