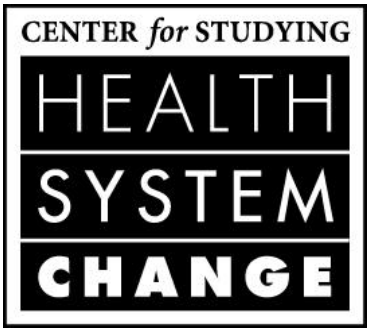
Community Tracking Study

2003 Employer Followback Pilot Study

APPENDICES



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CTS EMPLOYER FOLLOWBACK PILOT SURVEY

APPENDICES A-I

APPENDIX A

PILOT HOUSEHOLD SURVEY INSTRUMENT

INTRODUCTIONS

FOR NEW SAMPLE (VERSION 2-- NO LETTER):

>s1< Hello, this is NAME, with the Community Tracking Study, a project to see how managed care and other health care changes are affecting people in your community. We're not selling anything or asking for money. This is a study for a private foundation about health issues. As a token of appreciation for your help, we'll send you $10 for participating in a 10 minute interview. May I speak with an adult at least 18 years old who lives here and is familiar with the health care of family members.

ADDITIONAL TEXT IF NEEDED: We're doing the study because we don't know how the shift to managed care and other changes are affecting people. The interview is strictly confidential and you don't have to answer any questions you don't want to.

TYPE <g> TO CONTINUE ===> [goto code_s1]

FOLLOW UP RESPONSES FOR ALL SAMPLES

>a3< SPONSOR: The project is sponsored by the Robert Wood Johnson Foundation, a non-profit organization whose sole purpose is to improve health care. It is not associated with any political party or private company.

LENGTH: The interview will only take about 10 minutes.

CONTACT: If you would like to find out more about the study or the foundation, you can call [Maureen Michael] at [fill phone number].

SELECTION: Your telephone number was randomly generated by a computer to represent many others in your community. For our results to be accurate, it is very important that we interview the households we select.

CONFIDENTIALITY: All of your answers are confidential. The answers you give will be combined with answers from other people in your community. Your name will not be linked with the answers.

TYPE <g> TO CONTINUE ===> [goto code_s1]

>phone_ck< Is this phone used for. . .

home use.....1

business and home use, or.....2
business use only? [ineligible] 3

a. DEMOGRAPHICS AND SCREENING

>test< If new sample go to >hhld<; if reinterview continue with >DEL<

HOUSEHOLD COMPOSITION

IF NEW SAMPLE:
[screener included only for pilot pilot test]
>sc1< First I have a couple of questions to determine whether your household is eligible for the survey?

Is anyone in this household under the age of 65?

<1> YES ➔ Go to sc2
<0> NO➔ Terminate .....
<d> Don't know ➔ Terminate
<r> Refused ➔ Terminate

>sc2<

During the last week, did anyone in this household do any work for pay?

INTERVIEWER.....: IF SOMEONE WAS ILL OR ON VAC ATION THAT WEEK BUT EMPLOYED, CODE "YES."

<1> YES ➔ Go tohhld.....<0> NO➔ Terminate
<d> Don't know ➔Terminate
<r> Refused ➔ Terminate

>hhld< What are the first names of the people who live or stay here? Begin with one of the people who owns or pays most of the rent for this home, and then other people in the household. Be sure to include yourself.

INTERVIEWER: 1) IF R. IS RELUCTANT TO GIVE FIRST NAMES: We are asking for first names because the survey includes questions about the health insurance of family members. The only reason we need first names is so we'll have some way to tell family members apart. If you'd rather not give names, we can take relationships or some other way to tell family members apart.

2) Persons who reside at a vacation residence, in institutions (see help screen for definitions), or in other group quarters (10 or more unrelated persons living together) are not eligible.

[fill NAME] [HOUSEHOLDER GOES HERE].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5

[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

VACATION HOME, INSTITUTION,
GROUP QUART [Ineligible].....v
NO OTHER HOUSEHOLD MEMBERS .....n
DELETE A HOUSEHOLD MEMBER.....x
UNDELETE A HOUSEHOLD MEMBER .....u
8 OR MORE HOUSEHOLD MEMBERS.....e [goto emo1]
===> [goto more]

FOR ALL SAMPLE:

>emo1< You've told me about eight people that live in this household. Do any other people live in this household?

YES 1
NO OTHER PEOPLE IN HOUSEHOLD
[if reinterview sample goto test head;
if new sample goto bmo1].....n
===>

>emo2< How many of those additional people are 18 years old or older?

|___|___|
(0-99)
===>

>em3< How many of those additional people are under 18?

|___|___|
(0-99)
===> [if reinterview sample goto test head; if new sample goto bmo1]

>bmo1< In what month and year was [fill HOUSEHOLDER] born?

INTERVIEWER: (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.
(2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.
(3) IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.

JAN.....1
FEB 2
MARCH 3
APRIL 4
MAY.....5
JUNE 6
JULY.....7
AUG.....8
SEPT.....9
OCT.....10
NOV.....11
DEC.....12

DON'T KNOW.....d [goto age1]
===>

>byr1< [no erase]

|___|___|___|___|
(1880-1984)

|___|___| YEAR
(00-84)
===> [goto SEX1]

>age1< What is (his/her/your) age?

INTERVIEWER: (1) REMEMBER THAT THIS IS THE HOUSEHOLDER.
(2) R. IS UNCERTAIN, PROBE FOR BEST ESTIMATE.
(3) IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.
(4) If R. STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.

|___|___|___| YEARS OLD
(16-120)

18 OR OLDER .....a
LESS THAN 18 c
===>

>SEX1< . . . and is [fill HOUSEHOLDER] male or female?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE.....m
FEMALE.....f
===> [If age1 lt 23 goto col1; else goto grd1]

>col1< [Is HOUSEHOLDER/are you] a full-time student?

PROBE: The definition of a full-time student should be based on [fill NAME's] school.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>grd1< What is the highest grade or year of school [fill HOUSEHOLDER/you] completed?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

INTERVIEWER: IF R. GIVES DEGREE, CODE AS FOLLOWS:

HIGH SCHOOL/GED.....12
JUNIOR COLLEGE/ASSOCIATES DEGREE.....14
B.A./B.S.....16
M.A./M.S.....17
M.P.H./M.B.A/M.P.A. 18
JD/LAW 19
MD/PHD 20

|___|___| GRADE COMPLETED
(0-20)

DON'T KNOW.....d
REFUSED.....r
===>

>mil1< [IF age ge 18 and lt 65] [Is fill HOUSEHOLDER/Are you] on active duty in the military at this time?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>bmo2< In what month and year was [SECOND PERSON'S NAME] born?

IF R. IS UNCERTAIN PROBE FOR BEST ESTIMATE.

PROBE IF R. IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.

JAN.....1
FEB.....2
MARCH.....3
APRIL.....4
MAY.....5
JUNE.....6
JULY.....7
AUG.....8
SEPT.....9
OCT.....10
NOV.....11
DEC.....12

DON'T KNOW.....d [goto age2]
===>

>byr2< [no erase]

|___|___|___|___| YEAR
(1880-2002)

|___|___|
(00-84).....1

DON'T KNOW.....d [goto age2]
===> [goto SEX2]

>age2< What is [SECOND PERSON'S NAME'S] age?

INTERVIEWER:
(1) CODE "0" IF LESS THAN SIX MONTHS.

(2) CODE "1" IF LESS THAN ONE YEAR BUT MORE THAN SIX MONTHS

(3) IF RESPONDENT IS UNCERTAIN, PROBE FOR BEST ESTIMATE

(4) IF RESPONDENT IS RELUCTANT: This information is needed only to understand differences in health care for people in different age groups.

(5) IF R STILL REFUSES OR DOESN'T KNOW, ASK IF 18 OR OLDER OR UNDER 18 BECAUSE QUESTIONS ARE DIFFERENT FOR ADULTS AND CHILDREN.

|___|___|___| YEARS OLD
(0-120)

18 OR OLDER .....a
LESS THAN 18 c
===>

>SEX2< . . . and is [SECOND PERSON'S NAME] male or female?

INTERVIEWER: CODE WITHOUT ASKING IF KNOWN

MALE.....m
FEMALE.....f
===>

test: **[if age2 ge 16 and lt 23 goto col2; else goto test grd2]**

>col2< Is [fill NAME] a full-time student?

PROBE: The definition of a full-time student should be based on [fill NAME's] school.

YES 1
NO 0

DON'T KNOW.....d
===>

>**test grd2< [if age2 lt 18 goto rel2]**

>grd2< What is the highest grade or year of school [fill NAME] completed?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand differences in health care problems and needs.

INTERVIEWER: IF R. GIVES DEGREE, CODE AS FOLLOWS:

HIGH SCHOOL/GED.....12
JUNIOR COLLEGE/ASSOCIATES DEGREE.....14
B.A./B.S.....16
M.A./M.S.....17
M.P.H./M.B.A/M.P.A. 18
JD/LAW 19
MD/PHD 20

|___|___| GRADE COMPLETED
(0-20)

DON'T KNOW.....d
REFUSED.....r
===>

>mil2< [IF age2 ge 18 and lt 65] Is [fill NAME] on active duty in the military at this time?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>rel2< How is [fill NAME] related to [fill HOUSEHOLDER]?

HUSBAND 1
WIFE 2
OWN SON/DAUGHTER 3
ADOPTED SON/DAUGHTER[1] 13
STEP SON/DAUGHTER 4
GRAND SON/DAUGHTER 5
PARENT 6
BROTHER/SISTER 7
SON/DAUGHTER-IN-LAW 8
MOTHER/FATHER-IN-LAW 9
OTHER RELATIVE 10
FOSTER CHILD 11
NON RELATIVE/UNMARRIED PARTNER 12
===>

Repeat bmo2-rel2 for each person.

test: [if any person is ≥ 18 and relationship to householder is <7> <8>, <9>, <10> or <12> and at least one person, other than householder or spouse, is ≥ 14 and different sex from (this/these) persons; goto mar2; else goto test after sps2.

>mar2< Is [fill NAME] married to anyone who currently lives here?

INTERVIEWER: CODE "NO" FOR COHABITEE

YES 1
NO .....0 [goto next person or next test]

===>

>sps2< To whom is [fill NAME] married?

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8
===>

[1]Adopted child is treated the same as child for all questions, except ethnicity (which is skipped for own child).

tests: **(1) Verify that spouses are opposite sexes and at least 14 years of age.**

(2) Repeat for each person ge 18 and relationship to householder is <7>, <8>, <9>, <10> or <12>.

(3) If any person lt 18 and relationship to householder is not equal to <3>, <4>, <11>, or <13> then goto par2; else goto family formation.

>par2< Is anyone who lives here the parent or guardian of [fill NAME]?

YES 1
NO .....0 [goto next child or next test]

===>

>who2< Who is [fill NAME]'s parent or guardian?

CODE ONLY ONE

INTERVIEWER: IF CHILD HAS TWO PARENTS/GUARDIANS CODE MOTHER OR FEMALE GUARDIAN.

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8
===>

Repeat for others meeting test before par2.

>snow< Do/Does (READ NAMES FROM TABLE) have another residence where (they he/she) lives more than half the year?

ENTER THE PERSON NUMBER OF PERSONS HAVING ANOTHER RESIDENCE.

NOTE: STUDENTS 16-22 ARE NOT DISPLAYED IN THE TABLE. THEY ARE PART OF THE HOUSEHOLD EVEN IF AWAY AT SCHOOL MORE THAN HALF THE YEAR.

NAME RELATION SEX AGE

[fill NAME][RELATIONSHIP] [Sex][AGE AT R2].....1
[fill NAME][RELATIONSHIP] [Sex][AGE AT R2].....2
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....3
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....4
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....5
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....6
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....7
[fill NAME][RELATIONSHIP][Sex][AGE AT R2].....8

DELETE A CODE x
REVIEW COMPLETE.....n

===>

NOTE: PERSONS WHO HAVE OTHER RESIDENCES WILL BE INCLUDED IN R2 TO TEST IMPACT ON ESTIMATES, WILL BE DELETED FOR R3.

Form interviewing units using the following rules:[2]

(1) If no one other than householder or householder and spouse is 18 and older, then the household consists of one family.

(2) Assign persons whose relationship to householder is parent, and any children linked to them, to a separate family.

(3) .....Assign persons whose relationship to householder is mother/father-in-law, and any children linked to them, to a separate family.

(4) .....Assign additional married persons, and any children linked to them, to a separate family.

(5) ... If any remaining (unmarried) person's relationship to householder is child or step-child, he or she is 18 to 22, and a full time student, assign that person, and any children linked to that person, to householder's family.

(6) ...Assign any remaining, unmarried persons 18 and older who are not full time students (and any children linked to them) to separate family units.

(7) ....If householder or householder's spouse is under 18 and not a student, then he or she and his or her spouse and/or children are eligible. The householder and spouse (if under 18) should be treated as adult(s) during the interview.

(8) Exclude a person as ineligible if:

    (1) Person is unmarried full-time student, 16-22 years of age, and is not a child or ward of householder.
    (2) Person is under 18, not a householder, relationship to householder is not equal to spouse or child, and no one in household is parent or guardian.
    (3) Person is active military; however that person can act as survey informant for family interview, and his or her income should be included in income module.

(9) .. Exclude interviewing unit as ineligible if all persons 18 and older assigned to the unit are active military.

[2]The interviewing unit is defined to reflect an insurance unit, including the household head, spouse, and their dependent children up to but not including age 18, or up to but not including age 23 if they are in school. This definition represents conventional practice in the private insurance market and is similar to the filing unit used by Medicaid and state subsidized insurance programs. The census family (U.S. Bureau of the Census, 1992) sometimes comprises more people than the insurance family. Examples of people typically included in the same census unit, but in different insurance units, are adult children and their families living in the homes of their parents; adult siblings living together; and parents living in the home of their adult children. These persons will form separate interviewing units.

Child Random Selection by the following rules:

1) Determine if sampled R2 child has been identified as an R3 FIU member and is under age 18.

IF YES: Select R2 child as R3 child and go to >resp<

IF > 1 R2 sampled child (due to FIU reformation), set a flag and pick one child of the flagged children at random.

IF NO: Sample new R2 child (demographics collected above) and go to >kdc1<

NOTE: NATIONAL SAMPLE WITHIN PSU SITES ARE CODED FOR PSU; OTHERWISE PSU FOR NATIONAL SAMPLE =0

NOTE: (1) THE PROGRAM WILL FORM INTERVIEWING UNITS AND THE INTERVIEWER WILL BEGIN WITH THE HOUSEHOLDER'S UNIT.

NOTE: The review of household composition is done on screens organized by Family Insurance Units (FIUs). Linda has already coded this into Section A, although the question text has not been added:

>resp< **INTERVIEWER:** ENTER THE [r]HIGHLIGHTED[n] NUMBER OF PERSON WITH WHOM YOU'RE SPEAKING (I.E. "BEST RESPONDENT").

IF RESPONDENT NOT KNOWN ASK: With whom am I speaking?

A PERSON WITH AN * IN FRONT OF THEIR NAME IS NOT ELIGIBLE.

IF YOU ARE TALKING TO A HOUSEHOLD MEMBER WHO IS NOT ELIGIBLE TO BE INTERVIEWED, ASK FOR AN ELIGIBLE HOUSEHOLD MEMBER.

INTERVIEWER: REVIEW NAME, RELATIONSHIP TO HOUSEHOLDER, SEX, AND AGE OF ALL HH MEMBERS WITH RESPONDENT

#	NAME	RELATION	SEX	AGE
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 1
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 2
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 3
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 4
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 5
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 6
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 7
	[fill NAME]	[RELATIONSHIP]	[Sex]	[AGE] 8
	===>			

b. HEALTH INSURANCE

>bbeg< We would like to conduct the rest of the interview with you. (We will also be asking questions about READ NAMES. . .) and we will be sending you a check for $10 for completing the interview.

INTERVIEWER: NOTE ONLY ONE CHILD IS SELECTED PER FAMILY

TYPE <g> TO CONTINUE ===>

>b1< Next, I will list several types of health insurance or health coverage obtained through jobs, purchased directly, or from government programs. For each one, please tell me if (you/either of you/any of you) are currently covered by that type of plan.

>b1a< Are READ NAMES covered by a health insurance plan from (your/any of your/either of your) current or former employers or unions. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

(1) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.

(2) Include health insurance plans provided by colleges and universities to students.

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>b1b< Are (READ NAMES) covered by a health insurance plan bought on your or their own. [BRFQ]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBES:

(1) Include insurance plans purchased through a professional association or trade groups.

(2) Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accident.

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>b1c< Are READ NAMES covered by a health insurance plan provided by someone who does not live in this household. [CPS]

IF YES: Who is covered?

INTERVIEWER: DO NOT INCLUDE MILITARY COVERAGE.

PROBE: Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care or accidents.

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>b1d< Are READ NAMES covered by Medicare, the health insurance plan for people 65 years old and older or persons with certain disabilities. [CPS]

IF YES: Who is covered?

PROBE: Include HMO plans, as well as the traditional Medicare plan.

INTERVIEWER: INCLUDE IF COVERED BY PART A OR PART B.

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>test bld< [IF PERSON IS GE 65 AND NOT COVERED BY MEDICARE goto b1d1; ELSE goto ble]

>b1d1< PERSON AGE 65 AND **NOT** COVERED BY MEDICARE ASK: I noted that [fill NAME] is [fill AGE], but is not covered by Medicare. Is that correct or did I make a mistake?

CORRECT 1
TO CORRECT MEDICARE .....2 [:jb b1d]
TO CORRECT AGE.....3 [:jb [INSERT AGE FIELD]]

===>

REVISED TEXT PERMIT PERSONS TO REPORT MEDICAID/STATE COVERAGE AND PRIVATE COVERAGE; DUAL MEDICARE/MEDICAID OBTAINED IN b60, AVOIDING STATE COVERAGE QUESTION FOR MEDICARE BENEFICIARIES.

YES .....1 [goto b1e]
NO 0

DON'T KNOW.....d
REFUSED.....r
===> [goto test b1f]

>bley< IF STATE OFFERS OTHER SUBSIDIZED PROGRAMS AS WELL AS MEDICAID: Are READ NAMES covered by any of the following government assistance programs that help pay for health care: [Medicaid/fill STATE NAME; fill STATE SPECIFIC PLANS, INCLUDING CHIP], IF YES; Which program is that?

CODE ALL THAT APPLY

Medicaid/fill STATE NAME .....1 [goto b1e]
fill STATE SPECIFIC PLANS, INCLUDING CHIP
[BLANK IF NO STATE PROGRAM] .....2 [goto b1h]

NO ONE COVERED/NO MORE CODES.....n [goto test b1f]

SOMEONE COVERED, DON'T KNOW
WHICH PLAN.....d [goto b1e];
FOLLOW MEDICAID ATTRIBUTE SEQUENCE IF
CAN'T IDENTIFY PROGRAM NAME, fill Medicaid.

REFUSED.....r [goto test b1f]
DELETE A CODE x
===>

>ble< Are READ NAMES covered by [Medicaid/fill STATE NAME]?

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>b1h< Are READ NAMES covered by fill STATE SPECIFIC PLANS, INCLUDING CHIP?

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

DELETE test b1h and b1h

PERMITS MEDICAID AND MILITARY REPORTING, WHICH WAS NOT ALLOWED IN R2

>b1f< Are READ NAMES covered by CHAMPUS, CHAMP-VA, TRICARE, VA, or some other military health care. [NHIS]

IF YES: Who is covered?

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>test b1f1< [IF b1f = NO ONE, goto b1g; ELSE goto b1f1]

>b1f1< Which plan is that--CHAMPUS, CHAMP-VA, TRICARE STANDARD, TRICARE PRIME, TRICARE EXTRA, VA, or some other military health plan?

INTERVIEWER: CODE ALL THAT APPLY

INTERVIEWER: IF R IS UNSURE TRICARE STANDARD AND PRIME, CODE "3" STANDARD.

CHAMPUS 1
CHAMP-VA 2
TRICARE STANDARD 3
TRICARE PRIME 4
TRICARE EXTRA 5
VA.....6
OTHER [SPECIFY] 7

DON'T KNOW TYPE .....d
REFUSED.....r
===>

PERMITS IHS AND OTHER PLANS TO BE REPORTED.

>b1g< Are READ NAMES covered by the Indian Health Service. IF YES: Who is covered?

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES .....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>test b1i1< **If all family members covered by some type of health insurance goto test b2, else goto b1i1.**

>bli1< Are READ NAMES covered by a health insurance plan that I have not mentioned. IF YES: What is the name of the plan?

YES [SPECIFY].....1
NO.....0 [goto test blj]

DON'T KNOW.....d
REFUSED.....r
===>

>bli2< Who is covered by [fill NAME SPECIFIED]?

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....0
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>test b1j< **[IF A FAMILY MEMBER WAS NOT COVERED UNDER SOME PLAN, goto bij; ELSE goto test b2]**

>bij< **INTERVIEWER:** READ FOR FIRST PERSON ONLY (According to the information we have, [fill NAME] does not have health care coverage of any kind). Does (he/she) have health insurance or coverage through a plan I might have missed?

INTERVIEWER: REVIEW PLANS IF INFORMANT IS UNSURE.

NO/NOT COVERED BY ANY PLAN 0
HEALTH INSURANCE PLAN FROM A CURRENT OR PAST EMPLOYER/ UNION/SCHOOL 1
A HEALTH INSURANCE PLAN BOUGHT ON HIS/HER OWN/PROF. ASSN. 2
A PLAN BOUGHT BY SOMEONE WHO DOES NOT LIVE IN THIS HOUSEHOLD 3
MEDICARE 4
MEDICAID/STATE NAME 5
CHAMPUS/CHAMP-VA, TRICARE, VA, OTHER MILITARY 6
INDIAN HEALTH SERVICE 7
[fill STATE PLAN] 8
OTHER PLAN [SPECIFY] 9

DON'T KNOW .....d
REFUSED .....r
===> [goto NEXT UNINSURED PERSON OR goto test b2]

>test b2< **IF AT LEAST ONE FAMILY MEMBER IS PRIVATELY INSURED (b1a, b1b, or b1c ge1) AND IS NOT COVERED BY MEDICARE (b1d) GO TO b2; ELSE, goto Test b401]**.

>b2000< **Set calln = 0 # initialize variable to keep track of which call (that is, within the three private plan "grid," which plan are we on when we make the call) to the external program.**

>b2< In how many different health plans (obtained through current or past employers/(or) that you purchased directly/(or) were provided by someone who does not live in your household) are [fill NAMES OF FAMILY MEMBERS LISTED IN b1a, blb or blc EXCEPT FOR THOSE 65 AND NOT COVERED BY MEDICARE] enrolled?

PROBE: Do not include plans that only provide extra cash while in the hospital or plans that pay for only one type of service, such as dental care, vision care, nursing home care, or accidents.

|___| PLANS
(1-3)

0.....0 [go back to b1 and correct]
DON'T KNOW.....d
REFUSED.....r
===>

Could insert a question on whether a postal worker or other federal employee here.
INSURER DATABASE MATCHING PROGRAM BEGINS HERE

>zb211< What is the complete name of [the; the SECOND; the THIRD] plan?

PROBE: ALWAYS ASK: Do you have an insurance card or something else with the (first) plan name on it?

DISPLAY: Read-Only List Of 12 entity names

DON'T KNOW
[fill "this plan" in subsequent questions] .....d [goto b221]
REFUSED
[fill "this plan" in subsequent questions] .....r [goto b221]
===>

>zb221< **INTERVIEWER:** CODE WHETHER DOCUMENT USED. [NO ERASE]

INSURANCE CARD (go to zb222new) 1

CLAIMS FORM (go to zb222new).....2

INSURANCE POLICY (gotozb222new) 3

NO DOCUMENT USED go to zMb2232) 0

INSURANCE COMPANY NAME INCORRECT,
BACKUP AND CORRECT.....9
===>

>zb222new< What is the group number for your insurance plan?

Probe: The group number is assigned to the company or union through which you obtain your health insurance. It usually appears on your

insurance card and claims forms. People with individual coverage do not have a group number.
<1-99999>
DON'T KNOW ➔ d
REFUSED➔ r
NOT APPLICABLE➔ n

>zMb2232< **Based on respondent's answer in zb211, search for insurance plan as follows:**

1) User enters input string.

2) String is broken into words, which are matched against a good word dictionary. Non-matches are thrown away.

3) With the matched words, one at a time, look for companies or plans in the state (where state may equal more than one state for some PSUs) that match the word.

4) "Or" these lists together to get a master list of entities.

5) For each of these entities, get a list of **plans offered nationally.**

6) If company not matched goto zb2240.

>zb2233< **[Company or plan match within state]**
I'm going to read a list of plans offered by that company. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan (read from list of products:)

Confirm highlighted .....1 **[GO TO zb2261]**

No match — accept text string and continue .....0 **[GO TO zb2240]**

Insurance company name incorrect,
backup and correct 9

>zb2240< Was this insurance plan obtained in a state other than (fill STATE)?

YES 1
NO .....0 **[goto zb2260]**

DON'T KNOW .....d **[goto zb2260]**
===>

>zb2241< What state is that? [NO ERASE]

{DISPLAY: Code list for states}

===>

>zb2251< **[Company or plan match within another state]**
Here's a list of additional plans in [fill STATE]. Tell me if one of them is the name of [the; the SECOND; the THIRD] plan. (read from list of products:)

Confirm highlighted entry 1
Edit Text String.....2
No match — accept text string and continue 3

>b231< Health insurance plans are usually obtained in one person's name even if other family members are covered. That person is called the policyholder. [NHIS]

In whose name is this plan?[3]

INTERVIEWER: CODE NON-SPECIFIED POLICY HOLDER IN "OTHER."

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8
OTHER [SPECIFY] 9

DON'T KNOW.....d
REFUSED.....r
===>

>test b24< [if b2 gt <1>, goto b241; else goto test b25]. It is unnecessary to ask b241 if the family has only one plan because coverage was obtained in b1a, b1b, or b1c.

[3]The program only permits family members with private coverage and persons GE 65 to be coded as policy holders; the program also lists adults in other family units within the household for policy holder questions.

>b241< Who is covered by [fill PLAN NAME]?

[READ ASTERISKED NAMES IF NECESSARY.]

CODE ALL THAT APPLY

[fill NAME].....1
[fill NAME].....2
[fill NAME].....3
[fill NAME].....4
[fill NAME].....5
[fill NAME].....6
[fill NAME].....7
[fill NAME].....8

NONE/NO ONE/NO OTHER RESPONSES.....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===>

>test b25< [if b1b ge <1> or b1c ge <1> goto b251; else store <1> in b251 and goto b261]. This question does not need to be asked if the only private plans are employer-based.

>b251< Was this plan originally obtained through a current or past employer or union?

YES .....1 [goto b**t**261**]**
NO 0

DON'T KNOW.....d
REFUSED.....r
===> [goto b271]

>bt261< Test to randomly assign sample answering b251=1 to two treatments; random half goes to b261 and other random half to b2614

Treatment 1 (Based on 1996 MEPS-HC, EMO 8-9). Two part question (so you may get name even if R. refuses address, with explanation offered only as probe.

>b261< What is the name of the employer or union who provides this plan?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: We are trying to understand differences in insurance plans offered by employers and unions. Although we will try to contact your employer or union to learn more about your plan, we will not identify you by name.

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

_____[go to b2612]
(72 CHARACTERS)

DON'T KNOW [goto b271].....d
REFUSED [goto b271].....r
===>

>b2612< INTERVIEWER; CODE WHETHER EMPLOYER OR UNION. IF UNSURE, ASK, Is [insert NAME] a union or employer?

<1> UNION
<2> EMPLOYER
<d> DON'T KNOW
<r> REFUSED

>b2613< What is the address of the (employer/ union) who provides this plan?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION ADDRESS: We are trying to understand differences in insurance plans offered by employers and unions. Although we will try to contact your employer or union to learn more about your plan, we will not identify you by name.

INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE. IF R. PROVIDES ADDRESS, ALSO ASK FOR PHONE NUMBER

1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r

➔ [go to b271]

Treatment 2 (Based on Health and Retirement Survey, R5). Single question preceded by an explanation; additional information offered as probe.

>b2614< In order to get the best information possible about people's health insurance coverage, we need the name and address of the employer or union that provides this coverage.

PROBE IF RESPONDENT ASKS FOR ADDITIONAL INFORMATION ON WHY WE WANT EMPLOYER/UNION ADDRESS: We are trying to understand differences in insurance plans offered by employers and unions. Although we will try to contact your employer or union to learn more about your plan, we will not identify you by name. .....
INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE. IF R. PROVIDES ADDRESS, ALSO ASK FOR PHONE NUMBER

EMPLOYER NAME
1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r

>b2615< INTERVIEWER; CODE WHETHER EMPLOYER OR UNION. IF UNSURE, ASK, Is [insert NAME] a union or employer?

<1> UNION
<2> EMPLOYER
<d> DON'T KNOW
<r> REFUSED
➔ ➔ [go to b271]

>b271< Was this plan obtained through a state or federal government program that helps pay insurance coverage?

YES .....1 [goto b281]
NO .....0 [goto b291]

DON'T KNOW.....d [goto b281]
REFUSED.....r
===> [goto b291]

>b281< Do you recall the name of the program?

PROBE: Some programs that help provide health insurance include [fill STATE PROGRAMS].

[fill STATE PROGRAMS] 1
OTHER [SPECIFY] 9

_____

DON'T KNOW .....d
REFUSED .....r
===>

>b291< Did READ ASTERISKED NAMES enroll in [NAME OF PLAN] in the past 12 months, that is after [fill DATE]?

IF MORE THAN ONE PERSON, ASK: Who enrolled in [fill PLAN] in the past 12 months?

INTERVIEWER: DO NOT INCLUDE BABIES UNDER ONE YEAR IF THEY WERE COVERED BY PLAN SINCE BIRTH.

IF RESPONDENT SAYS HE/SHE STAYED WITH THE SAME PLAN DURING OPEN ENROLLMENT, CODE NO.

CODE ALL THAT APPLY

[fill NAME].....1 [goto b301]
[fill NAME].....2 [goto b301]

NO ONE .....n
NEED TO DELETE A RESPONSE.....x

DON'T KNOW.....d
REFUSED.....r
===> [goto test b311]

>b301< How many months ago did [fill NAME] enroll in [fill PLAN NAME]?

INTERVIEWER: IF MORE THAN 11 MONTHS, BACK UP TO PREVIOUS QUESTION AND DELETE PERSON.

|___|___| MONTHS
(0-11)

DON'T KNOW.....d
REFUSED.....r
===> [REPEAT b301 FOR EACH PERSON ENROLLED IN PAST 12 MONTHS]

NOTE CHANGE IN LOGIC HERE.
>test b311< [if b251 ne <1> goto b311; else goto bx311]

>bx311< Does the (employer/union) who provides this plan pay all, part or none of the cost of premiums for this health insurance? (NSAF I18)

<1> ALL
<2> PART
<3> NONE [goto b311]
<d> DON'T KNOW
<r> REFUSED

➔ [goto b331]

>b311< NON-EMPLOYER AND NON-UNION PLANS:

How much is the insurance premium for this policy?

NONE 0

$|___|___|___|___|
$(10-9997).....[goto b321]

DON'T KNOW.....d
REFUSED.....r
===> [goto b331]

>b321< **INTERVIEWER:** CODE TIME PERIOD.

WEEK.....1
EVERY OTHER WEEK.....2
TWICE A MONTH.....3
MONTH.....4
QUARTER.....5
SEMI-ANNUAL.....6
ANNUAL.....7
===> **[goto b331]**

>b331< Does (PLAN NAME) require (you/members)[4] to sign up with a certain primary care doctor, group of doctors, or clinic, which (you/they) must go to for all of your routine care?

PROBE: Do not include emergency care or care from a specialist you were referred to.

YES 1
NO 0

[4]Substitute "members" if informant is not covered.

DON'T KNOW.....d
REFUSED.....r
===>

>b341< [NOTE: BASED ON CAHPS] In order to see a specialist under [fill PLAN NAME], do (you/members) need to get a referral, that is approval or permission, from your doctor **or health plan**?

PROBE: Do not include emergency care.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>b351< Is there a book, directory, or list of doctors associated with the plan?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>b361< Is (PLAN NAME) an HMO, that is, a Health Maintenance Organization?

PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF]

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>test b371< [IF b351 eq <1> OR b361 eq <1> goto b371; ELSE goto test b381] fill

>b371< If (you/members) do not have a referral, will [fill PLAN NAME] pay for any of the costs of visits to doctors who are not [associated with the plan (b351 = 1)/part of the HMO (b361 = 1)]?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>test b381< [IF b251 = <0>, <d> or <r>, goto test b40; Else, goto, b381]

>b381< Does [EMPLOYER NAME/this employer] offer more than one health insurance plan to its employees?

YES .....1 [goto b391]
NO 0

DON'T KNOW.....d
REFUSED.....r
===> [goto test b40]

>b391< Does [EMPLOYER NAME/this employer] offer (any HMO plans/any health insurance plans other than HMO plans)?

NOTE: IF THIS IS AN HMO PLAN, WE ASK IF EMPLOYER OFFERS NON-HMO PLAN. IF THIS IS A NON-HMO PLAN, WE ASK IF EMPLOYER OFFERS AN HMO PLAN.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>test b40< IF b2>1 (MORE THAN ONE PRIVATE PLAN), ASK b212-b392 FOR SECOND PLAN; IF b2=3, ASK b213-b393 FOR THIRD PLAN; ELSE, GO TO SECTION F. NOTE CHANGE IN LOGIC HERE.

f. EMPLOYMENT (ASKED FOR EACH ADULT 18 YEARS OF AGE AND OLDER)

>f10< This next series of questions is about jobs and earnings. Answers to these questions are particularly important to our survey because they help explain whether people can afford the health care they need.

===>

>f101< (Next), Do(es) [fill NAME] have a business or farm?

INTERVIEWER: CODE "YES" IF R. SAYS HE/SHE IS SELF-EMPLOYED.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>f111< Last week, did [fill NAME] do any work (either) for pay (or profit)?[5]

INTERVIEWER: CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB.

YES .....1 [goto f121]
NO 0

DON'T KNOW.....d

[5]Include parenthetical phrases if f101=1.

REFUSED ..... r
===> [goto NEXT PERSON or g10]

>f121< Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?

YES 1
NO 0

DON'T KNOW ..... d
REFUSED ..... r
===>

>f131< **ONE JOB (F121 = 0):** How many hours per week (do you/do(es) [fill NAME]) usually work at this job?[6]

MORE THAN ONE JOB (F121 ne 0): On (your [fill NAME]'s) main job, that is, the job where (he/she/you) work(s) the most hours, how many hours per week (do you/do(es) [fill NAME]) usually work?

PROBE: If (you/[fill NAME]) usually works overtime hours include them.

|___|___| HOURS WORKED
(0-96)

HOURS VARY .....97 [goto 13x1]

DON'T KNOW.....d
REFUSED .....r
===> [goto test f141]

NOTE: Test will verify values less than 20 hours.

>13x1< (Do you/Does [fill NAME]) usually work more than 35 hours per week or less than 35 hours per week (at this job/at the job where (he/she/you) work(s) the most hours)?

MORE.....1
LESS.....2

DON'T KNOW.....d
REFUSED.....r
===>

[6]Note shift from last week to usual week for hours and earnings.

>testf141< **[IF f121 eq <1> goto f141; ELSE goto f201]**

>f141< How many hours per week (do you/do(es) [fill NAME]) usually work at (his/her/your) other jobs?

PROBE: If [fill NAME] worked overtime hours include them.

|___|___| HOURS WORKED AT OTHER JOBS
(0-96)

HOURS VARY/CAN'T ESTIMATE 97

DON'T KNOW.....d
REFUSED.....r
===>

>f201< [On (his/her/your) main job], (is/are) [fill NAME/you] employed by a private company, is (is/are) (you/he/she) a federal, state, or local government employee, self-employed, or working without pay in a family business or farm?

INTERVIEWER: CODE NOT-FOR-PROFIT/FOUNDATION AS PRIVATE COMPANY.

NOTE: PARENTHETICAL PHRASE USED IF MORE THAN ONE JOB

PRIVATE COMPANY 1
FEDERAL GOVERNMENT [gotof2011] 2
STATE GOVERNMENT [gotof2011] 3
LOCAL GOVERNMENT [gotof2011].....4
SELF-EMPLOYED.....5
FAMILY BUSINESS OR FARM.....6

DON'T KNOW
REFUSED
===> [goto f211]

JACK PROPOSED THIS QUESTION INSTEAD OF OF THE SIPP ITEM; I AGREE THAT IT IS A BETTER LOCATIONAL AIDE.

>f2011< What is government agency or department (you/he/she) work for?

PROBE IF RESPONDENT ASKS WHY WE WANT GOVERNMENT AGENCY/DEPARTMENT NAME: We are trying to understand differences in insurance plans offered by private and government employers and unions. Although we will try to contact your agency to learn more about your plan, we will not identify you by name.

OPEN ENDED TEXT.....

>f211< [On (your/his/her) main job], about how many people are employed at the location where [fill NAME] work(s)?

PROBES: (1) How many people work for your employer in the building or buildings in the factory, store, or office complex where you work?

(2) Your best estimate is fine.

ONE.....1
2-4.....2
5-9.....3
10-24.....4
25-49.....5
50-99.....6
100-249.....7
250-499.....8
500-999.....9
1000 OR MORE.....10

DON'T KNOW.....d
REFUSED.....r
===>

>test f221< [IF f201 eq 2, 3, or 4 goto f241] TEST SKIPS f221 FOR GOVERNMENT EMPLOYEES.

>f221< (Does your employer/Do(es) fill NAME) operate in more than one location?

NOTE: Fill is for self-employed and farmers.

YES.....1 [goto f231]
NO.....0

DON'T KNOW [goto f2211].....d
REFUSED.....r
===> [goto test before f241]

>f2211< JACK'S SUGGESTED ADDITION FOR DKS TO F221
Does your employer operate in more than one state?

YES.....1 [goto f231]
NO.....0

DON'T KNOW.....d
REFUSED.....r
===> [goto test before f241]

>f231< About how many people are employed by (fill NAME/your employer) at all locations?

PROBE: Your best estimate is fine.

ONE.....1
2-4 2
5-9 3
10-24 4
25-49 5
50-99 6
100-249 7
250-499 8
500-999 9
1000 OR MORE.....10

DON'T KNOW
REFUSED
===>

TEST: **[If f201= 2,3, OR 4, go to f241g; else goto f241p]. Although Jack's question is a better location aide, I think the SIPP question is better to code industry for government and want to include at least for pretest.**

>f241g< **What is the main function or activity of the government organization that (you/he/she) work for? (SIPP, KNDIN)**

SPECIFY.....1

DON'T KNOW.....d
REFUSED .....r
===> [goto g261]

>f241p< **What kind of business or industry is this? [only question in this sequence from CTS3]**

PROBE: What do they make or do there?

SPECIFY.....1

DON'T KNOW.....d
REFUSED .....r
===>

>f251< **Is it mainly [SIPP, KNDWK]**

manufacturing……1
wholesale trade…… 2
retail trade…… 3
service…… 4
or something else? [SPECIFY]……5
DON'T KNOW.....d

REFUSED .....r
===>

>f261< **Are you a member of either a labor union or an employee association like a union? [SIPP, CNTRC]**

YES 1
NO [goto f301] 0

DON'T KNOW [gotof301].....d
REFUSED [goto f301] .....r
===

>f271< **Are you covered by a union or employee association contract? [SIPP, EMPLOC]**

YES 1
NO 0

DON'T KNOW.....d
REFUSED .....r

>test< [**IF PERSON IS POLICY HOLDER [PERSON LISTED IN b231 AND b251 = 1] AND HAS UNION BASED COVERAGE (B2615 =1 OR B2612=1) goto f301;else go to f281]**

>f281< What is the name of (your/his/her) union?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: **We are trying to understand why some unions and employers offer health insurance plans and others don't and the differences among plans that are offered. Although we will try to contact your union to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

_____[go to f291
(72 CHARACTERS)

DON'T KNOW [goto testf301].....d
REFUSED [goto testf301].....r
===>

INCLUDE FOR PILOT. WILL DROP IF R'S ARE RESISTANT OR DOESN'T AIDE IN LOCATION (MANY UNIONS MAY NOT REQUIRE ADDRESS)

>f291< What is the address of (your/his/her) union?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION ADDRESS: **We are trying to understand why some unions and employers offer health insurance plans and others don't and the differences among**

plans that are offered. Although we will try to contact your employer to learn more about the insurance plans they offer, we will not identify you by name.

INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE.

1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r
➔ next question

>f301< For (your/his/her) (main) job, what is the easiest way for you to report (his/her/your) total earnings: hourly, per week, every two weeks, twice a month, monthly, or annually?

PROBES: (1) I understand these questions may be sensitive. We are asking them to help understand differences in people's health care problems and needs.

(2) **INTERVIEWER:** IF R. RESPONDS IN A NON-SPECIFIED PAY PERIOD, CONVERT TO MONTHLY OR ANNUAL.

HOURLY 1
PER WEEK 2
BI-WEEKLY/EVERY TWO WEEKS 3
TWICE MONTHLY.....4
MONTHLY.....5
ANNUAL.....6

DON'T KNOW.....d [goto f331]
REFUSED.....r [goto test f401]
===>

>f321< **Hourly:** What is [fill NAME]'s hourly rate of pay on this job?

Weekly, Monthly: What are [fill NAME]'s usual [fill f301 RATE] earnings on this job, before taxes or other deductions?

Bi-Weekly, Twice Monthly: What are [fill NAME]'s usual earnings per pay period on this job, before taxes or other deductions?

Annual: What is [fill NAME]'s annual salary in this job, before taxes and other deductions?

PROBES: (1) I understand that these questions may be sensitive. We are asking these questions to help understand differences in people's health care problems and needs.

(2) IF RESPONDENT ASKS: Include overtime pay, tips, or commissions that you usually receive on this job.

$ |___|___|___|.|___|___| HOURLY
(3.00 to 300.00)

$ |___|___|___|,|___|___|___| OTHER PAY PERIODS
(20-500,000)

DON'T KNOW.....d [goto f331]
REFUSED.....r [goto test f401]
===> [goto test f341]

>f331< Which of the following ranges is closest to ([fill NAME's]/your) annual salary, before taxes and other deductions? -- less than $10,000, $10,000 to $14,000, $14,000 to $20,000, $20,000 to $30,000, or more than $30,000?

LESS THAN $10,000 1
$10,000 - $14,000 2
$14,001 - $20,000 3
$20,001 - $30,000 4
MORE THAN $30,000 5

DON'T KNOW.....d
REFUSED.....r
===>

>test f341< [TEST FOR OUTLIERS:]

HOURLY:	**LE 5.00; GE 100.00**
WEEKLY:	**LE 50; GE 500.00**
BI-WEEKLY:	**LE 100; GE 10,000**
TWICE MONTHLY:	**LE 100; GE 10,000**
MONTHLY:	**LE 200; GE 20,000**
ANNUALLY:	**LE 3,000; GE 200,000]**

>f341< I recorded that your usual earnings on this job are

$[INSERT f321] per [INSERT f301]. Is that correct?

YES .....1 [goto test f401]
NO :jb f321
===>

test f401: [(1) IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS MORE THAN ONE JOB [f121=1], goto f401; (2) IF PERSON IS POLICY HOLDER FOR EMPLOYER-BASED PLAN [PERSON LISTED IN b231 AND b251 = 1] AND HAS ONE JOB [f121ne 1] go to NEXT PERSON OR G10; (3) ELSE goto f411]

I thought this was the best position to place a new question to capture employer names for jobs that are not linked to an plan that was taken and to minimize impacts on tracking and questionnaire logic from prior rounds. The first test identifies policy holders (from module b)with multiple jobs so we can determine whether the plan that was taken was with the main job (tracking question). The second test identifies policy holders who have one job ; these persons are skipped over the rest of the questions in this section; the last group includes employed non policy holders for whom we need to get the name of their employer who may or may not offer,

>f401< Is [fill PERSON NAME]'s health insurance with [fill INSURANCE PLAN NAME] from (his/her/your) main job or business?

YES [go to next person or G10].....1
NO [go to next person or G10] 0

DON'T KNOW[go to next person or G10] .....d
REFUSED[go to next person or G10] .....r
===> **Note that I decided against applying the experiment to employers for whom insurance was not taken up because the wording of the Health and Retirement Survey question is linked to the respondent's plan. So, all respondents for employers not linked to plans in module b get the MEPS-HC version**

>f411< What is the name of (your/his/her) employer?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: **We are trying to understand why some firms offer health insurance plans and others don't and the differences among plans that are offered**. **Although we will try to contact your employer to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

_____[go to f421]
(72 CHARACTERS)

DON'T KNOW [goto testf50].....d
REFUSED [goto testf50].....r
NOT APPLICABLE (SELF EMPLOYED) [gototest f50]..n
===>

>f421< What is the address of (your/his/her) employer?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION ADDRESS: **We are trying to understand why some firms offer health insurance plans and others don't and the differences among plans that are offered Although we will try to contact your employer to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE.

1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r
➔ [go to testf50]

NOTE: FOR MAIN SURVEY WHICH WILL NOT HAVE A SCREENER, WE NEED TO SCREEN OUT ELDERLY WORKERS IN FIUS WITH NO ONE UNDER 65

>test f50< [IF PERSON IS NOT SELF-EMPLOYED (f201 = 1, 2, 3 or 4) AND IS NOT A POLICY HOLDER FOR AN EMPLOYER/UNION BASED PLAN (PERSON NOT LISTED IN b231, OR IF LISTED, b251 ≠ 1) goto f501; ELSE goto NEXT PERSON OR g10][7]

>f501< Does [fill NAME]'s employer or union offer a health insurance plan to any of its employees?

INTERVIEWER: THIS QUESTION APPLIES TO [fill NAME's] LOCATION.

YES .....1 [goto TEST f5011]
NO 0

DON'T KNOW.....d
REFUSED.....r

===> [goto next person or g10]

NOTE: DIDN'T WANT TO CHANGE F501 BECAUSE IT TRACKS FOR THREE ROUNDS, SO ADDED F5011 TO GET AT DIFFERENTIATE UNIONS WHO MAY OFFER.

