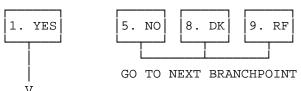
- RO. The next questions are about health insurance.
- R1. Are <u>you</u> currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?



Rla. Which program is that? [CHECK ALL THAT APPLY.]

**DEFINITION**: ONLY PERSONS 65 OR OLDER OR DISABLED ARE ELIGIBLE FOR MEDICARE. ONLY POOR PERSONS ARE ELIGIBLE FOR MEDICAID. CHAMPUS COVERS RETIRED AS WELL AS ACTIVE UNIFORMED SERVICES, AND SOMETIMES UNREMARRIED WIDOWS.

- 1. MEDICARE 2. MEDICAID 3. VA/CHAMPUS 7. OTHER \_\_\_\_\_
- 8. DK 9. RF

BRANCHPOINT:

IF RESPONDENT IS R2, GO TO BRANCHPOINT BEFORE R2-2a

### R1 RESPONDENTS

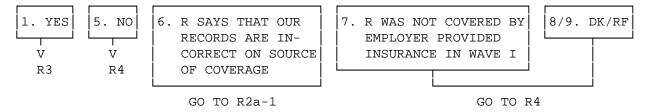
### BRANCHPOINT:

IF W1 (V6614=1 AND V6616=1,2,3,4) GO TO R2-1, ELSE GO TO R4

COMMENT \*\*\* FILL IN QUESTION R2-1 BASED ON V6616

R2-1. According to our records, in (FILL: W1 IW DATE) you were covered by health insurance from (1=your employer or previous employer/2=your union/3=your (husband's/wife's/partner's) employer or previous employer/4=your (husband's/wife's/partner's) union.

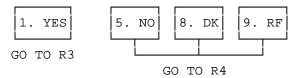
Are you still covered by the same employer health insurance policy as before?



- R2a-1. PROBE IF NECESSARY: (In WAVE I MONTH/YEAR, who was providing you with health insurance coverage?)
  - 1. R'S EMPLOYER
  - 2. R'S FORMER EMPLOYER
  - 3. R'S UNION
  - 4. SPOUSE'S/PARTNER'S EMPLOYER
  - 5. SPOUSE'S/PARTNER'S FORMER EMPLOYER
  - 6. SPOUSE'S/PARTNER'S UNION
  - 7. OTHER (SPECIFY)
  - 8. DK
  - 9. RF

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO R3.

R2b-1. Are you still covered by health insurance from (FILL: R2a-1)?



#### **R2 RESPONDENTS**

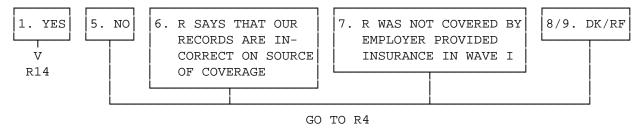
### BRANCHPOINT:

IF W1 (V6807=1,V6808=1,V6809=1,V6813=5) GO TO R2-2a ELSE GO TO NEXT BRANCHPOINT

COMMENT \*\*\* FILL IN QUESTION R2-2a BASED ON V6616 (WITH CODE LABELS AS INDICATED)

R2-2a. According to our records, in (FILL: W1 IW DATE) you were covered by health insurance from [3=your employer or previous employer/4=your union/1=your (husband's/wife's/partner's) employer or previous employer/2=your (husband's/wife's/partner's) union].

Are you still covered by the same employer health insurance policy as before?



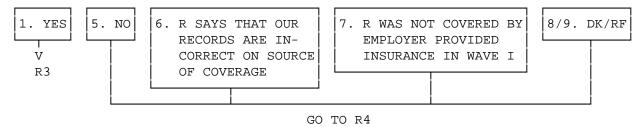
#### **BRANCHPOINT:**

IF WI (V6814=1 AND V6816=1,2,3,4) GO TO R2-2b ELSE GO TO R4

COMMENT \*\*\* FILL IN QUESTION R2-2b BASED ON V6816 (WITH CODE LABELS AS INDICATED)

R2-2b. According to our records, in (FILL: W1 IW DATE) you were covered by health insurance from [3=your employer or previous employer/4=your union/1=your (husband's/wife's/partner's) employer or previous employer/2=your (husband's/wife's/partner's) union].

Are you still covered by the same employer health insurance policy as before?



R3. Is this plan a Health Maintenance Organization (sometimes called an HMO), a Preferred Provider Organization (sometimes called a PPO), or a traditional Fee For Service Plan (FFS)?

In an HMO, all of your care is provided by a group of providers, and you pay only a small fee for each visit. In a PPO, you can choose a physician from a list of doctors participating in your plan, and can see a physician who is not part of the list if you pay extra. In a traditional fee for service plan, you can go to any physician you like, but you may have to pay for part of the cost.

1. HEALTH
MAINTENANCE
ORGANIZATION/HMO

2. PREFERRED PROVIDER ORGANIZATION/PPO

3. TRADITIONAL FEE-FOR-SERVICE PLAN 8. DK

9. RF

R3a. About how much per month do you pay for this plan?

