

Text Survey

Text survey questions and an example from the member's view.

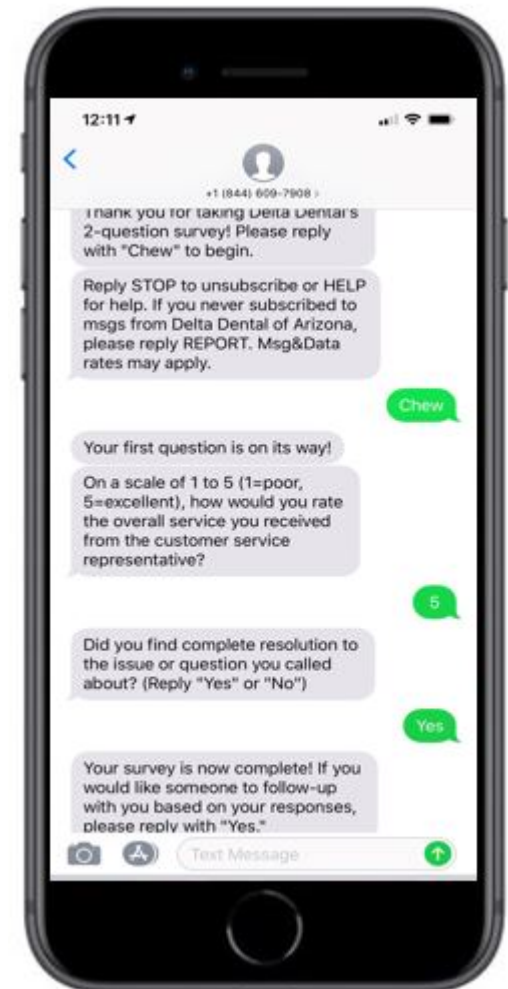
Since launching the text survey in March 2019, we have tested 2 sets of questions:

Text Survey Question Set #1

1. On a scale of 1 to 5 (1=poor, 5=excellent), how well did the rep understand your questions/concerns?
2. On a scale of 1 to 5 (1=slower than expected, 5=quicker than expected), how much time did it take to address your questions/concerns?
3. On a scale of 1 to 5 (1=poor, 5=excellent), how would you rate the service you received from the rep?
4. Did you find resolution on your call today? (Reply "Yes" or "No")

Text Survey Question Set #2

1. On a scale of 1 to 5 (1=poor, 5=excellent), how would you rate the overall service you received from the customer service representative?
2. Did you find complete resolution to the issue or question you called about? (Reply "Yes" or "No")





Member Survey

Tell us how we're doing! Your honest feedback will help us better serve members like you. The survey should only take 1 to 2 minutes, and your responses are completely anonymous. Questions marked with an asterisk () are required. We really appreciate your input!*

*** 1. How likely is it that you would recommend Delta Dental Of Arizona to a friend or colleague?**

Not at all likely

Extremely likely

0	1	2	3	4	5	6	7	8	9	10
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2. How can Delta Dental of Arizona serve you better?

3. Do you have any other comments, questions, or concerns?



How do we make you smile? **Let us know!**



We are pleased you have chosen Delta Dental of Arizona for your dental benefit needs. Using the URL below, please take a brief survey to tell us how we're doing.

deltadentalaz.com/survey/

Use the access number found on your address label to begin the survey.

Delta Dental of Arizona
5656 W. Talavi Blvd.
Glendale, AZ 85306



Template - Client-Specific Member Survey

Tell us how we're doing! Your honest feedback will help us better serve members like you. The survey should only take 1 to 2 minutes, and your responses are completely anonymous. Questions marked with an asterisk () are required. We really appreciate your input!*

*** 1. Were you able to take advantage of your dental cleaning benefit this year?**

- ☐ No, I did not receive any dental cleanings
- ☐ Yes, I received 2 dental cleanings
- ☐ Yes, I received 1 dental cleaning
- ☐ Yes, I received 3 dental cleanings since I qualified for the third cleaning benefit

*** 2. When scheduling a dental appointment in the last 12 months, what was the availability of appointments at your dental provider?**

- ☐ A few weeks or less
- ☐ 1-2 months
- ☐ 3-4 months
- ☐ 5-6 months
- ☐ I did not schedule a dental appointment in the last 12 months

*** 3. During the past 12 months, Delta Dental handled my dental claim(s) in the appropriate manner as dictated in the CLIENT NAME's dental plan description.**

- ☐ Strongly agree
- ☐ Agree
- ☐ No claims were filed in the last 12 months
- ☐ Disagree
- ☐ Strongly disagree

*** 4. When calling Delta Dental's customer service center, my wait was minimal prior to reaching a representative.**

- ☐ Strongly agree
- ☐ Agree
- ☐ I did not call customer service in the last 12 months
- ☐ Disagree
- ☐ Strongly disagree

*** 5. If you contacted customer service, how many times did you have to call before the problem was corrected?**

- ☐ Once
- ☐ Twice
- ☐ Three Times
- ☐ I did not contact customer service
- ☐ More than three times

*** 6. Overall, how satisfied or dissatisfied are you with Delta Dental Of Arizona?**

- ☐ Very satisfied
- ☐ Somewhat satisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ Somewhat dissatisfied
- ☐ Very dissatisfied