‘

>TEST5011< [IF f261=1, to to f5011;else go to f511]

NOTE THAT THERE MAY BE A FEW CASES WHERE R. SAYS BOTH EMPLOYER AND UNION OFFER AS A RESPONSE; IN THIS RARE CASE, I PROPOSE TO DEFAULT TO EMPLOYER IN FOLLOWING QUESTIONS RATHER THAN BUILD IN SEQUENCES FOR EACH.

>f5011< Is the health insurance plan offered by [fill NAME'S] employer or union?

EMPLOYER……..1
UNION…….2
BOTH [FILL EMPLOYER IN FOLLOWING QUESTIONS]…….3
DON'T KNOW [GO TO NEXT PERSON OR G10]
REFUSED [GOTO NEXT PERON OR G10]

>f511< Is [fill NAME] eligible to participate in (his/her/your) (employer's/union's) health insurance plan?

YES .....1 [goto test f521]
NO .....0 [goto f531]

[7]Skipped self-employed.

DON'T KNOW.....d [goto next person or g10]
REFUSED [goto next person or g10]
===>

>test f521< [IF PERSON HAS INSURANCE COVERAGE UNDER AN EMPLOYER/UNION BASED PLAN (NAMED UNDER BIA OR BIC), goto f541; ELSE goto f521].

>f521< Is [fill NAME] not participating in (his/her/your) (employer's/union's) health insurance plan because the plan costs too much, because (he/she/you) do(es) not need health insurance, or for some other reason? (CODE MAIN REASON.)

COSTS TOO MUCH.....1
DON'T NEED HEALTH INSURANCE.....2
OTHER (SPECIFY).....3
_____

DON'T KNOW.....d
REFUSED.....r
===> [goto f541]

>f531< Is [fill NAME] ineligible because (you/he/she) (have/has) not worked long enough, because (you/he/she) (don't/doesn't) work enough hours, because (you/he/she) (are/is) on-call, because of medical problems, or for some other reason? [CODE ONLY ONE]

HAVEN'T WORKED LONG ENOUGH 1
DON'T WORK ENOUGH HOURS.....2
ON-CALL.....3
MEDICAL PROBLEM 4
OTHER [SPECIFY] 5
_____

DON'T KNOW.....d
REFUSED.....r
===>

>f541< Does [fill NAME]'s (employer/union) offer only one health insurance plan or more than one health insurance plan to its (employees/members)?

ONE PLAN 1
MORE THAN ONE PLAN 2

DON'T KNOW.....d [goto NEXT PERSON or g10]
REFUSED.....r [goto NEXT PERSON or g10]
===>

>f551< Does [fill NAME]'s (employer/union) offer an HMO plan to its (employees/members)?

PROBE: With an HMO, you must generally receive care from HMO doctors; otherwise, the expense is not covered unless you were referred by the HMO or there was a medical emergency. [NHIS DEF].

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>test 561< [IF f541 eq <2> AND f551 eq <1> goto f561; ELSE goto NEXT PERSON OR g10]

>f561< And does [fill NAME]'s (employer/union) also offer a non-HMO health insurance plan to its employees?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===> [goto NEXT PERSON or g10]

FAMILY INCOME

RETAINED IN CASE WE WANT TO ANALYZE PILOT SAMPLE BY HOUSEHOLD CHARACTERISTICS.

>g10< The next questions are about income that (your family [insert names if multiple family household]) received during (2001). During (2001), what was your family's total income from all sources, before taxes and other deductions?

NOTE: CHANGE IN YEAR.

PROBES:

(1) We are asking these questions to find out whether people can afford the health care they need.

(2) Total income includes wages and salaries from jobs, net income from farms or businesses, interest or dividends, pensions or social security, income from rental property, estates, or trusts, public assistance or welfare, social security, child support, and other sources.

(3) Your best estimate would be fine.

(4) Include the (2001) income of all current family members, (including active military), even if you weren't living together then.

NONE 0

$ |___|___|___|,|___|___|___|
(10 - 999999)

$1,000,000 OR MORE.....7

DON'T KNOW.....d [goto g11]
REFUSED
===> [goto test g20]

>g11< Which of the following income ranges is closest to your family's (2001) total income from all sources?

PROBE: Your best estimate would be fine.

Less than $5,000 1
$5,000 to less than $10,000 2
$10,000 to less than $20,000 3
$20,000 to less than $30,000 4
$30,000 to less than $40,000 5
$40,000 to less than $50,000 6
$50,000 to less than $100,000 7
Over $100,000 8

DON'T KNOW.....d
REFUSED.....r
===>

>test g20< [REPEAT g201-g221 FOR EACH PERSON; HOWEVER, SKIP FOR INFORMANT'S OWN CHILD OR GRANDCHILD.]

>g201< (Do you/Does [fill NAME] consider (yourself/himself/herself) to be of Hispanic origin, such as Mexican, Puerto Rican, Cuban, or other Spanish background?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>g221< What race (does/do) [fill NAME] consider (himself/herself/yourself) to be?

PROBE FOR REFUSALS: I understand that these questions may be sensitive. We are asking these questions to help understand different health care problems and needs people have.

INTERVIEWER: (1) READ CATEGORIES IF NECESSARY; CODE RESPONDENT-OFFERED CATEGORIES IN "OTHER".

(2) CODE MIXED RACE IN OTHER.

WHITE.....1
AFRICAN AMERICAN OR BLACK.....2
NATIVE AMERICAN (AMERICAN INDIAN)
OR ALASKA NATIVE.....3
ASIAN OR PACIFIC ISLANDER.....4
OTHER [SPECIFY].....5
_____

DON'T KNOW.....d
REFUSED.....r
===>

Note: Will attempt self response module to verify spouses' employer address. However, if the spouset is not available during this call, we will not attempt further followup because of time constraints.

>test g23< [IF FAMILY HAS MORE THAN ONE ADULT, goto g23; ELSE goto test h10]

>g23< INTERVIEWER: THERE WILL BE A SELF RESPONSE MODULE FOR THIS CASE

<g> CONTINUE
===>

h. CLOSING (FIU)

>test h10< [goto h10;]

>h10< As a token of our appreciation for your help, we would like to send you a check for ($ 10). Could you please give me your and your full name and address?

READ AFTER NAME AND ADDRESS OBTAINED: Your name and address are confidential and will only be used if we call you for another interview. You should receive your check in about 4 weeks.

<Enter First Name>
<Enter Last Name>
<Enter Street Address>
<Enter City/State>
<Enter Zip Code>

DON'T KNOW
REFUSED
===> [goto test for additional persons]

>test< **[IF NO SELF RESPONSE MODULE goto fin; ELSE goto next_person] DON'T FOLLOW SECONDARY FAMILY UNITS FOR THE PILOT. TAKES TOO LONG TO ACHIEVE ACCEPTABLE RESPONSE RATES.**

>next_person< I also would like to speak briefly with READ NAMES. I need to ask (him/her/them) a few questions about (his/her/their) employment We also will send (him/her/each of them) $10 for helping us with the survey. Can I speak with READ NAMES now?

.

SPEAKING TO RESPONDENT - ENTER NUMBER; DON'T BOTHER TO SET UP CALLBACK IF NOT AVAILABLE.

CALLBACK .....c [goto callback]
REFUSED.....r [goto refused]
===>

SELF RESPONSE MODULE[8] INCLUDES QUESTIONS ON EMPLOYER AND UNION LOCATION. (SEE RESPONSE TO SALLY FOR EXPLANTION WHY DIDN'T INCLUDE BROADER SET OF QUESTIONS ON EMPLOYERS AND UNIONS)>sf10< I have a few question about your job.

IF NECESSARY, ADD: We are asking both husbands and wives these questions to understand how well they can answer for each other.
===>

>sf101< (Next), Do(es) [fill NAME] have a business or farm?

INTERVIEWER: CODE "YES" IF R. SAYS HE/SHE IS SELF-EMPLOYED.

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>

>sf111< Last week, did [fill NAME] do any work (either) for pay (or profit)?[11]

INTERVIEWER: CODE "YES" IF R. WAS ON VACATION FROM HIS/HER JOB.

YES [goto sf121] 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===> [goto end]

>sf121< Last week did [fill NAME] have more than one job (or business), including part time, evening, or weekend work?

YES 1
NO 0

DON'T KNOW.....d
REFUSED.....r
===>>sf411<.....What is the name of (your/his/her) (main) employer?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: We are trying to understand differences in insurance plans offered by

[8]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
[9]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
[10]THESE QUESTION SEQUENCES ARE ONLY SHOWN IN THE CATI PROGRAM.
[11]Include parenthetical phrases if f101=1.

employers. **Although we may contact your employer to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

..... (72 CHARACTERS)

DON'T KNOW [go to end].....d
REFUSED [go to end].....r
===>

>f421< What is the address of (your/his/her) (main) employer?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION ADDRESS: We are trying to understand differences in insurance plans offered by employers. Although we may contact your employer to learn more about the insurance plans they offer, we will not identify you by name.

INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE.

1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r

>f261< Are you a member of either a labor union or an employee association like a union? [SIPP, CNTRC]

YES.....1
NO [goto end.....0

DON'T KNOW [gotoend.....d
REFUSED [gotoend].....r
..... ===

>f271< Are you covered by a union or employee association contract? [SIPP, EMPLOC]

YES.....1
NO.....0

DON'T KNOW.....d
REFUSED.....r

>test< [**IF PERSON IS POLICY HOLDER [PERSON LISTED IN b231 AND b251 = 1] AND HAS UNION BASED COVERAGE (B2615 =1 OR B2612=1) goto end;else go to f281]**

>f281< What is the name of (your/his/her) union?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION NAME: **We are trying to understand why some unions and employers offer health insurance plans and others don't and the differences among plans that are offered**. **Although we will try to contact your union to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER NOTE: BE AS SPECIFIC AS POSSIBLE. SPELL OUT INITIALS AND INCLUDE UNION CHAPTER NUMBERS.

_____[
(72 CHARACTERS)

DON'T KNOW [goto end].....d
REFUSED [goto end].....r
===>

>f291< What is the address of (your/his/her) union?

PROBE IF RESPONDENT ASKS WHY WE WANT EMPLOYER/UNION ADDRESS: **We are trying to understand why some unions and employers offer health insurance plans and others don't and the differences among plans that are offered. Although we will try to contact your employer to learn more about the insurance plans they offer, we will not identify you by name.**

INTERVIEWER: OBTAIN AS MUCH INFORMATION AS RESPONDENT CAN PROVIDE.

1ST STREET ADDRESS
2ND STREET ADDRESS
CITY
STATE
ZIP CODE
TELEPHONE NUMBER

DON'T KNOW.....d
REFUSED.....r

APPENDIX B

PLAN INFORMATION NEEDED TO CALCULATE ACTUARIAL VALUES[1]

Based on our work with the 1997 Robert Wood Johnson Foundation Employer Health Insurance Survey, the following memo briefly documents how actuarial values are calculated for health insurance plans.

Actuarial values, typically, are a scale from 0 to 1 that describe the richness of a plan (where a value of 0.75 would mean that if everyone in a group had the same plan, then on average that plan payed 75% of charges). Values are calculated against a standard employer population by directly paying claims at the person level. Actuarial values can be modified to account for geographic differences (for example, $100 does not buy the same amount of services in NYC as it would in Louisiana).

Two data files are needed to calculate actuarial values. The first is the expenditure file, or the file of persons against who the medical plans are evaluated. The second is the plan file, which describes each health insurance plan to be evaluated. The data in each of them is briefly described below.

PART ONE: FORMAT OF EXPENDITURE FILE

Plans are evaluating by paying claims on the person level for each of the services on the person record. The spending is adjusted to totals consistent with CMS National Health Expenditures, for the plan year and population of interest. Each person level record has the following fields for in and out of network spending and utilization:

- Inpatient Hospital $ (No MH)
- Inpatient Hospital Days
- Inpatient Hospital Stays/Admissions
- Inpatient MH$
- Inpatient MH Days
- Inpatient MH Stays/Admissions
- Other Hospital $
- Physician Office $
- Physician Office Visits
- Outpatient MH $
- Outpatient MH Visits

[1] Memorandum from Cathi Callahan, Actuarial Research Corporation (ARC), 3/5/2002

- Other Physician $
- Rx $
- Rx Scripts
- Other Spending

In addition, we can adjust at the aggregate level for the following:

- non coverage of maternity (Individual plans)
- limitations on Aother@ spending (lab, etc.)
- Family level limitations on benefits or out of pocket spending

PART TWO: PLAN FILE / PLAN PARAMETERS

When evaluating plans, it is important to try to capture the cost sharing for spending on the most major services (hospital, physician and drug). There are times when these services are paid using Aoverall@ cost sharing, and times when service specific cost sharing and limits apply. In general, most of the plan=s value can be captured with relatively little information, as long as they apply to the majority of the spending.

In the most limited scope, the following variables are used to evaluate plans:

- Overall plan deductible
- Overall coinsurance rate (% which plan pays beyond the deductible)
- Overall out of pocket maximum
- Overall plan copay (used for outpatient visits, prescription drugs)
- Changes in the above for use in or out of network (PPO/POS plans)

The following add significantly to the calculation of the plan value:

Hospital Specific Parameters, such as:

- Per Day or Per Stay Deductible
- Coinsurance Rate (if different from overall)

- Benefit Maximums (days or $)

Physician Specific Parameters, such as:

- Copay for Physician office visits

Prescription Drug Specific Parameters, such as:

- Per Script copayments
- Benefit Maximums on RX spending

The following set add somewhat to the calculation of the plan value, but are often of interest to policy makers:

Inpatient Mental Health or Substance Abuse Coverage:

- Same as inpatient hospital?
- If not, cost-sharing on service (deductible, coinsurance rate)
- Limitations on benefit (admissions, days, dollars)
- Do above apply to MH or SA or both?
- Coverage for Maternity (non group plans only)

Outpatient Mental Health or Substance Above Coverage:

- Same as outpatient physician?
- If not, cost sharing on service (copay, coinsurance rate)
- Limitations on benefit (visits, dollars)
- Do above apply to MH or SA or both?

PART THREE: 1997 RWJ VARIABLES USED FOR PLAN EVALUATION

Variables from the 1997 RWJ Foundation Employer Health Insurance Survey used to evaluate health plans are listed below. Please note that the variables from the non-medical single service plans (dental / vision) are in italics.

- CASEID: Case Identifier (Establishment Level)

- PLANNUM: Plan Id for Particular Plan Offered by this Establishment (Sequential Starting with 1)
- Q42: Total Number of Medical plus Single Service Plans Offered by this Employer
- Q41: Total Number of General Medical Plans Offered by this Employer
- Q41A: Total Number of Single Service Plans Offered by this Employer
- A1A: Type of Plan (1 = General Medical; 3 = Single Service Plan)
    - A3A_A3C: Kind of General Medical Plan (1 = HMO-(Pay Full Cost If Go out of network); 2 = POS/PPO (Network, Some out of Network Coverage); 4 = Indemnity Plan (No Network or List Restriction); -9 = Inapplicable, Single Service Plan)
    - A4A: Does Plan Cover Physician Services? (1 = Yes; 2 = No)
    - A4B: Does Plan Cover Inpatient Hospital Stays? (1 = Yes; 2 = No)
    - A4C: Does Plan Cover Outpatient Prescription Drugs? (1 = Yes; 2 = No)
    - A4D: Does Plan Cover Mental Health? (1 = Yes; 2 = No)
    - A4E: Does Plan Cover Vision Care? (1 = Yes; 2 = No)
    - A4F: Does Plan Cover Dental Care? (1 = Yes; 2 = No)
    - A4A1: Does the Dental Coverage Include Preventive Services? (1 = Yes; 2 = No; -9 = Inapplicable, No Dental Coverage)
    - A4A2: Does the Dental Coverage Include Orthodontic Services? (1 = Yes; 2 = No; -9 = Inapplicable, No Dental Coverage)
    - DEDUCT: (A20, A20A) Amount of Annual Deductible for in Plan Use (0 = No Annual Deductible; -9 = Inapplicable, Single Service Plan)
    - COPAY: (A22, A22a) Copayment in Dollars for Visits to Providers in the Plan (Reported Coinsurance Is Converted to $ Amount Assuming a $50 Visit): -9 = Inapplicable, Single Service Plan (If Mental Health or Drug Plan See A22b)
    - COINSURE: (A22, A22A) Coinsurance in Percent for Visits to Providers in Plan (Reported Copayment Is Coverted to % Assuming a $50 Visit) (-9 = Inapplicable, Single Service Plan (If Mental Health or Drug Plan See A22B))
    - A22: Coinsurance/copay Amount Was Reported in Dollar or Percent? (0 = No Coinsurance/copay; 1 = Percent; 2 = Dollar Amount; -9 = Inapplicable, Single Service Plan (If Mental Health or Drug Plan See A22b))
    - OPDEDUCT: (A20A) Amount of Annual Deductible for Out-of-plan Use? (0 = No Annual Deductible; -9 = Inapplicable, HMO or Indemnity Plan (Based on A3), Single Service Plan)

- OPCOPAY: (A22A) Copayment in Dollars for Visits to Providers Outside the Plan (Reported Coinsurance Is Converted to $ Amount Assuming a $50 Visit) (-9 = Inapplicable, HMO or Indemnity Plan (Based on A3), Single Service Plan)

- OPCOINS: (A22A) Coinsurance in Percent for Visits to Providers Outside of the Plan. (Reported Copayment Is Coverted to % Assuming a $50 Visit) (-9 = Inapplicable, HMO or Indemnity Plan (Based on A3), Single Service Plan)

- OPA22: Coinsurance/copay Amount for out of Plan Was Reported in Dollar or Percent? (1 = Percent (Or No Coinsurance/copay); 2 = Dollar Amount; -9 = Inapplicable, HMO or Indemnity Plan (Based on A3), Single Service Plan)

- A22A: Does Coinsurance/copay Vary for Some Services? (1 = Yes; 2 = No; -9 = Inapplicable, Single Service Plan or No Coinsurance/copay)

- A22B: Does Coinsurance/Copay Differ for MH <Mental Health> Services? (1 = Yes (Including MH Only Plan); 2= No; -9 = Inapplicable, Not MH Single Service Plan, No Coinsurance/copay, No Different-coinsurance/copay)

- A22C: Amount Pay for MH Services (Including MH Only Plan) (-9 = Inapplicable, Not MH Single Service Plan, No Coinsurance/copay, No Different Cost-coinsurance/copay for MH, MH Not Covered)

- A22C1: Amount for MH Services Is Percent or Dollar? (1 = Dollar: 2 = Percent; -9 = Inapplicable, Not MH Single Service Plan, No Coinsurance/copay, No Different Cost-coinsurance/ Copay for MH)

- A22D: Does Coinsurance/copay Differ for Prescription Drugs? (1 = Yes (Including Drug Only Plan); 2 = No; -9 = Inapplicable, Not Drug Single Service Plan, No Coinsurance/Copay, No Different Coinsurance/Copay)

- A22E: Amount Pay for Prescription Drugs (-9 = Inapplicable, Not Drug Single Service Plan, No Coinsurance/Copay, No Different Coinsurance/Copay for Drugs)

- A22E1: Amount for Prescription Drugs Services Is Percent or Dollar? (1 = Dollar; 2 = Percent; -9 = Inapplicable, Not Drug Single Service Plan, No Coinsurance/Copay, No Different Coinsurance/Copay for Drugs)

- OOP (A25): Dollar Amount of Maximum out of Pocket Expense (-9 = Inapplicable, No Maximum or Single Service Plan)

APPENDIX C

EFB EMPLOYER FOLLOWBACK INSTRUMENT

TEST: IF PRIVATE ESTABLISHMENT OR LOCAL GOVERNMENT, CONTINUE. IF FEDERAL OR STATE GOVERNMENT OR UNION, CONDUCT PILOT DATA COLLECTION OFF-CATI.

I. ELIGIBILITY AND FLEXIBLE BENEFITS

E1 HRET A6: The questions I am going to ask refer to your location at INSERT ADDRESS. At that location, do you offer or contribute to a health insurance program as a benefit to any of your employees?

IF DOESN'T OFFER SKIP TO E5.

IF SELF EMPLOYED SINGLE PERSON, TERMINATE

E2 MODIFIED FROM KPMG HEALTH BENEFITS, 1997, G1-2

A. Do you offer a flexible spending account, where employees can pay for health insurance premiums or uncovered medical expenses with pre-tax dollars?
B. Do you offer a cafeteria plan where employees can choose between health and non-health benefits based on a fixed dollar amount?

E3 IF YES TO EITHER A OR B: Under (your flexible spending account/cafeteria plan/these plans)], may employees use pre-tax dollars to…

a. Pay for health insurance premiums
b. Pay for deductibles and copayments
c. Pay for other unreimbursed medical expenses

E4a If an employee decides not to take health insurance, can he or she substitute other benefits or get the cash value of the company contribution?

E4b If an employee decides to accept a lower cost plan you offer, can he or she substitute other benefits?

E5. Please think about local businesses that hire the same kind of employees as you do. Do all, most, some, or none offer health insurance to their employees?

IF DOESN'T OFFER, SKIP TO SECTION IV.

II. PLAN INVENTORY

NOTE:DK AND RF ARE NOT ACCEPTABLE CODES TO I1-3

I1 (RAND q41) Next, I have some questions about health insurance plans you offer to active employees. By health insurance plans, I mean plans that cover physician and hospital care and might cover other services. Please do not include single service plans that cover only one or two special services like dental or vision or plans that are limited to retirees.

Changed wording to be consistent with introduction and to respond to comment that some plans may have different options.

I2 RAND q42_add (modified) At this location, [ADD IF NEEDED: that is, INSERT ADDRESS]how many different health insurance plans do you offer to active employees?

I3. IF MORE THAN ONE PLAN: Let's begin with the first plan.

A. Who is the insurance carrier?

INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (TPA)- INSERT NAME
SELF INSURED➔ ASK : Who is the third party administrator or other organization that administers this plan? ALLOW NONE AS AN OPTION

B. What is the plan name?

NOTE: PROVIDE LISTING OF PLANS OFFERED BY THE INSRANCE CARRIER IN THIS MAKKET TO AID RECALL; LISTING WILL BE PROVIDED BY MPR.

C: CODE WITHOUT ASKING IF MENTIONED IN B. (LANGUAGE BASED ON MERCER P.5, AND HRET, B8, and rand q62): Is this a health maintenance organization (HMO), a point-of-service plan (POS), a preferred provider organization (PPO), or a traditional indemnity health plan?

1. *Health Maintenance Organizations (HMOS and EPOs).* These are plans in which enrollees may obtain care only from a specified list of providers. Enrollees must get a referral from a primary care physician, or gatekeeper, before using specialists. No benefits are available outside of the network. Exclusive provider organizations, or EPOs are also included.

2. *Point of service(POS) plans*. These plans have a physician and hospital network, but enrollees have the option of seeking care outside the network at reduced coverage levels. Enrollees must get a referral from a primary care physician, or gatekeeper, before using specialists.

3. *Preferred provider organization (PPO).* These plans have a physician and hospital network. Enrollees may see any provider in the network, including

specialists, without a referral from a primary care physician. Enrollees pay less when they use providers in the network but are covered for care received outside the network.

4. *Traditional indemnity plan*. This is a plan with no list of physicians or hospitals and no restrictions on patient choice of physicians or hospitals.

I4. (1) IF THIS EMPLOYER WAS NOT GENERATED AS A RESULT OF A LINK TO A HH SURVEY RESPONDENT WHO TOOK UP AN INSURANCE OFFER GO TO I6. (2) IF THIS EMPLOYER WAS GENERATED AS A RESULT OF A LINK TO A HOUSEHOLD SURVEY RESPONDENT WHO TOOK UP AN INSURANCE OFFER AND IF THE HH SURVEY RESPONDENT PLAN WAS HARD MATCHED TO AN INSURANCE PRODUCT NAMED BY THE EMPLOYER/UNION GO TO I6. (3) ELSE, ASK I5

I5 Is [PLAN NAME LISTED BY HH SURVEY RESPONDENT] one of the plans you offer at this location? DISPLAY PLAN NAMES MENTIONED BY EMPLOYER/UNION RESPONDENT.

PROBE. This plan was identified by one of your employees who participated in the household survey we described in the letter we sent you. However, employees or family members sometimes are unsure of the correct plan name or may describe the name of the network rather than the insurer or third party administrator. Just to be sure, is INSURANCE PRODUCT offered at this location?

NOTE: IF THE PLAN LISTED BY THE HH SURVEY RESPONDENT IS OFFERED BY THE EMPLOYER BUT WASN'T LISTED IN I3, ADD THE PLAN TO THE LIST OF EMPLOYER OFFERINGS. THE MORE LIKELY SCENARIO IS THAT THE EMPLOYER HAS TO FIT THE HOUSEHOLD RESPONDENT'S PLAN DESCRIPTION INTO ONE OF HT EPLANS LISTED ABOVE, BUT I SUPPOSE THERE MAY BE A FEW CASES WHERE THE EMPLOYER FORGOT TO LIST A PLAN THAT WAS MENTIONED BY A HOUSEHOLDER.

AT THIS POINT, PROGRAM SHOULD STORE NAMES OF PLANS TO BE USED IN SURVEY.

I6. Does your plan year begin on the same month for all plans?

a. IF YES [RAND Q43C] In what month does your plan year begin?
b. IF NO: In what month does your plan year begin for PLAN NAME? REPEAT SEQUENTIALLY FOR ALL PLANS

I8 [Were any of these plans/Was this plan] added during the current plan year as [a] new offering[s]?

a. IF YES: Which ones? PROGAM LISTS PLANS AND INTERVIEWER CODES NEW ONES.

I9. Did you drop any plans that were offered during the last plan year?

a. IF YES: What are the names of the plans you dropped? VERIFIED AGAINST DATABASE DURING INTERVIEW.

I10. BASED ON RAND q44a Next, please tell me either the percentage or number of active employees who are enrolled in each of the plans you offer at this location. Lets begin with …. [SEQUENCE THROUGH ALL PLANS OFFERED IN THIS SITE.]

III. PLAN LEVEL QUESTIONS

A. PRODUCT ATTRIBUTES

Let's begin with NAME OF FIRST PLAN.
A1. NETWORK (Mercer) Does this plan include a network of health care providers? [IF NO, IT IS AN INDEMNITY PLAN AND SKIP TO P1]

A2. GATEKEEPER/IN-NETWORK REFERRAL- COGNTIVELY TEST TWO VERSIONS; KEEP VERSION 1 FOR THE PILOT

(1) PREFERRED--HSC MODIFIED MERCER: Are enrollees required to get a referral from a primary care physician, or gatekeeper, before using specialists? -- YES, NO, SOMETIMES, IF OFFERED, IF "SOMETIMES,' ASK A2A; ELSE, SKIP TO A3
A2a NEW ITEM When does the plan require a referral from a primary care physician and when does it not?

(2) (2) IFB B8: If enrollees do not have a referral from a primary care physician and go to *in-network* specialists, does the plan cover any of the costs for these visits? YES, NO, SOMETIMES, IF OFFERED, IF "SOMETIMES,' ASK A2A; ELSE, SKIP TO A3

A2a When does the plan require a referral from a primary care physician and when does it not?

A3. OUT-OF-NETWORK COVERAGE

COGNITIVE INTERVIEW MODIFIED RAND/DELETED HOSPITALS a3b: When an enrollee visits a physician who is not in the network, must he or she pay the full cost of that visit?

KEY SKIPS FOR DETERMINING NETWORK AND OUT-OF-COVERAGE INCLUDE:

IF A1=NO, THEN PLAN DOES NOT HAVE A NETWORK (INDEMNITY)

IF A3= COVERAGE OF SOME OUT-OF-NETWORK COSTS [A3=NO/DK =POS OR PPO PLAN].

B. PREMIUMS

P1 (MEPS-15(S)- 4) A fully insured plan is purchased from an insurer or other underwriter that assumes the risk for enrollees' medical expenses. Under a self insured plan, your organization assumes the risk for enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

Is this plan purchased from an insurance underwriter or is it self-insured?

INTERVIEWER NOTE: IF R SAYS PLAN IS PARTIALLY SELF-INSURED, CODE AS PARTIALLY SELF INSURED AND FOLLOW SAME LOGIC AS SELF- INSURED.

[IF SELF INSURED OR PARTIALLY SELF INSURED GO TO P2; ELSE GO TO Pu3]

SELF-INSURED

P2. (RAND, a27) [IF SELF INSURED IN P1] Do you calculate a premium equivalent, that is, the cost per full time covered employee?

PROBE: The premium equivalent combines the employer and employee shares of the premium.

IF PREIMUM EQUIVALENT ASK P3A, IF NO OR DK, ASK FOR COBRA AMOUNT IN P3B.

P3a. PREMIUM EQUIVALENT(MEPS-15(S), 5E) What is the premium equivalent for a full-time employee with single coverage? [PREMIUM AMOUNTS MAY BE REPORTED WEEKLY, EVERY TWO WEEKS, MONTHLY, QUARTERLY, OR YEARLY]

OR

P3b COBRA: What is the COBRA amount for single coverage? [PREMIUM AMOUNTS MAY BE REPORTED- EVERY TWO WEEKS, MONTHLY, OR YEARLY] Gallup wanted to limit to these three categories, which were the only ones required for a survey they did, to limit text on screens. ASK P4 AFTER 3A OR3B AND THEN GO TO INSTRUCTION BEFORE P5

P4. (MEPS-15(S), 8c). How much does a full-time employee with single coverage contribute toward the premium? [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY; ALSO MAY REPORT AS PECENTAGE OF P3A OR 3B]

SKIP P5-P5A IF THIS IS A NEW PLAN.

P5. Compared with your last plan year, did [the premium equivalent/COBRA] for single coverage increase, decrease, or stay the same?

P5a IF INCREASE OR DECREASE: What was the [increase/decrease] for single coverage? YOUR BEST ESTIMATE IS FINE.

RECORD DOLLAR OR PERCENTAGE CHANGE OR LAST YEAR'S PREMIUM, WHICHEVER RESPONDENT PREFERS.

P6 (MEPS-15(S), 9a). Are enrollees in this plan offered family coverage? [IF NO GO TO COST SHARING]

IF PREMIUM EQUIVALENT ASK P7A, ELSE, ASK FOR COBRA AMOUNT IN P7B

P7a. PREMIUM EQUIVALENT(MEPS-15(S), 5F) What is the premium equivalent for a full-time employee with coverage for two adults and two children?

[PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY]

OR

P7b COBRA: What is the COBRA amount for a former employee with coverage for two adults and two children? [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY]

ASK P8 IF FAMILY COVERAGE IN P6; IF NOT GO TO COST SHARING SECTION

P8. (MEPS-15(S), 9c). How much does a full-time employee with coverage for two adults and two children contribute toward the premium [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY; ALSO MAY REPORT AS PECENTAGE OF P7A OR B]

GO TO COST SHARING SECTION

PURCHASED FROM UNDERWRITER

PU3. PREMIUM (MEPS-15(S), 8d) What is the total premium for a full-time employee with single coverage? [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY]

PU4. (MEPS-15(S), 8c). How much does a full-time employee with single coverage contribute toward the premium? [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY; ALSO MAY REPORT AS PECENTAGE OF P3]

SKIP PU5-PU5A IF THIS IS A NEW PLAN.

PU5. Compared with your last plan year, did the premium for single coverage increase, decrease, or stay the same?

PU5a IF INCREASE OR DECREASE: What was the [increase/decrease] for single coverage? YOUR BEST ESTIMATE IS FINE.

RECORD DOLLAR OR PERCENTAGE CHANGE OR LAST YEAR'S PREMIUM, WHICHEVER RESPONDENT PREFERS. COGNITIVELY TEST TO DETERMINE PREFERENCE.

PU6. (MEPS-15(S), 9a). Are enrollees in this plan offered family coverage? [IF NO GO TO COST SHARING].

PU7. (MEPS-15(S), 5F) What is the total premium for a full-time employee with coverage for two adults and two children? [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY]

PU8. (MEPS-15(S), 9c). How much does a full-time employee with coverage for two adults and two children contribute toward the premium [PREMIUM AMOUNTS MAY BE REPORTED EVERY TWO WEEKS, MONTHLY, OR YEARLY; ALSO MAY REPORT AS PECENTAGE OF PU7]

C. DEDUCIBLES AND COPAYS

DEDUCTIBLES

NOTE: FOR PILOT AND CATI PROGRAM, REFERENCES TO NETWORK, OR PPO/POS ARE BASED ON THE ATTRIBUTE QUESTIONS (A1-3).

READ 'IN-NETWORK SERVICES' IF PPO/POS PLAN

C1. MEPS-15S 12a: Does this plan have a deductible [for in-network services]?

DEFINITON: A deductible is a predetermined amount, which must be met by an enrollee before the plan will pay for covered services. Many HMOs do not have a deductible.

INTERVIEWER CLARIFICATION: SOME PLANS MAY HAVE DIFFERENT DEDUCTIBLES DEPENDING UPON THE PLAN TIER OR OPTION CHOSEN BY THE BENEFICIARY. IN THOSE CASES TELL THE RESPONDENT TO ANSWER FOR THE TYPICAL OR HIGHEST ENROLLMENT OPTION OR TIER.

READ 'IN-NETWORK SERVICES' IF PPO/POS PLAN

IF YES, CONTINUE
IF NO/DK/RF AND INDEMNITY OR HMO PLAN, GO TO C8

IF NO/DK/RF AND PPO/POS PLAN, GO TO NEW C3

C2 What is the annual deductible an enrollee with single coverage pays [for in-network services]?

C3. ASK ONLY IF PPO/POS: Does this plan have a deductible for out-of-network services?
IF NO, GO TO FAMILY COVERAGE TEST FOR C4.

C3a IF C3=YES: What is the annual deductible an enrollee with single coverage pays for out-of-network services?

C3b ASK ONLY IF PPO/POS: Is the out-of-network deductible applied toward the in-network deductible or must the in- and out-of-network deductibles be met separately? NEW ITEM GENERATED BY COGNTIVE TESTING; NOT TESTED.

IF FAMILY COVERAGE ASK C4; ELSE GO TO COPAYS

C4 What is the annual deductible an enrollee with coverage for two adults and two children pays for [for in-network services]?

IF INDEMNITY OR HMO, GO TO C8
IF PPO/POS AND C3=NO, GO TO C8, ELSE CONTINUE

C5 ASK ONLY IF PPO/POS: What is the annual deductible an enrollee with coverage for two adults and two children pays for out-of-network services?

COPAYS

C8 [After meeting any deductible], do enrollees in this plan pay a share of the cost of a [in-network] primary care physician office visit? IF NO GO TO INSTRUCTION BEFORE C10

INTERVIEWER CLARIFICATION: SOME PLANS ALSO MAY HAVE DIFFERENT COPAYMENTS DEPENDING UPON THE PLAN TIER OR OPTION CHOSEN BY THE BENEFICIARY. IN THOSE CASES, TELL THE RESPONDENT TO ANSWER FOR THE TYPICAL OR HIGHEST ENROLLMENT OPTION OR TIER.

C9 IF YES: READ 'IN-NETWORK SERVICES' IF PPO/POS PLAN Mercer 6/HRET: For [in-network] primary care physicians seen during normal office hours, do enrollees in this plan pay a set dollar amount, or co-payment, or a percentage of the charges, or co-insurance rate?

ASK C9A OR C9B DEPENDING ON RESPONSE TO C9.

C9a. [After meeting any deductible], what is the co-payment for an in-network primary care physician seen during normal office hours? [USED MEPS/MERCER QUALIFICIATIONS TO STANDARDIZE VISIT

C9b. [After meeting any deductible], what is the co-insurance rate (percentage of the charges) for an in-network primary care physician seen during normal office hours? [USED MEPS/MERCER QUALIFICIATIONS TO STANDARDIZE VISIT

IF HMO/INDEMNITY, GO TO C11

C10 ASK ONLY IF PPO/POS: For out-of-network visits with primary care physicians seen during normal office hours, do enrollees in this plan pay a set dollar amount, or co-payment, or a percentage of the charges, or co-insurance rate?

ASK C10A OR C10B DEPENDING ON RESPONSE TO C10

C10a. [After meeting any deductible], what is the co-payment for an out-of-network primary care physician seen during normal office hours? [USED MEPS/MERCER QUALIFICIATIONS TO STANDARDIZE VISIT

C10b. [After meeting any deductible], what is the co-insurance rate an enrollee pays for an out-of-network visit with a primary care physician seen during normal office hours? [USED MEPS/MERCER QUALIFICIATIONS TO STANDARDIZE VISIT

C11. READ 'IN-NETWORK VERSION IF PPO/POS PLAN Mercer, 7: [After meeting any deductible], do enrollees in this plan pay a share of an [in-patient hospital stay/ in-patient stay in a network hospital]?

IF NO, GO TO C15

C12. Mercer 7: IF YES: Do enrollees pay a set amount per stay, a set amount per day, or a percentage of total charges?

PROBE (MEPS 14B): Some plans may have both a dollar amount and a percentage of total charges.

CODE ALL THAT APPLY TO CAPTURE OPTIONS IN PROBE.

C12a: [After meeting any deductible], how much does an enrollee pay per [in-patient hospital stay/ in-patient stay in a network hospital] ?

C12b1-2: [After meeting any deductible], how much does an enrollee pay per day for an [in-patient hospital stay/ in-patient stay in a network hospital]? What is the maximum number of days?

C12c: [After meeting any deductible], what is the percentage of charges, or co-insurance rate that an enrollee pays for an [in-patient hospital stay/ in-patient stay in a network hospital]?

C13. ASK ONLY IF PPO/POS; ELSE GO TO C15: Do enrollees in this plan pay a different amount for hospital stays in out-of-network hospitals? [IF NO, GO TO C15]

PROBE: Out-of-network hospitals may also be described as non-participating hospitals.

C14. IF YES: Do enrollees pay a set amount per stay, a set amount per day, or a percentage of total charges?

PROBE (MEPS 14B): Some plans may have both a dollar amount and a percentage of total charges.

CODE UP TO TWO TO CAPTURE OPTIONS IN PROBE

C14a: After meeting any deductible, how much does an enrollee pay per out-of-network hospital stay?

C14b1-2: After meeting any deductible, how much does an enrollee pay per day for an out-of-network hospital stay? What is the maximum number of days?

C14c: After meeting any deductible, what is the percentage of charges, or co-insurance rate, that an enrollee pays for an out-of-network hospital stay?

C15. Does this plan limit the amount it will cover for in-patient hospital stays during a plan year?

PROBE: Do not include plan limits for skilled nursing or mental health services.

A. IF YES[READ 'IN-NETWORK' IF PPO/POS]: What is the maximum amount the plan will cover for (in-network) in-patient hospital stays during a plan year? RECORD AMOUNT IN TERMS OF NUMBER OF DAYS OR DOLLARS. PROGRAM DISPLAYS IN/OUT OF NETWORK BASED ON PRIOR RESPONSES. IF INDEMNITY/HMO, GO TO C16; IF PPO/POS CONTINUE WITH C15B]

B. IF YES AND PPO/POS: What is the maximum amount the plan will cover for out-of-network in-patient hospital stays during a plan year? RECORD AMOUNT IN TERMS OF NUMBER OF DAYS OR DOLLARS.

C16. NOTE: KEPT HERE AS SCREEN FOR COST SHARING. Does this plan provide prescription drug benefits to enrollees who are active employees? RESPONSES OF YES, NO, AND SEPARATELY ADMINISTERED PLAN (IF OFFERED). IF YES, GO TO C 17; IF SEPARATELY ADMINISTERED, GO TO C16A;IF NO, GO TO C19.

C16a (IF SEPARATELY ADMINISTERED): Are the costs of the prescription drug benefit included in the premium? IF YES, CONINUE; IF NO OR DK, SKIP PRESCRIPTION DRUGS AND GO TO C19.

C17. NEW QUESTION (NOT COGNITIVELY TESTED) Do active employees enrolled in this plan pay the same amount for all prescription drugs or does the amount vary by type of drug? IF SAME AMOUNT GO TO C17B

C17A. IF VARIES (USE IN-NETWORK FOR PPO AND POS PLANS): How many tiers or levels does the plan have for prescription drugs [purchased in an in-network pharmacy]?

C17B. [RAND A22E] Do enrollees in this plan pay a fixed amount or percentage of a prescription drug charge? CODE FIXED AMOUNT (CO-PAYMENT), PERCENTAGE (CO-INSURANCE) OR BOTH (IF OFFERED)

INTERVIEWER INSTRUCTION: IF THE R. SAYS THAT THEY HAVE BOTH CO-PAYMENT AND CO-INSURANCE DEPENDING UPON TYPE OF DRUG, CODE BOTH

NOTE; IF THE ANSWER TO C17B IS BOTH, WE NEED TO SCREEN FOR THE TYPE OF PAYMENT FOR EACH TIER. THE WORDING IS AWKWARD BUT THE OPTION IS LIKELY TO BE FAIRLY RARE; ALSO, I COULDN'T COME UP WITH A BETTER WAY OF WORDING HERE.

LOGIC: IF C17= SAME AMOUNT, GO TO C17B4; ELSE BO TO C17B1-3 BASED ON RESPONSE TO C17A. THEN GO TO C18.

C17B1 [IF FOUR TIER] For a 30 day supply of a prescription [purchased in an in-network pharmacy], [how much is the copayment for the/what percentage of the drug charges are paid by enrollees for the/ how much is the copayment or what percentage of the drug charges are paid by enrollees for the]

1. highest cost prescription
2. second highest cost prescription
3. third highest-cost prescription
4. lowest cost prescription

C17B2 [IF THREE TIER] For a 30 day supply of a prescription [purchased in an in-network pharmacy], [how much is the copayment for the / what percentage of the drug charges are paid by enrollees for the/ how much is the copayment or what percentage of the drug charges are paid by enrollees for the]

1. highest cost prescription
2. mid-cost prescription
3. lowest cost prescription

C17B3 [IF TWO TIER] For a 30 day supply of a prescription [purchased in an in-network pharmacy], [how much is the copayment for the / what percentage of the drug charges are paid by enrollees for the/ how much is the copayment or what percentage of the drug charges are paid by enrollees for the]

1. high cost prescription
2. low cost prescription

C17B4 [IF ONE TIER] For a 30 day supply of a prescription [purchased in an in-network pharmacy], [how much is the copayment ?/ what percentage of the drug charges are paid by enrollees? / how much is the copayment or what percentage of the drug charges are paid by the enrollee?]

C18 PER CATHI/ARC-- Does this plan limit the annual amount it will pay in prescription benefits?

C18a. IF YES: What is the maximum amount per year this plan will pay in prescription benefits?

OTHER BENEFITS (NO COST SHARING QUESTIONS)

C19 (MEPS-15S, Q.20 Does this plan cover…

CODE ALL THAT APPLY.

1. outpatient mental health services
2. in patient mental health services
3. alcohol and substance abuse treatment
4. routine dental care
5. orthodontic care [MEPS INCLUDES; DROP IF NO ONE WANTS IT]
6. vision care

C20. [PER SALLY 4/22 EMAIL-- MEPS 10(S) 17A: The next question is about enrollees out-of-pocket expenses. An out-of-pocket expense is all the money that an enrollee pays for care and treatment, including deductibles and co-payments, but excluding premiums.

Under this plan, what is the maximum annual out-of-pocket expense for an active employee with individual coverage? NO INDIVIDUAL MAXIMUM IS AN OPTION

PROBE: (1) This is often referred to as a catastrophic limit.

ASK C21 ONLY IF PLAN OFFERS FAMILY COVERAGE; ELSE, SKIP TO NEXT PLAN OR ES1A.

C21. [MEPS, 17B IS THE ONLY SURVEY THAT ASKS FOR A FAMILY MAXIMUM] Under this plan, what is the maximum annual out-of-pocket expense for an active employee with coverage for two adults and two children? NO FAMILY MAXIMUM IS AN OPTION

PROBE: (1) This is often referred to as a catastrophic limit.

IV. ESTABLISHMENT CHARACTERISTICS

IF LOCAL GOVT, GO TO ES2; ELSE GO TO ES1A.

Es1a. RAND q68a IF PRIVATE/NON-PROFIT: Which of the following categories best describes your company? --services, retail trade, wholesale trade, financial, insurance and real estate industry, manufacturing business, mineral industry, transportation, communications or utilities, or something else [SPECIFY]?

Es2 RAND, Q6. Including all permanent, temporary and seasonal employees, how many full and part-time employees does NAME currently have on the payroll in all locations? By locations, we mean separate addresses.

IF DK GO TO E2a; ELSE TO GO TEST BEFORE E3; IF R. SAYS THIS IS A ONE PERSON FIRM, DROP AS INELIGIBLE. WE SHOULD DROP DURING HOUSEHOLD SURVEY TRACING, BUT HAVE ADDITIONAL CHECK HERE.

E2a. IF DON'T KNOW: Can you estimate the range? Would you say that the total number of employees in all locations is 2-9, 10-24, 25 to 49, 50 to 99, 100 to 999, 1000 TO 4,999, or 5,000 or more?

ADDED LOCATION DEFINITION TO E3 AND DECIDED TO INCLUDE LOCAL GOVERNMENT SINCE WE MAY HAVE SMALL TOWN GOVERNMENT IN ONE LOCATION.

E3. IF PRIVATE, SPECIFY THE UNITED STATES: Does EMPLOYER NAME operate in more than one location? [DEFINITION RAND q1a] IF NECCESARY, REPEAT: By location, we mean separate addresses.

IF NO, SKIP TO E4

E3a. IF YES: Including all permanent, temporary and seasonal employees, how many full and part-time employees does NAME have on the payroll at this location, that is [ADDRESS].

E3b. IF DON'T KNOW TO E3A: Can you estimate the range? Would you say that the total number of employees at this location is 2 to 4, 5 to 9, 10 to 24, 25 to 49, 50 to 99, 100 to 999, 500 to 999, or 1000 or more?

E4 [What percentage/how many] of the employees at this location are

1. permanent full time,
2. permanent part time,
3. or temporary or seasonal workers?

E5 MEPS-15 5A: [Approximately what percentage/how many] of all permanent employees at this location are women?

E6 MEPS-15 5B [Approximately what percentage/how many] of all permanent employees at this location are

a. less than 30 years of age?

b. 50 years of age or older?

E7.NEW QUESTION (NOT COGNITIVELY TESTED) The next question is about employee compensation at this location. Is it easier to provide hourly wage rates or annual salaries? IF RESPONSE IS "DOESN'T MATTER, GO TO E7A.

ASK E7A OR B BASED ON RESPONSE TO E7.