X96. NOTHING (EMPLOYER/UNION PAYS ALL COSTS)

X97. OTHER (SPECIFY)

X98. DK X99. RF

R3b. Under your plan, do you have to pay extra if you see a specialist on your own, without being referred to the specialist by your regular participating doctor?

1. YES

5. NO

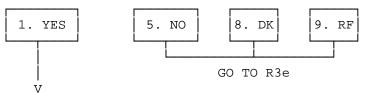
8. DK

9. RF

BRANCHPOINT:

IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO R14.

R3c. Does this (employer/union/organization) offer other health insurance plans besides the one you just told me about?



R3d. Compared to your plan, do any of these other plans ...

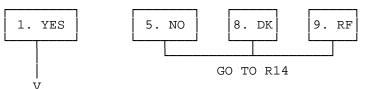
R3d1. Provide <u>better</u> coverage or <u>more</u> choice if you <u>pay more</u>?

1. YES 5. NO 8. DK 9. RF

R3d2. Provide <u>less</u> coverage or <u>less</u> choice if you <u>pay less</u>?

1. YES | 5. NO | 8. DK | 9. RF

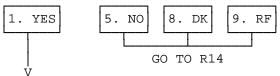
R3e. Has the cost or coverage of your plan changed since WAVE I MONTH/YEAR?



R3f. What has changed? [CHOOSE ALL THAT APPLY.]

01. COST IS HIGHER 03. FEWER SERVICES ARE COVERED 05. HAVE LESS CHOICE OF PHYSICIANS NOW		02. COST IS LOWER 04. MORE SERVICES ARE COVERED 06. HAVE MORE CHOICE OF PHYSICIANS NOW		
07. OTHER (SPECIFY)		98. DK		99. RF
	GO TO R14			

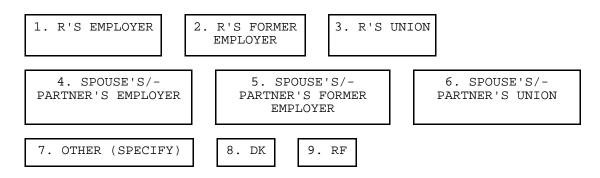
R4. Do you currently have any type of health insurance coverage obtained through your [or your (husband's/wife's/partner's)] employer, former employer, or union, such as Blue Cross-Blue Shield or a Health Maintenance Organization?



R4a. How many such health plans do you have? \_\_\_\_\_ # OF PLANS

BRANCHPOINT: IF WAVE 1 R HAS DIED AND THIS IS A PROXY IW, GO TO R8.

R5. Thinking about (this/the first/the second) plan, How is this coverage obtained?



R5a. In order to get the best information possible about people's health insurance coverage, we need the name and address of the (employer/union) that provides this coverage.

RECORD INFORMATION AS SPECIFIED

R6. Is this plan a Health Maintenance Organization (sometimes called an HMO), a Preferred Provider Organization (sometimes called a PPO), or a traditional Fee For Service Plan (FFS)?

In an HMO, all of your care is provided by a group of providers, and you pay only a small fee for each visit. In a PPO, you can choose a physician from a list of doctors participating in your plan, and can see a physician who is not part of the list if you pay extra. In a traditional fee for service plan, you can go to any physician you like, but you may have to pay for part of the cost (FFS).

1. HEALTH
MAINTENANCE
ORGANIZATION/HMO

2. PREFERRED PROVIDER ORGANIZATION/PPO

3. TRADITIONAL FEE FOR SERVICE PLAN 8. DK

9. RF

R6a. About how much per month do you pay under this plan?

\$\_\_\_\_\_X96. NOTHING (EMPLOYER/UNION PAYS ALL COSTS)

X97. OTHER (SPECIFY)

X98. DK

X99. RF

R6b. Under your plan, do you have to pay extra if you see a specialist on your own, without being referred to the specialist by your regular participating doctor?

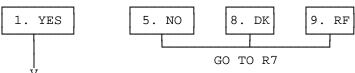
1. YES

5. NO

8. DK

9. RF

R6c. Does this (employer/union) offer other health insurance plans besides the one you just told me about?



R6d. Compared to your plan, do any of these other plans ...

R6d1. Provide <u>better</u> coverage or <u>more</u> choice if you <u>pay more</u>?

1. YES 5. NO 8. DK 9. RF

R6d2. Provide less coverage or less choice if you pay less?

1. YES 5. NO 8. DK 9. RF

R7. Please remind me, how is this coverage paid for--entirely by you [or your (spouse/partner)], entirely by an employer or union, partly by an employer or union, or what?

