

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>			
1a. Is anyone in this family covered by Medicare?		Y	N (4) DK
b. Is --- covered? Mark box in person's column.		1b.	1 <input type="checkbox"/> Cov. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> Not cov.
<p>Ask for each person with "Covered" in 1b.</p>			
2a. Is --- covered by that part of Social Security Medicare which pays for hospital bills? Mark box in person's column.		2a.	1 <input type="checkbox"/> Cov. Hosp. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No
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.		b.	1 <input type="checkbox"/> Cov. Med. 9 <input type="checkbox"/> DK 2 <input type="checkbox"/> No
<p>Ask for each person with "DK" in 2 and for each person under 65 with "Covered" in 1b.</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.		3.	1 <input type="checkbox"/> Cov. Hosp. 3 <input type="checkbox"/> Card N.A. 2 <input type="checkbox"/> Cov. Med.
<p>We are interested in all kinds of health insurance plans except those which pay only for accidents.</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?		Y	N (4d)
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 4b 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 (5)
e. What is the name of the plan? (Record in Table H.I., reask 4d)			
TABLE H.I.			
PLAN 1	5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan?	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 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	b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?	b. 1 Y 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK			
PLAN 2	5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan?	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 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	b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?	b. 1 Y 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK			
PLAN 3	5c. Does this plan pay any part of hospital expenses? 1 Y 2 N 9 DK	6a. Is --- covered under this (name) plan?	6a. 1 <input type="checkbox"/> Cov. 2 <input type="checkbox"/> Not cov. (NP)
5a. Was this (name) plan obtained through an employer or union? 1 Y (5c) 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	b. During the past 12 months did --- receive medical care which has been or will be paid for by this plan?	b. 1 Y 2 N 9 DK
b. Was it obtained through some other group? 1 Y 2 N 9 DK			
I For each person review 1, 2, 3, and 6 for each plan and determine if "Covered" by either Medicare or insurance, or "Not covered."		I 1 <input type="checkbox"/> Cov. (NP) 2 <input type="checkbox"/> Not cov. (NP)	
Ask for each person "Not covered," Many people do not carry health insurance for various reasons. Hand Card N		Circle all reasons given →	
7a. Which of those statements describes why --- is not covered by any health insurance plan? Any other reason?		7a.	1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> (Specify)
Mark box or ask:			
b. What is the MAIN reason --- is not covered by any health insurance plan?		b.	00 <input type="checkbox"/> Only one reason 1 2 3 4 5 6 7 8 9 <input checked="" type="checkbox"/> (Specify)