E7A MEPS-15, 5d, UPDATED. [What percentage/how many] of the permanent employees at this location earn less than $9.50 an hour, between $9.50 and $21 per hour, or more than $21 per hour)? PROGRAM VERIFIES THAT TOTAL SUMS TO 100%

E7B. Excluding overtime, [what percentage/how many] of the permanent full time equivalent employees at this location earn less than $20,000 per year, between $20,000 and $44,000 per year, or more than $44,000 per year. PROGRAM VERIFIES THAT TOTAL SUMS TO 100%

E8 MEPS-15 5C [Approximately what percentage/how many] of the total permanent employees at this location are union members?

APPENDIX D

EMPLOYER FOLLOWBACK PILOT SURVEY

COGNITIVE INTERVIEW REPORT AND INTERVIEWER PROTOCOL

Employer Follow Back Survey:

Report of Cognitive Interview Results

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Introduction

The Center for Health System Change (HSC), Washington DC, plans to field a nationwide telephone survey of employers to learn more about the health insurance benefits provided to employees through their places of employment. As part of the instrument development work for this project, the Center for Survey Research (CSR), University of Massachusetts Boston, conducted a series of cognitive interviews with employers.

In cognitive testing, potential respondents complete a draft version of the instrument and are debriefed individually. The goals of the cognitive interviews are to learn if the questions and the terms used mean the same things to respondents and researchers. This is a report of the findings of the cognitive interviews with employers.

Methods

HSC provided a listing of employers identified through a Lexis-Nexis database search. The employers varied by numbers of employees and geographic region. All employers were private companies: government agencies and other public employers were excluded from this non-random sample. The employers were initially contacted by personnel at Mathematica Policy Research (MPR) and informed of the goals of the study, the $100 incentive for participation and recruited to participate in a cognitive interview expected to last about an hour and a half.

During May, 2002, trained cognitive interviewers from CSR contacted individuals from this list by telephone. After identifying themselves and the purpose of their calls, they asked a few screening questions to eliminate ineligible respondents, e.g., those that did not offer health insurance benefits to their employees. If the company was eligible, the interviewer attempted to schedule a time to conduct a telephone interview.

CSR employs the concurrent probe approach to cognitive interviewing. The basic protocol is for interviewers to first to ask a test question and then explore how respondents formulate their responses. The test questions are administered in a standardized way to all respondents, just as they would be in a standardized interview. After each question, or

in some cases series of questions, the interviewer is provided with some follow up probes to ask. Basically, respondents are asked to explain how they arrived at their answers. Respondents are told at the outset of the interview that this is what is expected of them and that it is in this way they can contribute to helping researchers understand whether candidate survey items are working. In addition, respondents are encouraged to tell the interviewer if they are uncertain what a question means or if they have any uncertainty about how to answer a question.

Six interviewers conducted the interviews, two senior staff members, and four specially trained senior interviewers. All interviewers attended a project briefing session, where the overall goals for the interviewing were discussed and the cognitive interview protocol was reviewed on a question-by-question basis. Once all of the interviews were conducted, the interviewers came together again for a debriefing. At the debriefing, the interview protocol again provided the structure for the meeting. Interviewers reported their experiences with respondents for each of the candidate items.

All interviews were tape recorded, with the respondents' informed consent. Each respondent received a check for $100 to thank them for their participation. Copies of the MPR and the CSR recruitment and screening protocols and the cognitive interview instrument are included as appendices to this report.

Results

The goal was to complete 20 interviews; 15 interviews were completed. It turned out to be more difficult than expected to schedule interviews with the participants that MPR had recruited. HSC originally provided contact information for 26 people who had agreed to complete a cognitive interview. When CSR interviewers made follow-up calls, some of the people named on the list claimed that they had not been previously contacted and refused to participate. We speculate that MPR staff may have originally spoken with gatekeepers in these cases.

One small employer did not offer health insurance to employees and was ineligible for the study. Others potential respondents proved difficult to reach, and did not respond to

messages left on their voice mail devices. With some prospective participants, the problem was finding enough time in their busy schedules to allow an interview. The interviews were being scheduled during the period just before the close of the fiscal year for many companies; apparently a hectic time for many.

Once it became apparent that it would be difficult to reach the target goal of 20 interviews using the original sample list, HSC agreed to recruit additional respondents. They were successful in enlisting cooperation with representatives at another three companies and forwarded the names to CSR. The difficulties they encountered are listed in the note accompanying the additional names:

> The cases which do not have any information appearing beside them are still in interim status - mostly callbacks to the person in Human Resources [HR] or Personnel that we need to speak to, although there are a surprising amount of 'ring no answers' and 'mechanical answering devices' also.

Overall, 41% of the 29 people recruited by MPR went on to complete an interview during the three week field period. There was a 14% refusal rate among the "pre-recruited" participants.

HSC also allowed CSR to recruit respondents from our cognitive interview pool. Three of the completed interviews were conducted with CSR recruits.

From our experiences with identifying and recruiting appropriate respondents for the cognitive interviews, we identified a few Issues to consider in planning for the larger study:

- need to distinguish this as a legitimate survey and not a sales call (especially since the recruitment script mentions insurance)
- some companies have blanket policies about not doing surveys
- need to find a person (or persons) who know the information we are asking about - which is a combination of what an HR and a benefits person are likely to know

- need to identify someone who has authority to give out this information

- there was no consensus if the prenotification letter would help - some respondents said it might, if they read it, but that they probably wouldn't have bothered to read the letter

Table 1. Outcomes of recruitment activities.

Number of Employees	Interview	Refusal	NER*	No Show**	In Process***	TOTAL
1-10	2	2	1		2	**7**
11-50	3	2	1	1	1	**8**
51-100					1	**1**
100+	10	1	1		4	**16**
TOTAL	**15**	**5**	**3**	**1**	**8**	**32**

* Non-eligible respondent

** An interview that was scheduled, but the respondent missed the appointment.

*** Left message, respondent will be calling back, reached answering machine, reached voice mail

The interviews lasted an average of about 1.25 hours (range 50 minutes to over 2 hours).

Section A: FIRM/ ESTABLISHMENT LEVEL QUESTIONS

Overall: Cognitive interview respondents had difficulty with these questions on several levels. While the questions themselves may not have been difficult, helping the respondents figure out exactly what they were supposed to be answering about was challenging. In some cases, we were calling the human resources (HR) offices of a large company that oversaw the benefits for smaller companies or other divisions within the firm. Often these HR offices are not located in the same place, or even the same state, as the location we are asking about. This made it hard for the respondent to focus on only one

part of what they view (and work with) as a whole.

A1. How many full and part-time employees does [NAME] currently have on the payroll nationwide?
(IF Don't Know: Can you estimate the range? Would you say that the total number of employees nationwide is 2-9, 10-24, 25 to 49, 50 to 99, 100 to 999, 1000 TO 4,999, or 5,000 or more?)

This question seemed to work OK. Respondents were able to answer it fairly easily. Although only 2 respondents used the ranges, many of the others who reported a specific number said they were guessing or approximating. Overall, respondents did not include interns or temporary workers (since they are not normally paid by the company in question, but by a temporary service agency). Most said they did not include seasonal or on-call workers, but we are not certain that the distinction between part-time and seasonal/on-call was completely understood by everyone. One respondent wanted to know if we were asking about the number of "benefits-eligible" employees rather than the total number of employees.

One way to increase the chances that only the right employees are being counted, would be to start the question with a definition of who should, or should not, be included. For example, "We want you to think about all the employees who are currently on the payroll for [NAME] - including all full-time, part-time, seasonal, and on-call employees. How many full and part-time employees does [NAME] currently have on the payroll nationwide? " Or, if the number of permanent employees is the goal of the question, say that in the definition: "Not including temporary, seasonal, or on-call employees, how many full and part-time permanent employees does [NAME] currently have on the payroll nationwide?"

A2. Does [NAME] operate in more than one location in the United States?
A3. How many full and part-time employees does [NAME] have at this location?
(IF Don't Know: Can you estimate the range? (Would you say that the total number of employees at this location is 2 to 4, 5 to 9, 10 to 24, 25 to 49, 50 to 99, 100 to 999, 500 to 999, or 1000 or more?)

The phrase “At this location” was problematic for some respondents. It’s unclear whether this was a result of the cognitive interviewing sample we had, or if the question itself would cause this problem in the larger survey. When the respondent is part of an HR office or management office not located at the location we are interested in, it makes it hard for the respondent to answer this. It is also difficult for companies who send out workers to do things - cleaning companies, construction companies, etc, where workers may not necessarily work AT the location they give as the company address.

Respondents used both numbers and percentages when answering questions A4-A7, some even switched from one to the other. We suggest keeping the phrasing as is (“approximately how many or what percent”) to allow for the respondent to answer either way. Some respondents at smaller sites found it easy to answer these questions with actual numbers. At larger sites, some preferred the percentages because, as one put it, he “felt like it was easier to approximate a percent than an exact number...”

This series was one of the most obvious spots where all the information requested might not be known by one person - an HR person might know these numbers, but others may not. Although many respondents did not know these answers off the top of their heads, they felt they could have easily looked up or had access to this information. We are not confident that respondents in an actual interview situation, not being paid a $100 incentive, would be as willing to spend the time needed to get accurate information for this series.

A4. Approximately how many or what percent of all employees at this location are...

a. permanent full time
b. permanent part time
c. temporary, seasonal, or on-call workers

Respondents seemed to understand and be able to answer this question. The only problem arose with the phrase “on-call” worker. This may be jargon in some sectors and not in others. We had one respondent who thought that “on-call” meant being available after hours for an emergency, rather than being non-permanent, like temporary or seasonal workers.

A5. Approximately how many or what percent of all permanent employees at this location are...

a. less than 30 years of age?
b. 50 years of age or older?

Almost half of the respondents did not know the answer to this question. Some of the others were able to access information that broke down the workforce by age. Others simply guessed. Overall, respondents were able to think about the concept of "permanent employees," but didn't know about the ages of employees.

A6. Approximately how many or what percent of all permanent employees at this location earn....

a. less than $9.50 an hour
b. between $9.50 and $21.00 an hour
c. more than $21.00 an hour

As expected, this was the hardest question in the "A" series. Respondents who had both full-time and part-time employees, often think about wages as hourly for part-timers and annually for full-timers. It was not easy for them to try to put these concepts together in one question to give one overall answer. Some respondents actually did the calculations on a calculator during the interview - multiplying the hourly rates to give them an annual number that they felt more comfortable with. Several respondents thought that offering both options in the question - "less than $9.50 an hour, that is less than $20,000 a year" might help people answer.

Two other issues came up for this question. First, whether overtime should be included. One respondent had data available to calculate wages either including or excluding

overtime. Others when asked about it had included, or excluded, overtime on their own. Again, a definition before the question about what to do with overtime would be helpful. (If the definition was not part of the question, and only read if needed, only the respondents who thought to ask would hear the definition. Others might assume you wanted one way or the other and give the answer they assume you want, and not ask for a definition).

The second issue is what to do with the part-time workers. Depending on the research goal in asking this question, part-time employees could be thought of in different ways. Some companies seem to think of part-time salaries as part of a full-time salary. For example, take someone making $25/hour, but only working 15 hours/week. A respondent would easily be able to place that employee in the "more than $21/hour" category but what happens when we spread it out over the year - in actuality, they make less than $20,000, but there was at least one respondent would have included that person in the highest category, because as a full-time worker, the full-time equivalent would over $44,000. A decision is needed about how an employee like this should be counted. Then ask respondents a question that would capture this information.

A7. Approximately how many or what percent of all permanent employees at this location are union members?

No problems with this question, but only 3 respondents had any unionized employees.

A8. Do you offer a flexible spending account or cafeteria plan -- where employees can pay for premiums or uncovered medical expenses with pre-tax dollars or choose between health and non-health benefits based on a fixed dollar amount?

This question is cognitively complex. Several respondents thought we were asking two different questions, not realizing that the second part was intended to help define the first. The word "or" is used 3 times in this one sentence. Also, presenting the definition after the question encourages respondents to interrupt before the entire question is read. Rewriting the definition and beginning the question with the streamlined version may help

respondents listen to, and better understand, the entire question.

While those respondents who did offer these types of programs were certain how to respond, several weren't sure and may have answered incorrectly to this item and the follow-up question. Not everyone could clearly define the differences between a flexible spending account and a cafeteria plan.

Eleven of the 18 respondents said that their companies offered these types of plans. One respondent made the distinction between the plans being "offered" and whether employees used it.

A9. Under your flexible spending account or cafeteria plan, may employees use pre-tax dollars to…

a. Pay for health insurance premiums
b. Pay for deductibles and copayments
c. Pay for other unreimbursed medical expenses

The respondents to whom this question applied had no problems formulating meaningful responses.

A10. If an employee decides not to take health insurance from [COMPANY NAME], or chooses a lower cost plan, can he or she substitute other benefits?

Respondents were able to answer this question. When describing this situation, they used phrases such as "buying-down". Only 3 respondents reported that their companies allowed such substitutions. Through cognitive probing, we learned that some respondents talked about "opting out" situations, where an employee could get the cash value of the insurance, rather than "substituting other benefits".

Section B: PLAN INVENTORY

Next, I have some questions about health insurance plans you offer to active employees. By health insurance plans, I mean plans that cover physician and hospital care and might cover other services. Please do not include single service plans that cover only one or two special services like dental or vision or plans that are limited to retirees.

B1. How many different health insurance plans do active employees at this location get to choose from?

Respondents had no major problems with this question. The answers ranged from 1-4 plans. Several commented that they appreciated having the definition about which types of plans to include or not, since they would have wondered about that.

There are two reasons why it might be better for the question to ask about the number of plans offered, rather than the number they can choose from. First, this wording would be consistent with the introduction to the section "... about health insurance plans you offer... ". Second, it might help a respondent who knew that they offered 2 plans but felt that there were 4 options from which an employee could choose (single or family in both plans).

B2. What are the names of these plans? First tell me the names of the insurers and then the names of the plans.

This question did not work at all. None of the respondents think about the health insurance they offer in this way, i.e. as an insurer and then a plan name. Respondents didn't know how to answer, often describing it the best they could, including whether it was a POS, PPO, or HMO, and then telling the interviewers to sort it out however we wanted. Respondents also didn't know how to deal with this question for plans that were self-insured.

It was in response to this question that it became clear that one small company with 4 employees only offered a Medical Savings Account. Although the Medical Savings Account didn't fit into one of the categories presented in the introduction to the question,

the respondent considered it health insurance that the company offered to employees.

B3. Does your plan year begin on the same month for all plans?

B4. Were any of these plans added during the current plan year as new offerings? (Which ones?)

B5. Did you drop any plans that were offered during the last plan year? (Which ones?)

Respondents had no problems with these questions

B6. Next, please tell me approximately how many or what percent of all active employees are enrolled in [READ PLAN 1]

Although for some respondents it took a little bit of calculation, most were able to answer this question easily. None of the respondents included family members or dependents in their calls of active employees. For companies that have more than one location, it may be advisable to add wording to the question to remind the respondent that they should be thinking about one location only.

B7. Is [READ PLAN 1] a traditional indemnity health plan, a preferred provider organization, a point-of-service plan - also known as an HMO/PPO hybrid or open-ended HMO - or a traditional health maintenance organization?

Most respondents had already told the interviewer the answer to this question when they were first describing the plan, so for many it was a redundant question. This question appears later in the interview in the instrument CSR received to cognitively test - it's asked a few questions later. You may want to consider moving it earlier, since respondents are clearly thinking of plan type as they are describing other plan characteristics.

While not all of the respondents could clearly define all the different plan types, all knew which ones they offered and could answer question B7. Respondents prefer the use of acronyms - HMO, PPO, etc, rather than the entire words (e.g., "traditional health maintenance organization"). One employer offered a PPO, but the term "preferred provider organization" didn't resonate with the respondent. It wasn't until she heard "PPO" in the POS definition that she was able to answer correctly. Using the acronyms in the body of the question, and having the definitions available to be read if needed, would probably work this item.

It might also be helpful to respondents to re-order the list to start with something other than indemnity, which so few organizations offer now.

Section C: PRODUCT ATTRIBUTES

Table 2. NUMBERS AND TYPES OF PLANS REPORTED ON BY COGNITIVE INTERVIEW RESPONDENTS.

1 INDEMNITY
7 PPO
2 POS
4 HMO
1 MSA

C1. Does this plan include a network of health care providers?

Respondents had no difficulty with this question. Everyone understoodthe term "network of providers".

C2. Now I'm going to ask you two different questions that are both asking the same thing. After you answer them, we'll talk more about them.

VERSION A: Are enrollees required to get a referral from a primary care physician, or gatekeeper, before using specialists? (IF SOMETIMES: When does the plan require a referral from a primary care physician and when does it not?)

VERSION B: If enrollees do not have a referral from a primary care physician and go to in-network specialists, does the plan cover any of the costs for these visits? (IF SOMETIMES: Please explain.)

Respondents were able to answer both versions of this question, but found Version A to be both easier to understand and to answer (11 of the 14 who had a preference preferred Version A). One respondent didn't particularly like the term "gatekeeper" but everyone knew what the term meant. One respondent, when describing the difference between the 2 questions, commented that the first question was a "process" question - do you need a referral - and the second was a "money" question - who pays.

C3. Again, we have two questions about the same topic.

VERSION A: If enrollees decide to use physicians who are not in the network, do they have to pay the full cost of those visits?

VERSION B: If enrollees do not have a referral and go to out-of-network physicians, does the plan cover any of the costs of these visits?

Respondents were able to answer both of these questions, and they preferred Version A by a slim margin (6 out of the 10 who had a preference).

The use of the word "referral" in Version B does not help clarify the question and actually made it harder for some respondents, when referrals are not required for their plans.

It is difficult for respondents to answer questions about hypothetical situations. It may be easier for them to think about if the scenario was presented as a concrete example, rather than as a hypothetical situation. Consider rewording the item to start with, "When an enrollee goes to an... ".

(IF PPO/HMO) C4. Does this plan provide medical providers through a staff model, a group model - where the plan contracts with a single group, a network or IPA model - where the plan contracts with many individual or group providers, or something else?

This was a difficult question for respondents. Of the 10 respondents to whom this question applied, only 3 were able to answer this question cleanly on the first try, with no repeats, questions, or clarifications of answers. Four others were able to formulate responses, but two admitted that they didn't really know the answer and were basically guessing. Three respondents continued to answer "don't know" and were unable to provide a satisfactory answer.

Section D: PREMIUMS

D1. Is this a fully insured plan purchased from an insurance underwriter or is it a self-insured plan?

IF NEEDED: A fully insured plan is purchased from an insurer or other underwriter that assumes the risk for enrollees' medical expenses. Under a self insured plan, your organization assumes the risk for enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

Only one respondent required the definition to be read. But this respondent - with a PPO - was still unable to answer the question even after the definition was read. The general

consensus among respondents, however, was that it would be helpful to have the definition of a self insured plan provided before the question.

We also tested another definition: “A health plan is fully insured if it is purchased from an insurance company or other underwriter who assumes full risk for enrollees’ medical expenses. A health plan is “employer self-funded” if an organization pays the claims from its own resources regardless of who administers the plan.”

Overall, respondents preferred the first definition, finding it a little clearer. Nonetheless, some respondents asked questions about some of the phrases in the first definition, and others preferred the succinctness of the second.

(IF SELF-INSURED)

D2. Do you calculate a premium equivalent, that is a cost per full-time covered employee?

Most of those who were self-insured were able to answer this question. However, the term “premium equivalent” was not understood by all respondents. Some thought it was how much the company pays for the insurance, others how much it costs altogether. Some respondents also said that the insurance company calculates the premium equivalent, so they weren’t sure if they should say “yes.”

NOTE: QUESTIONS D3-D8 ASKED OF SELF-INSURED WITH PREMIUM EQUIVALENT
QUESTIONS D9-D14 ASKED OF THOSE WITH UNDERWRITTEN INSURANCE

Questions D15-D20 would have been asked of those who are self-insured without premium equivalent, but there were no respondents who answered that way.

D3. What is the premium equivalent for a full-time employee with single coverage?
D9. What is the total premium for a full-time employee with single coverage?
D15. What is the COBRA amount for single coverage?

Most respondents were able to answer this question, or at least knew how to easily access the information. Several respondents said that "it depends". One reported that it depended on the age and gender of the enrollee; there is a chart that is used to figure out the premium for this PPO.

The problems mentioned above about premium equivalents continue here. One respondent didn't understand the difference between the premium equivalent and the amount the employee pays. This also happened once in the case of a POS, where the respondent answered D9 as "$0 - they don't have a premium - there's no cost associated".

Answers were usually given in dollar amounts per month, though some answered in 2-week pay periods.

D4/10/16. How much does a full-time employee with single coverage contribute toward his or her own premium?

Again, those who didn't have the information in memory (or as in one case, a pay stub on the desk), knew how to easily obtain this information.

D5. Compared with your last plan year, did the premium equivalent for single coverage increase, decrease, or stay the same? (What was the increase/decrease) for single coverage?

D11. Compared with your last plan year, did the premium for single coverage increase, decrease, or stay the same? (What was the increase/decrease) for single coverage?

D17. Compared with your last plan year, did the COBRA amount for single coverage increase, decrease, or stay the same? (What was the increase/decrease) for single coverage?

These questions worked well. Answers were given in percentages for some respondents and dollar amounts for others.

D6/D12/D18. Is family coverage offered under this plan?

Respondents were confused by whether we were referring to the family coverage being offered by the plan or the company.

D7. What is the premium equivalent for a full-time employee with coverage for a family of four?
D13. What is the total premium for a full-time employee with coverage for a family of four?
D19. What is the COBRA amount for a full-time employee with coverage for a family of four?

While some respondents understood the concept of "family of four" and knew how to answer, others reported that the term was not meaningful to them. It was at this point that several respondents used the term "different tiers" to describe their plans - single/family, or adult/adult+child, or 2 adults plus child(ren), etc. For respondents who had a different plan, it seemed to take some time for them to adjust how they usually think about things to this norm of a family of 4. Their answers basically fit, but it took them time to hear what we were asking and to map the way they normally think to the way we were asking the question.

D8/D14/D20. How much does a full-time employee with coverage for a family of four contribute toward his or her own premium?

For most respondents, there were no additional problems other than those already noted about the family of 4 with this question. They either knew the answer or knew how to find it. There was one unique situation though. For one respondent, the employees don't have to pay any of their own premiums, but they do have to pay for the rest of the family's

coverage. For this question, that asks about what an employee "contributes toward his or her own premium" the respondent said "nothing" - but they do have to pay for others.

Section E: DEDUCTIBLES & COPAYS

IF INDEMNITY/HMO - ASKED E1-E15
IF PPO/POS - ASKED E16- E26

E1/E16 Does this plan have a deductible?

Most respondents had no trouble understanding what this question was asking and were able to answer readily. However, some may have confused deductibles with co-payments for services. One respondent, who could confidently define "deductible", still answered as though the co-payment amount (for a doctor's office visit or a hospital stay) was the deductible.

Several respondents wanted to note here that they had a deductible only for out-of-network services or that they had different deductibles for in- and out-of-network. Perhaps adding the word "any" so the question reads "... have any deductible", or splitting the question up for those who have a network (does this plan have a deductible for in-network services? ... for out-of-network services?) will help.

E2. What is the annual deductible for an enrollee with single coverage?
E17. What is the annual deductible an enrollee with single coverage pays for in-network services?
E18. What is the annual deductible an enrollee with single coverage pays for out-of-network services?

Most respondents were able to answer this question easily. However, one respondent said that the amount of the deductible depended on the type of plan chosen - there was a basic, a standard and a deluxe version - and each had a different deductible. Also, it was not clear whether respondents answered E18 (out-of-network deductible) as an amount on

its own or if it was in addition to the amount listed in E17.

E4/E19 Does this plan have a family deductible?

E6. What is the annual family deductible for a family of four?

E20. Is there one family deductible or are there different family deductibles for in-network and out-of-network services?

IF ONE: What is the annual family deductible for a family of four?

IF DIFFERENT: What is the annual family deductible for a family of four for in-network services?

What is the annual family deductible for a family of four for out-of-network services?

Although almost all respondents were able to provide an answer to this question, about a quarter of the respondents didn't know at least one of these numbers. Through discussions with respondents, we also found that several respondents didn't necessarily think about the family deductible as a set number, but more as a multiple of the single deductible. One respondent suggested we ask the question - "Is there a limit on deductibles for families?" Another answered Question E19 by saying "Yes, a limit of 2 individual deductibles."

E8/E21. Do enrollees in this plan pay a share of the cost of a physician office visit?

This question worked well.

E9. For physician office visits, do enrollees in this plan pay a co-payment - that is, a set dollar amount, or do they pay a co-insurance rate - that is, a percentage of the charges?

E22. For in-network physician office visits, do enrollees in this plan pay a co-payment - that is a set dollar amount, or do they pay a co-insurance rate - that is a percentage of the charges?

IF CO-PAY: What is the co-payment for an (in-network) primary care physician seen during normal office hours?

IF CO-INSURANCE: What is the co-insurance rate for an (in-network) primary care physician seen during normal office hours?

Respondents understood the difference between co-payment and co-insurance rate, though having the definition as part of the question the first time these terms are used would probably be helpful. When the terms are used in subsequent questions, having the definition available if needed would probably work fine.

Respondents talked about having a co-payment rate for in-network visits and a co-insurance rate for out-of-network visits. They seemed to know the difference and would have been able to answer E22 for out-of-network with the same amount of ease.

Interviewers received several qualified answers for this question, especially in the co-insurance follow-up. Respondents were unsure what to do with the deductible. For example, one respondent said, “20% after the deductible.” This problem could easily be solved by adding the phrase, “not including any deductible” to the beginning of the question.

Several respondents commented on the distinction between primary care and specialist visits. It is probably best to keep the phrase in the question.

E11. Do enrollees in this plan pay a share of an in-patient hospital stay?
E23. Do enrollees in this plan pay a share of an in-network, in-patient hospital stay?

E12/E24. Do they pay a set amount per stay, a set amount per day, or a percentage of total charges?

IF PER STAY: What is the amount (for an in-network hospital stay/per hospital stay)?

IF PER DAY: What is the amount per day (for an in-network hospital stay)?
What is the maximum number of days?

IF PERCENT: What is the percentage of charges, or co-insurance rate?

Aside from the tongue twister of "in-network, in-patient," the deductible concern was the main problem with this question. Again, many wanted to qualify their answer with "after the deductible." At E23, one respondent was not sure how to answer because after the deductible the plan paid 100%. Adding the phrase "not including the deductible" to the beginning of this question will make it easier for respondents to answer.

Some respondents said that the amount depends on the services, noting mental health services in particular.

It may also help to clarify the "they" in Question E12/E24, or the follow-ups. Some respondents seemed to talk more about what the plan pays. Repeating that you are interested in the enrollee, (i.e. How much does the enrollee pay per day for an (in-network) inpatient hospital stay?), will help standardize responses.

E25. Do enrollees in this plan pay a different amount for in-patient stays in out-of-

network, or non-participating hospitals?

Some respondents did not know the answer to this question, but all seemed to understand the meaning of the term. However, this question is difficult to both read and hear ("in-patient stays in out... "). Consider rewording the item, perhaps using "hospital stays" or "non-network".

E15/E26. Does this plan limit the amount it will cover for in-patient hospital stays during a plan year?

E15a/E26a. What is the maximum amount the plan will cover for (in-network), in-patient hospital stays during a plan year?

Several respondents had difficulty with Question E15/E26. Some didn't know the answer, others couldn't choose an answer, and still others wanted to qualify their answers. One said the amount covered depended on whether the hospital stay was for in- or out-of-network facilities. (One respondent reported a limit for skilled nursing facilities and another respondent a limit for mental health services, but only one of them answered yes to E15.

Once respondents made it through E15/E26, most were able to answer E15a/E26a. Several who knew they had a limit, didn't know the number but would be able to access that information if required. One respondent wanted to answer with a figure that represented the maximum an enrollee would have to pay.

SECTION F: DRUG & OTHER BENEFITS

F1. Does this plan provide prescription drug benefits?

Almost all of the respondents were able to answer this question. The respondent with the

indemnity plan did not choose yes or no, but said, “It’s a separate benefit. We have a separate administration for our prescription plan.”

Also, if you are interested only in active employees and/or only enrollees from this location, it may be best to add that to the question since this issue caused problems in subsequent questions.

F2. Do enrollees in this plan pay a fixed amount or percentage of each prescription drug charge?

Four respondents were not able to answer this question cleanly. Their plans either had different coverage for active versus retired enrollees, or had both a co-pay and a co-insurance rate depending on type of drug, or whether it was an in-network or an out-of-network pharmacy.

F3. Does this plan use a four tier, three tier, two tier, or single tier cost sharing plan?

Although respondents eventually understood these terms after talking with the interviewer, we are not positive that “tier” or “cost sharing plan” are the best words to use. Describing them as “life style drugs” or “brand name drugs” is not necessarily any more helpful. Some respondents clearly understood what we were asking, and were very used to the word “tier”,while others didn’t have any familiarity with the terminology.

Some respondents asked for clarification by asking if the question referred to prescriptions. This is one source of confusion that can be easily remedied by adding “drugs” or prescription drugs” somewhere in the question.

Since “tiers” aren’t universally understood, consider asking whether enrollees pay the same amount for all prescriptions. Another alternative would be to ask does it vary depending on the type of drug and then ask follow up questions.

F3a. How much is the copayment per prescription?
F4a. What percentage of prescription drug charges are paid by enrollees in this plan?

F3b. How much is the copayment per prescription for the....
F4b. What percentage of prescription drug charges are paid by enrollees in this plan for the....
- *a. high cost prescription*
- *b. low cost prescription*

F3c. How much is the copayment per prescription for the....
F4c. What percentage of prescription drug charges are paid by enrollees in this plan for the....

- *a. highest cost prescription*
- *b. mid- cost prescription*
- *c. lowest cost prescription*

F3d. How much is the copayment per prescription for the....
F4d. What percentage of prescription drug charges are paid by enrollees in this plan for the....

- *a. highest cost prescription*
- *b. 2nd highest cost prescription*
- *c. 3rd highest cost prescription*
- *d. lowest cost prescription*

Once respondents actually got to these questions and understood what was being asked, most were able to answer easily.

F5. Does this plan limit the annual amount it will cover for prescriptions? (What is the maximum amount per year this plan will cover for prescriptions?)

Although some respondents didn't know the answer, everyone seemed to understand the

question and what it was asking.

F6. Under this plan, what is the maximum annual out-of-pocket expense for an enrollee?

Because of the structure of the cognitive interview, this question seemed a little out of place for some respondents. They thought we were asking about limits on spending for prescriptions. Some sort of introduction will help orient respondents to what is now being asked. Again, some respondents weren't sure how to consider deductibles and whether they should be included here. We have used this question in various forms in other studies and usually begin the question with a definition that tells respondents what to include and what not to include, e.g.: "An out-of-pocket expense is all the money that an enrollee pays for care and treatment except the cost of the insurance premium."

F7. Is there a family maximum under this plan? IF YES, What is the maximum annual out-of-pocket expense for a family of four?

For the sake of clarity, it may be helpful to respondents to ask both of these questions in the same format, either both with screeners and follow-up questions, or both as single questions.

Appendix A. Cognitive Interview Protocol

c36HS

COVERSHEET #: _____

INTERVIEWER: _____

DATE OF INTERVIEW: _____

LENGTH OF INTERVIEW: _____ MINUTES

EMPLOYER FOLLOW BACK COGNITIVE INTERVIEW (Private Companies ONLY)

Interviewer Version

May, 2002

Center for Survey Research
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ABOUT THIS SURVEY

READ TO RESPONDENT:

The questions I'm going to read are ones we're considering using in a study about health plans employers offer to their employees. I'm going to ask you some of the questions as they have been worded for the survey questionnaire. After a series of questions, I'm going to ask you some follow-up questions about those questions, so we can think about making them better. These follow-up questions will ask about things like how you arrived at your answer, or what the question meant to you. The purpose of the follow-up questions is to be sure that the questions we've written are working the way we expect them to. Your feedback will be very helpful. In addition, you should feel free to tell me if you are uncertain about what a question means or how to answer it. If you have a problem with a question, it is likely others will, too. Please remember, there are no right or wrong answers.

Section A: FIRM/ ESTABLISHMENT LEVEL QUESTIONS

A1. How many full and part-time employees does [NAME] currently have on the payroll nationwide?

_____ # EMPLOYEES

[ ] DK ----------> A1a. Can you estimate the range? Would you say that the total number of employees nationwide is 2-9, 10-24, 25 to 49, 50 to 99, 100 to 999, 1000 TO 4,999, or 5,000 or more?

[ ] 2-9
[ ] 10-24
[ ] 25-49
[ ] 50-99
[ ] 100-999
[ ] 1000-4999
[ ] 5000+

A2.. Does [NAME] operate in more than one location in the United States?

[ ] YES

[ ] NO (SKIP TO COGNITIVE QUESTIONS

A3. How many full and part-time employees does [NAME] have at this location?

_____ # EMPLOYEES

[ ] DK ----------> A3a. Can you estimate the range? (Would you say that the total number of employees at this location is 2 to 4, 5 to 9, 10 to 24, 25 to 49, 50 to

99, 100 to 999, 500 to 999, or 1000 or more?)

[ ] 2-4
[ ] 5-9
[ ] 10-24
[ ] 25-49
[ ] 50-99
[ ] 100-999
[ ] 1000-4999
[ ] 5000+

GOALS A1: **Can R answer this question "cleanly"?**
Does R include all permanent, temporary and seasonal employees?
Do the ranges at A1a work?

GOALS A3: **Can R answer this question cleanly?**
Does R include all permanent, temporary and seasonal employees?
How does R understand "at this location"
Do the ranges at A3a work?

DID R ANSWER **QUESTION A1** "CLEANLY" (NO QUESTIONS, CLARIFICATIONS, ETC) ?

[ ] YES

[ ] NO ----------> EXPLAIN: _____

DID R ANSWER **QUESTION A1** WITH A RANGE, NOT A SPECIFIC NUMBER?

[ ] YES [ ] NO

When I asked you about employees "at this location" where exactly were you thinking about?

When you were answering these questions, were there any types employees that you didn't include? (IF YES: WHICH TYPES & WHY)

(IF NOT ALREADY TALKED ABOUT) Are there any temporary or seasonal employees at this location? (IF YES: Did you include them in your counts?)

A4. Approximately how many or what percent of all employees at this location are ....

a. permanent full time #: _____ %: _____ [ ] DK

b. permanent part time #: _____ %: _____ [ ] DK

c. temporary, seasonal, or on-call workers? #: _____ %: _____ [ ] DK

A5. Approximately how many or what percent of all permanent employees at this location are...

a. less than 30 years of age? #: _____ %: _____ [ ] DK

b. 50 years of age or older? #: _____ %: _____ [ ] DK

A6. Approximately how many or what percent of all permanent employees at this location earn ....

a. less than $9.50 an hour #: _____ %: _____ [ ] DK

b. between $9.50 and $21.00 an hour #: _____ %: _____ [ ] DK

c. more than $21.00 an hour #: _____ %: _____ [ ] DK

A7. Approximately how many or what percent of all permanent employees at this location are union members?

#: _____ %: _____ [ ] DK

GOAL A4:	**Are categories mutually exclusive and exhaustive?**
GOALS A5:	**Does R have any difficulty thinking about only "permanent" employees now?** **Does R remember to include part-time permanent employees?**
GOALS A6:	**Would it be easier for R if this was converted to annual salary?** **How would R handle part-time employees if asked as an annual amount?**
GOAL A7:	**Any question about what "union member" means?**

GOAL OVERALL:	**Does R prefer percent or number? Why?** **Are there certain statistics R thinks about one way or the other?**

(A7) Is there anyone at this location that you weren't sure whether to include as a "union member"? (EXPLAIN)

(A4) I started this series by asking about permanent full-time, part-time, and temporary employees. Did that include <u>everyone</u> at this location, or did the question leave anyone out? (WHO? EXPLAIN.)

(A4) How did you decide what employees belong in each category? (Was there anyone who works here that you weren't sure into which category you should put them?)

(IF THERE ARE TEMPORARY EMPLOYEES) The next question asked about the ages of your <u>permanent</u> employees - was it difficult for you to think only in terms of permanent employees (and not include temporary ones)?

(IF PART-TIME EMPLOYEES) - Did you include the permanent part-time employees in your numbers?

When we ask about what employees earn, we can either ask about dollars per hour, like we did, or sometimes we ask about annual income. How would you answer the following....

> ***Approximately how many or what percent of all permanent employees at this location earn less than $20,000 per year?***
>
> ***Approximately how many or what percent of all permanent employees at this location earn more than $44,000 per year?***

(IF PART TIME EMPLOYEES) How did you answer this for part time employees? (Did you answer what they actually make annually, or what they would have made if they were full-time?)

Which version of the money question do you prefer? (WHY?)

Overall, is it easier for you to answer questions like these using actual numbers or percentages? (WHY?)

Are there certain statistics you think of as numbers and others that you think of as a percentage? (Tell me about that).

A8. Do you offer a flexible spending account or cafeteria plan -- where employees can pay for premiun uncovered medical expenses with pre-tax dollars or choose between health and non-health benefits based on a fixed dollar amount?

[ ] YES
[ ] NO (SKIP TO A10)

A9. Under your flexible spending account or cafeteria plan, may employees use pre-tax dollars to…

a. Pay for health insurance premiums [ ] YES [ ] NO [ ] DK

b. Pay for deductibles and copayments [ ] YES [ ] NO [ ] DK

c. Pay for other unreimbursed medical expenses [ ] YES [ ] NO [ ] DK

A10. If an employee decides not to take health insurance from [COMPANY NAME], or chooses a lower cost plan, can he or she substitute other benefits?

[ ] YES
[ ] NO

GOALS A8: Does R understand question?
Does R understand "flexible spending account" vs. "cafeteria plan"

GOALS A10: Does R understand question?
What are "other benefits"?

DID R ANSWER **QUESTION A8** "CLEANLY" (NO QUESTIONS, CLARIFICATIONS, ETC) ?

[ ] YES

[ ] NO ----------> EXPLAIN: _____

(A10) In your own words, what is that last question asking?

(A10) What kinds of "other benefits" were you thinking about?

(A8) How would you describe the difference between a "flexible spending account" and a "cafeteria plan"?

Section B: PLAN INVENTORY

Next, I have some questions about health insurance plans you offer to active employees. By health insuran plans, I mean plans that cover physician and hospital care and might cover other services. Please do not include single service plans that cover only one or two special services like dental or vision or plans that a limited to retirees.

B1. How many different health insurance plans do active employees at this location get to choose from

[ ] ONE

_____ # PLANS

GOALS B1:	**How does R understand "active employees"?** **Any question about whether or not to include a certain plan?**

What does the phrase "active employees" mean to you? (Was there anyone you weren't sure whether to include as an "active employee? Tell me about it.)

Were there any health plans you offer that you weren't sure whether you should include in this question? (WHICH ? WHY?)

INTERVIEWER CHECK: [ ] ONE PLAN OFFERED (SKIP TO B8)

[ ] MORE THAN ONE PLAN

******THIS IS WHERE YOU NEED THE YELLOW HEALTH PLAN GRID *******

B2. What are the names of these plans? First tell me the names of the insurers and then the names of th plans. [FILL IN GRID SHEET]

B3. Does your plan year begin on the same month for all plans?

[ ] YES

[ ] NO

B4. Were any of these plans added during the current plan year as new offerings?

[ ] YES ------> Which ones? [MARK GRID]

[ ] NO

B5. Did you drop any plans that were offered during the last plan year?

[ ] YES ------> Which ones? _____

[ ] NO

B6. Next, please tell me approximately how many or what percent of all active employees are enrolled i
[READ PLAN 1] [MARK GRID]

B7. Is [READ PLAN 1] a traditional indemnity health plan, a preferred provider organization, a point-of-service plan - also known as an HMO/PPO hybrid or open-ended HMO - or a traditional health maintenance organization? (MARK GRID)

GOAL B2:	**How does R handle more than one plan offered by one insurer (as 1 plan?)**

GOAL B3:	**How does R think about "plan year" (when does it start? etc.)**

GOAL B4/B5:	**Any trouble answering?** **How does R deal with questions if differing plan years?**

GOAL B6:	**Any trouble answering for number of employees vs. enrollees?**

GOAL B7:	**Does R understand the different plan types?** **Does R need the definitions?** **Would R prefer acronyms or actual words? (HMO vs health maintenance org)**

The first thing I asked was for you to list the name of the insurer and then the plan - did that make sense for you? (Is that how you think about health plans?) (IF NO: EXPLAIN)

(IF NOT MENTIONED) Sometimes a company might have more than one plan from one insurer. How would you handle that if you were counting the number of plans?

Tell me a little about the "plan year"(s) for your plans. (When do they begin?)

(IF NOT ALL SAME MONTH) When I asked about adding or dropping plans, how did you handle the fact that you have different plan years? (What time period did you think about?)

When I asked about employees who were enrolled in each plan, did you include family members, too? (IF YES: About how many <u>employees</u> are enrolled in each plan?)

The last question in the series asked about different plan types - indemnity, preferred provider, point-of-service, and health maintenance organizations - did you have any questions about these types (Tell me about it).

Often people refer to the plan types by their acronyms - PPO, POS, HMO. How do you normally think about the plan types? (Would having the acronym in the question been easier for you?)

ALL SKIP TO C1 on page 11

B8. What is the name of this plan? Please begin with the name of the insurer and then the name of the p

INSURER: _____

PLAN: _____

B9. Was this plan added during the current plan year as a new offering?

[ ] YES

[ ] NO

B10. Did you drop any plans that were offered during the last plan year?

[ ] YES Which ones? _____

[ ] NO

B11. Approximately how many or what percent of all active employees are enrolled in this plan

#: _____ %: _____ [ ] DK

B12. Is this a traditional indemnity health plan, a preferred provider organization, a point-of-service plan also known as an HMO/PPO hybrid or open-ended HMO - or a traditional health maintenance organization?

[ ] INDEMNITY
[ ] PPO
[ ] POS
[ ] HMO

GOAL B8:	**Verify that R has only one plan (not one insurer and more than one plan)**

GOAL B9/B10:	**Any trouble answering?**

GOAL B11:	**Any trouble answering for number of employees vs. enrollees**

GOAL B12:	**Does R understand the different plan types?** **Does R need the definitions?** **Would R prefer acronyms or actual words? (HMO vs health maintenance org)**

The first thing I asked was for you to give me the name of the insurer and then the plan - did that make sense for you? (Is that how you think about your health plan?) (IF NO: EXPLAIN)

(IF NOT MENTIONED) Sometimes a company might have more than one plan from one insurer. How would you handle that if you were counting the number of plans?

When I asked about employees who were enrolled in each plan, did you include family members, too? (IF YES: About how many <u>employees</u> are enrolled in each plan?)

The last question in the series asked about different plan types - indemnity, preferred provider, point-of-service, and health maintenance organizations - did you have any questions about these types (Tell me about it).

Often people refer to the plan types by their acronyms - PPO, POS, HMO. How do you normally think about the plan types? (Would having the acronym in the question been easier for you?)

Section C: PRODUCT ATTRIBUTES

INTERVIEWER CHOOSE A PLAN FROM YOUR CHECKLIST:

PLAN CHOSEN: _____

PLAN TYPE: [ ] INDEMNITY [ ] PPO [ ] POS [ ] HMO

Cx. (IF MORE THAN ONE PLAN): Now I have some specific questions about your health plans. Let's talk about your [FILL PLAN NAME] plan.

(IF ONE PLAN): Now I have some specific questions about your health plan.

C1. Does this plan include a network of health care providers?

[ ] YES
[ ] NO (SKIP TO D1)

C2. Now I'm going to ask you two different questions that are both asking the same thing. After you answer them, we'll talk more about them.

VERSION A:
Are enrollees required to get a referral from a primary care physician, or gatekeeper, before using specialists?

[ ] YES
[ ] NO

[ ] SOMETIMES (IF OFFERED) --------> When does the plan require a referral from a primary care physician and when does it not?

_____

_____

VERSION B:

If enrollees do not have a referral from a primary care physician and go to *in-network* specialists, dc the plan cover any of the costs for these visits?

[ ] YES

[ ] NO

[ ] SOMETIMES (IF OFFERED) --------→Please explain.

_____

_____

GOALS C2:	**Does R see the 2 versions as asking about the same thing?**
	Which version does R prefer?
	How does R understand question?
	How does the "sometimes" answer fit with the question?
	Are questions answered consistently (positive one/negative other)?

In your own words, what do you think these questions are asking about? (DOES R THINK THE 2 QUESTIONS ARE ABOUT THE SAME THING?)

Which version do you prefer (RE-READ IF NECESSARY)? (Why?)

(IF BOTH VERSIONS ANSWERED SAME: VERIFY ANSWERS & CONSISTENCY)

C3. Again, we have two questions about the same topic.

VERSION A:
If enrollees decide to use physicians who are not in the network, do they have to pay the full cost of those visits?

[ ] YES
[ ] NO

[ ] SOMETIMES (IF OFFERED)

VERSION B:
If enrollees do not have a referral and go to *out-of-network* physicians, does the plan cover any of the costs of these visits?

[ ] YES
[ ] NO

[ ] SOMETIMES (IF OFFERED)

GOALS C3:	**Does R see the 2 versions as asking about the same thing?** **Which version does R prefer?** **How does R understand question?** **Are questions answered consistently (positive one/negative other)?** **Does the "referral" reference in version 2 make it easier or harder to answer?**

In your own words, what do you think <u>these</u> questions are asking about? (DOES R THINK THE 2 QUESTIONS ARE ABOUT THE SAME THING?)

Which version do you prefer (RE-READ IF NECESSARY)? (Why?)

The second version of this question used the phrase "do not have a referral" - does that help make the question clearer?

(IF BOTH VERSIONS ANSWERED SAME: VERIFY ANSWERS & CONSISTENCY)

INTERVIEWER CHECK: PLAN TYPE

[ ] INDEMNITY/POS (SKIP TO D1)

[ ] PPO/HMO

C4. Does this plan provide medical providers through a staff model, a group model - where the plan contracts with a single group, a network or IPA model - where the plan contracts with many individu or group providers, or something else?

