
R0. The next questions are about health insurance, both public and private. Medicare is a public health insurance program for people 65 or older and for disabled persons. (Medicaid/STATE NAME FOR MEDICAID) is a public health insurance program for people with low incomes.

R1. Are you currently covered by Medicare health insurance?

INAP.....BLANK ØR4
 YES.....1
 NO.....5 ØR4
 DK.....8 ØR4
 RF.....9 ØR4

R2. Part A of Medicare covers most hospital expenses. Part B covers many doctors expenses, and the premium is usually deducted from your Social Security. Are you covered under Part B of Medicare?

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

R4. Have you been covered by (Medicaid/STATE NAME FOR MEDICAID) health insurance at any time (since PREVIOUS WAVE MONTH/YEAR/in the last two years)?

INAP.....BLANK ØR9
 YES.....1
 NO.....5 ØR9
 DK.....8 ØR9
 RF.....9 ØR9

R5. Are you currently covered by (Medicaid/STATE NAME FOR MEDICAID)?

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

BRANCHPOINT:	
1.	IF CURRENTLY COVERED BY MEDICARE (R1=1) AND MEDICAID (R5=1), GO TO R11.
2.	IF CURRENTLY COVERED BY MEDICAID (R1 NOT = 1) BUT NOT MEDICARE (R5=1), GO TO R12.
3.	IF HAS STAYED OVERNIGHT IN A NURSING HOME SINCE PREVIOUS WAVE INTERVIEW (E5=1), CONTINUE WITH R6.
4.	OTHERWISE, GO TO R9.

R6. Earlier you told me that you had (a/several) stay(s) at a nursing home (since PREVIOUS WAVE MONTH/YEAR/in the last two years). Were you eligible for Medicaid at the time your (first) nursing home stay started?

INAP.....BLANK
 YES.....1 ØR8
 NO.....5
 DK.....8 ØR8a
 RF.....9 ØR8a

R7. Did you become eligible for Medicaid during your (first) nursing home stay?

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

BRANCHPOINT: IF STAYED IN A NURSING HOME OVERNIGHT ONLY ONCE SINCE PREVIOUS WAVE INTERVIEW (E6 NOT > 1), GO TO R9.

R8aa. Were you eligible for Medicaid at the time your last nursing home stay started?

INAP.....BLANK
 YES.....1 ØR8c
 NO.....5
 DK.....8 ØR9
 RF.....9 ØR9

R8b. Did you become eligible for Medicaid during your last nursing home stay?

INAP.....BLANK
 YES.....1
 NO.....5 ØR9
 DK.....8 ØR9
 RF.....9 ØR9

R8c. Did you lose your eligibility for Medicaid when you were discharged from your last nursing home stay?

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

R9. Are you currently covered by CHAMPUS, CHAMP-VA, or any other military health care plan?

PROBES: CHAMPUS is a health care program for active or retired military personnel and their dependents or survivors. CHAMP-VA provides medical care for veterans and their dependents or survivors of veterans who had a service-connected disability.

"VA" is not a health insurance program.

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

R9a. CHECKPOINT

R IS COVERED BY MEDICARE OR BY
 MEDICARE AND MEDICAID (R1=1).....1
 R IS COVERED ONLY BY MEDICAID
 (R1 NOT = 1).....2 ØR12
 ALL OTHERS.....3 ØR12b

R10. Now I'm going to ask you about how your health insurance works.

R11. First we are interested in how your (Medicare/Medicare or Medicaid) health insurance works for routine care.

Do you receive your Medicare (or 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.

INAP.....BLANK ØR12b
 YES.....1
 NO.....5 ØR12b
 DK.....8 ØR12b
 RF.....9 ØR12b

R11a. About how long have you been receiving your Medicare benefits through this HMO?

YEARS:

BLANK INAP ØR11b
 1-20 YEARS ØR11b
 98 DK ØR11b
 99 RF ØR11b

OR

MONTHS:

BLANK INAP
 1-48 MONTHS
 98 DK
 99 RF

R11b. Not including deductions from your Social Security, how much do you pay for this plan?

AMOUNT:

BLANK INAP
 1-9996 DOLLAR AMOUNT
 9998 DK
 9999 RF

PER:

MONTH.....1
 QUARTER (EVERY 3 MONTHS).....2
 SEMI-ANNUALLY (EVERY 6 MONTHS/
 TWICE A YEAR).....3
 YEAR.....4
 OTHER (SPECIFY).....7
 DK.....8
 RF.....9

BRANCHPOINT:

1. IF R IS COVERED BY BOTH MEDICARE (R1=1) AND MEDICAID (R5=1), GO TO R12b (CHECKPOINT).
2. IF R HAS NOT BEEN COVERED BY MEDICAID SINCE PREVIOUS INTERVIEW/IN LAST TWO YEARS (R4 NOT = 1), GO TO R12b (CHECKPOINT).
3. IF R DID NOT SAY THAT HE/SHE IS CURRENTLY COVERED BY MEDICAID (R5 ANSWERED AND NOT = 1), GO TO R12b (CHECKPOINT).

