

HEALTH INSURANCE PAGE			
<p>Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. Show card</p>			
<p>1a. Is anyone in this family covered by Medicare? <span style="float: right;">Y      N (4)      DK</span></p>			
<p>b. Is --- covered? Mark box in person's column.</p>		1b.	<p>1 <input type="checkbox"/> Cov.      9 <input type="checkbox"/> DK  2 <input type="checkbox"/> Not cov.</p>
<p>Ask for each person with "Covered" in 1b.</p>			
<p>2a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? Mark box in person's column.</p>		2a.	<p>1 <input type="checkbox"/> Cov. Hosp.    9 <input type="checkbox"/> DK  2 <input type="checkbox"/> No</p>
<p>b. Is --- covered by that part of Medicare which pays for doctor's bills, that is, the Medicare plan for which he or some agency must pay a certain amount each month? Mark box in person's column.</p>		b.	<p>1 <input type="checkbox"/> Cov. Med.    9 <input type="checkbox"/> DK  2 <input type="checkbox"/> No</p>
<p>Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b.</p>			
<p>3. May I please see the Social Security Medicare card(s) for --- (and ---) to determine the (type/dates) of coverage? Transcribe the information from the card or mark the "Card N.A." box.</p>		3.	<p>1 <input type="checkbox"/> Cov. Hosp.    3 <input type="checkbox"/> Card N.A.  2 <input type="checkbox"/> Cov. Med.</p>
<p>We are interested in all kinds of health insurance plans except those which pay only for accidents.</p>			
<p>4a. (Not counting Medicare) Is anyone in the family covered by hospital insurance, that is, a health insurance plan which pays any part of a hospital bill? <span style="float: right;">Y      N (4d)</span></p>			
<p>b. What is the name of the plan? (Record in Table H.I.)</p>			
<p>c. Is anyone in the family covered by any other hospital insurance plan? <span style="float: right;">Y (Reask 4b and c)      N</span></p>			
<p>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? <span style="float: right;">Y      N (5)</span></p>			
<p>e. What is the name of the plan? (Record in Table H.I., reask 4d)</p>			
TABLE H.I.			
<b>PLAN 1</b>	<p>5c. Does this plan pay any part of hospital expenses? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>6a. Is --- covered under this (name) plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p>
<p>5a. Was this (name) plan obtained through an employer or union? <span style="float: right;">1 Y (5c)    2 N    9 DK</span></p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>b. 1 Y    2 N    9 DK</p>
<p>b. Was it obtained through some other group? <span style="float: right;">1 Y    2 N    9 DK</span></p>			
<b>PLAN 2</b>	<p>5c. Does this plan pay any part of hospital expenses? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>6a. Is --- covered under this (name) plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p>
<p>5a. Was this (name) plan obtained through an employer or union? <span style="float: right;">1 Y (5c)    2 N    9 DK</span></p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>b. 1 Y    2 N    9 DK</p>
<p>b. Was it obtained through some other group? <span style="float: right;">1 Y    2 N    9 DK</span></p>			
<b>PLAN 3</b>	<p>5c. Does this plan pay any part of hospital expenses? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>6a. Is --- covered under this (name) plan?</p>	<p>6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)</p>
<p>5a. Was this (name) plan obtained through an employer or union? <span style="float: right;">1 Y (5c)    2 N    9 DK</span></p>	<p>d. Does this plan pay any part of doctor's or surgeon's bills for operations? <span style="float: right;">1 Y    2 N    9 DK</span></p>	<p>b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?</p>	<p>b. 1 Y    2 N    9 DK</p>
<p>b. Was it obtained through some other group? <span style="float: right;">1 Y    2 N    9 DK</span></p>			
<p><b>I</b> For each person review 1, 2, 3, and 6 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."</p>		<b>I</b>	<p>1 <input type="checkbox"/> Cov. (NP)    2 <input type="checkbox"/> Not cov. (NP)</p>
<p>Ask for each person "Not covered," Many people do not carry health insurance for various reasons. Hand Card N</p>		<p>Circle all reasons given →</p>	
<p>7a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason?</p>		7a.	<p>1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>  (Specify)</p>
<p>Mark box or ask:</p>		b.	<p>00 <input type="checkbox"/> Only one reason  1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/>  (Specify)</p>
<p>b. What is the MAIN reason --- is not covered by any health insurance plan?</p>			