[ ] STAFF

[ ] GROUP

[ ] NETWORK/IPA

[ ] OTHER ----------> Please describe:

_____

GOALS C4: Does R have any trouble classifying plan?
Does R understand all terms in question?
Is "other" really another model?

DID R ANSWER **QUESTION C4** "CLEANLY" (NO QUESTIONS, CLARIFICATIONS, ETC) ?

[ ] YES

[ ] NO ----------> EXPLAIN: _____

The question asked about staff, group, and IPA or network models - did you have any question about

these terms? (Tell me more)

(IF HAVE MORE THAN 1 PLAN) Would you be able to answer this question for all the plans you currently offer?

Section D: PREMIUMS

D1. Is this a fully insured plan purchased from an insurance underwriter or is it a self-insured plan?

[ ] UNDERWRITER

[ ] SELF INSURED

IF NEEDED: A fully insured plan is purchased from an insurer or other underwriter that assumes the risk f enrollees' medical expenses. Under a self insured plan, your organization assumes the risk for enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.

GOALS D1: Did R understand question?
Did R need definition read? (Was definition helpful)?
Does R understand difference between "underwriter" and "self-insured"?

DID YOU READ DEFINITION FOR **QUESTION D1**?

[ ] YES ----------> Did it help R? [ ] YES [ ] NO

[ ] NO

I***n your own words, please describe the difference between a fully-insured plan and a self-insured plan?***

Sometimes questions include technical words that need definitions. For example, a definition for this last question could be.... READ DEFINITION IF NEEDED. On a scale from 0 to 10, where 0 was not helpful at all and 10 was extremely helpful, how helpful would you rate this definition? (How did you decide on your rating?)

Another definition could be this:

> ***A health plan is fully insured if it is purchased from an insurance company or other underwriter who assumes full risk for enrollee's medical expenses. A health plan is employer self-funded if an organization pays the claims from its own resources regardless of who administers the plan.***

How would you rate this on that same 0-10 scale? (How did you decide on your rating?)

Do you think including a definition before the question would have made it easier to answer? (Why? What kind of definition?)

INTERVIEWER CHECK: [ ] UNDERWRITER (SKIP TO D9) [ ] SELF-INSURED

D2. Do you calculate a premium equivalent, that is a cost per full-time covered employee?

[ ] YES
[ ] NO (SKIP TO D15 on PAGE 19)

D3. What is the premium equivalent for a full-time employee with single coverage?

$_____ PER _____ (UNIT)

D4. How much does a full-time employee with single coverage contribute toward his or her own premiu

$_____ PER _____ (UNIT)

D5. Compared with your last plan year, did the premium equivalent for single coverage increase, decrea or stay the same?

[ ] INCREASE ------> What was the increase for single coverage? _____

[ ] DECREASE ------> What was the decrease for single coverage? _____

[ ] STAY THE SAME

D6. Is family coverage offered under this plan?

[ ] YES
[ ] NO (SKIP TO COGNITIVE)

D7. What is the premium equivalent for a full-time employee with coverage for a family of four?

$_____ PER _____ (UNIT)

D8. How much does a full-time employee with coverage for a family of four contribute toward his or he own premium?

$_____ PER _____ (UNIT)

GOAL D2:	**Does R understand "premium equivalent"?**

GOAL D5:	**How does R talk about increases/decreases? (%, dollar amount)?**

GOALS D6-8:	**How does R think about "family coverage" (is "family of 4" meaningful)?** **Any difference in ease of answering for single vs. family?**

GOAL OVERALL:	**Can R answer these questions easily or need to look things up?** **What kinds of units does R think about these questions in ($/mo/quarter)**

In your own words, what does the phrase "premium equivalent" mean"?

Do you know about the premiums and deductibles for the health plan(s) you offer off the top of your head, or do you have to look the information up somewhere? (Tell me a little about that.)

(IF HAVE TO LOOK UP) On a scale of 0 to 10, where 0 is extremely easy and 10 is extremely difficult, how would you rate what it takes to access those kinds of numbers? (How did you decide on your rating)

(IF HAVE FAMILY COVERAGE): The family coverage questions asked about a "family of four"? Did that make sense to you? (Is "family of four" the way you think about it? - Tell me about how you think about it.)

Is it any different accessing the information about premiums and deductibles for someone with <u>single</u> coverage and someone with family coverage (IF YES: Tell me about the differences)

Is it easier to answer questions about single coverage or family coverage? (WHY?)

ALL SKIP TO E1 on page 23

D9. What is the total premium for a full-time employee with single coverage?

$_____ PER _____ (UNIT)

D10. How much does a full-time employee with single coverage contribute toward his or her own premiu

$_____ PER _____ (UNIT)

D11. Compared with your last plan year, did the premium for single coverage increase, decrease, or stay same?

[ ] INCREASE ------> What was the increase for single coverage? _____

[ ] DECREASE ------> What was the decrease for single coverage? _____

[ ] STAY THE SAME

D12. Is family coverage offered under this plan?

[ ] YES

[ ] NO (SKIP TO COGNITIVE)

D13. What is the total premium for a full-time employee with coverage for a family of four?

$_____ PER _____ (UNIT)

D14. How much does a full-time employee with coverage for a family of four contribute toward his or he own premium?

$_____ PER _____ (UNIT)

GOAL D11:	**How does R talk about increases/decreases? (%, dollar amount)?**

GOALS D12-14:	**How does R think about "family coverage" (is "family of 4" meaningful)? Any difference in ease of answering for single vs. family?**

GOAL OVERALL:	**Can R answer these questions easily or need to look things up? What kinds of units does R think about these questions in ($/mo/quarter)**

Do you know about the premiums and deductibles for the health plan(s) you offer off the top of your head, or do you have to look the information up somewhere? (Tell me a little about that.)

(IF HAVE TO LOOK UP) On a scale of 0 to 10, where 0 is extremely easy and 10 is extremely difficult, how would you rate what it takes to access those kinds of numbers? (How did you decide on your answer)

(IF HAVE FAMILY COVERAGE): The family coverage questions asked about a "family of four"? Did that make sense to you? (Is "family of four" the way you think about it? - Tell me about how you think about it.)

Is it any different accessing the information about premiums and deductibles for someone with <u>single</u> coverage and someone with family coverage (IF YES: Tell me about the differences)

Is it easier to answer questions about single coverage or family coverage? (WHY?)

ALL SKIP TO E1 on page 23

D15. What is the COBRA amount for single coverage?

$_____ PER _____ (UNIT)

D16. How much does a full-time employee with single coverage contribute toward his or her own premiu

$_____ PER _____ (UNIT)

D17. Compared with your last plan year, did the COBRA amount for single coverage increase, decrease, stay the same?

[ ] INCREASE ------> What was the increase for single coverage? $ _____

[ ] DECREASE ------> What was the decrease for single coverage? $ _____

[ ] STAY THE SAME

D18. Is family coverage offered under this plan?

[ ] YES

[ ] NO (SKIP TO COGNITIVE)

D19. What is the COBRA amount for a full-time employee with coverage for a family of four?

$_____ PER _____ (UNIT)

D20. How much does a full-time employee with coverage for a family of four contribute toward his or he own premium?

$_____ PER _____ (UNIT)

GOAL D2:	**Does R understand "premium equivalent"?**

GOAL D15:	**Does R understand "COBRA amount"?**

GOAL D17:	**How does R talk about increases/decreases? (%, dollar amount)?**

GOALS D18-20:	**How does R think about "family coverage" (is "family of 4" meaningful)?** **Any difference in ease of answering for single vs. family?**

GOAL OVERALL:	**Can R answer these questions easily or need to look things up?** **What kinds of units does R think about these questions in ($/mo/quarter)**

When you said that you didn't calculate a premium equivalent, what did that mean to you?

This series of questions asked about the "COBRA amount" - how is that different from a premium equivalent?

(IF NOT ALREADY ANSWERED) In your own words, what does the phrase "premium equivalent" mean"?

Do you know about the premiums and deductibles for the health plan(s) you offer off the top of your head, or do you have to look the information up somewhere? (Tell me a little about that.)

(IF HAVE TO LOOK UP) On a scale of 0 to 10, where 0 is extremely easy and 10 is extremely difficult, how would you rate what it takes to access those kinds of numbers? (How did you decide on your answer)

(IF HAVE FAMILY COVERAGE): The family coverage questions asked about a "family of four"? Did that make sense to you? (Is "family of four" the way you think about it? - Tell me about how you think about it.)

Is it any different accessing the information about premiums and deductibles for someone with <u>single</u> coverage and someone with family coverage (IF YES: Tell me about the differences)

Is it easier to answer questions about single coverage or family coverage? (WHY?)

Section E: DEDUCTIBLES & COPAYS

INTERVIEWER CHECK: TYPE OF PLAN

[ ] PPO/POS (SKIP TO E16 ON PAGE 28)

[ ] INDEMNITY/HMO

E1. Does this plan have a deductible?

[ ] YES

[ ] NO (SKIP TO E8)

IF NEEDED: A deductible is a predetermined amount, which must be met by an enrollee before the plan w

pay for covered services. Many HMOs do not have a deductible.

GOAL E1: Does R understand "deductible"?

In your own words, how would you define "deductible"?

E2. What is the annual deductible for an enrollee with single coverage?

$_____ ANNUAL DEDUCTIBLE

E4. Does this plan have a family deductible?

[ ] YES

[ ] NO (SKIP TO COGNITIVE)

E6. What is the annual family deductible for a family of four?

$_____ ANNUAL FAMILY DEDUCTIBLE

GOAL E2/E6:	**Does R understand difference in single vs. family deductible?**

Tell me about the deductibles for this plan. (SINGLE VS. FAMILY - ANYTHING DIFFERENT - EASY TO ACCESS INFO, ETC.)

E8. Do enrollees in this plan pay a share of the cost of a physician office visit?

[ ] YES

[ ] NO (SKIP TO E11)

E9. For physician office visits, do enrollees in this plan pay a co-payment - that is, a set dollar amount, do they pay a co-insurance rate - that is, a percentage of the charges?

[ ] CO-PAY ------> What is the co-payment for a primary care physician seen during normal office hours?

$_____

[ ] CO-INSURANCE ----> What is the co-insurance rate for a primary care physician seen during normal office hours?

_____ %

GOAL E9:	**Does R understand the difference between "co-pay" and "co-insurance"?** **Are there different payments for PCPs and Specialists?** **Are definitions needed?**

In your own words, please describe the difference between "co-payment" and "co-insurance"?

Did having the definitions in the question help make it easier to answer? (Tell me about it.)

With this plan, are there different (co-payments/co-insurance rates) for seeing primary care physicians and specialists? (IF YES: Tell me about it).

E11. Do enrollees in this plan pay a share of an in-patient hospital stay?

[ ] YES

[ ] NO (SKIP TO COGNITIVE)

E12. Do they pay a set amount per stay, a set amount per day, or a percentage of total charges?

[ ] PER STAY ----------> What is the amount per hospital stay?

$ _____

[ ] PER DAY ----------> What is the amount per day?

$ _____

What is the maximum number of days?

_____ MAX DAYS

[ ] PERCENT OF CHARGES ----> What is the percentage of charges, or co-insurance rate?

_____ %

GOAL E12: Are categories mutually exclusive? (How does R handle it)?

Tell me a little about what this plan pays for hospital stays. (AMOUNTS, %, COMBINATIONS, etc.)

E15. Does this plan limit the amount it will cover for in-patient hospital stays during a plan year?

[ ] YES

[ ] NO (SKIP TO COG)

E15a. What is the maximum amount the plan will cover for in-patient hospital stays during a plan y

_____ DAYS OR $ _____

GOALS E15: How does R understand "limit the amount"?
Does PLAN have lifetime limits?
Is R answering about only plan year limits (not life limits)?

When I asked about "limiting the amount it will cover", what were you thinking about?

Some health plans have lifetime limits. Does this plan have a lifetime limit?

ALL SKIP TO F1 ON PAGE 34

E16. Does this plan have a deductible?

[ ] YES

[ ] NO

IF NEEDED: A deductible is a predetermined amount, which must be met by an enrollee before the plan w pay for covered services. Many HMOs do not have a deductible.

GOAL E16: Does R understand "deductible"?

In your own words, how would you define "deductible"?

INTCHECK: ANSWER TO E16 [ ] YES [ ] NO (SKIP TO E21)

E17. What is the annual deductible an enrollee with single coverage pays for in-network services?

$_____ ANNUAL DEDUCTIBLE IN-NETWORK

E18. What is the annual deductible an enrollee with single coverage pays for out-of-network services?

$_____ ANNUAL DEDUCTIBLE OUT-OF-NETWORK

GOALS E17/E18:	**Does R clearly understand in- and out-of network services?** **How does R define in- and out-of network services?** **Any difference in being able to answer about in- & out-of network?**

In your own words, how do you define in- and out-of network services?

If I were to ask you questions about deductibles or copayments for in- and out- of network services, would one be easier for you to answer about? (IF YES, WHICH? WHY?)

E19. Does this plan have a family deductible?

[ ] YES

[ ] NO (SKIP TO E21)

E20. Is there one family deductible or are there different family deductibles for in-network and out-of-network services?

[ ] ONE --------> What is the annual family deductible for a family of four?

$ _____

[ ] DIFFERENT ---> What is the annual family deductible for a family of four for in-networ services?

$ _____

What is the annual family deductible for a family of four for out-of-network services?

$ _____

GOAL E17-E20:	**Does R understand difference in single vs. family deductible?**

Tell me about the family deductibles for this plan. (Does "family of four" make sense? Is it more difficult to answer than single coverage?)

E21. Do enrollees in this plan pay a share of the cost of a physician office visit?

[ ] YES

[ ] NO (SKIP TO E23)

E22. For in-network physician office visits, do enrollees in this plan pay a co-payment - that is a set dolla amount, or do they pay a co-insurance rate - that is a percentage of the charges?

[ ] CO-PAY ------> What is the co-payment for an in-network primary care physician seen during normal office hours?

$_____

[ ] CO-INSURANCE -----> What is the co-insurance rate for an in-network primary care physician seen during normal office hours?

$ _____

GOAL E22: Does R understand the difference between "co-pay" and "co-insurance"? **Are there different amounts for PCPs and Specialists?** **Are definitions needed?**

GOAL OVERALL: Can R answer as easily for both in and out of network services **Does both in- and out-of network use same method (co- pay or co-insur)**

In your own words, please describe the difference between "co-payment" and "co-insurance"?

Did having the definitions in the question help make it easier to answer? (Tell me about it.)

With this plan, are there different (co-payments/co-insurance rates) for seeing primary care physicians ans specialists? (IF YES: Tell me about it).

This question asked only about in-network visits, would it be more difficult to answer these same kinds of questions about out-of-network visits? (Tell me about it.)

E23. Do enrollees in this plan pay a share of an in-network, in-patient hospital stay?

[ ] YES

[ ] NO (SKIP TO E26)

E24. Do they pay a set amount per stay, a set amount per day, or a percentage of total charges?

[ ] PER STAY ----------> What is the amount for an in-network hospital stay?

$ _____

[ ] PER DAY ----------> What is the amount per day for an in-network hospital stay?

$ _____

What is the maximum number of days?

_____ MAX DAYS

[ ] PERCENT OF CHARGES ----> What is the percentage of charges, or co-insurance rate?

_____ %

E25. Do enrollees in this plan pay a different amount for in-patient stays in out-of-network, or non-participating hospitals?

[ ] YES

[ ] NO

GOAL E23:	**Does R understand "in-network, in-patient hospital stay"?**

GOAL E24:	**Are categories mutually exclusive? (How does R handle it)?**

GOAL E25:	**What does R think the question is asking?** **(IF YES) How are amounts different between in- and out-of-plan?**

(E25) In your own words, what do you think this last question was asking?

Tell me a little about what this plan pays for hospital stays. (AMOUNTS, %, COMBINATIONS, DIFFERENCES BETWEEN IN & OUT OF NETWORK, etc.)

(IF E25=YES & NOT ALREADY ANSWERED) How are the amounts different for in and out of network hospitals?

E26. Does this plan limit the amount it will cover for in-patient hospital stays during a plan year?

[ ] YES

[ ] NO (SKIP TO COGNITIVE)

E26a. What is the maximum amount the plan will cover for in-network, in-patient hospital stays du
a plan year?

_____ DAYS OR $ _____

GOALS E26: How does R understand "limit the amount" (money/days?)
Does PLAN have lifetime limits?
Is R only considering plan year limits (not life limits)?

When I asked about "limiting the amount it will cover", what were you thinking about?

Some health plans have lifetime limits. Does this plan have a lifetime limit?

SECTION F: DRUG & OTHER BENEFITS

F1. Does this plan provide prescription drug benefits?

[ ] YES

[ ] NO

GOAL F1: How does R define "prescription drug benefit"

In your own words, how do you define "prescription drug benefits"?

INTCHECK: ANSWER TO F1 [ ] YES

[ ] NO (SKIP TO F6)

F2. Do enrollees in this plan pay a fixed amount or percentage of each prescription drug charge?

[ ] FIXED AMOUNT

[ ] PERCENTAGE (SKIP TO F4 on page 37)

[ ] PAY NOTHING (SKIP TO F5 on page 39)

DID R ANSWER **QUESTION F2** "CLEANLY" (NO QUESTIONS, CLARIFICATIONS, ETC) ?

[ ] YES

[ ] NO ----------> EXPLAIN:_____

_____

F3. Does this plan use a four tier, three tier, two tier, or single tier cost sharing plan?

[ ] 4 TIER (SKIP TO F3d)

[ ] 3 TIER (SKIP TO F3c)

[ ] 2 TIER (SKIP TO F3b)

[ ] 1 TIER

(IF NEEDED: Some health plans charge more for life style, preferred brand, or brand name drugs than the do for generic drugs.)

F3a. How much is the copayment per prescription?

$ _____ (SKIP TO COG)

F3b. How much is the copayment per prescription for the....

a. high cost prescription $ _____

b. low cost prescription $ _____ (SKIP TO COG

F3c. How much is the copayment per prescription for the....

a. highest cost prescription $ _____

b. mid- cost prescription $ _____

c. lowest cost prescription $ _____ (SKIP TO COG)

F3d. How much is the copayment per prescription for the....

a. highest cost prescription $ _____

b. 2nd highest cost prescription $ _____

c. 3rd highest cost prescription $ _____

d. lowest cost prescription $ _____ (SKIP TO COG)

GOAL F3:	**Does R understand what this question is asking?** **Does R understand "tiered cost-sharing plan"?** **Does R have this information available/how easy to answer?** **Does R think of tiers numerically or as brand name vs. generic?**

In your own words, tell me a little about the cost sharing plan for prescriptions that the health plan offers?

(IF NEEDED) Is "cost sharing plan" the phrase to use in this situation? (Tell me more)

(IF NOT ALREADY ANSWERED) Do you refer to these levels as numbered tiers, like we asked about, or do you use some other terms to describe them. (Some people use the terms: life style drugs, preferred brand, brand name, or generic drugs.)

How did you come up with these answers?

F4. Does this plan use a four tier, three tier, two tier, or single tier cost sharing plan?

[ ] 4 TIER (SKIP TO F4d)

[ ] 3 TIER (SKIP TO F4c)

[ ] 2 TIER (SKIP TO F4b)

[ ] 1 TIER

IF NEEDED: Some health plans charge more for life style, preferred brand, or brand name drugs than they do for generic drugs.

F4a. What percentage of prescription drug charges are paid by enrollees in this plan?

_____% (SKIP TO COG)

F4b. What percentage of prescription drug charges are paid by enrollees in this plan for the....

a. high cost prescription _____%

b. low cost prescription _____% (SKIP TO COG)

F4c. What percentage of prescription drug charges are paid by enrollees in this plan for the....

a. highest cost prescription _____%

b. mid- cost prescription_____%

c. lowest cost prescription _____% (SKIP TO COG)

F4d. What percentage of prescription drug charges are paid by enrollees in this plan for the....

a. highest cost prescription _____%

b. 2nd highest cost prescription_____%

c. 3rd highest cost prescription_____%

d. lowest cost prescription _____% (SKIP TO COG)

GOAL F3:	**Does R understand what this question is asking?** **Does R understand "tiered cost-sharing plan"?** **Does R have this information available/how easy to answer?** **Does R think of tiers numerically or as brand name vs. generic?**

In your own words, tell me a little about the cost sharing plan for prescriptions that the health plan offers?

(IF NEEDED) Is "cost sharing plan" the phrase to use in this situation? (Tell me more)

(IF NOT ALREADY ANSWERED) Do you refer to these levels as numbered tiers, like we asked about, or do you use some other terms to describe them. (Some people use the terms: life style drugs, preferred brand, brand name, or generic drugs.)

How did you come up with these answers?

F5. Does this plan limit the annual amount it will cover for prescriptions?

[ ] YES ----------> What is the maximum amount per year this plan will cover for prescriptions?

$ _____

[ ] NO

GOAL F5:	**What does R think this question is asking?**

In your own words, what is this question asking?

F6. Under this plan, what is the maximum annual out-of-pocket expense for an enrollee?

$ _____

[ ] NO MAXIMUM

EXTRA DEFINITIONS: (1) Out-of-pocket expenses are those paid directly by the enrollee.
(2) This is often referred to as a catastrophic limit.

F7. Is there a family maximum under this plan?

[ ] YES ----------> What is the maximum annual out-of-pocket expense for a family of four?

$ _____

[ ] NO

GOALS F6/F7:	**How does R define "out-of-pocket expenses"** **Does R understand the phrase "catastrophic limit"** **Does R distinguish between single and family maximums?**

In your own words, how would you define "out of pocket expenses"?

Have you ever heard of the phrase "catastrophic limit"? (IF YES: In what context? What does it mean?)

Does the plan have any sort of limits on what enrollees have to pay?

GOAL OVERALL:	**Would R do interview over phone?** **How hard to access records/get numbers?**

Now I'd like you to think about the kinds of information this survey asked for. Overall, on a scale of 0 to 10, where 0 is extremely easy and 10 is extremely difficult, how would you rate how easy or difficult it was to provide the information we asked for? (How did you decide on that answer?)

_____ ***(0-10)***

We're planning on doing the final study on a large scale. Employers from across the country would be called to participate. There would be no monetary incentive. If you were to receive such a call, how willing would you be to participate in a survey like this. (MAY NEED TO REMIND NOT COGNITIVE PART)

If you received a letter in advance about the survey, would that influence how likely you would be to answer? (HOW)

(IF MORE THAN 1 PLAN) Would you be willing to answer the questions we went through for every plan you offer?

Anything you'd like the people who are writing the survey to know that we haven't gone over already?

HSC - Cognitive Interview Recruitment Script:

S1 Hello, this is NAME, with the Community Tracking Study, a non-partisan project designed to see how changes in the health care system are affecting employers, physicians, and the public. I have just a couple of questions I'd like to ask you about your company.

ADDITONAL TEXT IF NEEDED. The project is being conducted by The Center for Studying Health System Change (HSC), a nonpartisan policy research organization located in Washington, D.C. HSC conducts studies on changes in the U.S. health care system to inform policy makers in government and private industry. Background on HSC is available at its web site, www.hschange.org. The Robert Wood Johnson Foundation, which is the largest foundation in the country devoted solely to improving health and health care, funds HSC.

FOLLOW UP RESPONSES

LENGTH: This call will only take about 5 minutes.

CONFIDENTIALITY: All of your answers are confidential.

A1. What is the total number of employees at this location?

PROBE: Include both full and part time employees.

_____ NUMBER OF EMPLOYEES

A2. What is the name of the person in your company who is most knowledgeable with regard to employee benefits?

_____ NAME OF MOST KNOWLEDGEABLE PERSON

A3. What is FILL IN NAME's direct phone number?

_____ PHONE NUMBER

NO DIRECT PHONE NUMBER, CONTINUE

REFUSES TO PROVIDE PHONE NUMBER, CONTINUE

A4. May I speak with FILL IN NAME?

YES, CONTINUE TO B1

NO, NOT AVAILABLE, CALL BACK

NO, REFUSAL GO TO C3

B1. Hello, this is NAME, with the Community Tracking Study, a non-partisan project designed to see how changes in the health care system are affecting employers, physicians, and the public. I have just a couple of questions I'd like to ask you about your company.

> ADDITONAL TEXT IF NEEDED. The project is being conducted by The Center for Studying Health System Change (HSC), a nonpartisan policy research organization located in Washington, D.C. HSC conducts studies on changes in the U.S. health care system to inform policy makers in government and private industry. Background on HSC is available at its web site, www.hschange.org. The Robert Wood Johnson Foundation, which is the largest foundation in the country devoted solely to improving health and health care, funds HSC.

B2. At this location, does your company offer or contribute to a health insurance program as a benefit to your employees?

YES

NO, GO TO C2

B3. Is the health insurance you offer a comprehensive insurance program?

PROBE: Comprehensive health insurance benefits offer multiple services not just a single service or dental.

YES

NO, GO TO C2

B4. Are you the person in your company who is most knowledgeable about health insurance benefits?

YES, GO TO B8

NO

B5. What is the name of the person in your company who is most knowledgeable about health insurance benefits?

_____ NAME OF MOST KNOWLEDGEABLE PERSON

REFUSES TO PROVIDE NAME, GO TO C3

B6. What is FILL IN NAME's direct phone number?

_____ PHONE NUMBER

NO DIRECT PHONE NUMBER, CONTINUE

REFUSES TO PROVIDE PHONE NUMBER, CONTINUE

B7. May I speak with FILL IN NAME?

YES, CONTINUE TO B8

NO, NOT AVAILABLE, CALL BACK

NO, REFUSAL GO TO C3

IF DIFFERENT PERSON THEN READ: Hello, this is NAME, with the Community Tracking Study, a non-partisan project designed to see how changes in the health care system are affecting employers, physicians, and the public.

> ADDITONAL TEXT IF NEEDED. The project is being conducted by The Center for Studying Health System Change (HSC), a nonpartisan policy research organization located in Washington, D.C. HSC conducts studies on changes in the U.S. health care system to inform policy makers in government and private industry. Background on HSC is available at its web site, www.hschange.org. The Robert Wood Johnson Foundation, which is the largest foundation in the country devoted solely to improving health and health care, funds HSC.

B8. In the next couple of weeks we would like to call you back to conduct an interview to help us design a national survey of employers. The purpose of the interview, which will take about an hour, is to ensure that questions we ask employers about health insurance plans are clearly and precisely written. We'll send you $100 for participating in the study, as a token of our appreciation. Can we count on your participation in our study?

YES, CONTINUE TO C1

NO, CONTINUE TO C3

C1. Thank you for agreeing to participate in our study. Someone will call you in the next couple of weeks to complete the interview.

C2. Thank you for your time. We are looking for employers that offer comprehensive health insurance benefits to their employees.

C3. Thank you for your time. Have a nice day.

CSR – Cognitive Interview Recruitment Script:

Center for Survey Research **C36HS**
For Office Use Only_____

May/June 2002

Cognitive Interviews for the Employer Insurance Survey

NEW INFORMATION FOR LABEL

_____

Place label here _____

_____

1. INTRODUCE SELF TO CONTACT PERSON.

2. VERIFY IF ADDRESS ON LABEL IS CORRECT.

3. LOCATE RESPONDENT.

4. IF RESPONDENT HOME, INTRODUCE YOURSELF:

   Hello, (NAME ON LABEL). My name is _____. I'm with the Center for Survey Research at the University of Massachusetts. You had previously agreed to help us test survey questions regarding health plans employers offer to employees. The project is being conducted for the Center for Studying Health System Change in Washington, D.C.. Is this a good time for us to talk?

5. INTRODUCTION TO THE COGNITIVE INTERVIEWING PROCESS

   The purpose of this portion of the project is to develop a survey instrument to learn more about the health plans employers offer to their employees. You are being asked to help us evaluate possible questions.

   < Explain what cognitive interviewing is

6. SCREENING QUESTION:

   We are going to talk about: (fill with "site we are asking about" information from label- citing name and address of business).

   At this location, do you offer or contribute to a health insurance program as a benefit to any of your employees?

   [ ] YES
   [ ] NO (INELIGIBLE - Thank respondent for his/her time. Explain that we need to interview employers who offer insurance to their employees)

7. PAYMENT:

   You will be paid $100 for your help.

   Is the address we have the correct mailing address to send the payment (verify address)? If alternate is given: _____

   _____

   _____

8. AUDIO TAPING:

This interview will be audio taped, so that others on the research project can benefit from what you say. No one outside the research team will listen to the tapes. Neither your name or the name of your organization will ever be used as part of the research findings or writings. The tapes will be destroyed when their usefulness to the project is done.

Do we have your permission to audio tape this interview?

[ ] YES
[ ] NO

9. DETERMINE TIME AND LOCATION OF PRIVATE SETTING FOR THE INTERVIEW.

CALL RECORD

Call #	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**
Date										
Day of Week										
Time (am/pm)										
Result										
interviewer #										

RESULT CODES:

USE THE FOLLOWING ABBREVIATIONS FOR RESULTS IN CALL RECORD (on page 1)

APPT	**Appointment made, note date and time in comments section**
NAH	**No answer, not at home**
AM	**Answering machine, briefly describe message left**
BZ	**Busy signal**
CB	**Made appointment to call back or got time to call back, note date and time in comments section**
REF1	**First respondent refusal, explain in comments section**
REF2	**Second respondent refusal, explain in comments section**
PRF1	**First proxy refusal, explain in comments section**
PRF2	**Second proxy refusal, explain in comments section**
NS1	**First no show, respondent did not keep appointment; explain in comments section**
NS2	**Second no show, discuss with Study Supervisor; explain in comments section**
NS3	**Third no show; explain in comments section**
NER	**Non-eligible respondent; R did not have see health provider in October in comments section**
LANG	**Language problem, try to identify language and explain in comments section**
ILL	**Respondent too ill to participate in study, explain in comments section**
OTH	**Other; explain in comments section**

9. COMMENTS:

APPENDIX E

CATI/WEB ADVANCE LETTERS AND WEB SURVEY E-MAIL PROMPTS

Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: pginsburg@hschange.org

August 2002

Name
Company name
Address
City, state zip code

Dear INSERT:

I am writing to ask you to participate in an important survey about the costs of health insurance benefits offered to employees. The survey is being conducted by the Gallup Organization for The Center for Studying Health System Change (HSC), a nonpartisan health research organization that receives its funding from The Robert Wood Johnson Foundation. I have enclosed a copy of our Annual Report; for more information, please visit our web site at http://www.hschange.com/.

We selected your organization for our employer survey because one or more of your employees participated in our household survey. *Thus, you are one of a limited group of employers who can be contacted to participate in this research*. To understand the impact of rising health insurance costs on workers and their families, we need accurate information on health insurance plans. Unfortunately, most workers are unable to accurately provide this information, which is why we are asking their employers to participate in this survey.

If you do not offer health insurance to your employees, we have only a few brief questions. If you offer health insurance, the interview will average 15 to 20 minutes for most employers. A Gallup interviewer will be calling you shortly and will provide more details about the survey.

We want to assure you that the information you provide will be kept confidential. Survey results will not include any information that identifies you or your company. Similarly, we will not identify the names of employees who participated in the household survey.

The Washington Business Group on Health, the U.S. Chamber of Commerce, and the Employee Benefit Research Institute support HSC's efforts and encourage your participation. As Helen Darling, President of the Washington Business Group on Health, said:

"HSC is the only organization that provides timely, useful information about major health market trends as of key markets. Such detailed information helps employers validate what they often see and understand the context of what's happening."

We know your time is valuable, but I hope you will participate in this important study. In appreciation, we will send you a report on our findings.

Sincerely yours,

Paul B. Ginsburg, Ph.D
Enclosure

Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: pginsburg@hschange.org

August 2002

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We know your time is valuable, but I hope you will participate in this important study. In appreciation, we will send you an honorarium, as well as a report on our findings.

Sincerely yours,

Paul B. Ginsburg, Ph.D
Enclosure

Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: pginsburg@hschange.org

August 2002

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Company name
Address
City, state zip code

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"HSC is the only organization that provides timely, useful information about major health market trends as well as what's happening in a number of key markets. Such detailed information helps employers validate what they often see and understand the context of what's happening."

We know your time is valuable, but I hope you will participate in this important study. In appreciation, we will send you a $50 honorarium, as well as a report on our findings.

Sincerely yours,

Paul B. Ginsburg, Ph.D
Enclosure

Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: pginsburg@hschange.org

August 2002

Name
Company name
Address
City, state zip code

Dear INSERT:

I am writing to ask you to participate in an important survey about the costs of health insurance benefits offered to employees. The survey is being conducted by the Gallup Organization for The Center for Studying Health System Change (HSC), a nonpartisan health research organization that receives its funding from The Robert Wood Johnson Foundation. I have enclosed a copy of our Annual Report; for more information, please visit our web site at http://www.hschange.com/.

We selected your organization for our employer survey because one or more of your employees participated in our household survey. *Thus, you are one of a limited group of employers who can be contacted to participate in this research*. To understand the impact of rising health insurance costs on workers and their families, we need accurate information on health insurance plans. Unfortunately, most workers are unable to accurately provide this information, which is why we are asking their employers to participate in this survey.

If you do not offer health insurance to your employees, we have only a few brief questions. If you offer health insurance, the interview will average 15 to 20 minutes for most employers. A Gallup interviewer will be calling you shortly and will provide more details about the survey.

We want to assure you that the information you provide will be kept confidential. Survey results will not include any information that identifies you or your company. Similarly, we will not identify the names of employees who participated in the household survey.

The Washington Business Group on Health, the U.S. Chamber of Commerce, and the Employee Benefit Research Institute support HSC's efforts and encourage your participation. As Helen Darling, President of the Washington Business Group on Health, said:

"HSC is the only organization that provides timely, useful information about major health market trends as well as what's happening in a number of key markets. Such detailed information helps employers validate what they often see and understand the context of what's happening."

We know your time is valuable, but I hope you will participate in this important study. In appreciation, we will send you a $25 honorarium, as well as a report on our findings.

Sincerely yours,

Paul B. Ginsburg, Ph.D
Enclosure

To: John.Doe@aol.com
From: The Gallup Organization
Reply_To: surveyhelp@gallup.com
Subject: Gallup/HSC Survey

Thank you for agreeing to participate in the survey on the costs of health insurance benefits Gallup is conducting for the Center for Studying Health System Change (HSC).

The Robert Wood Johnson Foundation is funding this very important research.

You must use an Access Code to start the survey.

Your survey Access Code is: AB1234
The Web site is: http://websurveys.gallup.com/hscemployer.html

Use your computer's Web browser to go to the Web site listed above. When you are asked to enter your Access Code, type the Access Code that is listed above.

Please complete the survey, which is available 24 hours a day, seven days a week, as soon as possible.

Your individual responses are confidential. Survey results will not identify you or your company.

If you have difficulty accessing the Web site or have any specific questions about the survey, call the Gallup Help Line at 1-800-788-9987 or send an e-mail to surveyhelp@gallup.com.

We are grateful for your help!

Sincerely,

Ken Royal
Senior Managing Consultant
The Gallup Organization

To: John.Doe@aol.com
From: The Gallup Organization
Reply_To: surveyhelp@gallup.com
Subject: Gallup/HSC Survey

As Ken Royal described in a previous email, the Center for Studying Health System Change (HSC), a nonpartisan health research organization that receives its funding from The Robert Wood Johnson Foundation, has contracted Gallup to conduct a study about the costs of health insurance benefits.

Please complete the survey, which is available 24 hours a day, seven days a week, as soon as possible.

Your individual responses are confidential. Survey results will not identify you or your company.

You must use an Access Code to start the survey.

Your survey Access Code is: AB1234
The Web site is: http://websurveys.gallup.com/hscemployer.html

Use your computer's Web browser to go to the Web site listed above. When you are asked to enter your Access Code, type the Access Code that is listed above.

If you have difficulty accessing the Web site or have any specific questions about the survey, call the Gallup Help Line at 1-800-788-9987 or send an e-mail to surveyhelp@gallup.com.

Thank you for participating in this important survey.

APPENDIX F
CATI VERSION OF EMPLOYER FOLLOWBACK SURVEY
CRT

CODE CARD REQUIRED **FINANCE,RWJ56112**
F112

FINAL DRAFT - OCTOBER 11, 2002
(Columns are ABSOLUTE)

The Gallup Organization, Inc.

Project Registration #137128
THE ROBERT WOOD JOHNSON FOUNDATION _____ APPROVED BY CLIENT
City Center: Government
Employer Pilot Test _____ APPROVED BY PROJECT MANAGER
Larson/K. Royal/Richter
Jane Wood, Specwriter
September, 2002 n=1,000

I.D.#: _____ (1- 6)

**AREA CODE AND TELEPHONE NUMBER: _____ _____
(649 - 658)

**INTERVIEW TIME: _____ _____
(716 - 721)

(NOTE: All interviews are recorded. The recording begins when the respondent answers the phone. This statement is read after the "Continue" response is entered after the Introduction and before the first question) This call will be recorded for quality assurance.

1 (Continue)
2 (Refused) - **(Thank and Terminate)** _____(984)

S1a. MSA: **(Code from fone file)**

01 Newark, NJ
02 Middlesex, NJ
03 Cleveland, OH
04 Columbus, OH
05 Greenville, SC

_____ (52) _____ (53)

S1b. STATE: **(Code from fone file)**

01 New Jersey
02 Ohio
03 South Carolina

_____ _____
_____ (54) (55)

S1c. CONTACT NAME: **(Code from fone file)**

_____ _____
_____ (56 - 117)

S1d. CONTACT PHONE NUMBER: **(Code from fone file)**

_____ _____
_____ (-)

(Questions S1e-S1h deleted)

S1i. INCENTIVE OPTION: **(Code from fone file)**

01 No Incentive (25% of sample)
02 Variable $10 Incentive With Incentive Enclosed After Recruit (12.5% of sample)
03 Variable $10 Incentive With Incentive Promised After Recruit (12.5% of sample)
04 Fixed $25 Incentive With Incentive Enclosed After Recruit (12.5% of sample)
05 Fixed $25 Incentive With Incentive Promised After Recruit (12.5% of sample)
06 Fixed $50 Incentive With Incentive Enclosed After Recruit (12.5% of sample)
07 Fixed $50 Incentive With Incentive Promised After Recruit (12.5% of sample)

_____ _____
_____ (118) (119)

S1j. INCENTIVE AMOUNT:

01 **(If code 01 in S1i:)** Blank/No incentive
02 **(If code 02 or 03 in S1i:)** $10 multiplied by response in #7
03 **(If code 04 or 05 in S1i:)** $25
04 **(If code 06 or 07 in S1i:)** $50

_____ _____
_____ (1280) (1281)

S1k. AGENCY (EMPLOYER) NAME: **(Code from fone file)**

_____ _____
_____ (120 - 164)

S1l. EMPID (MPR ID): **(Code from fone file)**

_____ _____
_____ (165 - 172)

S1m. EMPLOYER TYPE: **(Code from fone file)**

01 Private
02 Local Government

_____ _____
_____ (173) (174)

S1n-A. INSURER NAME FROM HOUSEHOLD STUDY: **(Code from fone file)**

_____ _____
_____ (175 - 180)

S1n-B. INSURER PRODUCT NAME FROM HOUSEHOLD STUDY: **(Code from fone file)**

_____ _____
_____ (231 - 236)

S1o-A. CSID (HOUSEHOLD ID): **(Code from fone file)**

_____ _____
_____ (277 - 284)

S1o-B. PERSON ID: **(Code from fone file)** _____(285)

S1p. LOCATION ADDRESS: **(Code from fone file)**

_____ _____
_____ (286 - 320)

(Question S1q deleted)

S1r. DATE OF INTERVIEW FROM HOUSEHOLD SURVEY: **(Code from fone file)**

_____ _____
_____ (388 - 396)

S1s. WEB ACCESS CODE: **(Code from fone file)**

_____ _____
_____ (465 - 470)

(Ask to speak to name from fone file)

Hello, this is _____ calling from The Gallup Organization. We are doing a survey about [**(If code 01 in S1m, read:)** the health care benefits companies offer their employees/**(If code 02 in S1m, read:)** health care benefits] on behalf of the Robert Wood Johnson Foundation. [**(INTERVIEWER NOTE: Read if helpful:)** The non-partisan Robert Wood Johnson Foundation is the largest foundation in the country devoted solely to improving health and health care.] You may have received a letter from the Center for Studying Health System Change about this survey in the mail within the past couple of weeks. I would like to speak to the person in your organization, such as a health benefits manager, who is most familiar with the health care plans your [**(If code 01 in S1m, read:)** company/**(If code 02 in S1m, read:)** agency] offers. Would that be you?

(INTERVIEWER NOTE: Feel free to mention the incentives, if in fact the respondent is eligible for an incentive)

1 Yes, respondent available - **(Skip to S3)**

2 No - **(Continue)**

4 Does not offer health benefits - **(Skip to #1, Autocode as 2 and Skip to #6)**

5 Already completed survey/duplicate number - **(Thank and Terminate)**

7 Yes, respondent not available - **(Set time to call back)**

8 (Soft Refusal)

9 (Hard Refusal) - **(Thank and Terminate)** _____(1001)

S2. **(If code 2 in Introduction, ask:)** Who would be more qualified to respond to this survey? (Open ended)

(INTERVIEWER NOTE: Reset to Introduction AND Enter call back information)

S3. **(Once respondent is on the line, read:)** We are conducting a survey about the costs of health insurance offered to employees. We've contacted you because one of your employees answered a confidential survey about their health plan, and we'd like to know more about the health plan options available to them. I'd like to stress that this is not a sales call and that we will send you a complimentary copy of our report on the survey results. All of your responses will be kept strictly confidential and your participation is greatly valued.

(INTERVIEWER NOTE: Feel free to mention the incentives, if in fact the respondent is eligible for an incentive)

(INTERVIEWER NOTE: If respondent claims their company is not in that area, read:) For the purposes of this survey, we'd like to refer to any employees you may have that are located at **(response in S1p)**.

1 Yes, respondent available - **(Continue)**

2 Someone else better qualified to respond to survey - **(Reset to S2)**

4 Does not offer health benefits - **(Continue, Autocode #1 as 2 and Skip to #6)**

5 Already completed survey/ Duplicate number - **(Thank and Terminate)**

7 Yes, respondent not available - **(Set time to call back)**

8 (Soft Refusal)

9 (Hard Refusal) - **(Thank and Terminate)** _____(1002)

ELIGIBILTY AND FLEXIBLE BENEFITS

1. The questions I am going to ask refer to your location at **(response in S1p)**. At that location, do you offer or contribute to a health insurance program as a benefit to any of your employees?

   1 Yes - **(Continue)**

   2 No - **(Skip to #6)**

   3 (DK) - **(Reset to S2)**

   4 (Refused) - **(Thank, Terminate and Save Case ID)**

   5 (Self-employed individual) - **(Thank, Terminate and Save Case ID)** _____(1003)

2. **(If code 1 in #1, ask:)** Do you offer a flexible spending account, where employees can pay for health insurance premiums or uncovered medical expenses with pre-tax dollars?

   1 Yes
   2 No
   3 (DK)
   4 (Refused) _____(1004)

3. Do you offer a cafeteria plan where employees can choose between health and non-health benefits based on a fixed dollar amount?

   1 Yes
   2 No
   3 (DK)
   4 (Refused) _____(1005)

(If code 2, 3 or 4 to BOTH #2 AND #3, Skip to #5a; Otherwise, Continue)

4. Under [**(If code 1 in #2 AND code 2, 3 or 4 in #3, read:)** your flexible spending account/**(If code 2, 3 or 4 in #2 AND code 1 in #3, read:)** the cafeteria plan/**(If code 1 in #2 AND #3, read:)** these plans], may employees use pre-tax dollars to **(read A-C)**?

1 Yes
2 No
3 (DK)
4 (Refused)

A. Pay for health insurance premiums _____(1006)

B. Pay for deductibles and co-payments _____(1007)

C. Pay for other unreimbursed medical expenses _____(1008)

5a. If an employee decides not to take health insurance, can he or she substitute other benefits or get the cash value of the company contribution?

1 Yes
2 No
3 (DK)
4 (Refused) _____(1009)

5b. If an employee decides to accept a lower cost plan you offer, can he or she substitute other benefits?

1 Yes
2 No
3 (DK)
4 (Refused) _____(1010)

6. Please think about local businesses that hire the same kind of employees as you do. Do all, most, some, or none offer health insurance to their employees?