R12. We are interested in how your Medicaid health insurance works for routine care.

Do you receive your 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.

INAP.....BLANK ØR13
 YES.....1
 NO.....5 ØR13
 DK.....8 ØR13
 RF.....9 ØR13

R12a. About how long have you been receiving your Medicaid benefits through this HMO?

YEARS:

BLANK	INAP ØR12b
1-20	YEARS ØR12b
98	DK ØR12b
99	RF ØR12b

OR

MONTHS:

BLANK	INAP
1-48	MONTHS
98	DK
99	RF

R12b. CHECKPOINT

R IS CURRENTLY SELF-EMPLOYED.....1
 ALL OTHERS.....2 ØR13

R12x. You mentioned earlier that you were self-employed. Do you have health insurance through that business that pays hospital or doctor bills?

INAP.....	BLANK
YES.....	1 ØR14
NO.....	5
DK.....	8
RF.....	9

R13. (Not including Medicare/Medicaid/Champus-Champva) are you covered by any employer-provided health insurance?

INAP.....	BLANK
YES.....	1
NO.....	5 ØR45b
DK.....	8 ØR45b
RF.....	9 ØR45b

R14. How many different employer-provided health insurance plans are you covered by?

ENTER NUMBER OF PLANS:

BLANK	INAP
1-6	NUMBER OF PLANS
7	6 OR MORE PLANS
8	DK
9	RF

NOTE: TWO PLANS ARE ASKED ABOUT IN DETAIL (R15-R38).
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BRANCHPOINT: IF R IS CURRENTLY SELF-EMPLOYED (R12b=1), GO TO R16.

R15. IF R HAS MORE THAN ONE INSURANCE PLAN AND THIS IS THE FIRST PLAN:
 For this next set of questions I'd like you to think about the health insurance plan that you consider as your primary or most important health insurance plan.

IF R HAS MORE THAN ONE INSURANCE PLAN AND THIS IS NOT THE FIRST PLAN:
 Now I'd like to ask some questions about your other health insurance plans. Thinking about the next most important health insurance you have, ...

Do you obtain this health insurance through your (or your husband/wife/partner's) current employer, former employer or union, or from someplace else?

ASK "WHOSE EMPLOYER?" IF NOT CLEAR

	1ST PLAN	2ND PLAN
INAP.....BLANK.....BLANK		
R'S CURRENT EMPLOYER.....1.....1		
R'S FORMER EMPLOYER.....2.....2		
R'S UNION.....3.....3		
SPOUSE'S CURRENT EMPLOYER.....4.....4		
SPOUSE'S FORMER EMPLOYER.....5.....5		
SPOUSE'S UNION.....6.....6		
SOMEPLACE ELSE.....7.....7		

R15b. CHECKPOINT

1. R IS MARRIED/DIVORCED/SEPARATED AND HEALTH INSURANCE IS FROM SPOUSE'S EMPLOYER/UNION (R15=4,5,6).
2. HEALTH INSURANCE IS FROM "SOMEPLACE ELSE" (R15=7).
3. ALL OTHERS

R16. Do you pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

	1ST PLAN	2ND PLAN
INAP.....BLANK.....BLANK		
ALL.....1.....1		
SOME.....2.....2		
NONE.....3.....3		ØR18a
DK.....8.....8		ØR18a
RF.....9.....9		ØR18a

R17. IF R HAS MORE THAN ONE HEALTH PLAN AND IS CURRENTLY SELF-EMPLOYED:
 Now I'd like to ask some questions about your other health insurance plans. Thinking about the next most important health insurance you have, ...

How much do you pay for this health insurance?

PROBE: Include the amount deducted from your pay check but not the amount paid by the employer.

AMOUNT (OBTAINED FOR 1ST AND 2ND PLANS, IF MORE THAN ONE PLAN):

BLANK INAP
 1-9996 DOLLAR AMOUNT
 9998 DK
 9999 RF

PER:

YEAR.....01
 QUARTERLY/EVERY 3 MONTHS.....02
 BIMONTHLY/EVERY 2 MONTHS.....03
 MONTH.....04
 WEEK.....05
 BIWEEKLY/EVERY 2 WEEKS.....06
 SEMI-ANNUALLY/2 TIMES PER YEAR.....07
 SEMI-MONTHLY/2 TIMES PER MONTH.....08
 OTHER (SPECIFY).....97

R18a. CHECKPOINT

1ST 2ND
 PLAN PLAN

R IS COVERED BY MEDICARE.....1.....1
 ALL OTHERS.....2.....2 ØR20

R19a. Is this plan a Medicare Supplement or Medigap plan?

1ST 2ND
 PLAN PLAN

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

R19b. Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter. Do you know the Plan Letter for your plan?

