

SECTION R INSURANCE

R0 TIME STAMP

(5137)

R0.

Health and health insurance are important areas of our study.

-IF R COVERED BY MEDICARE AT WAVE 1 DATE

We already know you are covered by Medicare, but there are many kinds of insurance that people use.

-ELSE

There are many kinds of insurance that people use.

(5143)

Version 7:
Jump changed

if WAVE 1 MEDICARE COVERED
SKIP to: ~~(5155)~~ (5146)

R1.

For people 65 and over, Medicare is the most common type of health insurance. Are you currently covered by Medicare?

(5144)

YES.....1
NO.....5 -Skip-(5155)
DK.....8
RF.....9

R1a.

Part A of Medicare covers most hospital expenses. Part B covers many doctors expenses, and the premium may be deducted from your Social Security. Are you covered under Part B of Medicare?

(5145)

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

Version 7:
Jump added

if WAVE 1 MEDICARE COVERED
SKIP to: (5155)

R1b

We would like to understand how people's medical history affects their financial status, and how use of health care may change as people age. To do that, we need to obtain information about health care costs and diagnoses for statistical purposes. The best place to get this information without taking up a lot more of your time is in the Medicare files. Could you give me your Medicare number for that purpose?

(Under the Privacy Act of 1974, providing your number is a voluntary decision. The benefits you may be receiving under this program will not be affected in any way by your decision.)

R MAY NEED TO LOOK UP THE MEDICARE CARD AT THIS POINT.
BE SURE TO USE F1(QxQ'S) IF R NEEDS MORE PERSUASION.

(5146)

R1c/f.

NUMBER AVAILABLE:

(5147)

GOT NUMBER.....1
NOT GET NUMBER.....5 -Skip-(5152)
DK.....8
RF.....9

COPY MEDICARE NUMBER:

(5148)
(5149)
(5150)
(5151)

Thank you.

R2.

"Medicaid" is a state program for people with low income or who are on public assistance. Sometimes people with very large medical bills are also covered by "Medicaid".

Has your health care been covered by "Medicaid" anytime (since (Wave 1 date)/in the last two years)?

	(5155)
YES.....	1
NO.....	5 -Skip-(5158)
DK.....	8 -Skip-(5158)
RF.....	9 -Skip-(5158)

R3.

Would you please give or read me the number from your Medicaid card?

NUMBER AVAILABLE:

	(5156)
R GAVE NUMBER.....	1
NOT GIVE NUMBER.....	5
DK.....	8
RF.....	9

COPY MEDICAID NUMBER:

(5157)

Thank you. Those are all the Health Insurance Numbers we will need.

if:(5155)(*NOT* 1)
SKIP to:(5175)

R4.

Are you currently covered by "Medicaid"?

	(5158)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if:(NURSING HOME-YR)(NO) *OR* (5158)(DK *OR* RF)
SKIP to:(5175)

R4a.

NUMBER OF STAYS: (1682)

Were you eligible for "Medicaid" at the time your (first) nursing home stay started?

	(5159)
YES.....	1 -Skip-(5161)
NO.....	5
DK.....	8
RF.....	9

Did you become eligible for "Medicaid" during your (first) nursing home stay?

	(5160)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

Did you lose your eligibility for "Medicaid" when you were discharged from your (first) nursing home stay?

	(5161)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

if:(1682)(< 2)
SKIP to:(5175)

R4d.

NUMBER OF STAYS: (1682)

Were you eligible for "Medicaid" at the time your last nursing home stay started?

(5163)
YES.....1 -Skip-(5165)
NO.....5
DK.....8
RF.....9

Did you become eligible for "Medicaid" during your last nursing home stay?

(5164)
YES.....1
NO.....5
DK.....8
RF.....9

Did you lose your eligibility for "Medicaid" when you were discharged from your last nursing home stay?

(5165)
YES.....1
NO.....5
DK.....8
RF.....9

R5.

Are you currently covered by any government health insurance programs (besides Medicare), such as Railroad retirement, CHAMP-US, CHAMP-VA, or other military programs?

(5175)
YES.....1
NO.....5 -Skip-(5182)
DK.....8
RF.....9

R5a.

Which program is that?