4 All
3 Most
2 Some
1 None

5 (DK)
6 (Refused) _____(1011)

**(If code 1 in #1, Continue;
Otherwise, Skip to "Note" before #91)**

PLAN INVENTORY

7. Next, I have some questions about health insurance plans you offer to active employees. By health insurance plans, I mean plans that cover physician and hospital care and might cover other services. Please do not include single service plans that cover only one or two special services like dental or vision or plans that are limited to retirees. At this location, [**(If necessary, read:)** that is, **(response in S1p)**], how many different health insurance plans do you offer to active employees? (Open ended **and code actual number)**

00 None - **(Skip to "Note" before #91)**

01-
97 97+ **(Continue)**

98 (DK) **(Thank, Terminate and Save Case ID)**
99 (Refused) **(Thank, Terminate and Save Case ID)**

_____ _____ _____
(1012) (1013)

(SURVENT NOTE: Ask #8-#10 for each response before asking for the next response)

8. Who is the insurance carrier of the **(1st - 8th response, as appropriate)** plan? (Open ended and code) **(INTERVIEWER NOTE: If respondent says INSURANCE CARRIER OR THIRD PARTY ADMINISTRATOR (TPA), specify name) (INTERVIEWER NOTE: If respondent says SELF INSURED, ask:)** Who is the third party administrator or other organization that administers this plan? **(Allow eight responses)**

000001 Other (list)

000002 (DK) - **(Reset to S2)**

000003 (Refused) - **(Thank, Terminate and Save Case ID)**

000004 None - **(Skip to "Note" before #91)**

000005 HOLD

(If code 1 [New Jersey] in S1b:)

010100 AETNA US HEALTHCARE
012500 AMERICAN EXPRESS
010900 AMERIHEALTH, INC.
011600 BEECHSTREET
011700 BENESIGHT
011400 BLUE CROSS/BLUE SHIELD (UNSPECIFIED)
001100 CIGNA HEALTHCARE OF NJ
010500 CONSUMER HEALTH NETWORK
011100 CORESOURCE
011300 EMPIRE
012800 GALLAGHER GLOBAL BENEFITS
011200 GREAT WEST
012900 GUARDIAN
010300 HEALTH NET (FORMERLY PHYSICIANS HEALTH)
010200 HORIZON BLUE CROSS/BLUE SHIELD OF NJ
012200 INDEPENDENCE BLUE CROSS/BLUE SHIELD
011500 KEYSTONE
012300 LOCAL 377 WELFARE FUND
011000 LOCAL 810 IBT HEALTH AND WELFARE FUND
011800 MEDICHOICE
010700 OXFORD HEALTH PLANS
011900 PHCS
010400 PREFERRED CHOICE MANAGEMENT SYSTEMS

8. (Continued:)

010600 QUALCARE INC.
012000 ST. BARNABAS SYSTEM HEALTH PLAN
012100 STEAMFITTERS LOCAL 475 WELFARE FUND
012600 TRADITIONAL
012700 TRAVELERS
010800 UNITED HEALTHCARE OF NJ
012400 WELLCHOICE

(If code 2 [Ohio] in S1b:)

021900 ACCORDIA
021000 AETNA U.S. HEALTHCARE
022000 AMERCIAN GROUP ADMINISTRATORS
021600 BAXTER HEALTHCARE
020100 BLUE CROSS/COMMUNITY INSURANCE CO DBA ANTHEM BC
022100 CENTRAL RESERVE LIFE
022200 CENTRAL STATES
020800 CIGNA HEALTHCARE OF OH
021800 CORESOURCE
022300 COSE SMALL BUSINESS OWNERS
022400 EMERALD HEALTH PLAN
023800 GALLAGHER
023600 HARTFORD
020700 HUMANA HEALTH PLAN OF OH
021100 KAISER FOUNDATION HEALTH PLAN OF OH
022500 MEDBEN
020200 MEDICAL MUTUAL OF OHIO
022600 MIDWEST NATIONAL LIFE
022700 NATIONWIDE
022800 OHIO HEALTH
021500 ONE HEALTH PLAN OF OH
022900 PRIMARY CARE NETWORK
023000 PRIVATE HEALTH CARE SOLUTIONS
023100 PROFESSIONAL RISK
021200 QUALCHOICE OF OH HEALTH PLAN
021700 SAFECO
023200 SAGE
021400 SUMMACARE HEALTH PLAN
023300 TEAMSTERS UNION
023700 TRINITY HEALTH CARE
023400 TRUST MARK
023500 UNICARE
020300 UNITED HEALTHCARE OF OH

8. (Continued:)

(If code 3 [South Carolina] in S1b:)

030900 3M MINNESOTA MINING AND MANUFACTURING
032900 AETNA U.S. HEALTHCARE
030300 BLUE CROSS BLUE SHIELD OF SC
031000 CAROLINA CARE PLAN
030200 CIGNA HEALTHCARE OF SC
031100 COMPANION HEALTHCARE
031200 EMIRITUS
031300 FORTIS
031400 GLEN RAVEN MILLS HEALTH PROTECTION PLAN
033300 GUARDIAN HEALTH PLAN
031600 HEALTHCARE SAVINGS
031500 HEALTHFIRST
031700 KANAWHA
031800 MAJOR MEDICAL
031900 MEDCOST
032000 NHC BENEFITS PLAN
030600 ONE HEALTH PLAN OF SC
032100 PACIFIC LIFE/HEALTH INSURANCE OF CALIFORNIA
032200 PAI
032300 PARTNER HEALTH PLAN
032400 PENN WESTERN HEALTH INSURANCE
032500 PHYSICIAN'S CARE
030100 PHYSICIANS HEALTH PLAN
032600 PLANNED ADMINISTRATORS
032700 PREMIER HEALTH SYSTEMS
030700 PRIVATE HEALTH CARE SYSTEMS
032800 PROVIDENCE/SPARTANBURG HEALTHCARE NETWORK
030800 UNICARE
030500 UNITED HEALTHCARE INSURANCE CO.

_____ 1st Resp: _____ _____ (1014 - 1019)

_____ 2nd Resp: _____ _____ (1020 - 1025)

_____ 3rd Resp: _____ _____ (1026 - 1031)

_____ 4th Resp: _____ _____ (1032 - 1037)

8. (Continued:)

_____	5th Resp:	_____ _____ (1038 - 1043)
_____	6th Resp:	_____ _____ (1044 - 1049)
_____	7th Resp:	_____ _____ (1050 - 1055)
_____	8th Resp:	_____ _____ (1056 - 1061)

9. **(Code without asking if specific plan name is mentioned in #8; Otherwise, for each response in #8 that refers to just the carrier, ask:)** What is the plan name? (Open ended and code)

000001 Other (list)
000002 (DK)
000003 (Refused)
000004 HOLD
000005 HOLD

(If code 1 [New Jersey] in S1b:)

010100 AETNA US HEALTHCARE
010101 HMO
010102 Aetna Open Access HMO
010103 US Access
010104 Quality Point of Service
010105 Elect Choice EPO
010106 Aetna Open Access Elect Choice EPO
010107 Managed Choice POS
010108 Aetna Open Access Managed Choice POS
010109 Open Choice PPO
010110 Traditional Choice Indemnity Plan

010900 AMERIHEALTH, INC.
010901 AmeriHealth HMO
010902 AmeriHealth POS
010903 AmeriHealth Personal Choice
010904 AmeriHealth Traditional Medical
010905 AmeriHealth Open Access OR AmeriHeal
010906 PPO
010907 Indemnity

9. (Continued:)

011400 BLUE CROSS/BLUE SHIELD (UNSPECIFIED)
011401 Personal Choice
011402 PPO

001100 CIGNA HEALTHCARE OF NJ
001101 Cigna HealthCare Commercial HMO
001102 FlexCare Exclusive Provider Program
001103 FlexCare Designated Provider Program
001104 Cigna Health Access POS
001105 PPO
001106 Indemnity

010500 CONSUMER HEALTH NETWORK
010501 PPO
010502 POS
010503 HMO
010504 Indemnity

011300 EMPIRE
011301 Empire Preferred Provider Org (PPO)

010300 HEALTH NET (FORMERLY PHYSICIANS HEALTH)
010301 Health Net Charter
010302 Health Net Passport
010303 Health Net POS
010304 HealthCare Solutions
010305 PPO
010306 HMO
010307 Indemnity

010200 HORIZON BLUE CROSS/BLUE SHIELD OF NJ
010201 Horizon Basic Plan A/50 Horizon Tra
010202 Horizon HMO
010203 Horizon PPO
010204 Horizon POS
010205 Horizon Direct Access
010206 New Jersey Plus
010207 Indemnity

012200 INDEPENDENCE BLUE CROSS/BLUE SHIELD
012201 PPO

9. (Continued:)

010700 OXFORD HEALTH PLANS
010701 Liberty Plan POS
010702 HMO/Freedom Network
010703 HMO/Liberty Network
010704 Freedom Plan PPO
010705 Liberty Plan PPO
010706 Indemnity

010400 PREFERRED CHOICE MANAGEMENT SYSTEMS
010401 MagnaCare PPO
010402 POS
010403 HMO
010404 Indemnity

010600 QUALCARE INC.
010601 PPO
010602 POS
010603 HMO
010604 Indemnity

010800 UNITED HEALTHCARE OF NJ
010801 HMO
010802 POS
010803 PPO
010804 Managed Indemnity

(If code 2 [Ohio] in S1b:)

021000 AETNA U.S. HEALTHCARE
021001 HMO
021002 Aetna Open Access HMO
021003 USAccess
021004 Quality Point-of-Service
021005 Elect Choice EPO
021006 Aetna Open Access Elect Choice EPO
021007 Managed Choice POS
021008 Aetna Open Access Managed Choice POS
021009 Open Choice PPO
021010 Traditional Indemnity
021011 Indemnity

9. (Continued:)

020100 BLUE CROSS/COMMUNITY INSURANCE CO DBA ANTHEM BC
020101 Blue Access
020102 Blue Access Preferred Primary
020103 Blue Traditional
020104 Anthem Premier
020105 Comprehensive Major Medical
020106 Anthem PPO
020107 Anthem POS
020108 Anthem HMO
020109 Blue Preferred Primary Plus
020110 Indemnity

020800 CIGNA HEALTHCARE OF OH
020801 CIGNA HealthCare Commercial HMO
020802 FlexCare Exclusive Provider Program
020803 CIGNA Health Access
020804 FlexCare Designated Provider Program
020805 PPO
020806 POS
020807 Indemnity

022300 COSE SMALL BUSINESS OWNERS
022301 PPO

022400 EMERALD HEALTH PLAN
022401 Trumble Memorial Hospital

020700 HUMANA HEALTH PLAN OF OH
020701 Humana PPO
020702 POS
020703 HMO
020704 Indemnity

021100 KAISER FOUNDATION HEALTH PLAN OF OH
021101 HMO
021102 Added Choice
021103 PPO
021104 POS
021105 Indemnity

9. (Continued:)

020200 MEDICAL MUTUAL OF OHIO
020201 Traditional Indemnity
020202 SuperMed Classic
020203 SuperMed Professional
020204 SuperMed Plus
020205 SuperMed Select
020206 SuperMed HMO
020207 HMO Health Ohio
020208 SuperMed (Unspecified)
020209 PPO
020210 POS

021500 ONE HEALTH PLAN OF OH
021501 One Health Plan HMO
021502 Point of Service Plan
021503 PPO Plan
021504 Indemnity

021200 QUALCHOICE OF OH HEALTH PLAN
021201 QualChoice HMO
021202 QualChoice POS
021203 QualChoice PPO
021204 Indemnity

021400 SUMMACARE HEALTH PLAN
021401 HMO Plans
021402 Point of Service Plans
021403 PPO Plans
021404 Indemnity

020300 UNITED HEALTHCARE OF OH
020301 Select
020302 Select Plus
020303 Choice
020304 Choice Plus
020305 Options PPO
020306 Point of Service Options
020307 Managed Indemnity
020308 HMO

(If code 3 [South Carolina] in S1b:)

032900 AETNA U.S. HEALTHCARE
032901 Open Choice PPO
032902 HMO

9. (Continued:)

030300 BLUE CROSS BLUE SHIELD OF SC
030301 Blue Plus
030302 Traditional Companion Health Care HMO
030303 HMO Blue
030304 Preferred Blue PPO
030305 Choice POS
030306 Blue Advantage
030307 Indemnity

030200 CIGNA HEALTHCARE OF SC
030201 Cigna HealthCare Commercial HMO
030202 FlexCare Exclusive Provider Program
030203 Cigna HealthCare Commercial POS
030204 FlexCare Designated Provider Program
030205 PPO
030206 Indemnity

031600 HEALTHCARE SAVINGS
031601 PPO

030600 ONE HEALTH PLAN OF SC
030601 Medical PPO
030602 Medical POS
030603 Indemnity
030604 HMO

030100 PHYSICIANS HEALTH PLAN
030101 PHPChoicePlus
030102 PHPChoice
030103 PHPFundamentals
030104 POS
030105 PPO
030106 HMO
030107 Indemnity

030800 UNICARE
030801 HMO

030500 UNITED HEALTHCARE INSURANCE CO.
030501 Options PPO
030502 Managed Indemnity
030503 POS
030504 HMO

9. (Continued:)

(1st response in #8)

_____ _____
_____ (1101 - 1106)

(2nd response in #8)

_____ _____
_____ (1107 - 1112)

(3rd response in #8)

_____ _____
_____ (1113 - 1118)

(4th response in #8)

_____ _____
_____ (1119 - 1124)

(5th response in #8)

_____ _____
_____ (1125 - 1130)

(6th response in #8)

_____ _____
_____ (1131 - 1136)

(7th response in #8)

_____ _____
_____ (1137 - 1142)

(8th response in #8)

_____ _____
_____ (1143 - 1148)

9a. Just to confirm, the insurance carrier and plan name is **(response in #8)** **(response in #9)**.

1 Yes - **(Continue)**

2 No - **(Reset to appropriate response in #8)**

(1st response in #8) **(1st response in #9)** _____(1261)

(2nd response in #8) **(2nd response in #9)** _____(1262)

(3rd response in #8) **(3rd response in #9)** _____(1263)

(4th response in #8) **(4th response in #9)** _____(1264)

(5th response in #8) **(5th response in #9)** _____(1265)

(6th response in #8) **(6th response in #9)** _____(1266)

(7th response in #8) **(7th response in #9)** _____(1267)

(8th response in #8) **(8th response in #9)** _____(1268)

10. **(Code without asking if plan type is mentioned in #8 or #9; Otherwise, for each response in #8 or #9 that refers to just the carrier/plan name, ask:)** Is this a health maintenance organization (HMO), a point-of-service plan (POS), a preferred provider organization (PPO), or a traditional indemnity health plan?

(INTERVIEWER NOTE: If asked, use the following definitions)

Health maintenance organizations (HMOS and EPOs). These are plans in which enrollees may obtain care only from a specified list of providers. Enrollees must get a referral from a primary care physician, or gatekeeper, before using specialists. No benefits are available outside of the network. Exclusive provider organizations, or EPOs are also included.

Point of service (POS) plans. These plans have a physician and hospital network, but enrollees have the option of seeking care outside the network at reduced coverage levels. Enrollees must get a referral from a primary care physician, or gatekeeper, before using specialists.

10. (Continued:)

Preferred provider organizations (PPO). These plans have a physician and hospital network. Enrollees may see any provider in the network, including specialists, without a referral from a primary care physician. Enrollees pay less when they use providers in the network but are covered for care received outside the network.

Traditional indemnity plans. This is a plan with no list of physicians or hospitals and no restrictions on patient choice of physicians or hospitals.

1 Health maintenance organizations (HMOs and EPOs)
2 Point of service (POS)
3 Preferred provider organization (PPO)
4 Traditional indemnity

5 (DK)
6 (Refused)

(1st response in #9) _____(1149)

(2nd response in #9) _____(1150)

(3rd response in #9) _____(1151)

(4th response in #9) _____(1152)

(5th response in #9) _____(1153)

(6th response in #9) _____(1154)

(7th response in #9) _____(1155)

(8th response in #9) _____(1156)

**(If BLANK in S1n-A AND S1n-B, Skip to #14;
If response in S1n-B equals ANY
response in #9, Skip to #14;
If response in S1n-B is BLANK AND S1n-A equals ANY
response in #8, Skip to #14;
Otherwise, Continue)**

11. Is **(response in S1n-A)** **(response in S1n-B)** one of the plans you offer at this location?

1 Yes - **(Skip to #13)**

2 No **(Continue)**
3 (DK) **(Continue)**
4 (Refused) **(Continue)** _____(1157)

12. **(If code 2-4 in #11, ask:)** This plan was identified by one of your employees who participated in the household survey we described in the letter we sent you. However, employees or family members sometimes are unsure of the correct plan name or may describe the name of the network rather than the insurer or third party administrator. Just to be sure, is **(response in S1n-A)** **(response in S1n-B)** offered at this location?

1 Yes - **(Continue)**

2 No - **(Skip to #14)**

3 (DK) **(Skip to #14)**
4 (Refused) **(Skip to #14)** _____(1158)

13. **(If code 1 in #11 OR code 1 in #12, ask:)** Which one of the plan names you've given me is it, or is it another plan you haven't mentioned? (Open ended and code) **(SURVENT NOTE: Display all responses from #8/#9, as appropriate)**

01 Other plan not mentioned (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 **(If specific response in #8/#9, read:) (1st response in #8/#9, as appropriate)**
07 **(If specific response in #8/#9, read:) (2nd response in #8/#9, as appropriate)**
08 **(If specific response in #8/#9, read:) (3rd response in #8/#9, as appropriate)**
09 **(If specific response in #8/#9, read:) (4th response in #8/#9, as appropriate)**
10 **(If specific response in #8/#9, read:) (5th response in #8/#9, as appropriate)**
11 **(If specific response in #8/#9, read:) (6th response in #8/#9, as appropriate)**
12 **(If specific response in #8/#9, read:) (7th response in #8/#9, as appropriate)**
13 **(If specific response in #8/#9, read:) (8th response in #8/#9, as appropriate)**

_____ _____
(1159) (1160)

14. PLAN NAMES TO BE USED IN SURVEY:

06 **(If specific response in #8/#9, code:) (1st response in #8/#9, as appropriate)**
07 **(If specific response in #8/#9, code:) (2nd response in #8/#9, as appropriate)**
08 **(If specific response in #8/#9, code:) (3rd response in #8/#9, as appropriate)**
09 **(If specific response in #8/#9, code:) (4th response in #8/#9, as appropriate)**

14. (Continued:)

10 **(If specific response in #8/#9, code:) (5th response in #8/#9, as appropriate)**
11 **(If specific response in #8/#9, code:) (6th response in #8/#9, as appropriate)**
12 **(If specific response in #8/#9, code:) (7th response in #8/#9, as appropriate)**
13 **(If specific response in #8/#9, code:) (8th response in #8/#9, as appropriate)**
14 **(If code 01 in #13, code:) (Response in #13)**

99 No more plans to select

_____	1st Resp:	_____ (1161)	_____ (1162)
_____	2nd Resp:	_____ (1163)	_____ (1164)
_____	3rd Resp:	_____ (1165)	_____ (1166)
_____	4th Resp:	_____ (1167)	_____ (1168)
_____	5th Resp:	_____ (1169)	_____ (1170)
_____	6th Resp:	_____ (1171)	_____ (1172)
_____	7th Resp:	_____ (1173)	_____ (1174)
_____	8th Resp:	_____ (1175)	_____ (1176)
_____	9th Resp:	_____ (1177)	_____ (1178)

(If ONLY ONE response in #14, Skip to #15a; Otherwise, Continue)

15. Does your plan year begin on the same month for all plans?

1 Yes - **(Continue)**

2 No **(Skip to #15b)**
3 (DK) **(Skip to #15b)**
4 (Refused) **(Skip to #15b)** _____(1179)

15a. **(If ONLY ONE response in #14 or if code 1 in #15, ask:)** In what month does your plan year begin? (Open ended and code)

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

98 (DK)
99 (Refused)

_____ _____
_____ (1180) (1181)

(All in #15a, Skip to #16)

15b. **(If code 2, 3 or 4 in #15, ask:)** In what month does your plan year begin for **(read A-I, as appropriate)**? (Open ended and code)

01 January
02 February
03 March
04 April
05 May
06 June
07 July
08 August
09 September
10 October
11 November
12 December

98 (DK)
99 (Refused)

A. **(1st response in #14)**

_____ _____
(1182) (1183)

B. **(2nd response in #14:)**

_____ _____
(1184) (1185)

C. **(3rd response in #14)**

_____ _____
(1186) (1187)

D. **(4th response in #14)**

_____ _____
(1188) (1189)

E. **(5th response in #14)**

_____ _____
(1190) (1191)

15b. (Continued:)

F. **(6th response in #14)**

_____ _____
_____ (1192) (1193)

G. **(7th response in #14)**

_____ _____
_____ (1194) (1195)

H. **(8th response in #14)**

_____ _____
_____ (1196) (1197)

I. **(9th response in #14)**

_____ _____
_____ (1198) (1199)

16. [**(If more than ONE plan in #14, read:)** Were any of these plans added during the current plan year as new offerings/**(If ONLY ONE plan in #14, read:)** Was this plan] added during the current plan year as a new offering]?

1 Yes - **(Continue)**

2 No **(Skip to #18)**
3 (DK) **(Skip to #18)**
4 (Refused) **(Skip to #18)** _____(1201)

17. **(If code 1 in #16, ask:)** Which ones? (Open ended and code) **(Allow twelve responses)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 **(1st response in #14)**
07 **(2nd response in #14)**
08 **(3rd response in #14)**
09 **(4th response in #14)**
10 **(5th response in #14)**
11 **(6th response in #14)**
12 **(7th response in #14)**
13 **(8th response in #14)**
14 **(9th response in #14)**

_____	1st Resp:	_____ (1202)	_____ (1203)
_____	2nd Resp:	_____ (1204)	_____ (1205)
_____	3rd Resp:	_____ (1206)	_____ (1207)
_____	4th Resp:	_____ (1208)	_____ (1209)
_____	5th Resp:	_____ (1210)	_____ (1211)
_____	6th Resp:	_____ (1212)	_____ (1213)
_____	7th Resp:	_____ (1214)	_____ (1215)

17. (Continued:)

_____	8th Resp:	_____ (1216)	_____ (1217)
_____	9th Resp:	_____ (1218)	_____ (1219)
_____	10th Resp:	_____ (1220)	_____ (1221)
_____	11th Resp:	_____ (1222)	_____ (1223)
_____	12th Resp:	_____ (1224)	_____ (1225)

18. Did you drop any plans that were offered during the last plan year?

1 Yes - **(Continue)**

2 No **(Skip to "Note" before #20)**
3 (DK) **(Skip to "Note" before #20)**
4 (Refused) **(Skip to "Note" before #20)** _____(1227)

19. **(If code 1 in #18, ask:)** What are the names of the plans you dropped? (Open ended and code) **(Allow five responses)**

000001 Other (list)

000002 (DK)
000003 (Refused)
000004 HOLD
000005 HOLD

19. (Continued:)

(If code 1 [New Jersey] in S1b:)

010100 AETNA US HEALTHCARE
010101 HMO
010102 Aetna Open Access HMO
010103 US Access
010104 Quality Point of Service
010105 Elect Choice EPO
010106 Aetna Open Access Elect Choice EPO
010107 Managed Choice POS
010108 Aetna Open Access Managed Choice POS
010109 Open Choice PPO
010110 Traditional Choice Indemnity Plan

012500 AMERICAN EXPRESS

010900 AMERIHEALTH, INC.
010901 AmeriHealth HMO
010902 AmeriHealth POS
010903 AmeriHealth Personal Choice
010904 AmeriHealth Traditional Medical
010905 AmeriHealth Open Access OR AmeriHeal
010906 PPO
010907 Indemnity

011600 BEECHSTREET

011700 BENESIGHT

011400 BLUE CROSS/BLUE SHIELD (UNSPECIFIED)
011401 Personal Choice
011402 PPO

001100 CIGNA HEALTHCARE OF NJ
001101 Cigna HealthCare Commercial HMO
001102 FlexCare Exclusive Provider Program
001103 FlexCare Designated Provider Program
001104 Cigna Health Access POS
001105 PPO
001106 Indemnity

010500 CONSUMER HEALTH NETWORK
010501 PPO
010502 POS
010503 HMO
010504 Indemnity

19. (Continued:)

011100 CORESOURCE

011300 EMPIRE
011301 Empire Preferred Provider Org (PPO)

012800 GALLAGHER GLOBAL BENEFITS

011200 GREAT WEST

012900 GUARDIAN

010300 HEALTH NET (FORMERLY PHYSICIANS HEALTH)
010301 Health Net Charter
010302 Health Net Passport
010303 Health Net POS
010304 HealthCare Solutions
010305 PPO
010306 HMO
010307 Indemnity

010200 HORIZON BLUE CROSS/BLUE SHIELD OF NJ
010201 Horizon Basic Plan A/50 Horizon Tra
010202 Horizon HMO
010203 Horizon PPO
010204 Horizon POS
010205 Horizon Direct Access
010206 New Jersey Plus
010207 Indemnity

012200 INDEPENDENCE BLUE CROSS/BLUE SHIELD
012201 PPO

011500 KEYSTONE

012300 LOCAL 377 WELFARE FUND

011000 LOCAL 810 IBT HEALTH AND WELFARE FUND

011800 MEDICHOICE

010700 OXFORD HEALTH PLANS
010701 Liberty Plan POS
010702 HMO/Freedom Network
010703 HMO/Liberty Network
010704 Freedom Plan PPO
010705 Liberty Plan PPO
010706 Indemnity

19. (Continued:)

011900 PHCS

010400 PREFERRED CHOICE MANAGEMENT SYSTEMS
010401 MagnaCare PPO
010402 POS
010403 HMO
010404 Indemnity

010600 QUALCARE INC.
010601 PPO
010602 POS
010603 HMO
010604 Indemnity

012000 ST. BARBABAS SYSTEM HEALTH PLAN

012100 STEAMFITTERS LOCAL 475 WELFARE FUND

012600 TRADITIONAL

012700 TRAVELERS

010800 UNITED HEALTHCARE OF NJ
010801 HMO
010802 POS
010803 PPO
010804 Managed Indemnity

012400 WELLCHOICE

(If code 2 [Ohio] in S1b:)

021900 ACCORDIA

021000 AETNA U.S. HEALTHCARE
021001 HMO
021002 Aetna Open Access HMO
021003 USAccess
021004 Quality Point-of-Service
021005 Elect Choice EPO
021006 Aetna Open Access Elect Choice EPO
021007 Managed Choice POS
021008 Aetna Open Access Managed Choice POS
021009 Open Choice PPO
021010 Traditional Indemnity
021011 Indemnity

19. (Continued:)

022000 AMERICAN GROUP ADMINISTRATORS

021600 BAXTER HEALTHCARE

020100 BLUE CROSS/COMMUNITY INSURANCE CO DBA ANTHEM BC
020101 Blue Access
020102 Blue Access Preferred Primary
020103 Blue Traditional
020104 Anthem Premier
020105 Comprehensive Major Medical
020106 Anthem PPO
020107 Anthem POS
020108 Anthem HMO
020109 Blue Preferred Primary Plus
020110 Indemnity

022100 CENTRAL RESERVE LIFE

022200 CENTRAL STATES

020800 CIGNA HEALTHCARE OF OH
020801 CIGNA HealthCare Commercial HMO
020802 FlexCare Exclusive Provider Program
020803 CIGNA Health Access
020804 FlexCare Designated Provider Program
020805 PPO
020806 POS
020807 Indemnity

021800 CORESOURCE

022300 COSE SMALL BUSINESS OWNERS
022301 PPO

022400 EMERALD HEALTH PLAN
022401 Trumble Memorial Hospital

023800 GALLAGHER

023600 HARTFORD

19. (Continued:)

020700 HUMANA HEALTH PLAN OF OH
020701 Humana PPO
020702 POS
020703 HMO
020704 Indemnity

021100 KAISER FOUNDATION HEALTH PLAN OF OH
021101 HMO
021102 Added Choice
021103 PPO
021104 POS
021105 Indemnity

022500 MEDBEN

020200 MEDICAL MUTUAL OF OHIO
020201 Traditional Indemnity
020202 SuperMed Classic
020203 SuperMed Professional
020204 SuperMed Plus
020205 SuperMed Select
020206 SuperMed HMO
020207 HMO Health Ohio
020208 SuperMed (Unspecified)
020209 PPO
020210 POS

022600 MIDWEST NATIONAL LIFE

022700 NATIONWIDE

022800 OHIO HEALTH

021500 ONE HEALTH PLAN OF OH
021501 One Health Plan HMO
021502 Point of Service Plan
021503 PPO Plan
021504 Indemnity

022900 PRIMARY CARE NETWORK

023000 PRIVATE HEALTH CARE SOLUTIONS

023100 PROFESSIONAL RISK

19. (Continued:)

021200 QUALCHOICE OF OH HEALTH PLAN
021201 QualChoice HMO
021202 QualChoice POS
021203 QualChoice PPO
021204 Indemnity

021700 SAFECO

023200 SAGE

021400 SUMMACARE HEALTH PLAN
021401 HMO Plans
021402 Point of Service Plans
021403 PPO Plans
021404 Indemnity

023300 TEAMSTERS UNION

023700 TRINITY HEALTH CARE

023400 TRUST MARK

023500 UNICARE

020300 UNITED HEALTHCARE OF OH
020301 Select
020302 Select Plus
020303 Choice
020304 Choice Plus
020305 Options PPO
020306 Point of Service Options
020307 Managed Indemnity
020308 HMO

(If code 3 [South Carolina] in S1b:)

030900 3M MINNESOTA MINING AND MANUFACTURING

032900 AETNA U.S. HEALTHCARE
032901 Open Choice PPO
032902 HMO

19. (Continued:)

030300 BLUE CROSS BLUE SHIELD OF SC
030301 Blue Plus
030302 Traditional Companion Health Care HMO
030303 HMO Blue
030304 Preferred Blue PPO
030305 Choice POS
030306 Blue Advantage
030307 Indemnity

031000 CAROLINA CARE PLAN

030200 CIGNA HEALTHCARE OF SC
030201 Cigna HealthCare Commercial HMO
030202 FlexCare Exclusive Provider Program
030203 Cigna HealthCare Commercial POS
030204 FlexCare Designated Provider Program
030205 PPO
030206 Indemnity

031100 COMPANION HEALTHCARE

031200 EMIRITUS

031300 FORTIS

031400 GLEN RAVEN MILLS HEALTH PROTECTION PLAN

033300 GUARDIAN HEALTH PLAN

031600 HEALTHCARE SAVINGS
031601 PPO

031500 HEALTHFIRST

031700 KANAWHA

031800 MAJOR MEDICAL

031900 MEDCOST

032000 NHC BENEFITS PLAN

030600 ONE HEALTH PLAN OF SC
030601 Medical PPO
030602 Medical POS
030603 Indemnity
030604 HMO

19. (Continued:)

032100 PACIFIC LIFE/HEALTH INSURANCE OF CALIFORNIA

032200 PAI

032300 PARTNER HEALTH PLAN

032400 PENN WESTERN HEALTH INSURANCE

032500 PHYSICIAN'S CARE

030100 PHYSICIANS HEALTH PLAN
030101 PHPChoicePlus
030102 PHPChoice
030103 PHPFundamentals
030104 POS
030105 PPO
030106 HMO
030107 Indemnity

032600 PLANNED ADMINISTRATORS

032700 PREMIER HEALTH SYSTEMS

030700 PRIVATE HEALTH CARE SYSTEMS

032800 PROVIDENCE/SPARTANBURG HEALTHCARE NETWORK

030800 UNICARE
030801 HMO

030500 UNITED HEALTHCARE INSURANCE CO.
030501 Options PPO
030502 Managed Indemnity
030503 POS
030504 HMO

19. (Continued:)

_____	1st Resp:	_____ _____ (1228 - 1233)
_____	2nd Resp:	_____ _____ (1234 - 1239)
_____	3rd Resp:	_____ _____ (1240 - 1245)
_____	4th Resp:	_____ _____ (1246 - 1251)
_____	5th Resp:	_____ _____ (1253 - 1258)

(If ONLY ONE response in #14, Skip to "Survent Note" before #25; Otherwise, Continue)

20. Do you have access to the Internet or World Wide Web?

1 Yes - **(Continue)**

2 No **(Skip to "Survent Note" before #25)**
3 (DK) **(Skip to "Survent Note" before #25)**
4 (Refused) **(Skip to "Survent Note" before #25)** _____(1259)

21. **(If code 1 in #20, ask:)** For your convenience, we would like to give you the option of continuing the study over the Internet. The rest of the questions are mainly about plan costs, such as premiums, deductibles, and co-payments and some people find it easier to get this information at their convenience. Normally, completion of the study takes about **(SURVENT CALCULATE: Total Number of Plans in #7 X 5 minutes)** minutes longer. We will send you some brief instructions by regular mail and by e-mail. [**(If code 02-07 in S1i, read:)** We will also send you **(incentive amount in S1j)**, as a token of our appreciation for completing the rest of the study, either by Internet or right now over the phone.] Would you prefer to continue your participation over the Internet or would you rather complete the survey now over the phone?

1 Yes, over the Internet - **(Continue)**

2 Yes, now over the phone - **(Skip to "Survent Note" before #25)**

3 Refusal/Do not want to continue - **(Thank, Terminate; Save Case ID)**

4 (DK) **(Thank, Terminate; Save Case ID)** _____(1260)

(READ:) Thank you. A letter will arrive in a few days that will give you the Web site address and an Access Code number [, **(If code 02, 04 or 06 in Sli, read:)** along with your incentive for participating./**(If code 03, 05 or 07 in Sli, read:)** and once you have completed the survey, we will send your incentive for participating./**(If code 01 in S1i:)**.] If you provide me with your e-mail address, we will send you an e-mail tomorrow with the link to the survey.

22. May I ask your company name, your name and title, address, telephone number, and e-mail address? [Deleted Note]

COMPANY NAME:

_____ _____
_____ (1301 - 1340)

RESPONDENT NAME:

_____ _____
_____ (1341 - 1380)

TITLE:

_____ _____
_____ (1381 - 1400)

ADDRESS #1:

_____ _____
_____ (1401 - 1440)

ADDRESS #2:

_____ _____
_____ (1441 - 1460)

CITY:

_____ _____
_____ (1461 - 1490)

STATE:

_____ _____
_____ (1491) (1492)

ZIP CODE:

_____ _____
_____ (1493 - 1497)

22. (Continued:)

PHONE NUMBER:

_____ _____
_____ (1501 - 1510)

E-MAIL ADDRESS: (40 columns)

_____ _____
_____ (1512 - 1551)

(There is no question #23)

24. Because health plan usage is an extremely important topic in the United States, we may want to re-contact you later to confirm or ask a few more questions. Do we have your permission to call you back at another time if the need should arise?

1 Yes
2 No
3 (DK)
4 (Refused) _____(1601)

DEMOGRAPHICS BEGIN HERE:

(READ:) Thank you for your participation.

D1. GENDER: **(Do not ask; code only)**

1 Male
2 Female _____(1602)

(All in D1, Skip to Validate and Thank)

(SURVENT NOTE: Ask #25-#90 for each response in #14, before going to the next response)

25. Please tell me either the percentage or number of active employees who are enrolled in **(read A-I, as appropriate)**. (Open ended **and code actual number/percent)**

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in number of employees)
00000 (Response not given in number of employees)
99997 99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (1603 - 1605)

(Response given in number of employees)

_____ _____
_____ (1606 - 1610)

25. (Continued:)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ (1611 - 1613)

(Response given in number of employees)

_____ (1614 - 1618)

C. **(3rd response in #14)**

(Response given in percentage)

_____ (1619 - 1621)

(Response given in number of employees)

_____ (1622 - 1626)

D. **(4th response in #14)**

(Response given in percentage)

_____ (1627 - 1629)

(Response given in number of employees)

_____ (1630 - 1634)

E. **(5th response in #14)**

(Response given in percentage)

_____ (1635 - 1637)

(Response given in number of employees)

_____ (1638 - 1642)

25. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
(1643 - 1645)

(Response given in number of employees)

_____ _____
(1646 - 1650)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
(1651 - 1653)

(Response given in number of employees)

_____ _____
(1654 - 1658)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
(1659 - 1661)

(Response given in number of employees)

_____ _____
(1662 - 1666)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
(1667 - 1669)

(Response given in number of employees)

_____ _____
(1670 - 1674)

PLAN LEVEL QUESTIONS

26. Does this plan **(Display A-I, as appropriate)** include a network of health care providers?

1 Yes - **(Continue)**

2 No **(Skip to #30)**
3 (DK) **(Skip to #30)**
4 (Refused) **(Skip to #30)**

A. **(1st response in #14)** _____(1675)

B. **(2nd response in #14)** _____(1676)

C. **(3rd response in #14)** _____(1677)

D. **(4th response in #14)** _____(1678)

E. **(5th response in #14)** _____(1679)

F. **(6th response in #14)** _____(1680)

G. **(7th response in #14)** _____(1681)

H. **(8th response in #14)** _____(1682)

I. **(9th response in #14)** _____(1683)

27. **(If code 1 in #26 A-I, ask:)** Are enrollees required to get a referral from a primary care physician, or gatekeeper, before using specialists? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (Sometimes)
4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(1684)

B. **(2nd response in #14)** _____(1685)

C. **(3rd response in #14)** _____(1686)

D. **(4th response in #14)** _____(1687)

27. (Continued:)

E. **(5th response in #14)** _____(1688)

F. **(6th response in #14)** _____(1689)

G. **(7th response in #14)** _____(1690)

H. **(8th response in #14)** _____(1691)

I. **(9th response in #14)** _____(1692)

28. **(If code 3 in #27 A-I, ask:)** When does the plan require a referral from a primary care physician and when does it not? **(Display A-I, as appropriate)** (Open ended)

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

A. **(1st response in #14)**

_____ _____
_____ (1701) (1702)

B. **(2nd response in #14)**

_____ _____
_____ (1703) (1704)

C. **(3rd response in #14)**

_____ _____
_____ (1705) (1706)

D. **(4th response in #14)**

_____ _____
_____ (1707) (1708)

28. (Continued:)

E. **(5th response in #14)**

_____ _____
(1709) (1710)

F. **(6th response in #14)**

_____ _____
(1711) (1712)

G. **(7th response in #14)**

_____ _____
(1713) (1714)

H. **(8th response in #14)**

_____ _____
(1715) (1716)

I. **(9th response in #14)**

_____ _____
(1717) (1718)

29. When an enrollee visits a physician who is not in the network, must he or she pay the full cost of that visit? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 HOLD

A. **(1st response in #14)** _____(1719)

B. **(2nd response in #14)** _____(1720)

C. **(3rd response in #14)** _____(1721)

D. **(4th response in #14)** _____(1722)

E. **(5th response in #14)** _____(1723)

F. **(6th response in #14)** _____(1724)

29. (Continued:)

G. **(7th response in #14)** _____(1725)

H. **(8th response in #14)** _____(1726)

I. **(9th response in #14)** _____(1727)

30. **(SURVENT NOTE: Autocode)** NETWORK/OUT-OF-COVERAGE:

1 **(If code 2-4 in #26 A-I, as appropriate:)** Indemnity or Unknown
2 **(If code 2 or 3 in #29 A-I, as appropriate:)** POS or PPO Plan
3 **(If code 1 in #29 A-I, as appropriate:)** HMO

A. **(1st response in #14)** _____(1728)

B. **(2nd response in #14)** _____(1729)

C. **(3rd response in #14)** _____(1730)

D. **(4th response in #14)** _____(1731)

E. **(5th response in #14)** _____(1732)

F. **(6th response in #14)** _____(1733)

G. **(7th response in #14)** _____(1734)

H. **(8th response in #14)** _____(1735)

I. **(9th response in #14)** _____(1736)

31. A fully insured plan is purchased from an insurer or other underwriter that assumes the risk for enrollees' medical expenses. Under a self-insured plan, your organization assumes the risk for enrollees' medical expenses and may charge a premium to employees; a self-insured plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses. Is this plan purchased from an insurance underwriter or is it self-insured? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: If respondent says plan is partially self-insured, code as partially self-insured)**

1 Purchased from an insurance underwriter
2 Self-insured
3 (Partially self-insured)

4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(1737)

B. **(2nd response in #14)** _____(1738)

C. **(3rd response in #14)** _____(1739)

D. **(4th response in #14)** _____(1740)

E. **(5th response in #14)** _____(1741)

F. **(6th response in #14)** _____(1742)

G. **(7th response in #14)** _____(1743)

H. **(8th response in #14)** _____(1744)

I. **(9th response in #14)** _____(1745)

(If code 1 in #31 A-I, as appropriate, Skip to #42; Otherwise, Continue)

32. **(If code 2, 3, 4 or 5 in #31 A-I, ask:)** Do you calculate a premium equivalent, that is, the cost per full-time covered employee? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: If necessary, say:)** The premium equivalent combines the employer and employee shares of the premium.

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(1746)

B. **(2nd response in #14)** _____(1747)

C. **(3rd response in #14)** _____(1748)

D. **(4th response in #14)** _____(1749)

E. **(5th response in #14)** _____(1750)

F. **(6th response in #14)** _____(1751)

G. **(7th response in #14)** _____(1752)

H. **(8th response in #14)** _____(1753)

I. **(9th response in #14)** _____(1754)

33. **(If code 1 in #32 A-I, ask:)** What is the premium equivalent for a full-time employee with single coverage? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (1755 - 1759)

33. (Continued:)

B. **(2nd response in #14)**

_____ _____
(1760 - 1764)

C. **(3rd response in #14)**

_____ _____
(1765 - 1769)

D. **(4th response in #14)**

_____ _____
(1770 - 1774)

E. **(5th response in #14)**

_____ _____
(1775 - 1779)

F. **(6th response in #14)**

_____ _____
(1780 - 1784)

G. **(7th response in #14)**

_____ _____
(1785 - 1789)

H. **(8th response in #14)**

_____ _____
(1790 - 1794)

I. **(9th response in #14)**

_____ _____
(1795 - 1799)

33a. [**(If code 1 in #32 A-I, as appropriate, ask:) (Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (1801 - 1802)

B. **(2nd response in #14)**

_____ _____
_____ (1803 - 1804)

C. **(3rd response in #14)**

_____ _____
_____ (1805 - 1806)

D. **(4th response in #14)**

_____ _____
_____ (1807 - 1808)

E. **(5th response in #14)**

_____ _____
_____ (1809 - 1810)

F. **(6th response in #14)**

_____ _____
_____ (1811 - 1812)

33a. (Continued:)

G. **(7th response in #14)**

_____ _____
(1813 - 1814)

H. **(8th response in #14)**

_____ _____
(1815 - 1816)

I. **(9th response in #14)**

_____ _____
(1817 - 1818)

(If code 1 in #32 A-I, as appropriate, Skip to #35; Otherwise, Continue)

34. **(If code 2-4 in #32 A-I, ask:)** What is the COBRA amount for single coverage? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
(1819 - 1823)

B. **(2nd response in #14)**

_____ _____
(1824 - 1828)

34. (Continued:)

C. **(3rd response in #14)**

_____ _____
(1829 - 1833)

D. **(4th response in #14)**

_____ _____
(1834 - 1838)

E. **(5th response in #14)**

_____ _____
(1839 - 1843)

F. **(6th response in #14)**

_____ _____
(1844 - 1848)

G. **(7th response in #14)**

_____ _____
(1849 - 1853)

H. **(8th response in #14)**

_____ _____
(1854 - 1858)

I. **(9th response in #14)**

_____ _____
(1859 - 1863)

34a. **(Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (1864 - 1865)

B. **(2nd response in #14)**

_____ _____
_____ (1866 - 1867)

C. **(3rd response in #14)**

_____ _____
_____ (1868 - 1869)

D. **(4th response in #14)**

_____ _____
_____ (1870 - 1871)

E. **(5th response in #14)**

_____ _____
_____ (1872 - 1873)

F. **(6th response in #14)**

_____ _____
_____ (1874 - 1875)

34a. (Continued:)

G. **(7th response in #14)**

_____ _____
(1876 - 1877)

H. **(8th response in #14)**

_____ _____
(1878 - 1879)

I. **(9th response in #14)**

_____ _____
(1880 - 1881)

35. How much does a full-time employee with single coverage contribute toward the premium? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually; also may report as percentage)**

(Response given in percentage)

000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount contributed by employee)

00000 (Response not given in amount contributed by employee)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (1903 - 1905)

(Response given in amount contributed by employee)

_____ _____
_____ (1906 - 1910)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (1911 - 1913)

(Response given in amount contributed by employee)

_____ _____
_____ (1914 - 1918)

35. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (1919 - 1921)

(Response given in amount contributed by employee)

_____ _____
_____ (1922 - 1926)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (1927 - 1929)

(Response given in amount contributed by employee)

_____ _____
_____ (1930 - 1934)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (1935 - 1937)

(Response given in amount contributed by employee)

_____ _____
_____ (1938 - 1942)

35. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
_____ (1943 - 1945)

(Response given in amount contributed by employee)

_____ _____
_____ (1946 - 1950)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
_____ (1951 - 1953)

(Response given in amount contributed by employee)

_____ _____
_____ (1954 - 1958)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
_____ (1959 - 1961)

(Response given in amount contributed by employee)

_____ _____
_____ (1962 - 1966)

35. (Continued:)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____ (1967 - 1969)

(Response given in amount contributed by employee)

_____ _____ (1970 - 1974)

35a. **(For each response given in amount contributed by employee only in #35 A-I, as appropriate, ask:) (Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____ (1975 - 1976)

B. **(2nd response in #14)**

_____ _____ (1977 - 1978)

C. **(3rd response in #14)**

_____ _____ (1979 - 1980)

35a. (Continued:)

D. **(4th response in #14)**

_____ _____
_____ (1981 - 1982)

E. **(5th response in #14)**

_____ _____
_____ (1983 - 1984)

F. **(6th response in #14)**

_____ _____
_____ (1985 - 1986)

G. **(7th response in #14)**

_____ _____
_____ (1987 - 1988)

H. **(8th response in #14)**

_____ _____
_____ (1989 - 1990)

I. **(9th response in #14)**

_____ _____
_____ (1991 - 1992)

(If code 06-14 mentioned in #17, Skip to #38; Otherwise, Continue)

(If code 3 or 4 in #32 A-I, as appropriate, Skip to #38; Otherwise, Continue)

36. Compared with your last plan year, did [**(If code 1 in #32, read:)** the premium equivalent/**(If code 2 in #32, read:)** COBRA] for single coverage increase, decrease, or stay the same? **(Display A-I, as appropriate)**

3 Increase
2 Stay the same
1 Decrease

4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(2000)

B. **(2nd response in #14)** _____(2001)

C. **(3rd response in #14)** _____(2002)

D. **(4th response in #14)** _____(2003)

E. **(5th response in #14)** _____(2004)

F. **(6th response in #14)** _____(2005)

G. **(7th response in #14)** _____(2006)

H. **(8th response in #14)** _____(2007)

I. **(9th response in #14)** _____(2008)

37. **(If code 1 or 3 in #36 A-I, ask:)** What was the [**(If code 3 in #36, read:)** increase/**(If code 1 in #36, read:)** decrease] for single coverage? Your best estimate is fine. **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount)
00000 (Response not given in amount)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (2009 - 2011)

(Response given in amount)

_____ _____
_____ (2012 - 2016)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (2017 - 2019)

(Response given in amount)

_____ _____
_____ (2020 - 2024)

37. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (2025 - 2027)

(Response given in amount)

_____ _____
_____ (2028 - 2032)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (2033 - 2035)

(Response given in amount)

_____ _____
_____ (2036 - 2040)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (2041 - 2043)

(Response given in amount)

_____ _____
_____ (2044 - 2048)

37. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
_____ (2049 - 2051)

(Response given in amount)

_____ _____
_____ (2052 - 2056)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
_____ (2057 - 2059)

(Response given in amount)

_____ _____
_____ (2060 - 2064)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
_____ (2065 - 2067)

(Response given in amount)

_____ _____
_____ (2068 - 2072)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
_____ (2073 - 2075)

(Response given in amount)

_____ _____
_____ (2076 - 2080)

37a. [**(For each response given in "amount contributed by employer" in #37 A-I, as appropriate, AND If code 1 or 3 in #36 A-I, as appropriate, ask:)/(Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (2082 - 2083)

