

Section L — FAMILY RESOURCES

PERSON 1

<p>ITEM L1</p>	<p><i>Refer to special instructions.</i></p>	<p>L1</p>	<p><input type="checkbox"/> Complete Section L (L2)</p>
<p>ITEM L2</p>	<p><i>Refer to household composition. Mark for each person column used, including those deleted in the HIS-1.</i></p>	<p>L2</p>	<p>1 <input type="checkbox"/> Civilian 2 <input type="checkbox"/> AF member living at home 3 <input type="checkbox"/> Deleted</p>
<p>The next questions are about health insurance coverage and the kinds and amounts of income that people receive. For this family, that includes (read names, including Armed Forces members living at home.)</p> <p><i>Read if necessary: The answers to these questions will add greatly to our knowledge about the health problems of the American people, the types of health care they receive, and whether they can afford the care that they need. The information will help in planning health care services and finding ways to lower costs of care.</i></p>			
<p>There are several government programs that provide medical care or help pay medical bills.</p> <p>People covered by Medicare have a card that looks like this. Show Medicare Card.</p> <p>1a. In (month), was anyone in the family covered by Medicare?</p> <p><i>Read if necessary: Medicare is a health insurance program for persons 65 or over and certain disabled persons.</i></p> <hr/> <p>b. Who was covered?</p> <p><i>Mark "Medicare" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 1b and c) <input type="checkbox"/> No</p>		<p>1a.</p>	<p>1 <input type="checkbox"/> Yes (1b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Ref. 9 <input type="checkbox"/> DK } (2)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Medicare</p>
<p>2a. (In (month), was anyone in the family covered by) Medicaid or (local name)?</p> <p><i>Read if necessary: Medicaid or (local name) is a public assistance program that pays for medical care.</i></p> <hr/> <p>b. Who was covered?</p> <p><i>Mark "Medicaid" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 2b and c) <input type="checkbox"/> No</p>		<p>2a.</p>	<p>1 <input type="checkbox"/> Yes (2b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Ref. 9 <input type="checkbox"/> DK } (3)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Medicaid</p>
<p>3a. (In (month), was anyone in the family covered by) military health care, CHAMPUS, CHAMPVA, or the VA?</p> <p><i>Read if necessary: These programs cover active duty and retired career military personnel and their dependents and survivors and also disabled veterans and their dependents and survivors.</i></p> <hr/> <p>b. Who was covered?</p> <p><i>Mark "Military" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 3b and c) <input type="checkbox"/> No</p>		<p>3a.</p>	<p>1 <input type="checkbox"/> Yes (3b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Ref. 9 <input type="checkbox"/> DK } (4)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Military</p>
<p>4a. (In (month), was anyone in the family covered by) any OTHER public assistance program, other than Medicaid, that pays for health care?</p> <hr/> <p>b. Who was covered?</p> <p><i>Mark "Other" box in person's column.</i></p> <hr/> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 4b and c) <input type="checkbox"/> No</p>		<p>4a.</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Ref. 9 <input type="checkbox"/> DK } (5)</p> <hr/> <p>b.</p> <p>1 <input type="checkbox"/> Other</p>
<p>5a. (Not counting Medicare) In (month) was anyone in the family covered by a health insurance plan that pays any part of hospital or doctor bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.</p> <hr/> <p>b. It's important that we have the complete and accurate name of your health insurance plan. What is the COMPLETE name of the plan?</p> <p><i>Record in Table H.I. If "DK", probe: Do you have something with the plan name on it?</i></p> <hr/> <p>c. Is anyone in the family now covered by any OTHER health insurance plan? Again, do NOT include plans that pay for ONLY ONE service.</p> <p><input type="checkbox"/> Yes (Reask 5b and c) <input type="checkbox"/> No (HI) <input type="checkbox"/> DK (HI)</p>		<p>5a.</p>	<p>1 <input type="checkbox"/> Yes (5b) 2 <input type="checkbox"/> No 7 <input type="checkbox"/> Ref. 9 <input type="checkbox"/> DK } (8)</p>

Section L – FAMILY RESOURCES – Continued

PERSON 1

TABLE H.I.

{ Now I am going to ask some questions about the plan(s) you just told me about. }

Read if necessary: **Health Maintenance Organizations, or HMO's, sometimes called Individual Practice Associations or IPA's, are plans whose members are required to use only those health care providers who work for the HMO or IPA. Also, members do not have to submit claims for costs of medical care services.**

PLAN 1 NAME				15-16
6a. Is this (name) plan a Health Maintenance Organization or HMO? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	17	c. Was this plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	19	
b. DOES this plan allow you to choose ANY doctor or does it require you to choose one from a group or list of doctors? 1 <input type="checkbox"/> Any doctor 2 <input type="checkbox"/> Select from group/list 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	18	d. DOES the employer or union pay for all, some, or none of the premium? 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 0 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	20	
7. Is -- covered under this (name) plan?				7. 1 <input type="checkbox"/> Covered ... 2 <input type="checkbox"/> Not covered 9 <input type="checkbox"/> DK } (NP) 21
PLAN 2 NAME				22-23
6a. Is this (name) plan a Health Maintenance Organization or HMO? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	24	c. Was this plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	26	
b. DOES this plan allow you to choose ANY doctor or does it require you to choose one from a group or list of doctors? 1 <input type="checkbox"/> Any doctor 2 <input type="checkbox"/> Select from group/list 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	25	d. DOES the employer or union pay for all, some, or none of the premium? 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 0 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	27	
7. Is -- covered under this (name) plan?				7. 1 <input type="checkbox"/> Covered ... 2 <input type="checkbox"/> Not covered 9 <input type="checkbox"/> DK } (NP) 28
PLAN 3 NAME				29-30
6a. Is this (name) plan a Health Maintenance Organization or HMO? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31	c. Was this plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	33	
b. DOES this plan allow you to choose ANY doctor or does it require you to choose one from a group or list of doctors? 1 <input type="checkbox"/> Any doctor 2 <input type="checkbox"/> Select from group/list 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	32	d. DOES the employer or union pay for all, some, or none of the premium? 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 0 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	34	
7. Is -- covered under this (name) plan?				7. 1 <input type="checkbox"/> Covered ... 2 <input type="checkbox"/> Not covered 9 <input type="checkbox"/> DK } (NP) 35
PLAN 4 NAME				36-37
6a. Is this (name) plan a Health Maintenance Organization or HMO? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	38	c. Was this plan obtained through an employer or union? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (7)	40	
b. DOES this plan allow you to choose ANY doctor or does it require you to choose one from a group or list of doctors? 1 <input type="checkbox"/> Any doctor 2 <input type="checkbox"/> Select from group/list 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	39	d. DOES the employer or union pay for all, some, or none of the premium? 1 <input type="checkbox"/> All 2 <input type="checkbox"/> Some 0 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	41	
7. Is -- covered under this (name) plan?				7. 1 <input type="checkbox"/> Covered ... 2 <input type="checkbox"/> Not covered 9 <input type="checkbox"/> DK } (NP) 42

MEDICARE

Health Insurance	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY John Q. Public	
CLAIM NUMBER 000-00-0000-A	SEX MALE
IS ENTITLED TO Hospital Insurance	EFFECTIVE DATE 7-1-66
Medical Insurance	7-1-66
SIGN HERE <i>John Q. Public</i>	

STATE NAMES FOR MEDICAID

MEDI - CAL

California

MEDI - KAN

Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)

Arizona

MEDICAL ASSISTANCE

All other States

Medicare

State name
for Medicare

(Cut along broken line)