(5176)
CHAMPVA/CHAMPUS.....3
RAILROAD RETIREMENT.....4
OTHER, SPECIFY.....7
DK.....8
RF.....9

R6.

Now I'm going to ask you about how your health insurance works.

(5182)

Version 5:
Condition
added

if:(5144)(*NOT* 1) *AND* (126)(*NOT* 1)*AND* (5176) (*NOT* 4)
SKIP to:(5202)

R7.

First, we are interested in how your (Medicare/Railroad retirement) health insurance works for routine care.

Do you receive your Medicare (and "Medicaid") benefits through an HMO, that is a Health Maintenance Organization?

DEF: With an HMO, the cost of the physician visit is typically covered in full or you pay only a small amount. All of your routine care must be provided by an HMO physician.

(5183)
YES.....1
NO.....5 -Skip-(5202)
DK.....8 -Skip-(5202)
RF.....9 -Skip-(5202)

R7a. About how long have you been receiving your Medicare benefits through this HMO?

YEARS: (5184)

OR

MONTHS: (5185)

R7c. How did you obtain this type of Medicare coverage? Was it through your (or your Husband/wife/partner's) employer or union, or through an organization like AARP or what?

(5191)

R EMPLOYER/FORMER EMPLOYER.....1
R UNION.....2
SPOUSE/PARTNER EMPLOYER/FORMER EMPLOYER.....3
SPOUSE/PARTNER UNION.....4
OTHER ORGANIZATION.....5
OTHER.....7

R7e. About how much are your premiums for this plan?

AMOUNT: (5193)

PER: (5194)

MONTH.....1
QUARTER (3 MONTHS).....2
YEAR.....3
OTHER.....7
DK.....8
RF.....9

**Version 5:
Condition
added**

if:(5158)(*NOT* 1)OR (5183) (ANSWERED)
SKIP to:(5214)

if:(5158)(1) *AND* (5183)(1)
SKIP to:(5214)

R8. We are interested in how your "Medicaid" works for routine care.

Do you receive your "Medicaid" through an HMO (that is, a Health Maintenance Organization)?

DEF: With an HMO, the cost of the physician visit is typically covered in full or you pay only a small amount. All of your routine care must be provided by an HMO physician.

(5202)

YES.....1
NO.....5 -Skip-(5214)
DK.....8 -Skip-(5214)
RF.....9 -Skip-(5214)

R8a. About how long have you been receiving your "Medicaid" through this HMO?

MONTHS: (5203)

YEARS: (5204)

R9. Not counting long-term care insurance or
~IF R COVERED BY MEDICARE AT WAVE 1 OR R COVERED BY MEDICARE
Medicare,

~IF R HAS MEDICAID
"Medicaid",

~IF R IS COVERED BY ANOTHER GOVERNMENT HEALTH INSURANCE PROGRAM
your government health insurance,

do you have any health insurance that pays
any part of hospital or doctor bills? (Sometimes
this is called a Medi-Gap policy).

(5214)
YES.....1
NO.....5 -Skip-(5252)
DK.....8
RF.....9

R9a.

How many other health plans do you currently have?

(5215)

R10d.

Version 5: ~~if:(5215)(1)~~
Jump deleted ~~SKIP to: (5230)~~

~IF (5215)G1

Text added

Thinking about the first of these plans

How did you obtain this type of health insurance coverage?
Was it through your (or your Husband/wife/partner's) employer or union,
or through an organization or what?

CHOOSE ALL THAT APPLY

(5225) (A1-A3)
R EMPLOYER/FORMER EMPLOYER.....1,
R UNION.....2,
SPOUSE/PARTNER EMPLOYER/FORMER
EMPLOYER.....3,
SPOUSE/PARTNER UNION.....4,
OTHER ORGANIZATION.....5,
OTHER.....7,

R10e.

How is this coverage paid for--entirely by
you (or your Husband/wife/partner), entirely by your (Husband/wife/partner's)
(former) employer or union, or partly by a
(former) employer or union, or what?

(5226)
ENTIRELY BY R OR SP/PARTNER.....1
ENTIRELY BY (FORMER) EMPLOYER
OR UNION.....2 -Skip-(5230)
PARTLY BY (FORMER) EMPLOYER OR
UNION.....3
OTHER.....7

R10f.