PROBE: What is it?

ENTER NUMBER (A-J):

BRANCHPOINT: IF MEDICARE SUPPLEMENTAL PLAN IS "A" (R19b=A), GO TO R27.

R19c. Besides yourself, is anyone else covered as a dependent on this health insurance?

	1ST PLAN	2ND PLAN
INAP.....	BLANK.....	BLANK.....
YES.....	1.....	1.....
NO.....	5.....	5.....
DK.....	8.....	8.....
RF.....	9.....	9.....

R19d. Who besides yourself is covered?

CHOOSE ALL THAT APPLY

	1ST PLAN	2ND PLAN
INAP.....	BLANK.....	BLANK.....
SPOUSE.....	36.....	36.....
ALL MY CHILDREN.....	38.....	38.....
OTHER (SPECIFY).....	97.....	97.....
DK.....	98.....	98.....
RF.....	99.....	99.....

CATI APPLICATION PRESENTS LIST OF R'S CHILDREN

R20. I'd like to ask you a few questions about how your health insurance works for non-emergency care.

Is your plan 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.

	1ST PLAN	2ND PLAN
INAP.....	BLANK.....	BLANK.....
YES.....	1.....	1 ØR25
NO.....	5.....	5.....
DK.....	8.....	8.....
RF.....	9.....	9.....

R21. Does your health insurance plan have a list or book of doctors that you are encouraged or required to use?

	1ST PLAN	2ND PLAN
INAP.....	BLANK.....	BLANK..... ØR25
YES.....	1.....	1.....
NO.....	5.....	5 ØR25
DK.....	8.....	8 ØR25
RF.....	9.....	9 ØR25

R22. Does your health insurance plan pay any of the costs for routine care if you see a doctor who is not on this list?

	1ST	2ND
	PLAN	PLAN
INAP.....	BLANK.....	BLANK
YES.....	1.....	1
YES, WITH A REFERRAL.....	2.....	2
NO.....	5.....	5
DK.....	8.....	8
RF.....	9.....	9

BRANCHPOINT: IF R IS NOT AN HMO MEMBER (R20 NOT = 1), GO TO R26.

R25. Under this health insurance plan, do you pay a percentage of the doctor's charge, the same dollar amount each time you visit a doctor, or do you not pay anything at all for doctor visits?

	1ST	2ND
	PLAN	PLAN
INAP.....	BLANK.....	BLANK
PERCENT.....	1.....	1
DOLLAR AMOUNT/COPAY.....	2.....	2
R DOESN'T PAY ANYTHING.....	3.....	3
DK.....	8.....	8
RF.....	9.....	9

BRANCHPOINT: IF R IS AN HMO MEMBER (R20=1), GO TO R27.

R26. Does this plan pay any of the costs of routine visits to the doctor?

	1ST	2ND
	PLAN	PLAN
INAP.....	BLANK.....	BLANK
YES.....	1.....	1
NO.....	5.....	5
DK.....	8.....	8
RF.....	9.....	9

R27. Does this health insurance pay any part of the cost of prescription medicines?

	1ST	2ND
	PLAN	PLAN
INAP.....	BLANK.....	BLANK
YES.....	1.....	1
NO.....	5.....	5
DK.....	8.....	8
RF.....	9.....	9

R28. Does this health insurance pay any part of the cost of routine dental care by a dentist?

1ST 2ND
PLAN PLAN

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

R28a. CHECKPOINT

1ST 2ND
PLAN PLAN

R'S HEALTH INSURANCE PAYS FOR
PRESCRIPTIONS OR ROUTINE DENTAL CARE
(R27=1 OR R28=1).....1.....1
ALL OTHERS (R27 NOT = 1 AND R28 NOT = 1).....2.....2

BRANCHPOINT: IF R'S HEALTH INSURANCE DOES NOT PAY FOR PRESCRIPTIONS OR ROUTINE DENTAL CARE (R28a=2), GO TO R29a.

R29. Do you pay extra premiums for (this (prescription) benefit/this (dental) benefit/these benefits)?

1ST 2ND
PLAN PLAN

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

R29a. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

1ST 2ND
PLAN PLAN

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

R29b. CHECKPOINT

1ST 2ND
PLAN PLAN

R IS SELF-EMPLOYED AND
BUSINESS PAYS FOR
HEALTH INSURANCE (R12x=1).....1.....1 ØR15 (2ND PLAN) OR R45b
R'S INSURANCE IS OBTAINED
FROM "SOMEPLACE ELSE" (R15=7)....2.....2 ØR45b
ALL OTHERS.....3.....3

R31. At the time you enrolled in this plan, did you have a choice of different health insurance plans that provided hospital and physician benefits or was only one health insurance plan offered to you?