B. **(2nd response in #14)**

_____ _____
_____ (2084 - 2085)

C. **(3rd response in #14)**

_____ _____
_____ (2086 - 2087)

D. **(4th response in #14)**

_____ _____
_____ (2088 - 2089)

E. **(5th response in #14)**

_____ _____
_____ (2090 - 2091)

F. **(6th response in #14)**

_____ _____
_____ (2092 - 2093)

37a. (Continued:)

G. **(7th response in #14)**

_____ _____
_____ (2094 - 2095)

H. **(8th response in #14)**

_____ _____
_____ (2096 - 2097)

I. **(9th response in #14)**

_____ _____
_____ (2098 - 2099)

38. Are enrollees in this plan offered family coverage? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(2100)

B. **(2nd response in #14)** _____(2101)

C. **(3rd response in #14)** _____(2102)

D. **(4th response in #14)** _____(2103)

E. **(5th response in #14)** _____(2104)

F. **(6th response in #14)** _____(2105)

G. **(7th response in #14)** _____(2106)

H. **(8th response in #14)** _____(2107)

I. **(9th response in #14)** _____(2108)

(If code 2, 3 or 4 in #38 A-I, as appropriate, Skip to #49
If code 1 in #38 A-I, as appropriate AND
If code 1 in #32 A-I, as appropriate, Continue
If code 1 in #38 A-I, as appropriate AND
If code 2, 3 or 4 in #32 A-I, as appropriate, Skip to #40)

39. **(If code 1 in #32 A-I AND code 1 in #38 A-I, ask:)** What is the premium equivalent for a full-time employee with coverage for two adults and two children? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2109 - 2113)

B. **(2nd response in #14)**

_____ _____
_____ (2114 - 2118)

C. **(3rd response in #14)**

_____ _____
_____ (2119 - 2123)

D. **(4th response in #14)**

_____ _____
_____ (2124 - 2128)

E. **(5th response in #14)**

_____ _____
_____ (2129 - 2133)

F. **(6th response in #14)**

_____ _____
_____ (2134 - 2138)

G. **(7th response in #14)**

_____ _____
_____ (2139 - 2143)

39. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (2144 - 2148)

I. **(9th response in #14)**

_____ _____
_____ (2149 - 2153)

39a. **(Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (2154 - 2155)

B. **(2nd response in #14)**

_____ _____
_____ (2156 - 2157)

C. **(3rd response in #14)**

_____ _____
_____ (2158 - 2159)

D. **(4th response in #14)**

_____ _____
_____ (2160 - 2161)

39a. (Continued:)

E. **(5th response in #14)**

_____ _____
_____ (2162 - 2163)

F. **(6th response in #14)**

_____ _____
_____ (2164 - 2165)

G. **(7th response in #14)**

_____ _____
_____ (2166 - 2167)

H. **(8th response in #14)**

_____ _____
_____ (2168 - 2169)

I. **(9th response in #14)**

_____ _____
_____ (2170 - 2171)

(If code 1 in #32 A-I, as appropriate, Skip to #41; Otherwise, Continue)

40. **(If code 2-4 in #32 A-I, ask:)** What is the COBRA amount for a former employee with coverage for two adults and two children? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2172 - 2176)

B. **(2nd response in #14)**

_____ _____
_____ (2177 - 2181)

40. (Continued:)

C. **(3rd response in #14)**

_____ (2182 - 2186)

D. **(4th response in #14)**

_____ (2187 - 2191)

E. **(5th response in #14)**

_____ (2192 - 2196)

F. **(6th response in #14)**

_____ (2200 - 2204)

G. **(7th response in #14)**

_____ (2205 - 2209)

H. **(8th response in #14)**

_____ (2210 - 2214)

I. **(9th response in #14)**

_____ (2215 - 2219)

40a. **(Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____ _____ (2220 - 2221)

B. **(2nd response in #14)**

_____ _____ _____ (2222 - 2223)

C. **(3rd response in #14)**

_____ _____ _____ (2224 - 2225)

D. **(4th response in #14)**

_____ _____ _____ (2226 - 2227)

E. **(5th response in #14)**

_____ _____ _____ (2228 - 2229)

F. **(6th response in #14)**

_____ _____ _____ (2230 - 2231)

G. **(7th response in #14)**

_____ _____ _____ (2232 - 2233)

40a. (Continued:)

H. **(8th response in #14)**

_____ _____
(2234 - 2235)

I. **(9th response in #14)**

_____ _____
(2236 - 2237)

(If code 1 in #38 A-I, Continue; Otherwise, Skip to #49)

41. **(If code 1 in #38 A-I, ask:)** How much does a full-time employee with coverage for two adults and two children contribute toward the premium? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

(Response given in percentage)

000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount contributed by employee)

00000 (Response not given in amount contributed by employee)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (2238 - 2240)

(Response given in amount contributed by employee)

_____ _____
_____ (2241 - 2245)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (2246 - 2248)

(Response given in amount contributed by employee)

_____ _____
_____ (2249 - 2253)

41. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (2254 - 2256)

(Response given in amount contributed by employee)

_____ _____
_____ (2257 - 2261)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (2262 - 2264)

(Response given in amount contributed by employee)

_____ _____
_____ (2265 - 2269)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (2270 - 2272)

(Response given in amount contributed by employee)

_____ _____
_____ (2273 - 2277)

41. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
_____ (2278 - 2280)

(Response given in amount contributed by employee)

_____ _____
_____ (2281 - 2285)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
_____ (2286 - 2288)

(Response given in amount contributed by employee)

_____ _____
_____ (2289 - 2293)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
_____ (2294 - 2296)

(Response given in amount contributed by employee)

_____ _____
_____ (4800 - 4804)

41. (Continued:)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
_____ (4805 - 4807)

(Response given in amount contributed by employee)

_____ _____
_____ (4808 - 4812)

41a. **(For each response given in amount contributed by employee only in #41 A-I, as appropriate, ask:)** [**(If code 1 in #38 A-I, as appropriate, ask:)** **(Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (4813 - 4814)

B. **(2nd response in #14)**

_____ _____
_____ (4815 - 4816)

C. **(3rd response in #14)**

_____ _____
_____ (4817 - 4818)

41a. (Continued:)

D. **(4th response in #14)**

_____ _____
(4819 - 4820)

E. **(5th response in #14)**

_____ _____
(4821 - 4822)

F. **(6th response in #14)**

_____ _____
(4823 - 4824)

G. **(7th response in #14)**

_____ _____
(4825 - 4826)

H. **(8th response in #14)**

_____ _____
(4827 - 4828)

I. **(9th response in #14)**

_____ _____
(4829 - 4830)

(All in #41a A-I, Skip to #49)

PURCHASED FROM UNDERWRITER

42. **(If code 1 in #31 A-I, ask:)** What is the total premium for a full-time employee with single coverage? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (4831 - 4835)

B. **(2nd response in #14)**

_____ _____
_____ (4836 - 4840)

C. **(3rd response in #14)**

_____ _____
_____ (4841 - 4845)

D. **(4th response in #14)**

_____ _____
_____ (4846 - 4850)

E. **(5th response in #14)**

_____ _____
_____ (4851 - 4855)

F. **(6th response in #14)**

_____ _____
_____ (4856 - 4860)

G. **(7th response in #14)**

_____ _____
_____ (4861 - 4865)

42. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (4866 - 4870)

I. **(9th response in #14)**

_____ _____
_____ (4871 - 4875)

42a. **(Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (4876 - 4877)

B. **(2nd response in #14)**

_____ _____
_____ (4878 - 4879)

C. **(3rd response in #14)**

_____ _____
_____ (4880 - 4881)

D. **(4th response in #14)**

_____ _____
_____ (4882 - 4883)

42a. (Continued:)

E. **(5th response in #14)**

_____ _____
(4884 - 4885)

F. **(6th response in #14)**

_____ _____
(4886 - 4887)

G. **(7th response in #14)**

_____ _____
(4888 - 4889)

H. **(8th response in #14)**

_____ _____
(4890 - 4891)

I. **(9th response in #14)**

_____ _____
(4892 - 4893)

43. How much does a full-time employee with single coverage contribute toward the premium? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

(Response given in percentage)

000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount contributed by employee)

00000 (Response not given in amount contributed by employee)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (4900 - 4902)

(Response given in amount contributed by employee)

_____ _____
_____ (4903 - 4907)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (4908 - 4910)

(Response given in amount contributed by employee)

_____ _____
_____ (4911 - 4915)

43. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (4916 - 4918)

(Response given in amount contributed by employee)

_____ _____
_____ (4919 - 4923)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (4924 - 4926)

(Response given in amount contributed by employee)

_____ _____
_____ (4927 - 4931)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (4932 - 4934)

(Response given in amount contributed by employee)

_____ _____
_____ (4935 - 4939)

43. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
_____ (4940 - 4942)

(Response given in amount contributed by employee)

_____ _____
_____ (4943 - 4947)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
_____ (4948 - 4950)

(Response given in amount contributed by employee)

_____ _____
_____ (4951 - 4955)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
_____ (4956 - 4958)

(Response given in amount contributed by employee)

_____ _____
_____ (4959 - 4963)

43. (Continued:)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
_____ (4964 - 4966)

(Response given in amount contributed by employee)

_____ _____
_____ (4967 - 4971)

43a. [**(For each response given in "amount contributed by employer" in #41 A-I, as appropriate, AND If code 1 in #43 A-I, as appropriate, ask:)**/**(Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (4972 - 4973)

B. **(2nd response in #14)**

_____ _____
_____ (4974 - 4975)

C. **(3rd response in #14)**

_____ _____
_____ (4976 - 4977)

43a. (Continued:)

D. **(4th response in #14)**

_____ _____
(4978 - 4979)

E. **(5th response in #14)**

_____ _____
(4980 - 4981)

F. **(6th response in #14)**

_____ _____
(4982 - 4983)

G. **(7th response in #14)**

_____ _____
(4984 - 4985)

H. **(8th response in #14)**

_____ _____
(4986 - 4987)

I. **(9th response in #14)**

_____ _____
(4988 - 4989)

(If code 06-14 mentioned in #17, Skip to #46; Otherwise, Continue)

44. Compared with your last plan year, did the premium for single coverage increase, decrease, or stay the same? **(Display A-I, as appropriate)**

3 Increase
2 Stay the same
1 Decrease

4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(4990)

B. **(2nd response in #14)** _____(4991)

C. **(3rd response in #14)** _____(4992)

D. **(4th response in #14)** _____(4993)

E. **(5th response in #14)** _____(4994)

F. **(6th response in #14)** _____(4995)

G. **(7th response in #14)** _____(4996)

H. **(8th response in #14)** _____(4997)

I. **(9th response in #14)** _____(4998)

45. **(If code 1 or 3 in #44 A-I, ask:)** What was the [**(If code 3 in #44, read:)** increase/**(If code 1 in #44, read:)** decrease] for single coverage? Your best estimate is fine. **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount)
00000 (Response not given in amount)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (2300 - 2302)

(Response given in amount)

_____ _____
_____ (2303 - 2307)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (2308 - 2310)

(Response given in amount)

_____ _____
_____ (2311 - 2315)

45. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (2316 - 2318)

(Response given in amount)

_____ _____
_____ (2319 - 2323)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (2324 - 2326)

(Response given in amount)

_____ _____
_____ (2327 - 2331)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (2332 - 2334)

(Response given in amount)

_____ _____
_____ (2335 - 2339)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____
_____ (2340 - 2342)

(Response given in amount)

_____ _____
_____ (2343 - 2347)

45. (Continued:)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____
_____ (2348 - 2350)

(Response given in amount)

_____ _____
_____ (2351 - 2355)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____
_____ (2356 - 2358)

(Response given in amount)

_____ _____
_____ (2359 - 2363)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
_____ (2364 - 2366)

(Response given in amount)

_____ _____
_____ (2367 - 2371)

45a. [**(For each response given in "amount contributed by employer" in #45 A-I, as appropriate, AND If code 1 or 3 in #44 A-I, as appropriate, ask:)/(Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (2372 - 2373)

B. **(2nd response in #14)**

_____ _____
_____ (2374 - 2375)

C. **(3rd response in #14)**

_____ _____
_____ (2376 - 2377)

D. **(4th response in #14)**

_____ _____
_____ (2378 - 2379)

E. **(5th response in #14)**

_____ _____
_____ (2380 - 2381)

F. **(6th response in #14)**

_____ _____
_____ (2382 - 2383)

45a. (Continued:)

G. **(7th response in #14)**

_____ _____
_____ (2384 - 2385)

H. **(8th response in #14)**

_____ _____
_____ (2386 - 2387)

I. **(9th response in #14)**

_____ _____
_____ (2388 - 2389)

46. Are enrollees in this plan offered family coverage? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(2390)

B. **(2nd response in #14)** _____(2391)

C. **(3rd response in #14)** _____(2392)

D. **(4th response in #14)** _____(2393)

E. **(5th response in #14)** _____(2394)

F. **(6th response in #14)** _____(2395)

G. **(7th response in #14)** _____(2396)

H. **(8th response in #14)** _____(2397)

I. **(9th response in #14)** _____(2398)

(If code 2, 3 or 4 in #46 A-I, as appropriate, Skip to #49; Otherwise, Continue)

47. **(If code 1 in #46 A-I, ask:)** What is the total premium for a full-time employee with coverage for two adults and two children? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____ (2400 - 2404)

B. **(2nd response in #14)**

_____ _____ (2405 - 2409)

C. **(3rd response in #14)**

_____ _____ (2410 - 2414)

D. **(4th response in #14)**

_____ _____ (2415 - 2419)

E. **(5th response in #14)**

_____ _____ (2420 - 2424)

F. **(6th response in #14)**

_____ _____ (2425 - 2429)

G. **(7th response in #14)**

_____ _____ (2430 - 2434)

47. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (2435 - 2439)

I. **(9th response in #14)**

_____ _____
_____ (2440 - 2444)

47a. **(Code without asking if respondent already volunteered; Otherwise, ask:)** Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (2445 - 2446)

B. **(2nd response in #14)**

_____ _____
_____ (2447 - 2448)

C. **(3rd response in #14)**

_____ _____
_____ (2449 - 2450)

D. **(4th response in #14)**

_____ _____
_____ (2451 - 2452)

47a. (Continued:)

E. **(5th response in #14)**

_____ _____
(2453 - 2454)

F. **(6th response in #14)**

_____ _____
(2455 - 2456)

G. **(7th response in #14)**

_____ _____
(2457 - 2458)

H. **(8th response in #14)**

_____ _____
(2459 - 2460)

I. **(9th response in #14)**

_____ _____
(2461 - 2462)

48. How much does a full-time employee with coverage for two adults and two children contribute toward the premium? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/percentage)** **(INTERVIEWER NOTE: Premium amounts need to be reported every two weeks, monthly or annually)**

(Response given in percentage)

000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in amount contributed by employee)

00000 (Response not given in amount contributed by employee)
99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

(Response given in percentage)

_____ _____
_____ (2463 - 2465)

(Response given in amount contributed by employee)

_____ _____
_____ (2466 - 2470)

B. **(2nd response in #14:)**

(Response given in percentage)

_____ _____
_____ (2471 - 2473)

(Response given in amount contributed by employee)

_____ _____
_____ (2474 - 2478)

48. (Continued:)

C. **(3rd response in #14)**

(Response given in percentage)

_____ _____
_____ (2479 - 2481)

(Response given in amount contributed by employee)

_____ _____
_____ (2482 - 2486)

D. **(4th response in #14)**

(Response given in percentage)

_____ _____
_____ (2487 - 2489)

(Response given in amount contributed by employee)

_____ _____
_____ (2490 - 2494)

E. **(5th response in #14)**

(Response given in percentage)

_____ _____
_____ (2500 - 2502)

(Response given in amount contributed by employee)

_____ _____
_____ (2503 - 2507)

48. (Continued:)

F. **(6th response in #14)**

(Response given in percentage)

_____ _____ _____
(2508 - 2510)

(Response given in amount contributed by employee)

_____ _____ _____
(2511 - 2515)

G. **(7th response in #14)**

(Response given in percentage)

_____ _____ _____
(2516 - 2518)

(Response given in amount contributed by employee)

_____ _____ _____
(2519 - 2523)

H. **(8th response in #14)**

(Response given in percentage)

_____ _____ _____
(2524 - 2526)

(Response given in amount contributed by employee)

_____ _____ _____
(2527 - 2531)

48. (Continued:)

I. **(9th response in #14)**

(Response given in percentage)

_____ _____
_____ (2532 - 2534)

(Response given in amount contributed by employee)

_____ _____
_____ (2535 - 2539)

48a. [**(For each response given in "amount contributed by employer" in #48 A-I, as appropriate)**/**(Code without asking if respondent already volunteered; Otherwise, ask:)**] Is that every two weeks, monthly or annually? **(Display A-I, as appropriate)**

01 Other (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Every two weeks
07 Monthly
08 Annually

A. **(1st response in #14)**

_____ _____
_____ (2540 - 2541)

B. **(2nd response in #14)**

_____ _____
_____ (2542 - 2543)

C. **(3rd response in #14)**

_____ _____
_____ (2544 - 2545)

48a. (Continued:)

D. **(4th response in #14)**

_____ _____
(2546 - 2547)

E. **(5th response in #14)**

_____ _____
(2548 - 2549)

F. **(6th response in #14)**

_____ _____
(2550 - 2551)

G. **(7th response in #14)**

_____ _____
(2552 - 2553)

H. **(8th response in #14)**

_____ _____
(2554 - 2555)

I. **(9th response in #14)**

_____ _____
(2556 - 2557)

COST SHARING

49. Does this plan have a deductible [**(If code 2 in #30, read:)** for in-network services]? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: DEFINITON, IF NEEDED:)** A deductible is a predetermined amount, which must be met by an enrollee before the plan will pay for covered services. Many HMOs do not have a deductible.

(INTERVIEWER NOTE: Some plans may have different deductibles depending upon the plan tier or option chosen by the beneficiary. In those cases tell the respondent to answer for the typical or highest enrollment option or tier.)

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(2558)

B. **(2nd response in #14)** _____(2559)

C. **(3rd response in #14)** _____(2560)

D. **(4th response in #14)** _____(2561)

E. **(5th response in #14)** _____(2562)

F. **(6th response in #14)** _____(2563)

G. **(7th response in #14)** _____(2564)

H. **(8th response in #14)** _____(2565)

I. **(9th response in #14)** _____(2566)

(If code 2, 3 or 4 in #49 A-I AND
If code 1 or 3 in #30 A-I, Skip to #55;
If code 2, 3 or 4 in #49 A-I AND
If code 2 in #30 A-I, Skip to #50a;
If code 1 in #49 A-I, Continue)

50. What is the annual deductible an enrollee with single coverage pays [**(If code 2 in #30, read:)** for in-network services]? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2567 - 2571)

B. **(2nd response in #14)**

_____ _____
_____ (2572 - 2576)

C. **(3rd response in #14)**

_____ _____
_____ (2577 - 2581)

D. **(4th response in #14)**

_____ _____
_____ (2582 - 2586)

E. **(5th response in #14)**

_____ _____
_____ (2587 - 2591)

F. **(6th response in #14)**

_____ _____
_____ (2592 - 2596)

50. (Continued:)

G. **(7th response in #14)**

_____ _____
(2600 - 2604)

H. **(8th response in #14)**

_____ _____
(2605 - 2609)

I. **(9th response in #14)**

_____ _____
(2610 - 2614)

50a. **(If code 2 in #30 A-I, ask:)** Does this plan have a deductible for out-of-network services?

1 Yes - **(Continue)**

2 No **(Skip to "Note" before #53)**
3 (DK) **(Skip to "Note" before #53)**
4 (Refused) **(Skip to "Note" before #53)**

A. **(1st response in #14)** _____(2615)

B. **(2nd response in #14)** _____(2616)

C. **(3rd response in #14)** _____(2617)

D. **(4th response in #14)** _____(2618)

E. **(5th response in #14)** _____(2619)

F. **(6th response in #14)** _____(2620)

G. **(7th response in #14)** _____(2621)

H. **(8th response in #14)** _____(2622)

I. **(9th response in #14)** _____(2623)

51. **(If code 1 in #50a A-I, ask:)** What is the annual deductible an enrollee with single coverage pays for out-of-network services? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2624 - 2628)

B. **(2nd response in #14)**

_____ _____
_____ (2629 - 2633)

C. **(3rd response in #14)**

_____ _____
_____ (2634 - 2638)

D. **(4th response in #14)**

_____ _____
_____ (2639 - 2643)

E. **(5th response in #14)**

_____ _____
_____ (2644 - 2648)

F. **(6th response in #14)**

_____ _____
_____ (2649 - 2653)

G. **(7th response in #14)**

_____ _____
_____ (2654 - 2658)

51. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (2659 - 2663)

I. **(9th response in #14)**

_____ _____
_____ (2664 - 2668)

52. **(If code 2 in #30 A-I, as appropriate AND code 1 in #49 A-I, as appropriate AND code 1 in #50a A-I, as appropriate, ask:)** Is the out-of-network deductible applied toward the in-network deductible or must the in- and out-of-network deductibles be met separately? **(Display A-I, as appropriate)**

1 Applied toward in-network deductible
2 In- and out-of-network deductible met separately
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(4469)

B. **(2nd response in #14)** _____(4470)

C. **(3rd response in #14)** _____(4471)

D. **(4th response in #14)** _____(4472)

E. **(5th response in #14)** _____(4473)

F. **(6th response in #14)** _____(4474)

G. **(7th response in #14)** _____(4475)

H. **(8th response in #14)** _____(4476)

I. **(9th response in #14)** _____(4477)

([If code 1 in #38 A-I, as appropriate OR
If code 1 in #46 A-I, as appropriate] AND
If code 1 in #49 A-I, as appropriate, Continue;
Otherwise, Skip to #55)

53. What is the annual deductible an enrollee with coverage for two adults and two children pays [**(If code 2 in #30 A-I, ask:)** for in-network services]? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (5700 - 5704)

B. **(2nd response in #14)**

_____ _____
_____ (5705 - 5709)

C. **(3rd response in #14)**

_____ _____
_____ (5710 - 5714)

D. **(4th response in #14)**

_____ _____
_____ (5715 - 5719)

E. **(5th response in #14)**

_____ _____
_____ (5720 - 5724)

53. (Continued:)

F. **(6th response in #14)**

_____ _____
(5725 - 5729)

G. **(7th response in #14)**

_____ _____
(5730 - 5734)

H. **(8th response in #14)**

_____ _____
(5735 - 5739)

I. **(9th response in #14)**

_____ _____
(5740 - 5744)

(If code 1 or 3 in #30 A-I, Skip to #55;
If code 2 in #30 A-I AND If code 2, 3 or 4 in #50a A-I, Skip to #55;
Otherwise, Continue)

54. **(If code 2 in #30 A-I AND code 1 in #50a A-I, ask:)** What is the annual deductible an enrollee with coverage for two adults and two children pays for out-of-network services? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
(5745 - 5749)

B. **(2nd response in #14)**

_____ _____
(5750 - 5754)

54. (Continued:)

C. **(3rd response in #14)**

_____ _____
(5755 - 5759)

D. **(4th response in #14)**

_____ _____
(5760 - 5764)

E. **(5th response in #14)**

_____ _____
(5765 - 5769)

F. **(6th response in #14)**

_____ _____
(5770 - 5774)

G. **(7th response in #14)**

_____ _____
(5775 - 5779)

H. **(8th response in #14)**

_____ _____
(5780 - 5784)

I. **(9th response in #14)**

_____ _____
(5785 - 5789)

COPAYS

55. [**(If code 1 in #49 A-I, as appropriate, read:)** After meeting any deductible,] Do enrollees in this plan pay a share of the cost of [**(If code 2 in #30 A-I, as appropriate, read:)** an in-network/**(Otherwise, read:)** a] primary care physician office visit? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: Some plans also may have different co-payments depending upon the plan tier or option chosen by the beneficiary. In those cases, tell the respondent to answer for the typical or highest enrollment option/tier)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(5790)

B. **(2nd response in #14)** _____(5791)

C. **(3rd response in #14)** _____(5792)

D. **(4th response in #14)** _____(5793)

E. **(5th response in #14)** _____(5794)

F. **(6th response in #14)** _____(5795)

G. **(7th response in #14)** _____(5796)

H. **(8th response in #14)** _____(5797)

I. **(9th response in #14)** _____(5798)

(If code 2, 3 or 4 in #55 A-I, as appropriate AND Code 2 in #30 A-I, as appropriate, Skip to #59;
If code 2, 3 or 4 in #55 A-I, as appropriate AND Code 1 or 3 in #30 A-I, as appropriate, Skip to #62;
Otherwise, Continue)

56. For [**(If code 2 in #30 A-I, read:)** in-network] primary care physicians seen during normal office hours, do enrollees in this plan pay a set dollar amount or co-payment, or a percentage of the charges or co-insurance rate? **(Display A-I, as appropriate)**

1 Set dollar amount or co-payment
2 Percentage of the charges or co-insurance rate
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(5800)

B. **(2nd response in #14)** _____(5801)

C. **(3rd response in #14)** _____(5802)

D. **(4th response in #14)** _____(5803)

E. **(5th response in #14)** _____(5804)

F. **(6th response in #14)** _____(5805)

G. **(7th response in #14)** _____(5806)

H. **(8th response in #14)** _____(5807)

I. **(9th response in #14)** _____(5808)

**(If code 1 in #56 A-I, as appropriate, Continue;
If code 2 in #56 A-I, as appropriate, Skip to #58;
Otherwise, Skip to "Note" at #59)**

57. **(If code 1 in #56 A-I, ask:)** After meeting any deductible, what is the co-payment for [**(If code 2 in #30 A-I, as appropriate, read:)** an in-network/**(Otherwise, read:)** a] primary care physician seen during normal office hours? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

997 $997+
998 (DK)
999 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (5809 - 5811)

57. (Continued:)

B. **(2nd response in #14)**

_____ _____
(5812 - 5814)

C. **(3rd response in #14)**

_____ _____
(5815 - 5817)

D. **(4th response in #14)**

_____ _____
(5818 - 5820)

E. **(5th response in #14)**

_____ _____
(5821 - 5823)

F. **(6th response in #14)**

_____ _____
(5824 - 5826)

G. **(7th response in #14)**

_____ _____
(5827 - 5829)

H. **(8th response in #14)**

_____ _____
(5830 - 5832)

I. **(9th response in #14)**

_____ _____
(5833 - 5835)

58. **(If code 2 in #56 A-I, ask:)** After meeting any deductible, what is the co-insurance rate for [**(If code 2 in #30 A-I, as appropriate, read:)** an in-network/**(Otherwise, read:)** a] primary care physician seen during normal office hours? (Open ended **and code actual percentage)** **(Display A-I, as appropriate)**

101 Less than 1%
102 (DK)
103 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (5020 - 5022)

B. **(2nd response in #14)**

_____ _____
_____ (5838 - 5840)

C. **(3rd response in #14)**

_____ _____
_____ (5841 - 5843)

D. **(4th response in #14)**

_____ _____
_____ (5844 - 5846)

E. **(5th response in #14)**

_____ _____
_____ (5847 - 5849)

F. **(6th response in #14)**

_____ _____
_____ (5850 - 5852)

G. **(7th response in #14)**

_____ _____
_____ (5853 - 5855)

58. (Continued:)

H. **(8th response in #14)**

_____ _____
(5856 - 5858)

I. **(9th response in #14)**

_____ _____
(5859 - 5861)

59. **(If code 2 in #30 A-I, ask:)** For out-of-network visits with primary care physicians seen during normal office hours, do enrollees in this plan pay a set dollar amount or co-payment, or a percentage of the charges or co-insurance rate? **(Display A-I, as appropriate)**

1 Set dollar amount or co-payment
2 Percentage of the charges or co-insurance rate
3 (Neither)
4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(5862)

B. **(2nd response in #14)** _____(5863)

C. **(3rd response in #14)** _____(5864)

D. **(4th response in #14)** _____(5865)

E. **(5th response in #14)** _____(5866)

F. **(6th response in #14)** _____(5867)

G. **(7th response in #14)** _____(5868)

H. **(8th response in #14)** _____(5869)

I. **(9th response in #14)** _____(5870)

**(If code 1 in #59 A-I, as appropriate, Continue;
If code 2 in #59 A-I, as appropriate, Skip to #61;
Otherwise, Skip to #62)**

60. **(If code 1 in #59 A-I, ask:)** After meeting any deductible, what is the co-payment for an out-of-network primary care physician seen during normal office hours? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

997 $997+
998 (DK)
999 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2671 - 2673)

B. **(2nd response in #14)**

_____ _____
_____ (2674 - 2676)

C. **(3rd response in #14)**

_____ _____
_____ (2677 - 2679)

D. **(4th response in #14)**

_____ _____
_____ (2680 - 2682)

E. **(5th response in #14)**

_____ _____
_____ (2683 - 2685)

F. **(6th response in #14)**

_____ _____
_____ (2686 - 2688)

G. **(7th response in #14)**

_____ _____
_____ (2689 - 2691)

60. (Continued:)

H. **(8th response in #14)**

_____ _____
(2692 - 2694)

I. **(9th response in #14)**

_____ _____
(2695 - 2697)

61. **(If code 2 in #59 A-I, ask:)** After meeting any deductible, what is the co-insurance rate (percentage of the charges) an enrollee pays for an out-of-network visit with a primary care physician seen during normal office hours? (Open ended **and code actual percentage)** **(Display A-I, as appropriate)**

101 Less than 1%
102 (DK)
103 (Refused)

A. **(1st response in #14)**

_____ _____
(2700 - 2702)

B. **(2nd response in #14)**

_____ _____
(2703 - 2705)

C. **(3rd response in #14)**

_____ _____
(2706 - 2708)

D. **(4th response in #14)**

_____ _____
(2709 - 2711)

E. **(5th response in #14)**

_____ _____
(2712 - 2714)

61. (Continued:)

F. **(6th response in #14)**

_____ _____
(2715 - 2717)

G. **(7th response in #14)**

_____ _____
(2718 - 2720)

H. **(8th response in #14)**

_____ _____
(2721 - 2723)

I. **(9th response in #14)**

_____ _____
(2724 - 2726)

62. After meeting any deductible, do enrollees in this plan pay a share of an [**(If code 1 or 3 in #30 A-I, read:)** in-patient hospital stay/**(If code 2 in #30 A-I, read:)** in-patient stay in a network hospital]? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(2727)

B. **(2nd response in #14)** _____(2728)

C. **(3rd response in #14)** _____(2729)

D. **(4th response in #14)** _____(2730)

E. **(5th response in #14)** _____(2731)

F. **(6th response in #14)** _____(2732)

G. **(7th response in #14)** _____(2733)

62. (Continued:)

H. **(8th response in #14)** _____(2734)

I. **(9th response in #14)** _____(2735)

(If code 1, 3 or 4 in #62 A-I, as appropriate, Continue; Otherwise, Skip to #74)

63. **(If code 1, 3 or 4 in #62 A-I, ask:)** Do enrollees pay a set amount per stay, a set amount per day, or a percentage of total charges? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: IF NECESSARY, READ:)** Some plans may have both a dollar amount and a percentage of total charges.

1 Set amount per stay
2 Set amount per day
3 Percentage of total charges

4 (DK)
5 (Refused)

A. **(1st response in #14)**

1st Resp: _____(2736)

2nd Resp: _____(2737)

3rd Resp: _____(5000)

B. **(2nd response in #14)**

1st Resp: _____(2738)

2nd Resp: _____(2739)

3rd Resp: _____(5001)

C. **(3rd response in #14)**

1st Resp: _____(2740)

2nd Resp: _____(2741)

3rd Resp: _____(5002)

63. (Continued:)

D. **(4th response in #14)**

1st Resp: _____(2742)

2nd Resp: _____(2743)

3rd Resp: _____(5003)

E. **(5th response in #14)**

1st Resp: _____(2744)

2nd Resp: _____(2745)

3rd Resp: _____(5004)

F. **(6th response in #14)**

1st Resp: _____(2746)

2nd Resp: _____(2747)

3rd Resp: _____(5005)

G. **(7th response in #14)**

1st Resp: _____(2748)

2nd Resp: _____(2749)

3rd Resp: _____(5006)

H. **(8th response in #14)**

1st Resp: _____(2750)

2nd Resp: _____(2751)

3rd Resp: _____(5007)

I. **(9th response in #14)**

1st Resp: _____(2752)

2nd Resp: _____(2753)

3rd Resp: _____(5008)

[Deleted Note]

64. **(If code 1 in #63 A-I, ask:)** After meeting any deductible, how much does an enrollee pay per [**(If code 1 or 3 in #30 A-I, read:)** in-patient hospital stay/**(If code 2 in #30 A-I, read:)** in-patient stay in a network hospital]? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____ (2754 - 2760)

B. **(2nd response in #14)**

_____ _____ (2761 - 2767)

C. **(3rd response in #14)**

_____ _____ (2768 - 2774)

D. **(4th response in #14)**

_____ _____ (2775 - 2781)

E. **(5th response in #14)**

_____ _____ (2782 - 2788)

F. **(6th response in #14)**

_____ _____ (2789 - 2795)

G. **(7th response in #14)**

_____ _____ (2800 - 2806)

64. (Continued:)

H. **(8th response in #14)**

_____ _____
(2807 - 2813)

I. **(9th response in #14)**

_____ _____
(2814 - 2820)

[Deleted Note]

65. **(If code 2 in #63 A-I, ask:)** After meeting any deductible, how much does an enrollee pay per day for an [**(If code 1 or 3 in #30 A-I, read:)** in-patient hospital stay/**(If code 2 in #30 A-I, read:)** in-patient stay in a network hospital]? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

99997 $99,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
(2821 - 2825)

B. **(2nd response in #14)**

_____ _____
(2826 - 2830)

C. **(3rd response in #14)**

_____ _____
(2831 - 2835)

D. **(4th response in #14)**

_____ _____
(2836 - 2840)

65. (Continued:)

E. **(5th response in #14)**

_____ _____
_____ (2841 - 2845)

F. **(6th response in #14)**

_____ _____
_____ (2846 - 2850)

G. **(7th response in #14)**

_____ _____
_____ (2851 - 2855)

H. **(8th response in #14)**

_____ _____
_____ (2856 - 2860)

I. **(9th response in #14)**

_____ _____
_____ (2861 - 2865)

66. **(If code 2 in #63 A-I, as appropriate, ask:)** What is the maximum number of days? **(Display A-I, as appropriate)** (Open ended **and code actual number of days)**

997 997+
998 (DK)
999 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2866 - 2868)

B. **(2nd response in #14)**

_____ _____
_____ (2869 - 2871)

66. (Continued:)

C. **(3rd response in #14)**

_____ _____
(2872 - 2874)

D. **(4th response in #14)**

_____ _____
(2875 - 2877)

E. **(5th response in #14)**

_____ _____
(2878 - 2880)

F. **(6th response in #14)**

_____ _____
(2881 - 2883)

G. **(7th response in #14)**

_____ _____
(2884 - 2886)

H. **(8th response in #14)**

_____ _____
(2887 - 2889)

I. **(9th response in #14)**

_____ _____
(2890 - 2892)

[Deleted Note]

67. **(If code 3 in #63 A-I, ask:)** After meeting any deductible, what is the percentage of charges, or co-insurance rate that an enrollee pays for an [**(If code 1 or 3 in #30 A-I, read:)** in-patient hospital stay/**(If code 2 in #30 A-I, read:)** in-patient stay in a network hospital]? (Open ended **and code actual percentage)** **(Display A-I, as appropriate)**

101 Less than 1%
102 (DK)
103 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2900 - 2902)

B. **(2nd response in #14)**

_____ _____
_____ (2903 - 2905)

C. **(3rd response in #14)**

_____ _____
_____ (2906 - 2908)

D. **(4th response in #14)**

_____ _____
_____ (2909 - 2911)

E. **(5th response in #14)**

_____ _____
_____ (2912 - 2914)

F. **(6th response in #14)**

_____ _____
_____ (2915 - 2917)

G. **(7th response in #14)**

_____ _____
_____ (2918 - 2920)

67. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (2921 - 2923)

I. **(9th response in #14)**

_____ _____
_____ (2924 - 2926)

68. **(If code 2 in #30 A-I, ask:)** Do enrollees in this plan pay a different amount for hospital stays in out-of-network hospitals? **(Display A-I, as appropriate) (INTERVIEWER NOTE: IF NECESSARY, READ:)** Out-of-network hospitals may also be described as non-participating hospitals.

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(2927)

B. **(2nd response in #14)** _____(2928)

C. **(3rd response in #14)** _____(2929)

D. **(4th response in #14)** _____(2930)

E. **(5th response in #14)** _____(2931)

F. **(6th response in #14)** _____(2932)

G. **(7th response in #14)** _____(2933)

H. **(8th response in #14)** _____(2934)

I. **(9th response in #14)** _____(2935)

(If code 1 in #68 A-I, as appropriate, Continue; Otherwise, Skip to #74)

69. **(If code 1 in #68 A-I, ask:)** Do enrollees pay a set amount per stay, a set amount per day, or a percentage of total charges? **(INTERVIEWER NOTE: IF NECESSARY, READ:)** Some plans may have both a dollar amount and a percentage of total charges.

1 Set amount per stay
2 Set amount per day
3 Percentage of total charges

4 (DK)
5 (Refused)

A. **(1st response in #14)**

1st Resp: _____(2936)

2nd Resp: _____(2937)

3rd Resp: _____(5009)

B. **(2nd response in #14)**

1st Resp: _____(2938)

2nd Resp: _____(2939)

3rd Resp: _____(5010)

C. **(3rd response in #14)**

1st Resp: _____(2940)

2nd Resp: _____(2941)

3rd Resp: _____(5011)

D. **(4th response in #14)**

1st Resp: _____(2942)

2nd Resp: _____(2943)

3rd Resp: _____(5012)

69. (Continued:)

E. **(5th response in #14)**

1st Resp: _____(2944)

2nd Resp: _____(2945)

3rd Resp: _____(5013)

F. **(6th response in #14)**

1st Resp: _____(2946)

2nd Resp: _____(2947)

3rd Resp: _____(5014)

G. **(7th response in #14)**

1st Resp: _____(2948)

2nd Resp: _____(2949)

3rd Resp: _____(5015)

H. **(8th response in #14)**

1st Resp: _____(2950)

2nd Resp: _____(2951)

3rd Resp: _____(5016)

I. **(9th response in #14)**

1st Resp: _____(2952)

2nd Resp: _____(2953)

3rd Resp: _____(5017)

[Deleted Note]

70. **(If code 1 in #69 A-I, ask:)** After meeting any deductible, how much does an enrollee pay per out-of-network hospital stay? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (2954 - 2960)

B. **(2nd response in #14)**

_____ _____
_____ (2961 - 2967)

C. **(3rd response in #14)**

_____ _____
_____ (2968 - 2974)

D. **(4th response in #14)**

_____ _____
_____ (2975 - 2981)

E. **(5th response in #14)**

_____ _____
_____ (2982 - 2988)

F. **(6th response in #14)**

_____ _____
_____ (2989 - 2995)

G. **(7th response in #14)**

_____ _____
_____ (3000 - 3006)

70. (Continued:)

H. **(8th response in #14)**

_____ _____
(3007 - 3013)

I. **(9th response in #14)**

_____ _____
(3014 - 3020)

[Deleted Note]

71. **(If code 2 in #69 A-I, ask:)** After meeting any deductible, how much does an enrollee pay per day for an out-of-network hospital stay? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
(3021 - 3027)

B. **(2nd response in #14)**

_____ _____
(3028 - 3034)

C. **(3rd response in #14)**

_____ _____
(3035 - 3041)

D. **(4th response in #14)**

_____ _____
(3042 - 3048)

71. (Continued:)

E. **(5th response in #14)**

_____ _____
(3049 - 3055)

F. **(6th response in #14)**

_____ _____
(3056 - 3062)

G. **(7th response in #14)**

_____ _____
(3063 - 3069)

H. **(8th response in #14)**

_____ _____
(3070 - 3076)

I. **(9th response in #14)**

_____ _____
(3077 - 3083)

72. **(If code 2 in #69 A-I, ask:)** What is the maximum number of days covered for an out-of-network hospital stay? **(Display A-I, as appropriate)** (Open ended **and code actual number of days)**

997 997+
998 (DK)
999 (Refused)

A. **(1st response in #14)**

_____ _____
(3100 - 3102)

B. **(2nd response in #14)**

_____ _____
(3103 - 3105)

72. (Continued:)

C. **(3rd response in #14)**

_____ _____
_____ (3106 - 3108)

D. **(4th response in #14)**

_____ _____
_____ (3109 - 3111)

E. **(5th response in #14)**

_____ _____
_____ (3112 - 3114)

F. **(6th response in #14)**

_____ _____
_____ (3115 - 3117)

G. **(7th response in #14)**

_____ _____
_____ (3118 - 3120)

H. **(8th response in #14)**

_____ _____
_____ (3121 - 3123)

I. **(9th response in #14)**

_____ _____
_____ (3124 - 3126)

[Deleted Note]

73. **(If code 3 in #69 A-I, as appropriate, ask:)** After meeting any deductible, what is the percentage of charges, or co-insurance rate, that an enrollee pays for an out-of-network hospital stay? (Open ended **and code actual percentage)** **(Display A-I, as appropriate)**

101 Less than 1%
102 (DK)
103 (Refused)

A. **(1st response in #14)**

_____ _____
_____ (3127 - 3129)

B. **(2nd response in #14)**

_____ _____
_____ (3130 - 3132)

C. **(3rd response in #14)**

_____ _____
_____ (3133 - 3135)

D. **(4th response in #14)**

_____ _____
_____ (3136 - 3138)

E. **(5th response in #14)**

_____ _____
_____ (3139 - 3141)

F. **(6th response in #14)**

_____ _____
_____ (3142 - 3144)

G. **(7th response in #14)**

_____ _____
_____ (3145 - 3147)

73. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (3148 - 3150)

I. **(9th response in #14)**

_____ _____
_____ (3151 - 3153)

74. Does this plan limit the amount it will cover for in-patient hospital stays during a plan year? Do not include plan limits for skilled nursing or mental health services. **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(3154)

B. **(2nd response in #14)** _____(3155)

C. **(3rd response in #14)** _____(3156)

D. **(4th response in #14)** _____(3157)

E. **(5th response in #14)** _____(3158)

F. **(6th response in #14)** _____(3159)

G. **(7th response in #14)** _____(3160)

H. **(8th response in #14)** _____(3161)

I. **(9th response in #14)** _____(3162)

(If code 2, 3 or 4 in #74 A-I, as appropriate, Skip to #77; Otherwise, Continue)

75. **(If code 1 in #74 A-I, ask:)** What is the maximum amount the plan will cover for [**(If code 2 in #30 A-I, read:)** in-network] in-patient hospital stays during a plan year? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/number of days)**

(Response given in dollars)

0000000	(Response not given in dollars)
9999997	$9,999,997+
DK	(DK)
RF	(Refused)

(Response given in days)

000	(Response not given in days)
997	997+
998	(DK)
999	(Refused)

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3163 - 3169)

(Response given in days)

_____ _____
_____ (3170 - 3172)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3173 - 3179)

(Response given in days)

_____ _____
_____ (3180 - 3182)

75. (Continued:)

C. **(3rd response in #14)**

(Response given in dollars)

_____ (3183 - 3189)

(Response given in days)

_____ (3190 - 3192)

D. **(4th response in #14)**

(Response given in dollars)

_____ (3200 - 3206)

(Response given in days)

_____ (3207 - 3209)

E. **(5th response in #14)**

(Response given in dollars)

_____ (3210 - 3216)

(Response given in days)

_____ (3217 - 3219)

75. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3220 - 3226)

(Response given in days)

_____ _____
_____ (3227 - 3229)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3230 - 3236)

(Response given in days)

_____ _____
_____ (3237 - 3239)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3240 - 3246)

(Response given in days)

_____ _____
_____ (3247 - 3249)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3250 - 3256)

(Response given in days)

_____ _____
_____ (3257 - 3259)

76. **(If code 2 in #30 A-I, ask:)** What is the maximum amount the plan will cover for out-of-network in-patient hospital stays during a plan year? **(Display A-I, as appropriate)** (Open ended **and code actual dollar amount without cents/number of days)**

(Response given in dollars)
0000000 (Response not given in dollars)
9999997 $9,999,997+
DK (DK)
RF (Refused)

(Response given in days)
000 (Response not given in days)
997 997+
998 (DK)
999 (Refused)

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3261 - 3267)

(Response given in days)

_____ _____
_____ (3268 - 3270)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3271 - 3277)

(Response given in days)

_____ _____
_____ (3278 - 3280)

76. (Continued:)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3281 - 3287)

(Response given in days)

_____ _____
_____ (3288 - 3290)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3300 - 3306)

(Response given in days)

_____ _____
_____ (3307 - 3309)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3310 - 3316)

(Response given in days)

_____ _____
_____ (3317 - 3319)

76. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3320 - 3326)

(Response given in days)

_____ _____
_____ (3327 - 3329)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3330 - 3336)

(Response given in days)

_____ _____
_____ (3337 - 3339)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3340 - 3346)

(Response given in days)

_____ _____
_____ (3347 - 3349)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3350 - 3356)

(Response given in days)

_____ _____
_____ (3357 - 3359)

77. Does this plan provide prescription drug benefits to enrollees who are active employees? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (Separately administered plan)
4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(3360)

B. **(2nd response in #14)** _____(3361)

C. **(3rd response in #14)** _____(3362)

D. **(4th response in #14)** _____(3363)

E. **(5th response in #14)** _____(3364)

F. **(6th response in #14)** _____(3365)

G. **(7th response in #14)** _____(3366)

H. **(8th response in #14)** _____(3367)

I. **(9th response in #14)** _____(3368)

**(If code 3 in #77 A-I, as appropriate, Continue;
If code 1 in #77 A-I, as appropriate, Skip to #79;
Otherwise, Skip to #88)**

78. **(If code 3 in #77 A-I, ask:)** Are the costs of the prescription drug benefit included in the premium? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(3369)

B. **(2nd response in #14)** _____(3370)

C. **(3rd response in #14)** _____(3371)

78. (Continued:)

D. **(4th response in #14)** _____(3372)

E. **(5th response in #14)** _____(3373)

F. **(6th response in #14)** _____(3374)

G. **(7th response in #14)** _____(3375)

H. **(8th response in #14)** _____(3376)

I. **(9th response in #14)** _____(3377)

(If code 2, 3 or 4 in #78 A-I, as appropriate, Skip to #88; Otherwise, Continue)