About how much do you pay for this plan?

AMOUNT:

(5227)

PER:

(5228)
MONTH.....1
QUARTER (3 MONTHS).....2
YEAR.....3
OTHER.....7
DK.....8
RF.....9

if:(5215)(1)
SKIP to:(5252)

R11d.

Thinking about your other health insurance plans, how did you obtain this type of health insurance coverage? Was it through your (or your Husband/wife/partner's) employer or union, or through an organization or what?

CHOOSE ALL THAT APPLY

(5242)(A1-A3)

R EMPLOYER/FORMER EMPLOYER.....1,
R UNION.....2,
SPOUSE/PARTNER EMPLOYER/FORMER EMPLOYER.....3,
SPOUSE/PARTNER UNION.....4,
OTHER ORGANIZATION.....5,
OTHER.....7,

R11e.

How is this coverage paid for--entirely by you (or your Husband/wife/partner), entirely by your (Husband/wife/partner's) (former) employer or union, or partly by a (former) employer or union, or what?

(5243)

ENTIRELY BY R OR SP/PARTNER.....1
ENTIRELY BY (FORMER) EMPLOYER OR UNION.....2 -Skip-(5247)
PARTLY BY (FORMER) EMPLOYER OR UNION.....3
OTHER.....7

R11f.

About how much do you pay for this plan?

AMOUNT:

(5244)

PER:

(5245)

MONTH.....1
QUARTER (3 MONTHS).....2
YEAR.....3
OTHER.....7
DK.....8
RF.....9

R13.

(Does/Do any of) your health insurance plan(s) pay any part of the cost of prescription medications?

(5252)

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

R13a.

(Does your health insurance pay any part of the cost of) routine care by a dentist?

(5253)

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

if:(5252)(5 *OR* DK *OR* RF) *AND* (5253)(5 *OR* DK *OR* RF)
SKIP to:(5256)

R13b.

Do you pay extra for (this/these) benefits?

(5254)

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

R13c. (Since (Wave 1 date)/In the last two years) have you withdrawn from an HMO?

(5256)

YES.....1
 NO.....5 -Skip-(5260)
 DK.....8 -Skip-(5260)
 RF.....9 -Skip-(5260)

R13d. Did you voluntarily leave that HMO?

(5257)

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

R13e. Why did you leave that HMO?

CHOOSE ALL THAT APPLY

(5258)(A1-A2)

OWN PHYSICIAN LEFT PLAN.....1,
 HMO DIDN'T PROVIDE NEEDED
 SERVICES.....2,
 HMO COSTS INCREASED.....3,
 HMO ENCOURAGED ME TO LEAVE.....4,
 OTHER (SPECIFY).....7,
 DK.....8,
 RF.....9,

R13f. About how long was it before you were fully covered
 by your new health insurance plan?

USE 96 FOR NEVER

MONTHS:

(5259)

R14. (Since (Wave 1 date)/In the last two years), has the type, cost, or coverage of
 your health insurance changed?

(5260)

YES.....1
 NO.....5 -Skip-(5263)
 DK.....8
 RF.....9

R14a. Did you choose to change your health insurance, or did
 you not have a choice in the change?

(5261)

R MADE CHANGE.....1
 R HAD NO CHOICE.....2
 DK.....8
 RF.....9

R14b. What has changed about your health insurance?

CHOOSE ALL THAT APPLY

(5262)

COST BECAME HIGHER.....01,
 COST BECAME LOWER.....02,
 FEWER SERVICES COVERED.....03,
 MORE SERVICES COVERED.....04,
 LESS CHOICE OF PHYSICIANS.....05,
 MORE CHOICE OF PHYSICIANS.....06,
 MORE CONVENIENT.....07,
 LOST PLAN.....08,
 OTHER.....97,
 DK.....98,
 RF.....99,

R15. Aside from the government programs, do you now have any insurance which specifically pays any part of long-term care, such as, personal or medical care in the home or in a nursing home?

(5263)

YES.....1
 NO.....5 -Skip-(5277)
 DK.....8
 RF.....9

R15a. Does this plan cover care in a nursing home facility only, personal or long-term care at home, or both in-home and nursing home care?