	1ST PLAN	2ND PLAN
INAP.....	BLANK	BLANK
YES, MORE THAN ONE PLAN.....	1	1
NO, ONLY ONE PLAN.....	5	5
DK.....	8	8
RF.....	9	9

BRANCHPOINT: IF R WAS NOT OFFERED MORE THAN ONE INSURANCE (R31 NOT = 1), GO TO R33d.

R33. Compared to your health insurance plan, did any of these other plans...

R33a. Provide better coverage?

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

R33b. Provide greater choice of physicians?

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

R33c. Cost more than your plan?

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

R33d. CHECKPOINT

	1ST PLAN	2ND PLAN
R HAS HEALTH INSURANCE FROM CURRENT EMPLOYER (R15=1) AND R'S AGE IS LESS THAN 65.....	1	1 ØR35
R HAS HEALTH INSURANCE FROM FORMER EMPLOYER (R15=2) AND R'S AGE IS LESS THAN 65.....	2	2
ALL OTHERS.....	3	3 ØR15 (2ND PLAN) <u>OR</u> R45b

R34. Can you continue this insurance coverage for yourself up to the age of 65?

	1ST PLAN	2ND PLAN	
INAP.....	BLANK.....	BLANK	ØR15 (2ND PLAN) <u>OR</u> R45b
YES.....	1.....	1	
NO.....	5.....	5	ØR15 (2ND PLAN) <u>OR</u> R45b
DK.....	8.....	8	ØR15 (2ND PLAN) <u>OR</u> R45b
RF.....	9.....	9	ØR15 (2ND PLAN) <u>OR</u> R45b

R34a. CHECKPOINT

	1ST PLAN	2ND PLAN	
SPOUSE COVERED UNDER POLICY (R19d=36) AND SPOUSE LESS THAN 65 YEARS OLD.....			
	1.....	1	
ALL OTHERS.....	2.....	2	ØR15 (2ND PLAN) <u>OR</u> R45b

R34b. Can you continue this health insurance coverage for your spouse until (he/she) is age 65?

	1ST PLAN	2ND PLAN	
INAP.....	BLANK.....	BLANK	ØR15 (2ND PLAN) <u>OR</u> R45b
YES.....	1.....	1	ØR15 (2ND PLAN) <u>OR</u> R45b
NO.....	5.....	5	ØR15 (2ND PLAN) <u>OR</u> R45b
DK.....	8.....	8	ØR15 (2ND PLAN) <u>OR</u> R45b
RF.....	9.....	9	ØR15 (2ND PLAN) <u>OR</u> R45b

R35. If you left your current employer now, could you continue this health insurance coverage for yourself up to the age of 65?

	1ST PLAN	2ND PLAN
INAP.....	BLANK.....	BLANK
YES.....	1.....	1
NO.....	5.....	5
DK.....	8.....	8
RF.....	9.....	9

R35b. CHECKPOINT

	1ST PLAN	2ND PLAN	
R COULD CONTINUE HEALTH INSURANCE COVERAGE IF LEFT CURRENT EMPLOYER (R35=1) <u>AND</u> SPOUSE IS COVERED BY R'S POLICY AND IS LESS THAN AGE 65 (R32a=1).....			
	1.....	1	ØR35c
ALL OTHERS.....	2.....	2	ØR15 (2ND PLAN) <u>OR</u> R45b

R35c. If you left your current employer now could you continue this health insurance coverage for your spouse until (he/she) is age 65?

	1ST	2ND
	PLAN	PLAN
INAP.....	BLANK.....	BLANK
YES.....	1.....	1
NO.....	5.....	5
DK.....	8.....	8
RF.....	9.....	9

NOTE: THIS ENDS THE HEALTH INSURANCE PLAN LOOP.

R45b. CHECKPOINT

R IS COVERED BY MEDICARE (R1=1)
 AND DOES NOT HAVE
 MEDIGAP INSURANCE (R19a NOT = 1).....1

ALL OTHERS.....2 ØR48

R46. Not counting long-term care insurance or Medicare, (or Medicaid/or any other insurance we've discussed), do you have any other insurance that pays any part of hospital or doctor bills? Sometimes this is called a Medigap or Medicare Supplement policy.

INAP.....	BLANK	ØR48
YES.....	1	
NO.....	5	ØR48
DK.....	8	ØR48
RF.....	9	ØR48

R46a. Many Medicare Supplemental or Medigap Plans are referred to by a Plan Letter. Do you know the Plan Letter for your plan?

PROBE: What is it?
 ENTER LETTER (A-J):

R46b. Do you pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

INAP.....	BLANK
ALL.....	1
SOME.....	2
NONE.....	3 ØR46e
DK.....	8 ØR46e
RF.....	9 ØR46e

R46c. How much do you pay for this health insurance?

PROBE: Include the amount deducted from your pay check but not the amount paid by the employer.