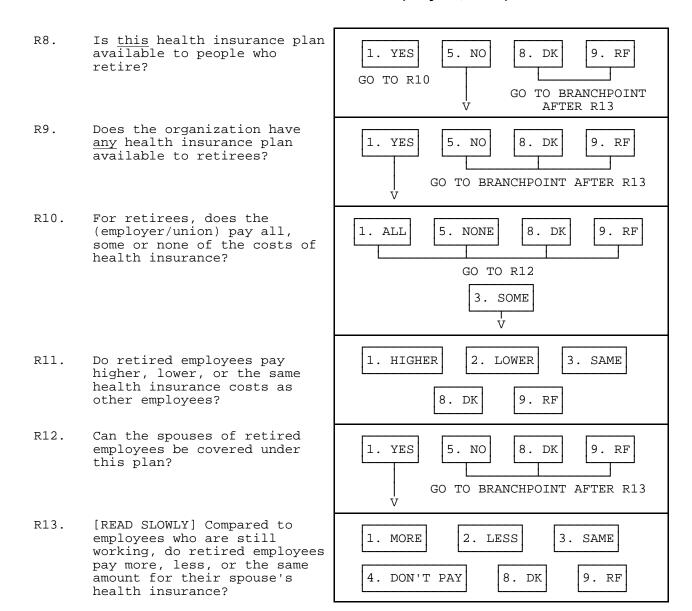
1. ENTIRELY BY R OR SPOUSE/PARTNER

2. ENTIRELY BY R'S OR SPOUSE/PARTNER'S EMPLOYER/FORMER EMPLOYER 3. PARTLY BY R OR SPOUSE/PARTNER AND PARTLY BY EMPLOYER

7. OTHER (SPECIFY)

8. DK

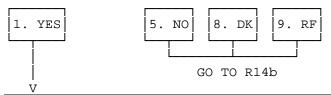
9. RF



BRANCHPOINT: IF TWO (OR MORE) PLANS ARE REPORTED AT R4a, COLLECT INFORMATION ON THE SECOND PLAN IN R5-R13.

OTHERWISE, CONTINUE WITH R14.

R14. Do you have any basic health insurance coverage purchased directly from an insurance company or through a membership organization such as AARP (American Association of Retired Persons)?



R14a. How much do you pay for this insurance (per month or per quarter)?

\$ AMOUNT PER (R14a1) TIME PERIOD X

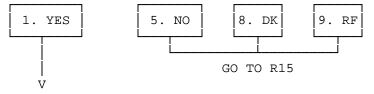
| X96. NOTHING (EMPLOYER/UNION | PAYS ALL COSTS)

X97. OTHER (SPECIFY)

X98. DK

X99. RF

R14b. Do you have any type of supplementary health insurance coverage, such as Medigap or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP (American Association of Retired Persons)?



R14c. What kind of coverage do you have? (Medigap, or other supplemental health insurance, long-term care insurance, or what?

[CHECK ALL THAT APPLY.]

- 2. MEDIGAP
- 3. OTHER SUPPLEMENTAL
- 4. LONG-TERM CARE

- 7. OTHER (SPECIFY)
- 8. DK
- 9. RF

R14dl. How much do you pay for this insurance (per month or per quarter)?

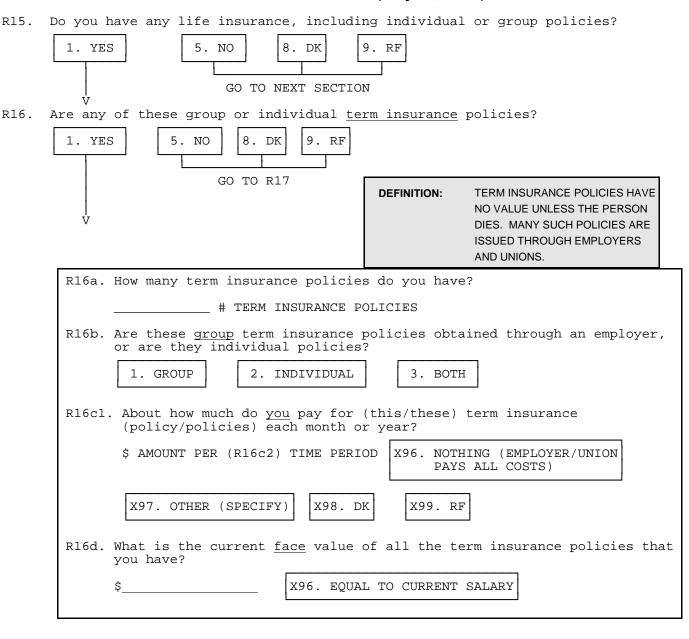
\$ AMOUNT PER (R14d2) TIME PERIOD

X96. NOTHING (EMPLOYER/UNION PAYS ALL COSTS

X97. OTHER (SPECIFY)

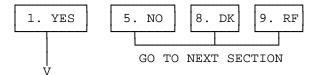
X98. DK

X99. RF



R17. Do you have any life insurance policies that build up a cash value or that you can borrow on?

**DEFINITION:** THESE ARE SOMETIMES CALLED "WHOLE LIFE" OR "STRAIGHT LIFE".



R17a. How many such policies do you have?

\_\_\_\_\_ # CASH VALUE POLICIES

R17b. What is the current <a href="face value">face value</a> of (this policy/these policies)?

\$