(5264)

NURSING HOME CARE ONLY.....1
 IN-HOME CARE ONLY.....2
 BOTH NURSING HOME AND IN-HOME CARE.....3
 OTHER.....7
 DK.....8
 RF.....9

R15b. Have you ever received benefits under your long-term care policy?

(5265)

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

R15c. Does this plan increase payments with inflation?

(5266)

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

R15d. About how much do you pay for this plan?

AMOUNT: (5267)

PER: (5268)

MONTH.....1
 QUARTER (3 MONTHS).....2
 YEAR.....3
 OTHER.....7
 DK.....8
 RF.....9

R15e. About how long have you had this long-term care insurance?

MONTHS: (5270)

OR

YEARS: (5271)

if:(5270)() *AND* (5271)()
 MUST HAVE ANSWER IN MONTH OR YEAR
 BACK to:(5270)

R15g. Have you ever been covered by any long-term care insurance that you canceled or let lapse?

(5272)

YES.....1
 NO.....5 -Skip-(5277)
 DK.....8
 RF.....9

R15h.

Did your coverage lapse because the premiums were too high, because you didn't think you needed to carry it any longer, or what?

(5273) (A1-A2)

PREMIUMS TOO HIGH.....	1,
DIDN'T NEED IT.....	2,
OTHER.....	7,
DK.....	8,
RF.....	9,

if Proxy Respondent
SKIP to:(5279)

R15j.

Thinking about the quality, cost, and convenience of your health care, altogether would you say that you are very satisfied, somewhat satisfied, or not satisfied at all with your health care?

(5277)

VERY SATISFIED.....	1
SOMEWHAT SATISFIED.....	3
NOT SATISFIED.....	5
DK.....	8
RF.....	9

R16.

My next questions are about life insurance.

Do you yourself have any life insurance, including individual or group policies from a former employer or union or some other source?

(5279)

YES.....	1
NO.....	5 -Skip-(5310)
DK.....	8
RF.....	9

R16a.

Are any of these term insurance policies?

DEF: TERM INSURANCE POLICIES HAVE NO VALUE UNLESS THE PERSON DIES.

(5280)

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

if:(5280)(5 *OR* DK *OR* RF)
SKIP to:(5297)

R16b.

How many term insurance policies do you have?

(5283)

R16c.

~IF R HAS 1 TERM INSURANCE POLICY

About how much do you pay for that insurance?

~ELSE (IF R HAS MORE THAN 1 TERM INSURANCE POLICY

How much (in total) do you pay in premiums for term insurance?

ALT O IF NOT PAID FOR BY R OR SPOUSE

AMOUNT:

(5284)

PER:

(5285)

WEEK.....	1
2 X MONTH.....	2
MONTH.....	3
QUARTER.....	4
6 MONTH.....	5
YEAR.....	6
OTHER SPECIFY.....	7

DK.....8
RF.....9

R16e.

About how much would your term insurance pay if you were to die?

AMOUNT: (5292)

R16f.

Who is the beneficiary on this policy, (that is what is the beneficiary's relationship to you?)

CHOOSE ALL THAT APPLY

(5293)(A1-A3)

SPOUSE/PARTNER.....1,
CHILD/CHILD-IN-LAW/GRANDCHILD.....2,
OTHER RELATIVE.....3,
SOMEONE ELSE.....4,
DK.....8,
RF.....9,

if:(5293)(*NOT* 2)
SKIP to:(5297)

if: 2ND HOUSEHOLD
SKIP to:(5296)

R17.

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of yours (or your Husband/wife/partner) is the parent of that grandchild?

(5295)(A1-A5)

R18.

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

DEF: SOMETIMES CALLED, WHOLE LIFE, OR STRAIGHT LIFE

(5297)

YES.....1
NO.....5 -Skip-(5310)
DK.....8
RF.....9

R18a.

How many such policies do you have?

(5298)

R18b.

How much (in total) do you pay in premiums on (this policy/all these policies)?

USE ZERO FOR "PAID UP"

AMOUNT: (5299)

PER:

(5300)

WEEK.....1
2 X MONTH.....2
MONTH.....3
QUARTER.....4
6 MONTH.....5
YEAR.....6
OTHER SPECIFY.....7
DK.....8
RF.....9

R18d.