AMOUNT:

BLANK INAP
 0-999996 DOLLAR AMOUNT
 999998 DK
 999999 RF

PER:

YEAR.....01
 QUARTERLY/EVERY 3 MONTHS.....02
 BIMONTHLY/EVERY 2 MONTHS.....03
 MONTH.....04
 WEEK.....05
 BIWEEKLY/EVERY 2 WEEKS.....06
 SEMI-ANNUALLY/2 TIMES PER YEAR.....07
 SEMI-MONTHLY/2 TIMES PER MONTH.....08
 OTHER (SPECIFY).....97

R46e. Does this health insurance plan pay any part of the cost of prescription medicines?

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

R46f. Does this health insurance plan pay any part of the cost of routine dental care by a dentist?

INAP.....BLANK ØR46g
 YES.....1 ØR46g
 NO.....5 ØR46g
 DK.....8 ØR46g
 RF.....9 ØR46g

R46ff. CHECKPOINT

R'S HEALTH INSURANCE PAYS PART
 OF COST OF PRESCRIPTION MEDICINES
 (R46e=1) AND/OR DENTAL CARE (R46f=1).....1
 ALL OTHERS.....2 ØR48

R46g. Do you pay extra for (this (prescription) benefit/this (dental) benefit/these benefits)?

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

R46h. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

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

BRANCHPOINT: IF R IS COVERED BY ANY HEALTH INSURANCE (MEDICARE/MEDICAID/EMPLOYER-BASED) (R1=1 OR R5=1 OR R9=1 OR R13=1), GO TO R57b.

R48. Do you have any basic health insurance coverage purchased directly from an insurance company or through a membership organization?

INSURANCE FROM ORGANIZATIONS SUCH AS AARP, OR PROFESSIONAL ORGANIZATIONS, FROM STATE OR HEALTH ALLIANCES ARE EXAMPLES OF SUCH INSURANCE.

INAP.....BLANK
 YES.....1
 NO.....5 ØR57b
 DK.....8 ØR57b
 RF.....9 ØR57b

R50. Does this insurance cover the costs for hospital care?

INAP.....BLANK
 YES.....1
 NO.....5 ØR57b
 DK.....8 ØR57b
 RF.....9 ØR57b

R51. Do you pay all of the costs, some of the costs, or none of the costs of the premium for this health insurance coverage?

INAP.....BLANK
 ALL.....1
 SOME.....2
 NONE.....3 ØR54
 DK.....8 ØR54
 RF.....9 ØR54

R52. How much do you pay for this health insurance?

PROBE: Include the amount deducted from your pay check but not the amount paid by the employer.

AMOUNT:

BLANK INAP
 1-999996 DOLLAR AND CENTS AMOUNT (\$X,XXX.XX)
 999998 DK
 999999 RF

PER:

YEAR.....01
 QUARTERLY/EVERY 3 MONTHS.....02
 BIMONTHLY/EVERY 2 MONTHS.....03
 MONTH.....04
 WEEK.....05
 BIWEEKLY/EVERY 2 WEEKS.....06
 SEMI-ANNUALLY/2 TIMES PER YEAR.....07
 SEMI-MONTHLY/2 TIMES PER MONTH.....08
 OTHER (SPECIFY).....97

R54. Besides yourself, is anyone else covered as a dependent on this health insurance?

INAP.....BLANK
 YES.....1
 NO.....5 ØR55
 DK.....8 ØR55
 RF.....9 ØR55

R54a. Who besides (yourself/yourself and POLICYHOLDER) is covered?

CHOOSE ALL THAT APPLY

INAP.....BLANK,
 SPOUSE.....36,
 ALL MY CHILDREN.....38,
 OTHER (SPECIFY).....97,
 DK.....98,
 RF.....99,

CATI APPLICATION PRESENTS LIST OF R'S CHILDREN

R55. I'd like to ask you a few questions about how this health insurance works for non-emergency care.

Is this insurance plan an HMO, that is, a Health Maintenance Organization?

DEFINITION: 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.

INAP.....BLANK
 YES.....1 ØR55d
 NO.....5
 DK.....8
 RF.....9

R55a. Does your health insurance plan have a list or book of doctors that you are encouraged or required to use?

- INAP.....BLANK
- YES.....1
- NO.....5 ØR55d
- DK.....8 ØR55d
- RF.....9 ØR55d

R55b. Does your health insurance plan pay any of the costs of routine care if you see a doctor who is not on this list?

- INAP.....BLANK
- YES.....1
- YES, WITH A REFERRAL.....2
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R'S PURCHASED HEALTH INSURANCE IS NOT AN HMO (R55 NOT = 1), GO TO R55e.

R55d. Under this health insurance plan, do you pay a percentage of the doctor's charge, the same dollar amount each time you visit the doctor, or do you not pay anything at all for doctor visits?

- INAP.....BLANK
- PERCENT.....1
- DOLLAR AMOUNT/COPAY.....2
- R DOESN'T PAY ANYTHING.....3
- DK.....8
- RF.....9

BRANCHPOINT: IF R'S PURCHASED HEALTH INSURANCE IS AN HMO (R55=1), GO TO R55f.

