HEALTH INSURANCE PAGE

☐ Under 65 *(NP)*

These next questions are about health insurance.
If 65+, ask; otherwise go to 2a.

1. Does -- have Medicare from Social Security?

1.   1 ☐ Covered *(NP)*   2 ☐ Not covered *(NP)*

2a. (In addition to Medicare) There is a public program called Medicaid which provides medical assistance to persons in need. During the past 12 months, has anyone in the family received medical care which has been or will be paid for by Medicaid?   Y   N (3)

b. Who was this? Mark "Covered" box in person's column.   2b.   1 ☐ Covered

c. Anyone else?   Y (Reask 2b and c)   N

We are interested in all kinds of health insurance plans except those which pay only for accidents.

3a. (Not counting Medicare or Medicaid) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill?   Y   N (3d)

b. What is the name of the plan? (Record in Table H.I.)

c. Is anyone in the family covered by any other hospital insurance plan?   Y (Reask 3b and c)   N

d. Is anyone in the family covered by any (other) health insurance plan which pays any part of a DOCTOR'S or SURGEON'S bill?   Y   N (4)

e. What is the name of the plan? (Record in Table H.I., reask 3d)

TABLE H.I.

PLAN 1

4a. Was this ___(name)___ plan obtained through an employer or union?   1 Y *(c)*   2 N   9 DK

b. Was it obtained through some other group?   1 Y   2 N   9 DK

4c. Does this plan pay any part of hospital expenses?   1 Y   2 N   9 DK

d. Does this plan pay any part of doctor's or surgeon's bills for operations?   1 Y   2 N   9 DK

5a. Is -- covered under this ___(name)___ plan?

b. During the past 12 months did -- receive medical care which has been or will be paid for by this plan?

5a.   1 ☐ Covered   2 ☐ Not covered *(NP)*

b.   1 Y   2 N   9 DK

PLAN 2

4a. Was this ___(name)___ plan obtained through an employer or union?   1 Y *(c)*   2 N   9 DK

b. Was it obtained through some other group?   1 Y   2 N   9 DK

4c. Does this plan pay any part of hospital expenses?   1 Y   2 N   9 DK

d. Does this plan pay any part of doctor's or surgeon's bills for operations?   1 Y   2 N   9 DK

5a. Is -- covered under this ___(name)___ plan?

b. During the past 12 months did -- receive medical care which has been or will be paid for by this plan?

5a.   1 ☐ Covered   2 ☐ Not covered *(NP)*

b.   1 Y   2 N   9 DK

PLAN 3

4a. Was this ___(name)___ plan obtained through an employer or union?   1 Y *(c)*   2 N   9 DK

b. Was it obtained through some other group?   1 Y   2 N   9 DK

4c. Does this plan pay any part of hospital expenses?   1 Y   2 N   9 DK

d. Does this plan pay any part of doctor's or surgeon's bills for operations?   1 Y   2 N   9 DK

5a. Is -- covered under this ___(name)___ plan?

b. During the past 12 months did -- receive medical care which has been or will be paid for by this plan?

5a.   1 ☐ Covered   2 ☐ Not covered *(NP)*

b.   1 Y   2 N   9 DK

I   For each person review 1, 2, and 5 for each plan and determine if "Covered" by either Medicare, Medicaid, or insurance, or "Not covered."

I   1 ☐ Covered *(NP)*   2 ☐ Not covered (NP)

Ask for each person "Not covered."   *Circle all reasons given* →

Many people do not carry health insurance for various reasons (Hand Card N)

6a. Which of those statements describes why -- is not covered by any health insurance plan? Any other reason?

6a.   1 2 3 4 5 6 7 8 9   Other *(Specify)* ↓

Mark box or ask:

b. What is the MAIN reason -- is not covered by any health insurance plan?

b.   00 ☐ Only one reason   1 2 3 4 5 6 7 8 9   Other *(Specify)* ↓