How much would (this policy/all these policies) pay if you were to die?

AMOUNT:

(5304)

R19.

Who is the beneficiary on (this policy/all these policies), (that is what is the beneficiary's relationship to you?)

CHOOSE ALL THAT APPLY

(5307)(A1-A4)

- SPOUSE/PARTNER.....1, -Skip-(5310)
- CHILD/CHILD-IN-LAW/GRANDCHILD.....2,
- OTHER RELATIVE.....3, -Skip-(5310)
- SOMEONE ELSE.....4, -Skip-(5310)
- DK.....8, -Skip-(5310)
- RF.....9, -Skip-(5310)

if: 2ND HOUSEHOLD
SKIP to:(5309)

R20.

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of yours (or your Husband/wife/partner) is the parent of that grandchild?

(5308)(A1-A4)

(5309)(A1)

R25.

Individuals and families differ in the way they go about making decisions. When it comes to a major decision about a financial matter or where you will be living, are you (or your Husband/wife/partner) usually the only one(s) making the decision, or are other people usually involved in making the decision?

(5310)

- OTHER INVOLVED IN MAKING DECISION.....1
- R/SPOUSE ONLY DECISION MAKER.....2
- DK.....8
- RF.....9

if:(5310)(*NOT* 1)
SKIP to:(5313)

R26.

Are any of those other people family members?

(5312)

- YES.....1
- NO.....5 -Skip-(5318)
- DK.....8 -Skip-(5318)
- RF.....9 -Skip-(5318)

R27.

What relation are they to you (or your Husband/wife/partner)?

CHOOSE ALL THAT APPLY

(5313)(A1-A4)

- SPOUSE.....1,
- CHILD/CHILD-IN-LAW/GRANDCHILD.....2,
- OTHER RELATIVE.....3,
- SOMEONE ELSE.....4,
- DK.....8,
- RF.....9,

if:(5313)(*NOT* 2)
SKIP to:(5318)

if: 2ND HOUSEHOLD
SKIP to:(5317)

R28.

(Which child is that?)

CHOOSE ALL THAT APPLY

IF GRANDCHILD: Which child of yours (or your Husband/wife/partner) is the parent of that grandchild?

(5316) (A1-A4)

(5317) (A1-A3)

R29.

Do you have a financial advisor that helps make decisions?

	(5318)
YES.....	1
NO.....	5
DK.....	8
RF.....	9

RASSIST

IWER:

HOW OFTEN DID R RECEIVE ASSISTANCE WITH ANSWERS
IN SECTION R - INSURANCE?

	(5319)
INAPs.....	0
NEVER.....	1
A FEW TIMES.....	2
MOST OR ALL OF THE TIME.....	3

R END TIME STAMP (5320)

Version 5: if:(227)(*NOT* 5) *AND* (IN NURSING HOME)(*NOT* YES) *AND* (NURSING HOME-YR)(*NOT* YES) *AND*
Condition (230) *NOT* 1 *AND* (233)(*NOT* 1) *AND* (280)(*NOT* 5 *TO* 7) *AND* (834)(*NOT* 1)
 added*AND* added (848)(*NOT* 1) *AND* (858)(*NOT* 1) *AND* (814)(*NOT* ANSWERED) *AND* (R MOVED
 MAIN RESIDENCE)(*NOT* YES)

SKIP to:(5324)

EVC1.

IWER: IF ONLY ONE EVENT DISPLAYED, DO NOT ASK QUESTION
BUT CHOOSE THE NUMBER AND GO TO NEXT SCREEN.

~IF REINTERVIEW

You mentioned the following events happened since (Wave 1 date).

~ELSE

You mentioned the following events happened in the
last two years.

Which of these happened first,...next,...next?

	(5323)(A1-A8)
Death of spouse/partner.....	1,
Nursing Home Stay.....	2,
Married.....	3,
Divorced.....	4,
Heart Attack.....	5,
Stroke.....	6,
Cancer.....	7,
Residential Move.....	8,
NO EVENT.....	9,

SKIP to:(5326)