R55e. Does this plan pay any of the costs of routine visits to the doctor?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

R55f. Does this health insurance plan pay any part of the cost of prescription medicines?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

R56. Does this health insurance plan pay any part of the cost of routine dental care by a dentist?

INAP.....BLANK ØR57
 YES.....1 ØR57
 NO.....5 ØR57
 DK.....8 ØR57
 RF.....9 ØR57

R56a. CHECKPOINT

R'S PURCHASED HEALTH INSURANCE
 PAYS PART OF THE COST OF
 PRESCRIPTION MEDICINES (R55f=1)
 AND/OR DENTAL CARE (R56=1).....1

 ALL OTHERS.....2 ØR57a

R57. Do you pay extra for (this (prescription) benefit/this (dental) benefit/ these benefits)?

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

R57a. Are there any limits or restrictions on this health insurance plan due to a preexisting condition?

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

R57b. CHECKPOINT

R IS COVERED BY MEDICARE,
 MEDICAID, CHAMPUS/CHAMPVA OR
 OTHER INSURANCE (R1=1 OR R5=1
 OR R9=1 OR R12x=1 OR R13=1 OR R48=1).....1

 ALL OTHERS.....2 ØR67

R58. I have recorded that you are currently covered by health insurance. Were you ever without health insurance coverage at any time (since PREVIOUS WAVE MONTH/YEAR/in the last two years).

INAP.....BLANK
 YES.....1
 NO.....5 ØR62
 DK.....8 ØR62
 RF.....9 ØR62

R61. During the time you were not covered by health insurance, did you have any medical expenses for which you had to pay \$100 or more?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R IS NOT DOING ANY WORK FOR PAY CURRENTLY (G2 NOT = 1), GO TO R67.

R62. Has the fear of losing your health insurance ever kept you from looking for another job?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

BRANCHPOINT: IF R IS COVERED BY MEDICARE, MEDICAID, CHAMPUS/CHAMPVA OR OTHER HEALTH INSURANCE, GO TO R78.

R67. According to my information, you are not currently covered by any government or private health insurance plans that provide for medical care. Is that correct?

- INAP.....BLANK
- YES.....1 ØR85
- NO.....5
- DK.....8 ØR85
- RF.....9 ØR85

R68. Under which of the following plans are you covered?

- MEDICARE.....1,
- MEDICAID.....2,
- STATE NAME FOR MEDICAID.....3,
- CHAMPUS, CHAMPVA.....4,
- A PRIVATE PLAN FROM AN EMPLOYER.....5,
- A PRIVATE PLAN PURCHASED DIRECTLY.....6,

R68a. CHECKPOINT

- R IS CURRENTLY EMPLOYED (BY SOMEONE ELSE) (G2=1).....1
- R IS NOT CURRENTLY EMPLOYED (G2 NOT = 1) OR IS SELF-EMPLOYED (G3=2).....2 ØR78
- ALL OTHERS.....3 ØR78

R71. Does your employer or union offer a health insurance plan to any of its employees?

INAP.....BLANK
 YES.....1
 NO.....5 ØR78
 DK.....8 ØR78
 RF.....9 ØR78

R72. Were you offered health insurance through your job?

INAP.....BLANK
 YES.....1 ØR78
 NO.....5
 DK.....8
 RF.....9

R73. Will you be eligible for health insurance through your job in the future?

INAP.....BLANK
 YES.....1
 NO.....5 ØR78
 DK.....8 ØR78
 RF.....9 ØR78

R74. When will you be eligible for health insurance?

BRANCHPOINT:

1. IF R IS NOT COVERED BY MEDICARE (R1 NOT = 1 AND R68 NOT = 1), GO TO R82.
2. IF R HAS ANY INSURANCE OTHER THAN MEDICARE (R5=1 OR R9=1 OR R13=1 OR R48=1, GO TO R82.

R78. (since PREVIOUS WAVE MONTH/YEAR/in the last two years) have you withdrawn from an HMO?

INAP.....BLANK
 YES.....1
 NO.....5 ØR82
 DK.....8 ØR82
 RF.....9 ØR82

R79. Did you voluntarily leave that HMO?

INAP.....BLANK
 YES.....1
 NO.....5 ØR81
 DK.....8 ØR81
 RF.....9 ØR81

R80. Why did you leave that HMO?

CHOOSE ALL THAT APPLY

- INAP.....BLANK,
- 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,

R81. From the time you left that HMO, about how long was it before you were fully covered by your new health insurance plan?

ENTER "0" MONTHS IF NO GAP.

MONTHS:

- | | |
|-------|--------------------|
| BLANK | INAP |
| 0 | NO GAP IN COVERAGE |
| 1-50 | MONTHS |
| 98 | DK |
| 99 | RF |

OR

YEARS:

- | | |
|-------|--------------------|
| BLANK | INAP |
| 0 | NO GAP IN COVERAGE |
| 1-50 | MONTHS |
| 98 | DK |
| 99 | RF |

OR

NO NEW HEALTH INSURANCE PLAN.....1

R82. IF COVERED BY MEDICARE:
(Other than the changes you've already told me about)

(since PREVIOUS WAVE MONTH/YEAR/in the last two years) have there been any (other) changes in the type, cost, or coverage of your health insurance?

- INAP.....BLANK
- YES.....1
- NO.....5 ØR85
- DK.....8 ØR85
- RF.....9 ØR85

R83. Did you choose to change your health insurance or provider, or did you not have a choice in the change?

- R MADE CHANGE.....1
- R HAD NO CHOICE.....5
- DK.....8
- RF.....9

R84. What has changed about your health insurance?

CHOOSE ALL THAT APPLY

- INAP.....BLANK,
- 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,
- CHANGED TO A COMPLETELY
DIFFERENT PLAN.....09,
- OTHER (SPECIFY).....10,
- DK.....98,
- RF.....99,

R85. Not including government programs, do you now have any insurance which specifically pays any part of long term care, such as personal or medical care in your home or in a nursing home?

- INAP.....BLANK
- YES.....1
- NO.....5 ØR92
- DK.....8 ØR92
- RF.....9 ØR92

R87. 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?

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

R88. Have you ever received benefits under your long-term care policy?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

R89. Does this plan increase payments with inflation?

- INAP.....BLANK
- YES.....1
- NO.....5
- DK.....8
- RF.....9

R90. About how much do you pay for this plan?

AMOUNT:

BLANK INAP
 0 NOTHING
 1-999996 DOLLAR AMOUNT
 999998 DK
 999999 RF

PER:

INAP.....BLANK
 YEAR.....1
 QUARTER (EVERY 3 MONTHS).....2
 MONTH.....4
 OTHER (SPECIFY).....7
 DK.....8
 RF.....9

R91. About how long have you had this long-term care insurance?

MONTHS: OR YEARS:

BLANK	INAP	BLANK	INAP
1-50	MONTHS	1-50	YEARS
98	DK	98	DK
99	RF	99	RF

R92. Have you ever been covered by any long-term care insurance that you cancelled or let lapse?

INAP.....BLANK
 YES.....1
 NO.....5 ØR93a
 DK.....8 ØR93a
 RF.....9 ØR93a

R93. Did your coverage lapse because the premiums were too high, because you didn't think you needed to carry it any longer, or what?

PREMIUMS TOO HIGH.....1
 DIDN'T NEED IT.....5
 OTHER (SPECIFY).....7
 DK.....8
 RF.....9

R93a. Now, 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?

INAP.....BLANK
 VERY SATISFIED.....1
 SOMEWHAT SATISFIED.....3
 NOT SATISFIED AT ALL.....5
 DK.....8
 RF.....9

R94. Do you currently have any life insurance?

INAP.....BLANK
 YES.....1
 NO.....5 ØR117
 DK.....8 ØR117
 RF.....9 ØR117

R95. Altogether, how many different life insurance policies do you have?

INCLUDE INDIVIDUAL POLICIES, GROUP POLICIES, OR PAID-UP POLICIES
 IF R ASKS.

INAP.....BLANK ØR97
 ONE.....1
 TWO.....2 ØR97
 THREE.....3 ØR97
 FOUR.....4 ØR97
 FIVE OR MORE.....5 ØR97
 DK.....8 ØR97
 RF.....9 ØR97

R96. What is the face value of this policy--that is, the amount of money the beneficiary would get if you were to die?

DO NOT PROBE DK

AMOUNT:

BLANK INAP
 1-9999996 DOLLAR AMOUNT
 9999998 DK ØR97a
 9999999 RF ØR97a

BRANCHPOINT: IF R GAVE A VALID AMOUNT IN R96 AND HAS ONLY ONE INSURANCE POLICY (R95=1), GO TO R98.

R97. Altogether, what is the total face value of these policies--that is, the amount of money the beneficiaries would get if you were to die?

DO NOT PROBE DK

AMOUNT:

BLANK INAP
 1-9999996 DOLLAR AMOUNT
 9999998 DK
 9999999 RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN R97 (ANSWER OTHER THAN DK/RF), GO TO R98.

R97a. Does it amount to \$20,000 or more?

INAP.....BLANK ØR97d
 YES.....1
 NO.....5 ØR97d
 DK.....8 ØR97d
 RF.....9 ØR97d

R97b. (Does it amount to) \$50,000 or more?

INAP.....BLANK ØR98
 YES.....1
 NO.....5 ØR98
 DK.....8 ØR98
 RF.....9 ØR98

R97c. (Does it amount to) \$250,000 or more?

INAP.....BLANK ØR98
 YES.....1 ØR98
 NO.....5 ØR98
 DK.....8 ØR98
 RF.....9 ØR98

R97d. (Does it amount to) \$2,500 or more?

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

R98. Who are the beneficiaries of (this policy/all of these policies)?

CHOOSE ALL THAT APPLY

INAP.....BLANK,
 SPOUSE.....001,
 ALL MY CHILDREN.....011,
 OTHER (SPECIFY).....997,

R99. (Is this policy one that is/Are any of these policies ones that were) purchased directly from an agent?

DEF: MANY LIFE INSURANCE POLICIES ARE PROVIDED BY EMPLOYERS, OFTEN AT NO COST, AND ARE NOT PURCHASED FROM AN AGENT. THESE ARE ALSO CALLED GROUP PLANS.

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

BRANCHPOINT: IF R IS A NEW OR REFUSED SPOUSE (AND HAS NOT BEEN INTERVIEWED BEFORE), GO TO R117.

R100. (since PREVIOUS WAVE MONTH/YEAR/in the last two years) have you obtained any new life insurance policies?

INAP.....BLANK
 YES.....1
 NO.....5 ØR101
 DK.....8
 RF.....9

R100a. What is the total face value of (this policy/all of these policies)?

DO NOT PROBE DK

AMOUNT:

BLANK INAP
 1-999996 DOLLAR AMOUNT
 999998 DK
 999999 RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN R100a (ANSWER OTHER THAN DK/RF), GO TO R101.

R100b. Does it amount to \$20,000 or more?

INAP.....BLANK ØR100e
 YES.....1
 NO.....5 ØR100e
 DK.....8 ØR100e
 RF.....9 ØR100e

R100c. (Does it amount to) \$50,000 or more?

INAP.....BLANK ØR101
 YES.....1
 NO.....5 ØR101
 DK.....8 ØR101
 RF.....9 ØR101

R100d. (Does it amount to) \$250,000 or more?

INAP.....BLANK ØR101
 YES.....1 ØR101
 NO.....5 ØR101
 DK.....8 ØR101
 RF.....9 ØR101

R100e. (Does it amount to) \$2,500 or more?

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

R101. (Since PREVIOUS WAVE MONTH/YEAR/in the last two years) have you allowed any life insurance policies to lapse or have any been cancelled?

INAP.....BLANK
 YES.....1
 NO.....5 ØR117
 DK.....8
 RF.....9

R102. What was the total face value of (this policy/all of these policies)?

DO NOT PROBE DK

BLANK INAP
 1-9999996 DOLLAR AMOUNT
 9999998 DK
 9999999 RF

BRANCHPOINT: IF VALID AMOUNT GIVEN IN R102 (ANSWER OTHER THAN DK/RF), GO TO R103.

R102a. Does it amount to \$20,000 or more?

INAP.....BLANK ØR102d
 YES.....1
 NO.....5 ØR102d
 DK.....8 ØR102d
 RF.....9 ØR102d

R102b. (Does it amount to) \$50,000 or more?

INAP.....BLANK ØR103
 YES.....1
 NO.....5 ØR103
 DK.....8 ØR103
 RF.....9 ØR103

R102c. (Does it amount to) \$250,000 or more?

INAP.....BLANK ØR103
 YES.....1 ØR103
 NO.....5 ØR103
 DK.....8 ØR103
 RF.....9 ØR103

R102d. (Does it amount to) \$2,500 or more?

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

R103. Was this lapse or cancellation something you chose to do, or was it done by the provider, your employer, or someone else?

INAP.....BLANK
 R'S CHOICE.....1
 PROVIDER/EMPLOYER/SOMEONE ELSE
 CHOSE.....2 ØR117
 DK.....8
 RF.....9

R104. Was it because the policy was too expensive, because you did not need the coverage or some other reason?

- INAP.....BLANK
- TOO EXPENSIVE.....1
- COVERAGE NOT NEEDED.....2
- OTHER, SPECIFY.....7
- DK.....8
- RF.....9

BRANCHPOINT: IF R IS NOT CURRENTLY COVERED BY MEDICARE (R1 NOT = 1), GO TO RASSIST (END OF SECTION).

R117. 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 this 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.)

NUMBER AVAILABLE:

- INAP.....BLANK
- NUMBER RECORDED.....1
- NO NUMBER RECORDED.....5 ØRASSIST
- DK.....8 ØRASSIST
- RF.....9 ØRASSIST

COPY MEDICARE NUMBER:

PART 1: BLANK INAP
0-999 NUMBER

PART 2: BLANK INAP
0-99 NUMBER

PART 3: BLANK INAP
0-9999 NUMBER

PROBE: Is there a letter included as part of your Medicare number?

LETTER: _____

RASSIST IWER:

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

- INAP.....BLANK
- NEVER.....1
- A FEW TIMES.....2
- MOST OR ALL OF THE TIME.....3

END OF SECTION R