79. Do active employees enrolled in this plan pay the same amount for all prescription drugs or does the amount vary by type of drug? **(Display A-I, as appropriate)**

1 Same amount for all prescription drugs
2 Amount varies by type of drug
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(3378)

B. **(2nd response in #14)** _____(3379)

C. **(3rd response in #14)** _____(3380)

D. **(4th response in #14)** _____(3381)

E. **(5th response in #14)** _____(3382)

F. **(6th response in #14)** _____(3383)

G. **(7th response in #14)** _____(3384)

H. **(8th response in #14)** _____(3385)

I. **(9th response in #14)** _____(3386)

80. **(If code 2 in #79 A-I, as appropriate, ask:)** How many tiers or levels does the plan have for prescription drugs [**(If code 2 in #30 A-I, as appropriate, read:)** purchased in an in-network pharmacy]? (Open ended and code) **(Display A-I, as appropriate)**

1 4 TIERS/LEVELS
2 3 TIERS/LEVELS
3 2 TIERS/LEVELS

4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(3387)

B. **(2nd response in #14)** _____(3388)

C. **(3rd response in #14)** _____(3389)

D. **(4th response in #14)** _____(3390)

E. **(5th response in #14)** _____(3391)

F. **(6th response in #14)** _____(3392)

G. **(7th response in #14)** _____(3393)

H. **(8th response in #14)** _____(3394)

I. **(9th response in #14)** _____(3395)

81. Do enrollees in this plan pay a fixed amount or percentage of a prescription drug charge? **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: If both co-payment and co-insurance depending upon type of drug, code both)**

1 Fixed amount (Co-payment)
2 Percentage (Co-insurance)
3 (Both)
4 (DK)
5 (Refused)

A. **(1st response in #14)** _____(3400)

B. **(2nd response in #14)** _____(3401)

C. **(3rd response in #14)** _____(3402)

81. (Continued:)

D. **(4th response in #14)** _____(3403)

E. **(5th response in #14)** _____(3404)

F. **(6th response in #14)** _____(3405)

G. **(7th response in #14)** _____(3406)

H. **(8th response in #14)** _____(3407)

I. **(9th response in #14)** _____(3408)

**(If code 4 or 5 in #81 A-I, as appropriate, Skip to #86;
If code 1 in #79 A-I, as appropriate, Skip to #85;
If code 3 in #80 A-I, as appropriate, Skip to #84;
If code 2 in #80 A-I, as appropriate, Skip to #83
If code 1 in #80 A-I, as appropriate, Continue;
Otherwise, Skip to #86)**

82. **(If code 1 in #80 A-I, as appropriate, ask:)** For a 30 day supply of a prescription [**(If code 2 in #30 A-I, as appropriate, read:)** purchased in an in-network pharmacy], [**(If code 1 in #81 A-I, as appropriate, read:)** how much is the co-payment for the/**(If code 2 in #81 A-I, as appropriate, read:)** what percentage of the drug charges are paid by enrollees for the/**(If code 3 in #81 A-I, as appropriate)** how much is the co-payment and what percentage of the drug charges are paid by enrollees for the] **(read a-d)**? (Open ended **and code actual dollar amount without cents/percentage) (Display A-I, as appropriate)**

(Response given in dollars)
000 (Response not given in dollars)
997 $997+
998 (DK)
999 (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

a. Highest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____ (3409 - 3411)

(Response given in percentage)

_____ _____ (3412 - 3414)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____ (3415 - 3417)

(Response given in percentage)

_____ _____ (3418 - 3420)

82. (Continued:)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3421 - 3423)

(Response given in percentage)

_____ _____
_____ (3424 - 3426)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3427 - 3429)

(Response given in percentage)

_____ _____
_____ (3430 - 3432)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3433 - 3435)

(Response given in percentage)

_____ _____
_____ (3436 - 3438)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3439 - 3441)

(Response given in percentage)

_____ _____
_____ (3442 - 3444)

82. (Continued:)

G. **(7th response in #14)**

(Response given in dollars)

_____ (3445 - 3447)

(Response given in percentage)

_____ (3448 - 3450)

H. **(8th response in #14)**

(Response given in dollars)

_____ (3451 - 3453)

(Response given in percentage)

_____ (3454 - 3456)

I. **(9th response in #14)**

(Response given in dollars)

_____ (3457 - 3459)

(Response given in percentage)

_____ (3460 - 3462)

82. (Continued:)

b. Second highest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3463 - 3465)

(Response given in percentage)

_____ _____
_____ (3466 - 3468)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3469 - 3471)

(Response given in percentage)

_____ _____
_____ (3472 - 3474)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3475 - 3477)

(Response given in percentage)

_____ _____
_____ (3478 - 3480)

82. (Continued:)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3481 - 3483)

(Response given in percentage)

_____ _____
_____ (3484 - 3486)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3487 - 3489)

(Response given in percentage)

_____ _____
_____ (3490 - 3492)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3493 - 3495)

(Response given in percentage)

_____ _____
_____ (3496 - 3498)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3500 - 3502)

(Response given in percentage)

_____ _____
_____ (3503 - 3505)

82. (Continued:)

H. **(8th response in #14)**

(Response given in dollars)

_____ (3506 - 3508)

(Response given in percentage)

_____ (3509 - 3511)

I. **(9th response in #14)**

(Response given in dollars)

_____ (3512 - 3514)

(Response given in percentage)

_____ (3515 - 3517)

c. Third highest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ (3518 - 3520)

(Response given in percentage)

_____ (3521 - 3523)

82. (Continued:)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3524 - 3526)

(Response given in percentage)

_____ _____
_____ (3527 - 3529)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3530 - 3532)

(Response given in percentage)

_____ _____
_____ (3533 - 3535)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3536 - 3538)

(Response given in percentage)

_____ _____
_____ (3539 - 3541)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3542 - 3544)

(Response given in percentage)

_____ _____
_____ (3545 - 3547)

82. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3548 - 3550)

(Response given in percentage)

_____ _____
_____ (3551 - 3553)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3554 - 3556)

(Response given in percentage)

_____ _____
_____ (3557 - 3559)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3560 - 3562)

(Response given in percentage)

_____ _____
_____ (3563 - 3565)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3566 - 3568)

(Response given in percentage)

_____ _____
_____ (3569 - 3571)

82. (Continued:)

d. Lowest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3572 - 3574)

(Response given in percentage)

_____ _____
_____ (3575 - 3577)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3578 - 3580)

(Response given in percentage)

_____ _____
_____ (3581 - 3583)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3584 - 3586)

(Response given in percentage)

_____ _____
_____ (3587 - 3589)

82. (Continued:)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3590 - 3592)

(Response given in percentage)

_____ _____
_____ (3593 - 3595)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3596 - 3598)

(Response given in percentage)

_____ _____
_____ (3600 - 3602)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3603 - 3605)

(Response given in percentage)

_____ _____
_____ (3606 - 3608)

82. (Continued:)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3609 - 3611)

(Response given in percentage)

_____ _____
_____ (3612 - 3614)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3615 - 3617)

(Response given in percentage)

_____ _____
_____ (3618 - 3620)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3621 - 3623)

(Response given in percentage)

_____ _____
_____ (3624 - 3626)

83. **(If code 2 in #80 A-I, as appropriate, ask:)** For a 30 day supply of a prescription [**(If code 2 in #30 A-I, as appropriate, read:)** purchased in an in-network pharmacy], [**(If code 1 in #81 A-I, as appropriate, read:)** how much is the co-payment for the/**(If code 2 in #81 A-I, as appropriate, read:)** what percentage of the drug charges are paid by enrollees for the/**(If code 3 in #81 A-I, as appropriate)** how much is the co-payment and what percentage of the drug charges are paid by enrollees for the] **(read a-c)**? (Open ended **and code actual dollar amount without cents/percentage)** **(Display A-I, as appropriate)**

(Response given in dollars)
000 (Response not given in dollars)
997 $997+
998 (DK)
999 (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

a. Highest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3709 - 3711)

(Response given in percentage)

_____ _____
_____ (3712 - 3714)

83. (Continued:)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3715 - 3717)

(Response given in percentage)

_____ _____
_____ (3718 - 3720)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3721 - 3723)

(Response given in percentage)

_____ _____
_____ (3724 - 3726)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3727 - 3729)

(Response given in percentage)

_____ _____
_____ (3730 - 3732)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3733 - 3735)

(Response given in percentage)

_____ _____
_____ (3736 - 3738)

83. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3739 - 3741)

(Response given in percentage)

_____ _____
_____ (3742 - 3744)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3745 - 3747)

(Response given in percentage)

_____ _____
_____ (3748 - 3750)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3751 - 3753)

(Response given in percentage)

_____ _____
_____ (3754 - 3756)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3757 - 3759)

(Response given in percentage)

_____ _____
_____ (3760 - 3762)

83. (Continued:)

b. Mid-cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3763 - 3765)

(Response given in percentage)

_____ _____
_____ (3766 - 3768)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3769 - 3771)

(Response given in percentage)

_____ _____
_____ (3772 - 3774)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3775 - 3777)

(Response given in percentage)

_____ _____
_____ (3778 - 3780)

83. (Continued:)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3781 - 3783)

(Response given in percentage)

_____ _____
_____ (3784 - 3786)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3787 - 3789)

(Response given in percentage)

_____ _____
_____ (3790 - 3792)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3793 - 3795)

(Response given in percentage)

_____ _____
_____ (3796 - 3798)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3800 - 3802)

(Response given in percentage)

_____ _____
_____ (3803 - 3805)

83. (Continued:)

H. **(8th response in #14)**

(Response given in dollars)

_____ (3806 - 3808)

(Response given in percentage)

_____ (3809 - 3811)

I. **(9th response in #14)**

(Response given in dollars)

_____ (3812 - 3814)

(Response given in percentage)

_____ (3815 - 3817)

c. Lowest cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ (3818 - 3820)

(Response given in percentage)

_____ (3821 - 3823)

83. (Continued:)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3824 - 3826)

(Response given in percentage)

_____ _____
_____ (3827 - 3829)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3830 - 3832)

(Response given in percentage)

_____ _____
_____ (3833 - 3835)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3836 - 3838)

(Response given in percentage)

_____ _____
_____ (3839 - 3841)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3842 - 3844)

(Response given in percentage)

_____ _____
_____ (3845 - 3847)

83. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3848 - 3850)

(Response given in percentage)

_____ _____
_____ (3851 - 3853)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3854 - 3856)

(Response given in percentage)

_____ _____
_____ (3857 - 3859)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3860 - 3862)

(Response given in percentage)

_____ _____
_____ (3863 - 3865)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3866 - 3868)

(Response given in percentage)

_____ _____
_____ (3869 - 3871)

84. **(If code 3 in #80 A-I, as appropriate, ask:)** For a 30 day supply of a prescription [**(If code 2 in #30 A-I, as appropriate, read:)** purchased in an in-network pharmacy], [**(If code 1 in #81 A-I, as appropriate, read:)** how much is the co-payment for the/**(If code 2 in #81 A-I, as appropriate, read:)** what percentage of the drug charges are paid by enrollees for the/**(If code 3 in #81 A-I, as appropriate)** how much is the co-payment and what percentage of the drug charges are paid by enrollees for the] **(read a-b)**? (Open ended **and code actual dollar amount without cents/percentage) (Display A-I, as appropriate)**

(Response given in dollars)
000 (Response not given in dollars)
997 $997+
998 (DK)
999 (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

a. High cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3872 - 3874)

(Response given in percentage)

_____ _____
_____ (3875 - 3877)

84. (Continued:)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3878 - 3880)

(Response given in percentage)

_____ _____
_____ (3881 - 3883)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3884 - 3886)

(Response given in percentage)

_____ _____
_____ (3887 - 3889)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3890 - 3892)

(Response given in percentage)

_____ _____
_____ (3893 - 3895)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3896 - 3898)

(Response given in percentage)

_____ _____
_____ (3900 - 3902)

84. (Continued:)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3903 - 3905)

(Response given in percentage)

_____ _____
_____ (3906 - 3908)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3909 - 3911)

(Response given in percentage)

_____ _____
_____ (3912 - 3914)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3915 - 3917)

(Response given in percentage)

_____ _____
_____ (3918 - 3920)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3921 - 3923)

(Response given in percentage)

_____ _____
_____ (3924 - 3926)

84. (Continued:)

b. Low cost prescription

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (3927 - 3929)

(Response given in percentage)

_____ _____
_____ (3930 - 3932)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (3933 - 3935)

(Response given in percentage)

_____ _____
_____ (3936 - 3938)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (3939 - 3941)

(Response given in percentage)

_____ _____
_____ (3942 - 3944)

84. (Continued:)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (3945 - 3947)

(Response given in percentage)

_____ _____
_____ (3948 - 3950)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (3951 - 3953)

(Response given in percentage)

_____ _____
_____ (3954 - 3956)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (3957 - 3959)

(Response given in percentage)

_____ _____
_____ (3960 - 3962)

84. (Continued:)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (3963 - 3965)

(Response given in percentage)

_____ _____
_____ (3966 - 3968)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (3969 - 3971)

(Response given in percentage)

_____ _____
_____ (3972 - 3974)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (3975 - 3977)

(Response given in percentage)

_____ _____
_____ (3978 - 3980)

85. **(If code 1 in #79 A-I, as appropriate, ask:)** For a 30 day supply of a prescription [**(If code 2 in #30 A-I, as appropriate, read:)** purchased in an in-network pharmacy], [**(If code 1 in #81 A-I, as appropriate, read:)** how much is the co-payment/**(If code 2 in #81 A-I, as appropriate, read:)** what percentage of the drug charges are paid by enrollees/**(If code 3 in #81 A-I, as appropriate)** how much is the co-payment and what percentage of the drug charges are paid by enrollees]? (Open ended **and code actual dollar amount without cents/percentage)** **(Display A-I, as appropriate)**

(Response given in dollars)
000 (Response not given in dollars)
997 $997+
998 (DK)
999 (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

A. **(1st response in #14)**

(Response given in dollars)

_____ _____
_____ (4000 - 4002)

(Response given in percentage)

_____ _____
_____ (4003 - 4005)

B. **(2nd response in #14:)**

(Response given in dollars)

_____ _____
_____ (4006 - 4008)

(Response given in percentage)

_____ _____
_____ (4009 - 4011)

85. (Continued:)

C. **(3rd response in #14)**

(Response given in dollars)

_____ _____
_____ (4012 - 4014)

(Response given in percentage)

_____ _____
_____ (4015 - 4017)

D. **(4th response in #14)**

(Response given in dollars)

_____ _____
_____ (4018 - 4020)

(Response given in percentage)

_____ _____
_____ (4021 - 4023)

E. **(5th response in #14)**

(Response given in dollars)

_____ _____
_____ (4024 - 4026)

(Response given in percentage)

_____ _____
_____ (4027 - 4029)

F. **(6th response in #14)**

(Response given in dollars)

_____ _____
_____ (4030 - 4032)

(Response given in percentage)

_____ _____
_____ (4033 - 4035)

85. (Continued:)

G. **(7th response in #14)**

(Response given in dollars)

_____ _____
_____ (4036 - 4038)

(Response given in percentage)

_____ _____
_____ (4039 - 4041)

H. **(8th response in #14)**

(Response given in dollars)

_____ _____
_____ (4042 - 4044)

(Response given in percentage)

_____ _____
_____ (4045 - 4047)

I. **(9th response in #14)**

(Response given in dollars)

_____ _____
_____ (4048 - 4050)

(Response given in percentage)

_____ _____
_____ (4051 - 4053)

86. Does this plan limit the annual amount it will pay in prescription benefits? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)** _____(4054)

B. **(2nd response in #14)** _____(4055)

C. **(3rd response in #14)** _____(4056)

D. **(4th response in #14)** _____(4057)

E. **(5th response in #14)** _____(4058)

F. **(6th response in #14)** _____(4059)

G. **(7th response in #14)** _____(4060)

H. **(8th response in #14)** _____(4061)

I. **(9th response in #14)** _____(4062)

87. **(If code 1 in #86 A-I, as appropriate, ask:)** What is the maximum amount per year this plan will pay in prescription benefits? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)**

9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (4063 - 4069)

B. **(2nd response in #14:)**

_____ _____
_____ (4070 - 4076)

87. (Continued:)

C. **(3rd response in #14)**

_____ (4077 - 4083)

D. **(4th response in #14)**

_____ (4084 - 4090)

E. **(5th response in #14)**

_____ (4091 - 4097)

F. **(6th response in #14)**

_____ (4100 - 4106)

G. **(7th response in #14)**

_____ (4107 - 4113)

H. **(8th response in #14)**

_____ (4114 - 4120)

I. **(9th response in #14)**

_____ (4121 - 4127)

OTHER BENEFITS

88. Does this plan cover **(read a-f)**? **(Display A-I, as appropriate)**

1 Yes
2 No
3 (DK)
4 (Refused)

A. **(1st response in #14)**

a. Out-patient mental health services _____(4128)

b. In-patient mental health services _____(4129)

c. Alcohol and substance abuse treatment _____(4130)

d. Routine dental care _____(4131)

e. Orthodontic care _____(4132)

f. Vision care _____(4133)

B. **(2nd response in #14:)**

a. Out-patient mental health services _____(4134)

b. In-patient mental health services _____(4135)

c. Alcohol and substance abuse treatment _____(4136)

d. Routine dental care _____(4137)

e. Orthodontic care _____(4138)

f. Vision care _____(4139)

88. (Continued:)

C. **(3rd response in #14)**

a. Out-patient mental health services _____(4140)

b. In-patient mental health services _____(4141)

c. Alcohol and substance abuse treatment _____(4142)

d. Routine dental care _____(4143)

e. Orthodontic care _____(4144)

f. Vision care _____(4145)

D. **(4th response in #14)**

a. Out-patient mental health services _____(4146)

b. In-patient mental health services _____(4147)

c. Alcohol and substance abuse treatment _____(4148)

d. Routine dental care _____(4149)

e. Orthodontic care _____(4150)

f. Vision care _____(4151)

E. **(5th response in #14)**

a. Out-patient mental health services _____(4152)

b. In-patient mental health services _____(4153)

c. Alcohol and substance abuse treatment _____(4154)

d. Routine dental care _____(4155)

e. Orthodontic care _____(4156)

f. Vision care _____(4157)

88. (Continued:)

F. **(6th response in #14)**

a. Out-patient mental health services _____(4158)

b. In-patient mental health services _____(4159)

c. Alcohol and substance abuse treatment _____(4160)

d. Routine dental care _____(4161)

e. Orthodontic care _____(4162)

f. Vision care _____(4163)

G. **(7th response in #14)**

a. Out-patient mental health services _____(4164)

b. In-patient mental health services _____(4165)

c. Alcohol and substance abuse treatment _____(4166)

d. Routine dental care _____(4167)

e. Orthodontic care _____(4168)

f. Vision care _____(4169)

H. **(8th response in #14)**

a. Out-patient mental health services _____(4170)

b. In-patient mental health services _____(4171)

c. Alcohol and substance abuse treatment _____(4172)

d. Routine dental care _____(4173)

e. Orthodontic care _____(4174)

f. Vision care _____(4175)

88. (Continued:)

I. **(9th response in #14)**

a. Out-patient mental health services _____(4176)

b. In-patient mental health services _____(4177)

c. Alcohol and substance abuse treatment _____(4178)

d. Routine dental care _____(4179)

e. Orthodontic care _____(4180)

f. Vision care _____(4181)

89. The next question is about enrollees out-of-pocket expenses. An out-of-pocket expense is all the money that an enrollee pays for care and treatment, including deductibles and co-payments, but excluding premiums. Under this plan, what is the maximum annual out-of-pocket expense for an active employee with individual coverage? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: If necessary, read:)** This is often referred to as a catastrophic limit.

0000000 No individual maximum
9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (4200 - 4206)

B. **(2nd response in #14:)**

_____ _____
_____ (4207 - 4213)

89. (Continued:)

C. **(3rd response in #14)**

_____ (4214 - 4220)

D. **(4th response in #14)**

_____ (4221 - 4227)

E. **(5th response in #14)**

_____ (4228 - 4234)

F. **(6th response in #14)**

_____ (4235 - 4241)

G. **(7th response in #14)**

_____ (4242 - 4248)

H. **(8th response in #14)**

_____ (4249 - 4255)

I. **(9th response in #14)**

_____ (4256 - 4262)

**(If code 1 in #38 A-I, as appropriate OR
If code 1 in #46 A-I, as appropriate,
Skip to "Note" before #91;
Otherwise, Continue)**

90. Under this plan, what is the maximum annual out-of-pocket expense for an active employee with coverage for two adults and two children? (Open ended **and code actual dollar amount without cents)** **(Display A-I, as appropriate)** **(INTERVIEWER NOTE: If necessary, read:)** This is often referred to as a catastrophic limit.

0000000 No family maximum
9999997 $9,999,997+
DK (DK)
RF (Refused)

A. **(1st response in #14)**

_____ _____
_____ (4263 - 4269)

B. **(2nd response in #14:)**

_____ _____
_____ (4270 - 4276)

C. **(3rd response in #14)**

_____ _____
_____ (4277 - 4283)

D. **(4th response in #14)**

_____ _____
_____ (4284 - 4290)

E. **(5th response in #14)**

_____ _____
_____ (4291 - 4297)

F. **(6th response in #14)**

_____ _____
_____ (4300 - 4306)

G. **(7th response in #14)**

_____ _____
_____ (4307 - 4313)

90. (Continued:)

H. **(8th response in #14)**

_____ _____
_____ (4314 - 4320)

I. **(9th response in #14)**

_____ _____
_____ (4382 - 4388)

ESTABLISHMENT CHARACTERISTICS

(If code 02 in S1m, Skip to #92; Otherwise, Continue)

91. Which of the following categories best describes your company's industry? Service, retail trade, wholesale trade, financial, insurance and real estate, manufacturing, mineral, transportation, communications or utilities, or something else?

01 Something else (list)
02 (DK)
03 (Refused)
04 HOLD
05 HOLD

06 Service
07 Retail trade
08 Wholesale trade
09 Financial
10 Insurance and real estate
11 Manufacturing
12 Mineral
13 Transportation
14 Communications
15 Utilities

_____ _____
_____ (4389) (4390)

92. Including all permanent, temporary and seasonal employees, how many full and part-time employees does **(response in S1k)** currently have on the payroll in all locations? By locations, we mean separate addresses. (Open ended **and code actual number)**

0000001 One

0000002-
9999997 9,999,997+

DK (DK)
RF (Refused)

_____ _____
_____ (4321 - 4327)

**(If code 0000001 in #92,
Thank, Terminate and Save Case ID;
If code DK or RF in #92, Continue;
Otherwise, Skip to #94)**

93. Can you estimate the range? Would you say that the total number of employees in all locations is **(read 1-7)**?

1 2 to 9
2 10 to 24
3 25 to 49
4 50 to 99
5 100 to 999
6 1000 to 4,999, OR
7 5,000 or more

8 (DK)
9 (Refused) _____(4328)

94. Does **(response in S1k)** operate in more than one location? **(If necessary, read:)** By location, we mean separate addresses.

1 Yes - **(Continue)**

2 No **(Skip to #97)**
3 (DK) **(Skip to #97)**
4 (Refused) **(Skip to #97)** _____(4329)

95. **(If code 1 in #94, ask:)** Including all permanent, temporary and seasonal employees, how many full and part-time employees does **(response in S1k)** have on the payroll at this location, that is **(response in S1p)**? (Open ended **and code actual number)**

00001 One

00002-
99997 99,997+

DK (DK)
RF (Refused)

_____ _____
_____ (4391 - 4395)

(If code DK in #95, Continue; Otherwise, Skip to #97)

96. Can you estimate the range? Would you say that the total number of employees at this location is **(read 1-7)**?

1 2 to 9
2 10 to 24
3 25 to 49
4 50 to 99
5 100 to 999
6 1000 to 4,999, OR
7 5,000 or more

8 (DK)
9 (Refused) _____(4332)

97. What percentage or how many of the employees at this location are **(read A-C)**? (Open ended **and code actual number/percentage)**

(Response given in number)
00000 (Response not given in number)
99997 99,997+
DK (DK)
RF (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

A. Permanent full time

(Response given in number)

_____ _____
_____ (4333 - 4337)

(Response given in percentage)

_____ _____
_____ (4338 - 4340)

B. Permanent part-time

(Response given in number)

_____ _____
_____ (4341 - 4345)

(Response given in percentage)

_____ _____
_____ (4346 - 4348)

97. (Continued:)

C. Temporary or seasonal workers

(Response given in number)

_____ (4349 - 4353)

(Response given in percentage)

_____ (4354 - 4356)

98. Approximately what percentage or how many of all permanent employees at this location are women? (Open ended **and code actual number/percentage)**

(Response given in number)
00000 (Response not given in number)
99997 99,997+
DK (DK)
RF (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in number)

_____ (4357 - 4361)

(Response given in percentage)

_____ (4362 - 4364)

99. Approximately what percentage or how many of all permanent employees at this location are **(read A-B)**? (Open ended **and code actual number/percentage)**

(Response given in number)

00000 (Response not given in number)
99997 99,997+
DK (DK)
RF (Refused)

(Response given in percentage)

000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

A. Less than 30 years of age

(Response given in number)

_____ _____
_____ (4365 - 4369)

(Response given in percentage)

_____ _____
_____ (4370 - 4372)

B. 50 years of age or older

(Response given in number)

_____ _____
_____ (4373 - 4377)

(Response given in percentage)

_____ _____
_____ (4378 - 4380)

100. The next question is about employee compensation at this location. Is it easier to provide hourly wage rates or annual salaries?

1 Hourly
2 Annual
3 (Doesn't matter)
4 (DK/Don't know wage rates)
5 (Refused) _____(4381)

(If code 1 or 3 in #100, Continue; Otherwise, Skip to "Note" before #101)

100a. What percentage or how many of the permanent employees at this location earn **(read A-C)**? (Open ended **and code actual number/percentage)** **(SURVENT NOTE: If response in percentage, verify that total sums to 100%)**

(Response given in number)
00000 (Response not given in number)
99997 99,997+
DK (DK)
RF (Refused)

(Response given in percentage)
000 (Response not given in percentage)
LT Less than 1%
DK (DK)
RF (Refused)

A. Less than $9.50 an hour **(If necessary, read:)** Less than $20,000 per year

(Response given in number)

_____ _____
_____ (4400 - 4404)

(Response given in percentage)

_____ _____
_____ (4405 - 4407)

100a. (Continued:)

B. Between $9.50 and $21 per hour

(Response given in number)

_____ _____
_____ (4408 - 4412)

(Response given in percentage)

_____ _____
_____ (4413 - 4415)

C. More than $21 per hour

(Response given in number)

_____ _____
_____ (4416 - 4420)

(Response given in percentage)

_____ _____
_____ (4421 - 4423)

[Deleted Note]

101. **(If code 2 in #100, ask:)** Excluding overtime, what percentage or how many of the permanent full-time equivalent employees at this location earn **(read A-C)**? (Open ended **and code actual number/percentage)**

(Response given in number)

00000	(Response not given in number)
99997	99,997+
DK	(DK)
RF	(Refused)

(Response given in percentage)

000	(Response not given in percentage)
101	Less than 1%
102	(DK)
103	(Refused)

A. Less than $20,000 per year

(Response given in number)

_____ _____
_____ (4424 - 4428)

(Response given in percentage)

_____ _____
_____ (4429 - 4431)

B. Between $20,000 and $44,000 per year

(Response given in number)

_____ _____
_____ (4432 - 4436)

(Response given in percentage)

_____ _____
_____ (4437 - 4439)

101. (Continued:)

C. More than $44,000 per year

(Response given in number)

_____ _____
_____ (4440 - 4444)

(Response given in percentage)

_____ _____
_____ (4445 - 4447)

102. Approximately what percentage or how many of the total permanent employees at this location are union members? (Open ended **and code actual number/percentage)**

(Response given in number)
00000 (Response not given in number)
99997 99,997+
DK (DK)
RF (Refused)

(Response given in percentage)
000 (Response not given in percentage)
101 Less than 1%
102 (DK)
103 (Refused)

(Response given in number)

_____ _____
_____ (4448 - 4452)

(Response given in percentage)

_____ _____
_____ (4453 - 4455)

(READ:) Thank you for participating in this study. [**(If code 02-07 in S1i, read:)** We would like your address to send your incentive.] If you would like, we will send you the survey results when they are ready.

102a. May I ask your company name, your name, address and telephone number? **(INTERVIEWER NOTE: Ask for respondent's title)**

1 Information provided - **(Continue)**

2 Information not provided - **(Skip to #103)** _____(4456)

COMPANY:

_____ _____
_____ (4501 - 4540)

NAME:

_____ _____
_____ (4541 - 4580)

TITLE:

_____ _____
_____ (4581 - 4600)

ADDRESS #1:

_____ _____
_____ (4601 - 4640)

ADDRESS #2:

_____ _____
_____ (4641 - 4660)

CITY:

_____ _____
_____ (4661 - 4690)

STATE:

_____ _____
_____ (4691) (4692)

ZIP CODE:

_____ _____
_____ (4693 - 4697)

102a. (Continued:)

PHONE NUMBER:

_____ _____
_____ (4701 - 4710)

103. Because health plan usage is an extremely important topic in the United States, we may want to re-contact you later to confirm or ask a few more questions. Do we have your permission to call you back at another time if the need should arise?

1 Yes
2 No
3 (DK)
4 (Refused) _____(4711)

DEMOGRAPHICS BEGIN HERE:

(READ:) Thank you for your participation.

D1. GENDER: **(Do not ask; code only)**

1 Male
2 Female _____(4712)

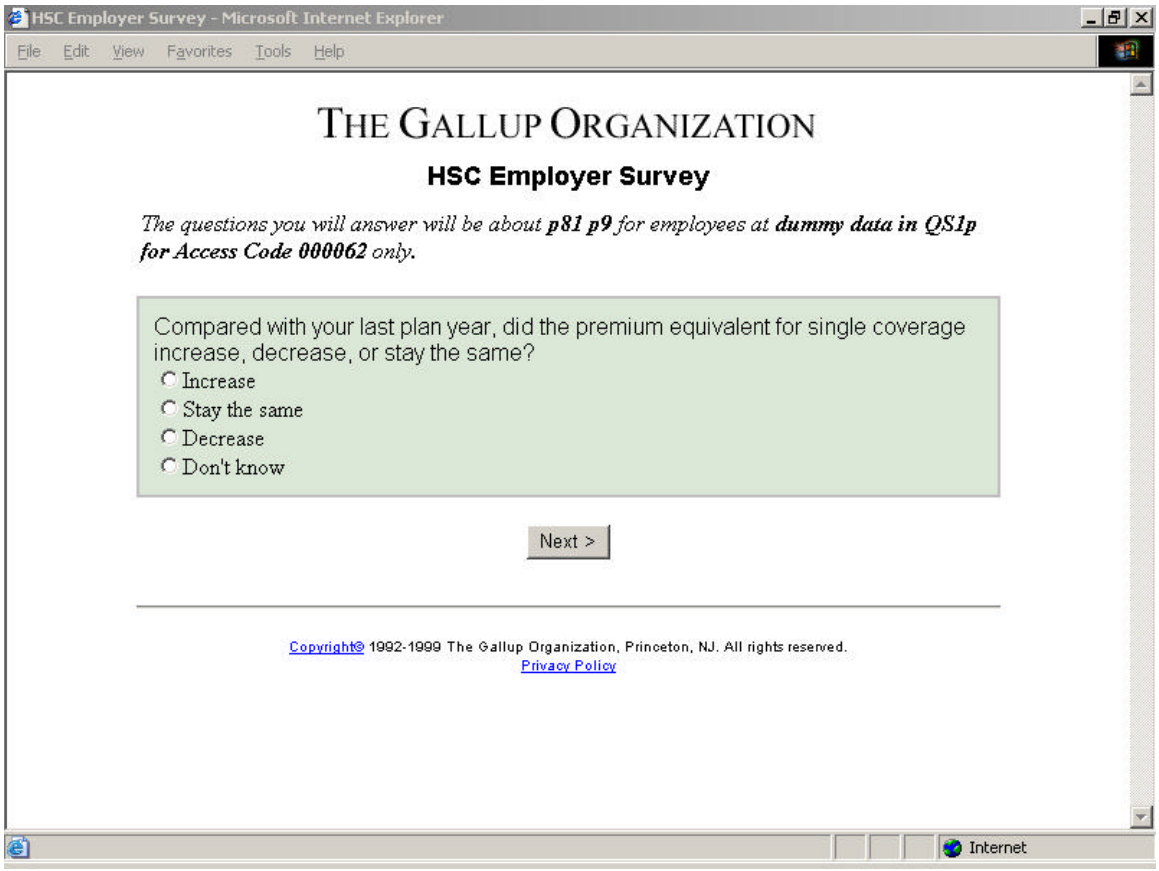
(VALIDATE PHONE NUMBER AND THANK RESPONDENT BY SAYING:)
Again, this is _____, with the Gallup Organization of _____. I would like to thank you for your time.

INTERVIEWER I.D. #: _____(571-574)

jlw\2002\Robert Wood Johnson Foundation\RWJ Employer Pilot 0207

APPENDIX G

WEB SCREENS FOR A SAMPLE PLAN


HSC Employer Survey - Microsoft Internet Explorer
File Edit View Favorites Tools Help
THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Compared with your last plan year, did the premium equivalent for single coverage increase, decrease, or stay the same?
Increase
Stay the same
Decrease
Don't know
Next >
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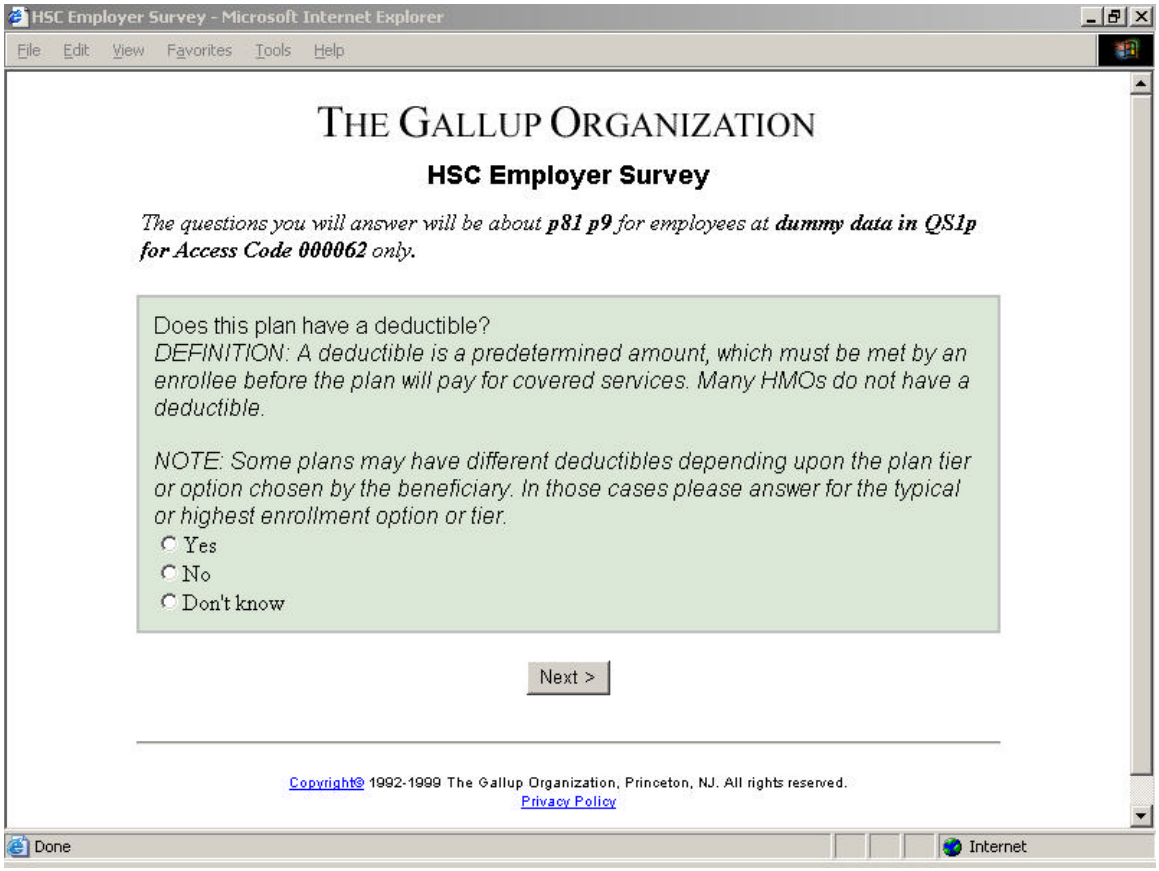
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Does this plan have a deductible?
DEFINITION: A deductible is a predetermined amount, which must be met by an enrollee before the plan will pay for covered services. Many HMOs do not have a deductible.
NOTE: Some plans may have different deductibles depending upon the plan tier or option chosen by the beneficiary. In those cases please answer for the typical or highest enrollment option or tier.
Yes
No
Don't know
Next >
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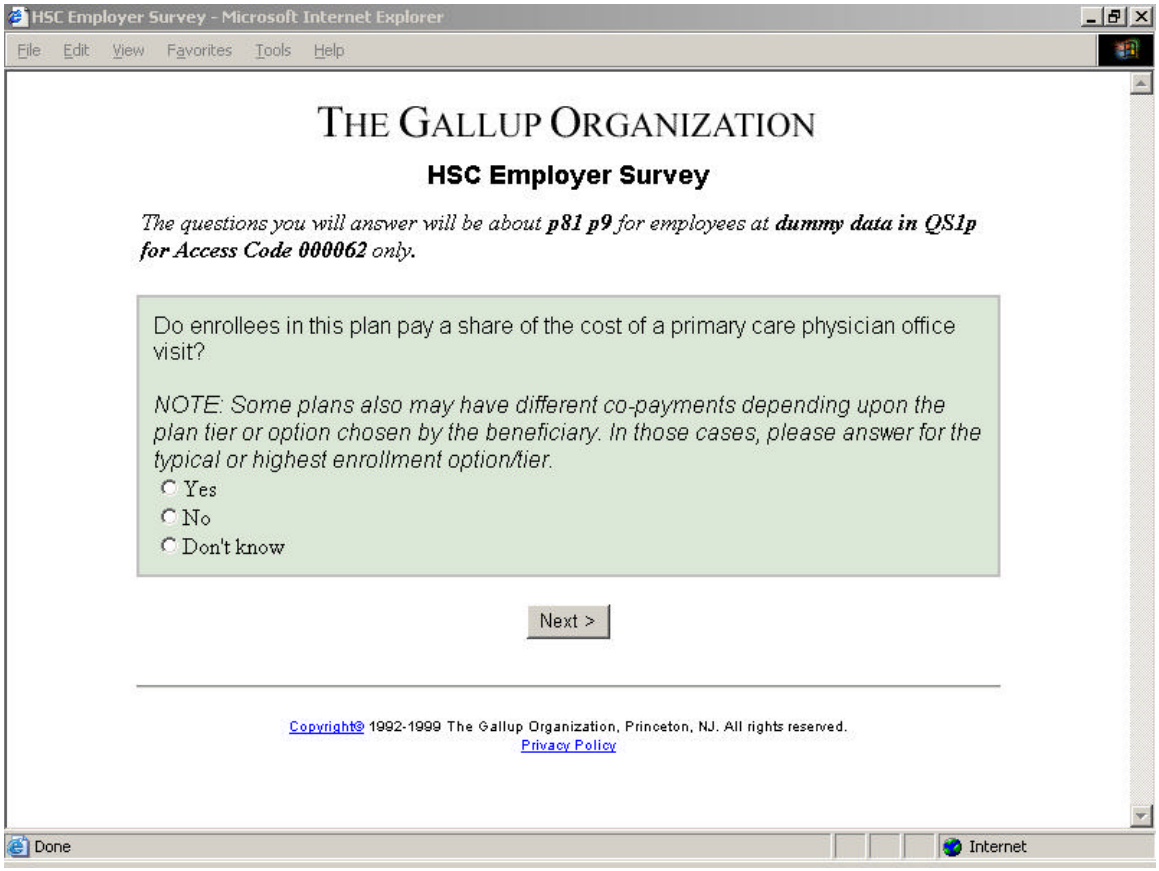
Done
Internet


HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Do enrollees in this plan pay a share of the cost of a primary care physician office visit?
NOTE: Some plans also may have different co-payments depending upon the plan tier or option chosen by the beneficiary. In those cases, please answer for the typical or highest enrollment option/tier.
Yes
No
Don't know
Next >
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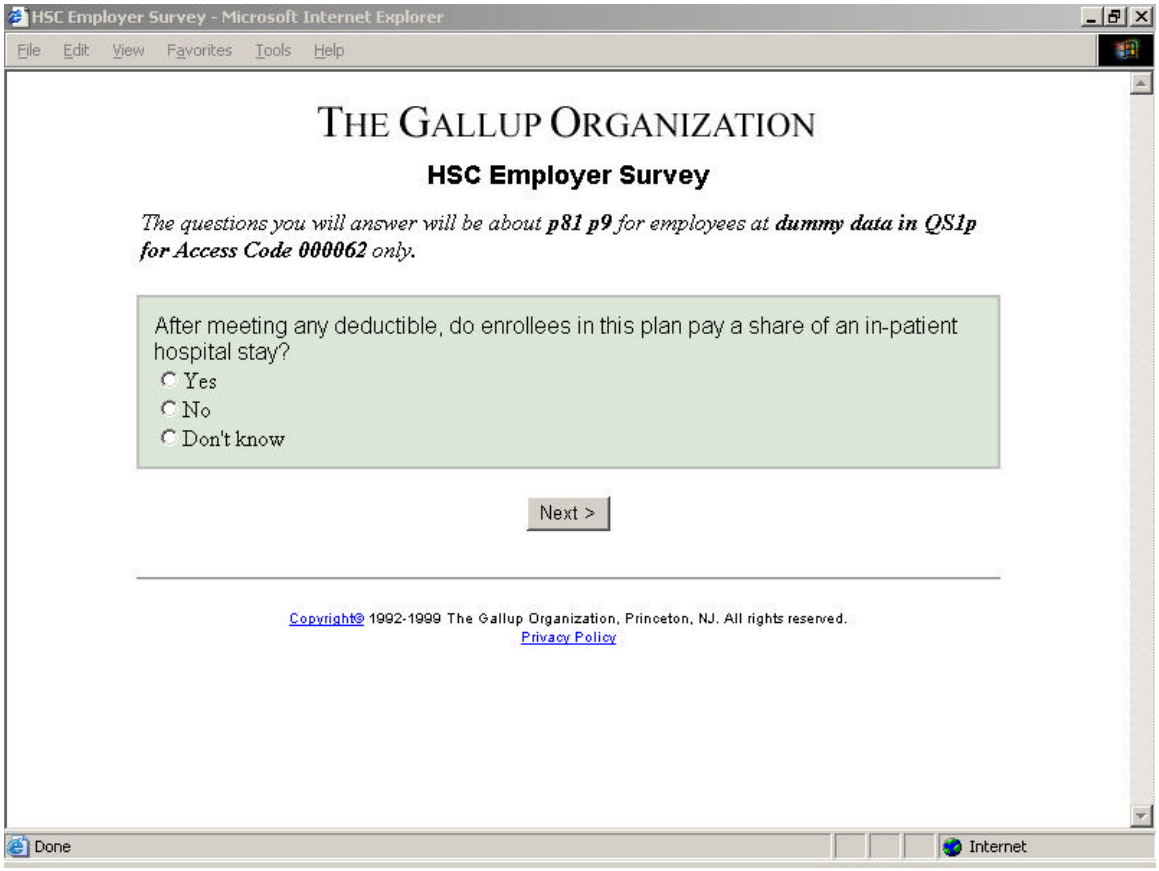
HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
After meeting any deductible, do enrollees in this plan pay a share of an in-patient hospital stay?
Yes
No
Don't know
Next >
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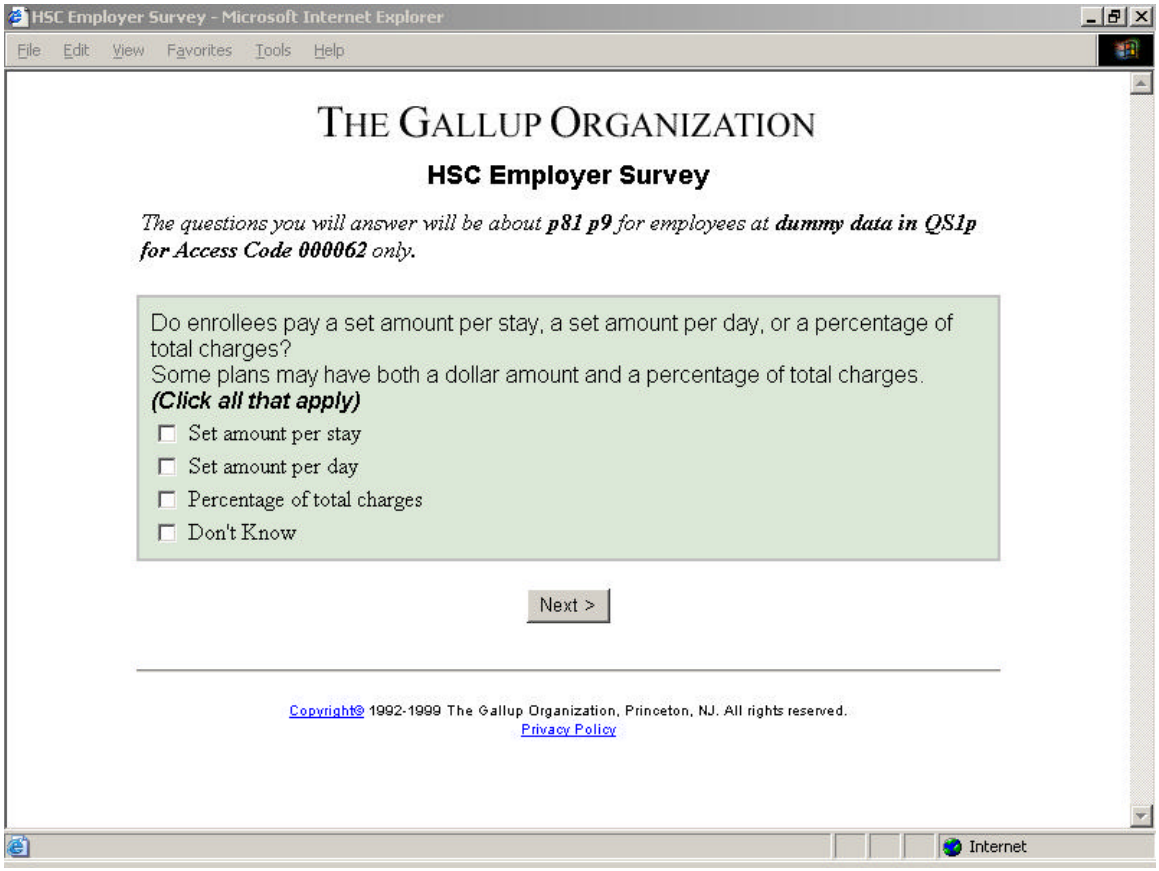
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Do enrollees pay a set amount per stay, a set amount per day, or a percentage of total charges?
Some plans may have both a dollar amount and a percentage of total charges.
(Click all that apply)
Set amount per stay
Set amount per day
Percentage of total charges
Don't Know
Next >
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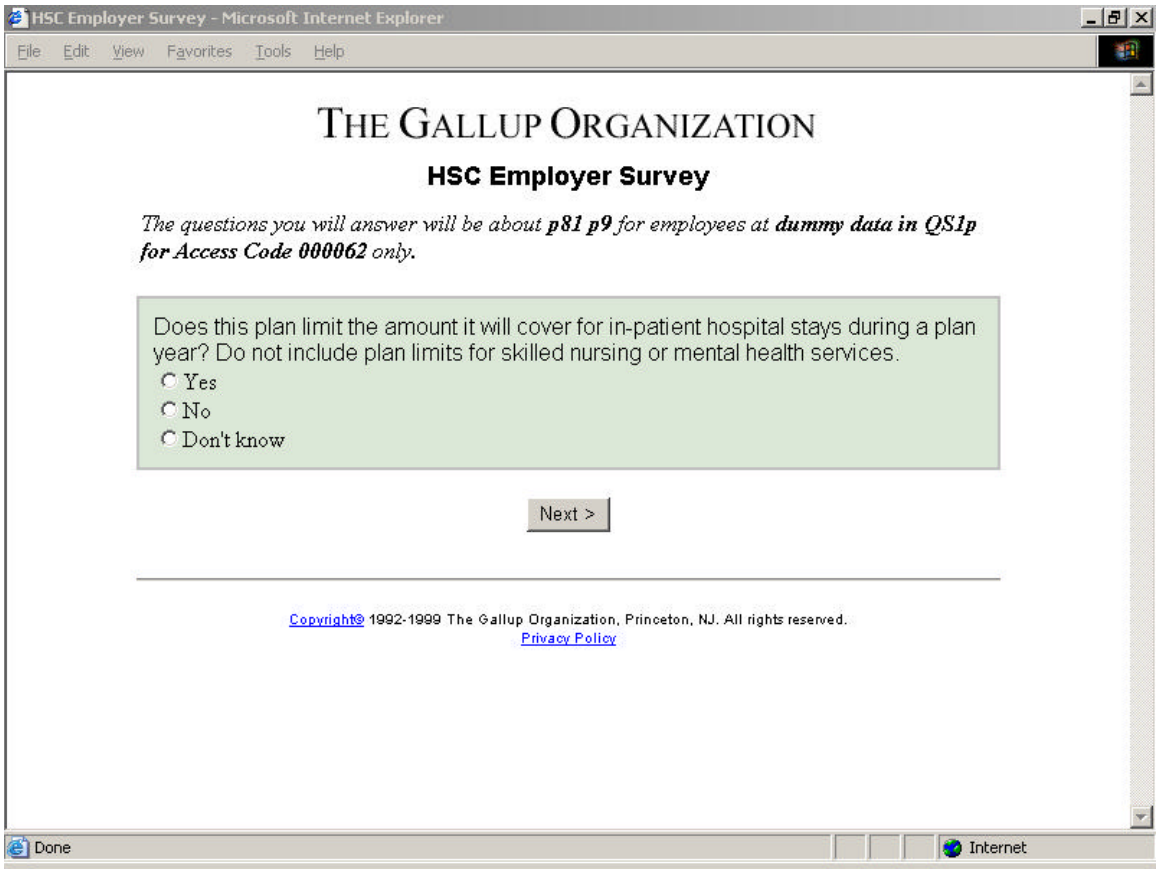
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Does this plan limit the amount it will cover for in-patient hospital stays during a plan year? Do not include plan limits for skilled nursing or mental health services.
Yes
No
Don't know
Next >
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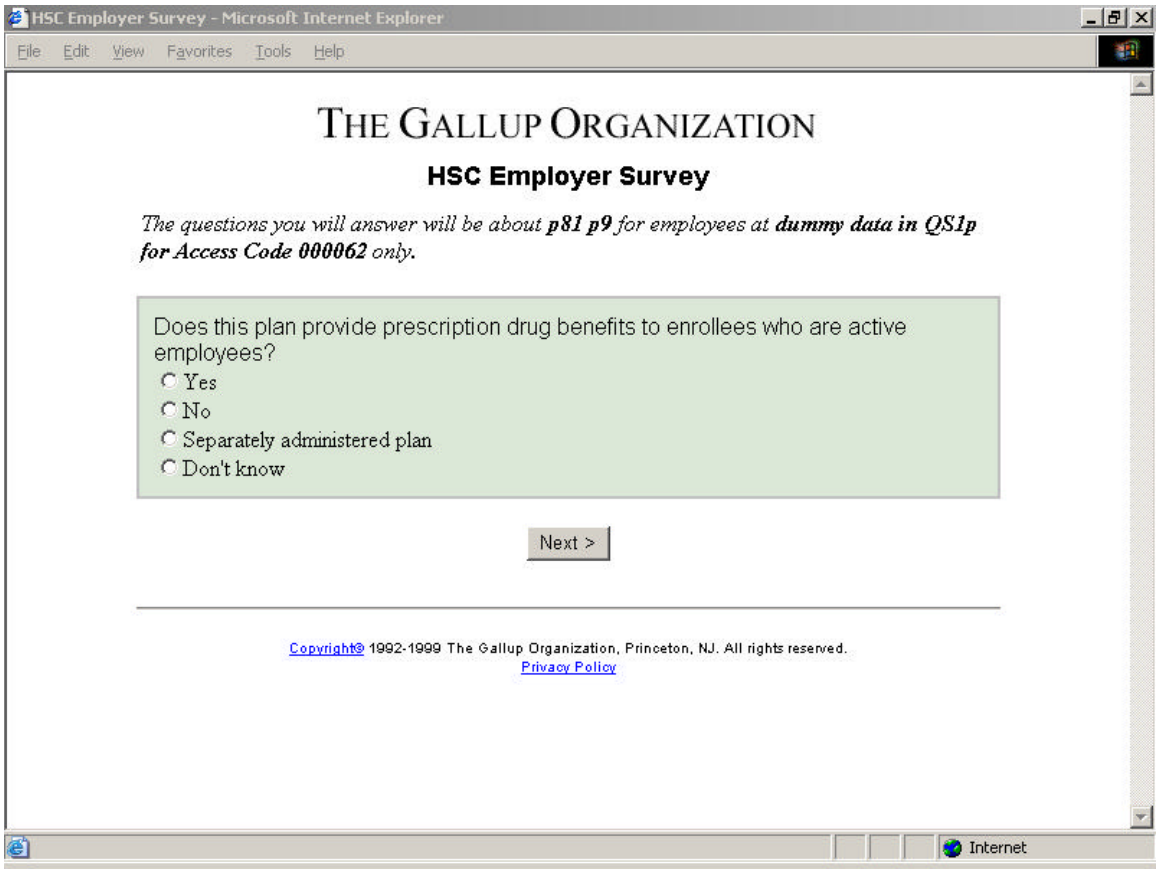
HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Does this plan provide prescription drug benefits to enrollees who are active employees?
Yes
No
Separately administered plan
Don't know
Next >
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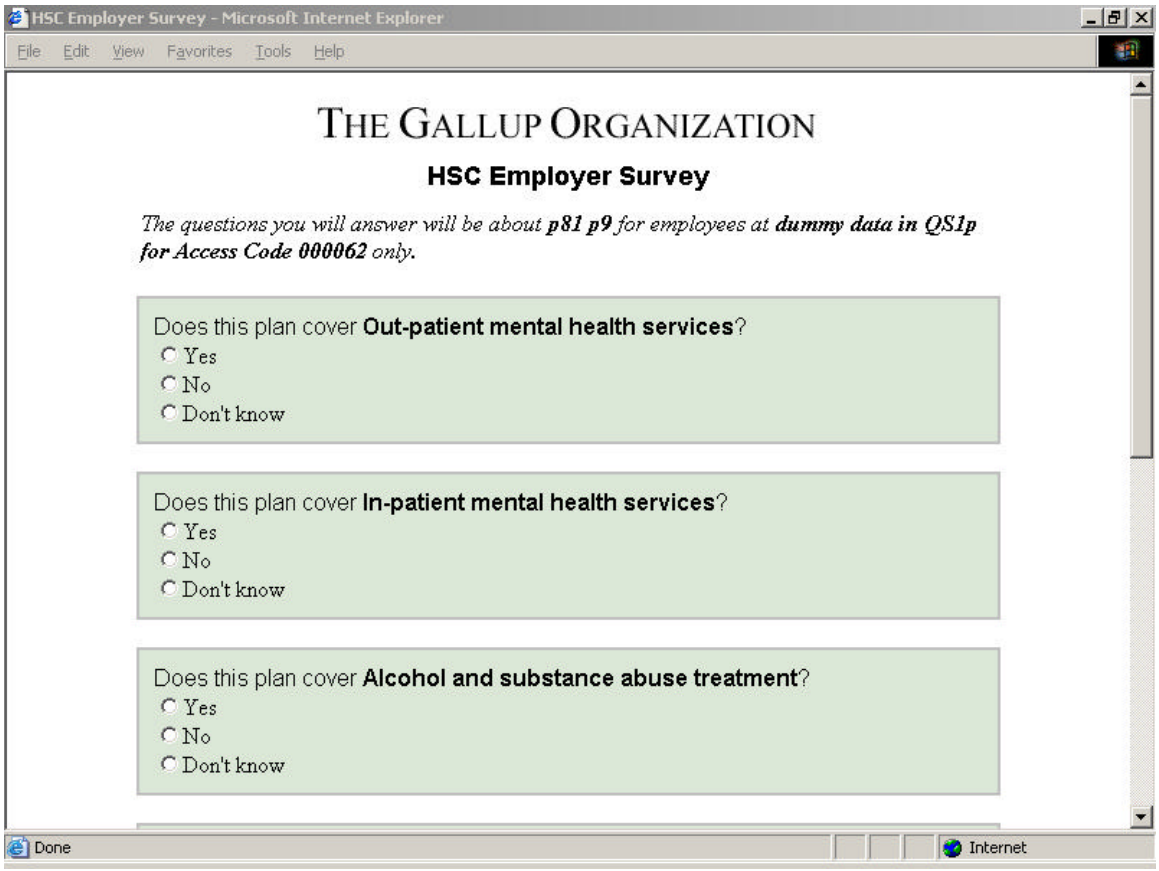
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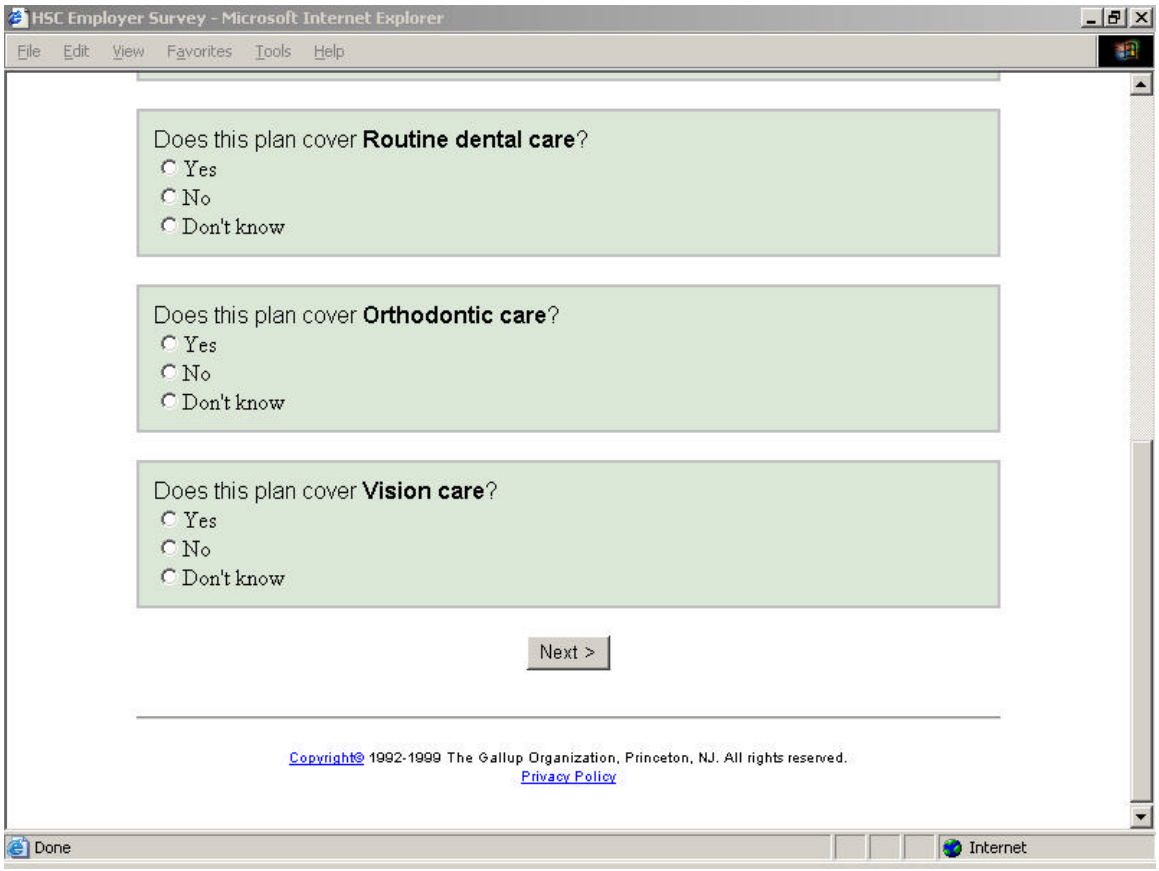
THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Does this plan cover Out-patient mental health services?
Yes
No
Don't know
Does this plan cover In-patient mental health services?
Yes
No
Don't know
Does this plan cover Alcohol and substance abuse treatment?
Yes
No
Don't know
Done
Internet


HSC Employer Survey - Microsoft Internet Explorer
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Does this plan cover Routine dental care?
Yes
No
Don't know
Does this plan cover Orthodontic care?
Yes
No
Don't know
Does this plan cover Vision care?
Yes
No
Don't know
Next >
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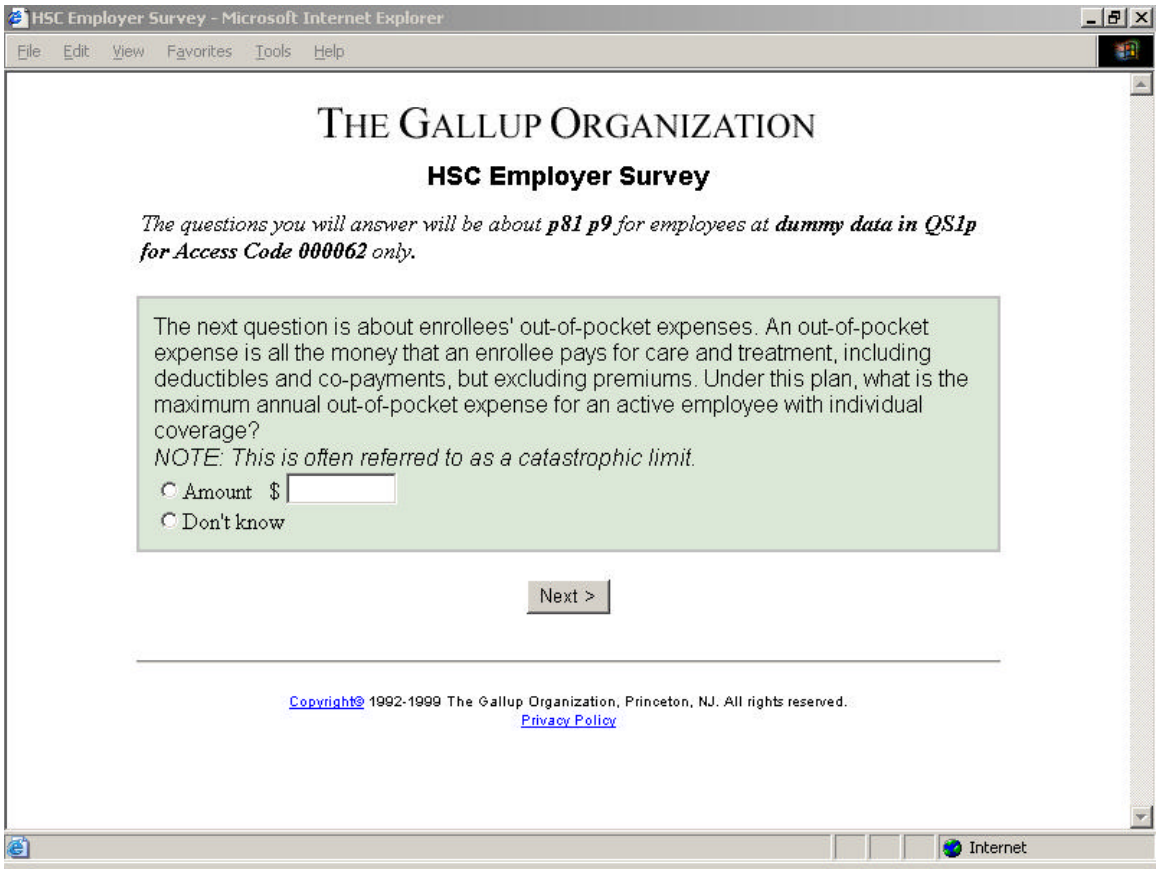
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
The next question is about enrollees' out-of-pocket expenses. An out-of-pocket expense is all the money that an enrollee pays for care and treatment, including deductibles and co-payments, but excluding premiums. Under this plan, what is the maximum annual out-of-pocket expense for an active employee with individual coverage?
NOTE: This is often referred to as a catastrophic limit.
Amount $
Don't know
Next >
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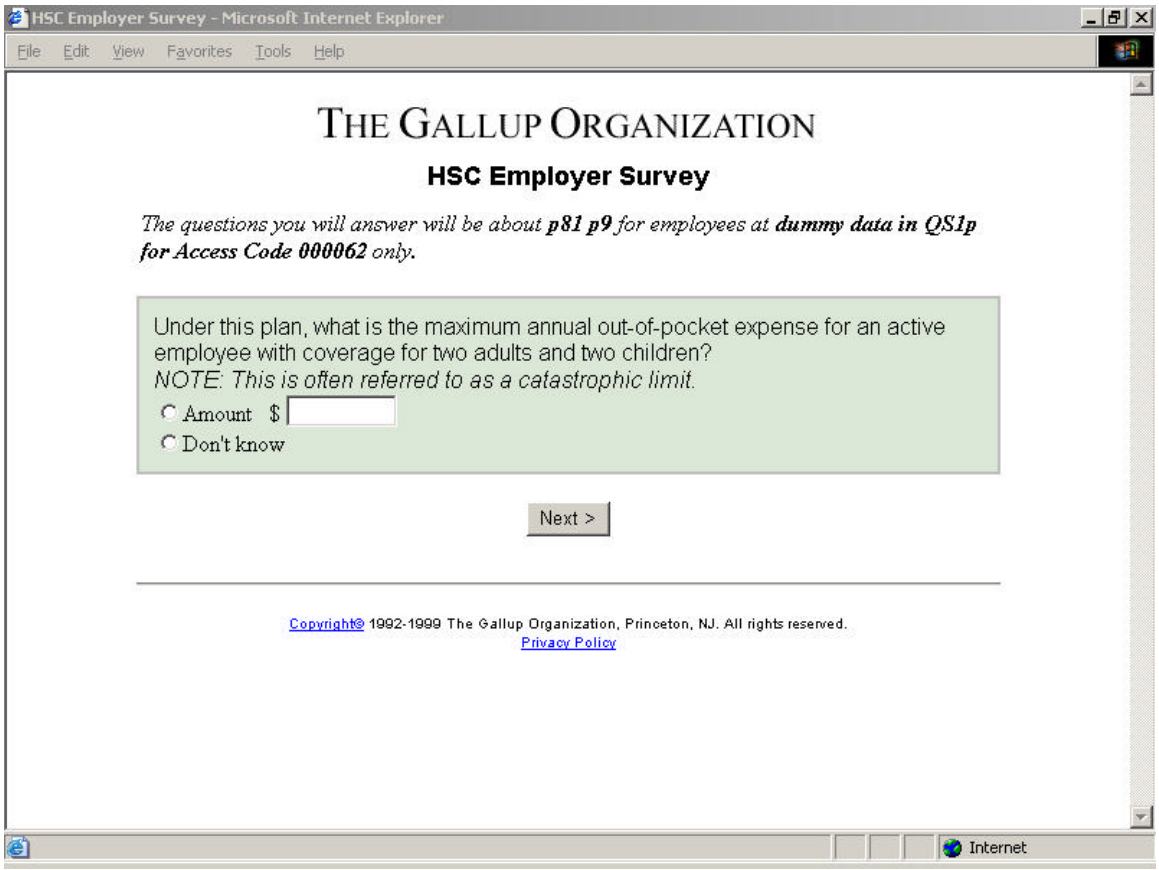
HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
The questions you will answer will be about p81 p9 for employees at dummy data in QS1p for Access Code 000062 only.
Under this plan, what is the maximum annual out-of-pocket expense for an active employee with coverage for two adults and two children?
NOTE: This is often referred to as a catastrophic limit.
Amount $
Don't know
Next >
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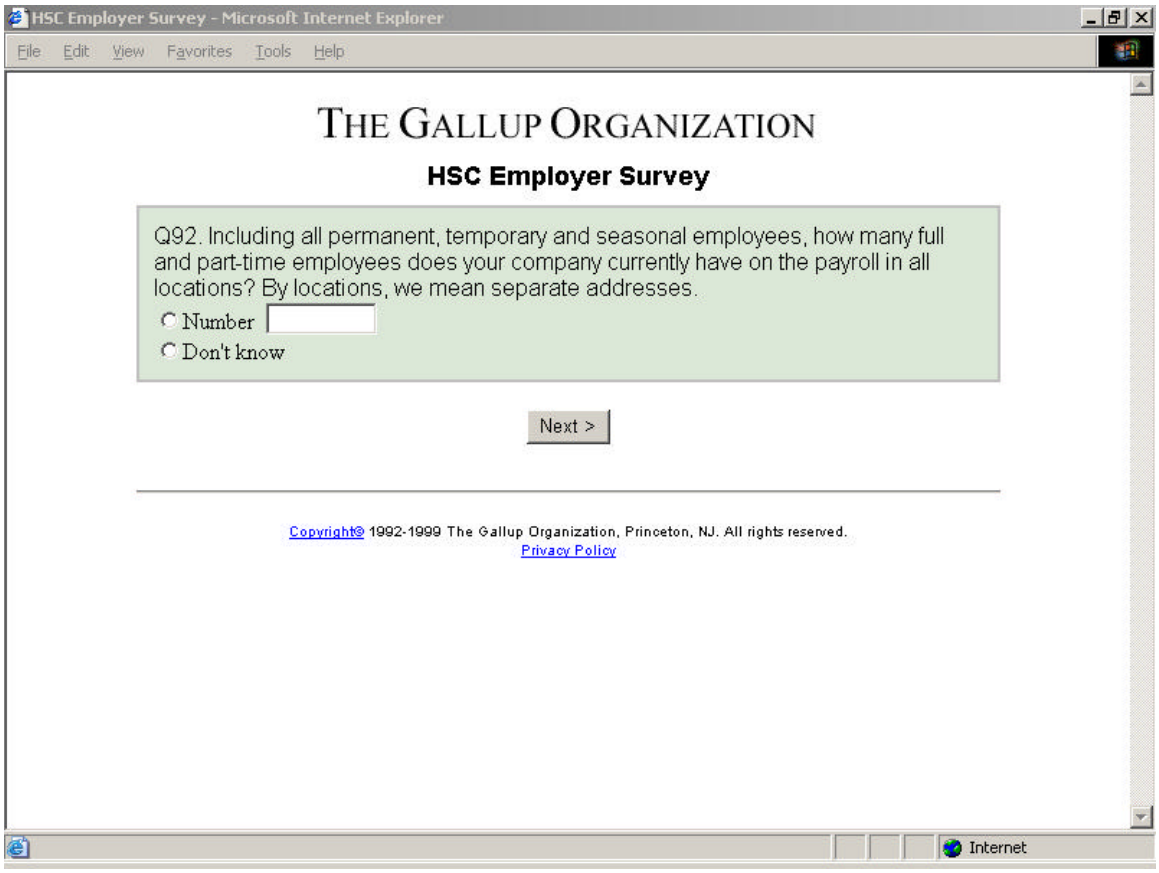
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q92. Including all permanent, temporary and seasonal employees, how many full and part-time employees does your company currently have on the payroll in all locations? By locations, we mean separate addresses.
Number
Don't know
Next >
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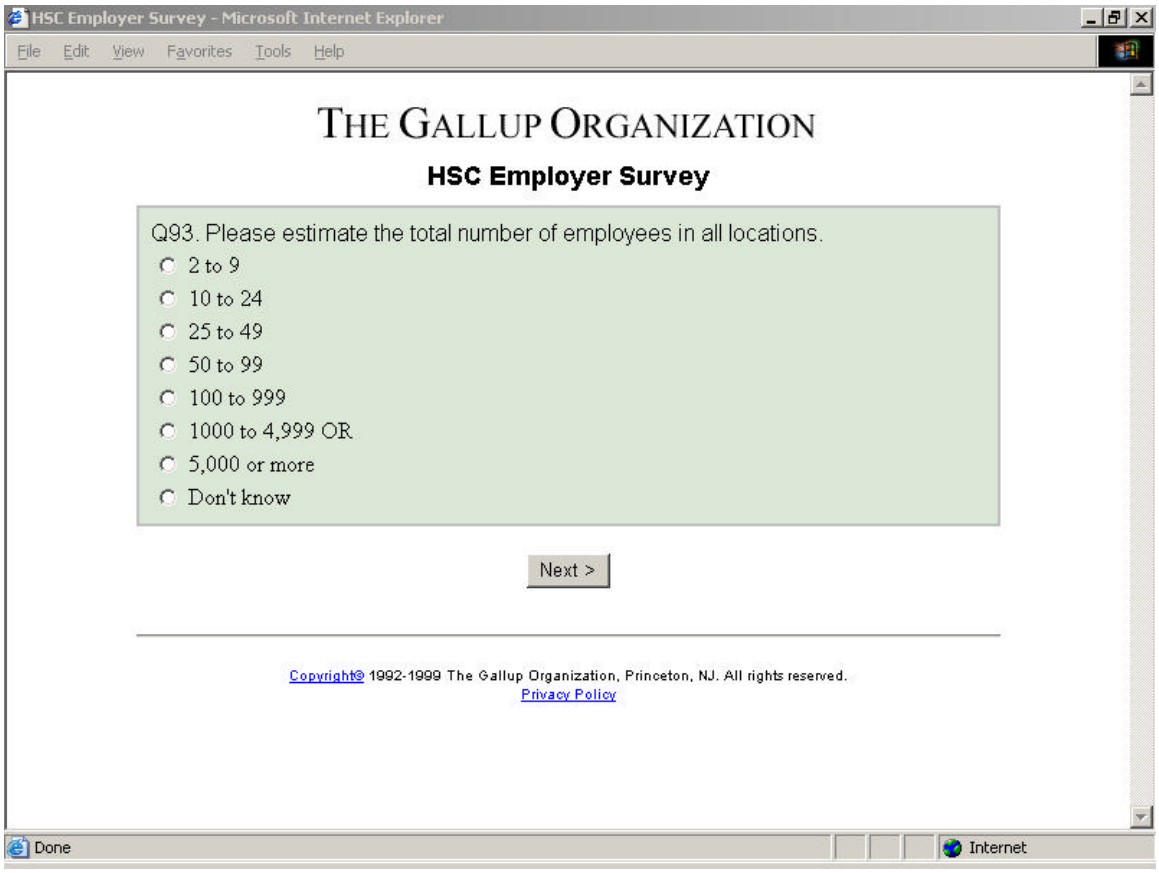
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q93. Please estimate the total number of employees in all locations.
2 to 9
10 to 24
25 to 49
50 to 99
100 to 999
1000 to 4,999 OR
5,000 or more
Don't know
Next >
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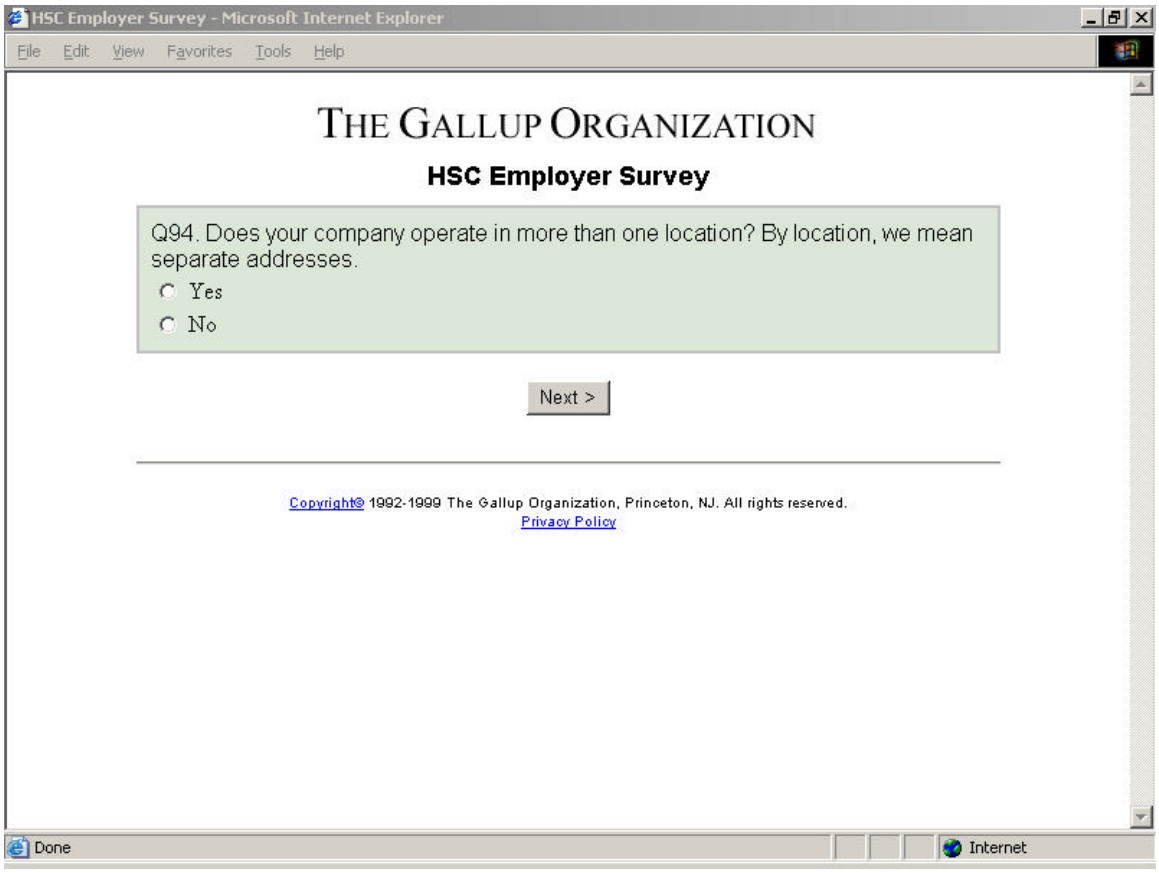
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q94. Does your company operate in more than one location? By location, we mean separate addresses.
Yes
No
Next >
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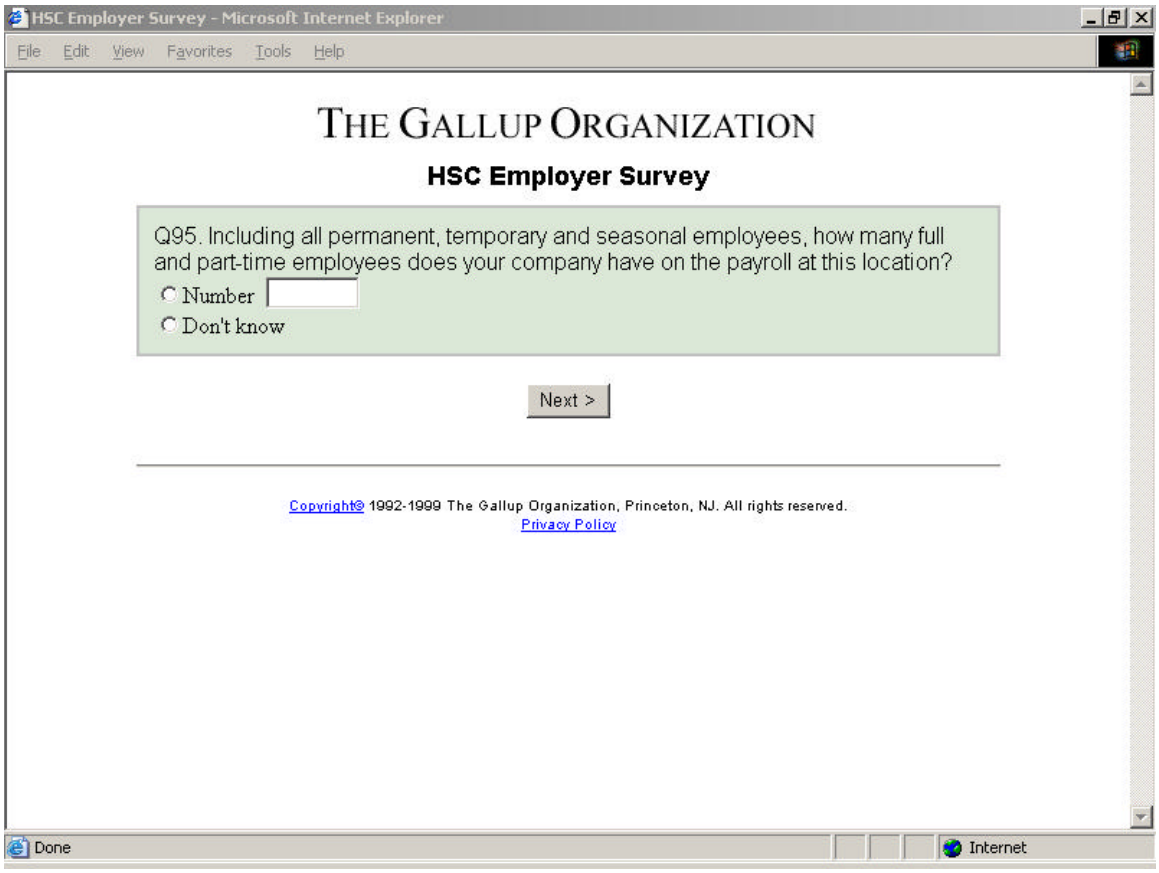
HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q95. Including all permanent, temporary and seasonal employees, how many full and part-time employees does your company have on the payroll at this location?
Number
Don't know
Next >
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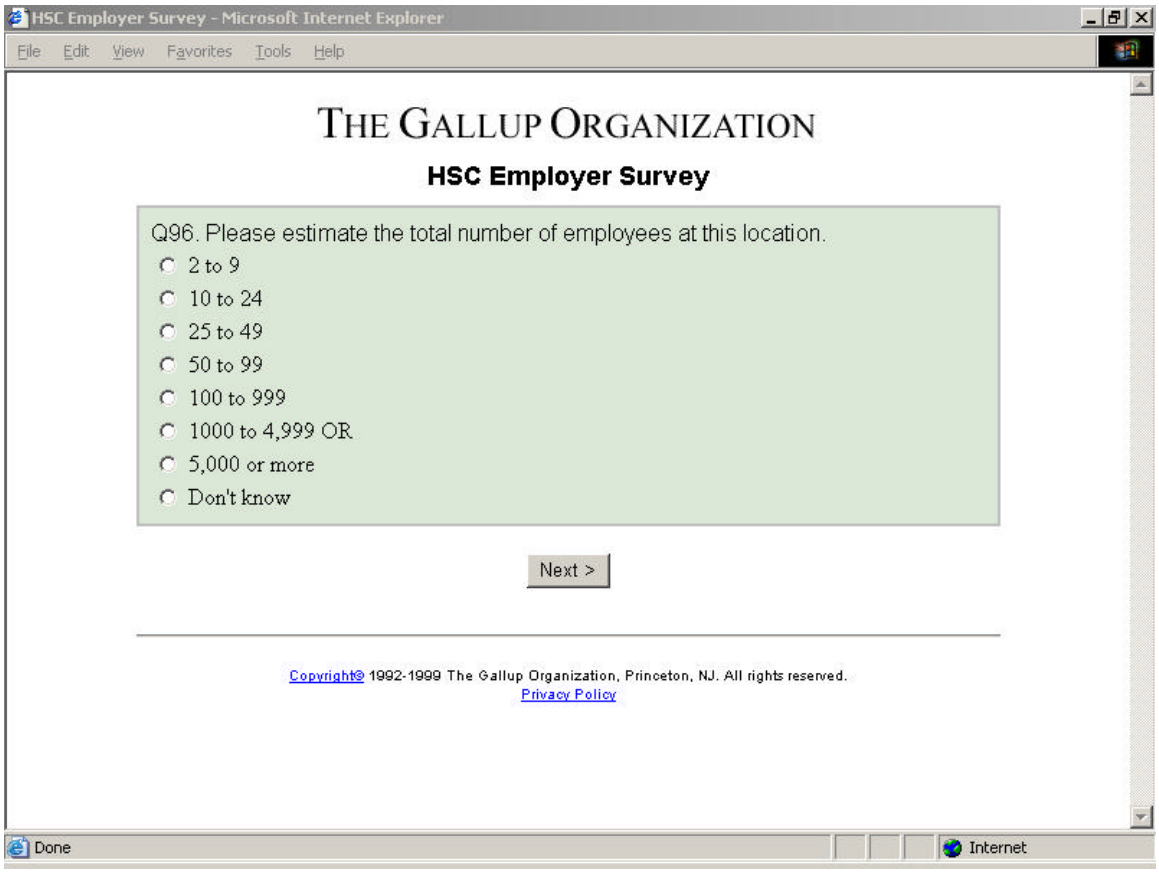
HSC Employer Survey - Microsoft Internet Explorer
File Edit View Favorites Tools Help
THE GALLUP ORGANIZATION
HSC Employer Survey
Q96. Please estimate the total number of employees at this location.
2 to 9
10 to 24
25 to 49
50 to 99
100 to 999
1000 to 4,999 OR
5,000 or more
Don't know
Next >
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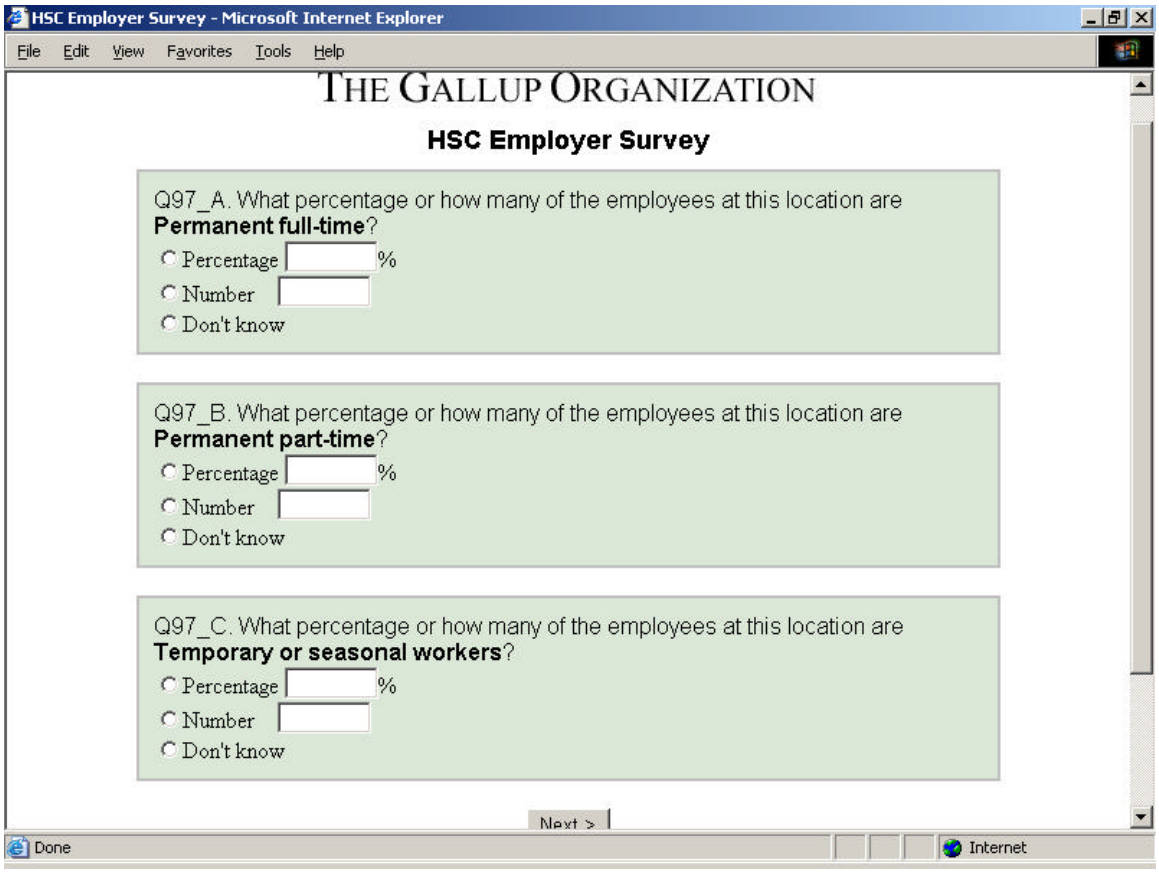
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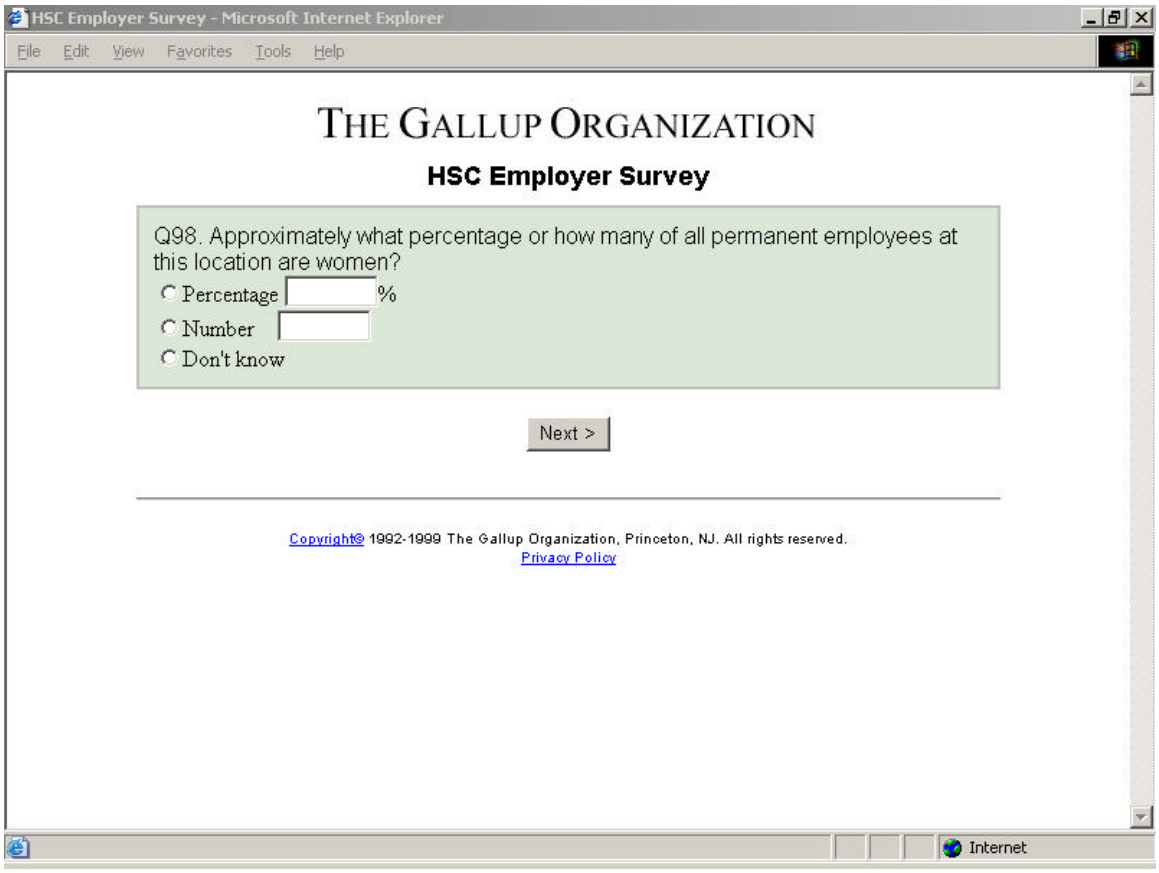
THE GALLUP ORGANIZATION
HSC Employer Survey
Q97_A. What percentage or how many of the employees at this location are Permanent full-time?
Percentage %
Number
Don't know
Q97_B. What percentage or how many of the employees at this location are Permanent part-time?
Percentage %
Number
Don't know
Q97_C. What percentage or how many of the employees at this location are Temporary or seasonal workers?
Percentage %
Number
Don't know
Next >
Done
Internet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THE GALLUP ORGANIZATION
HSC Employer Survey
Q98. Approximately what percentage or how many of all permanent employees at this location are women?
Percentage %
Number
Don't know
Next >
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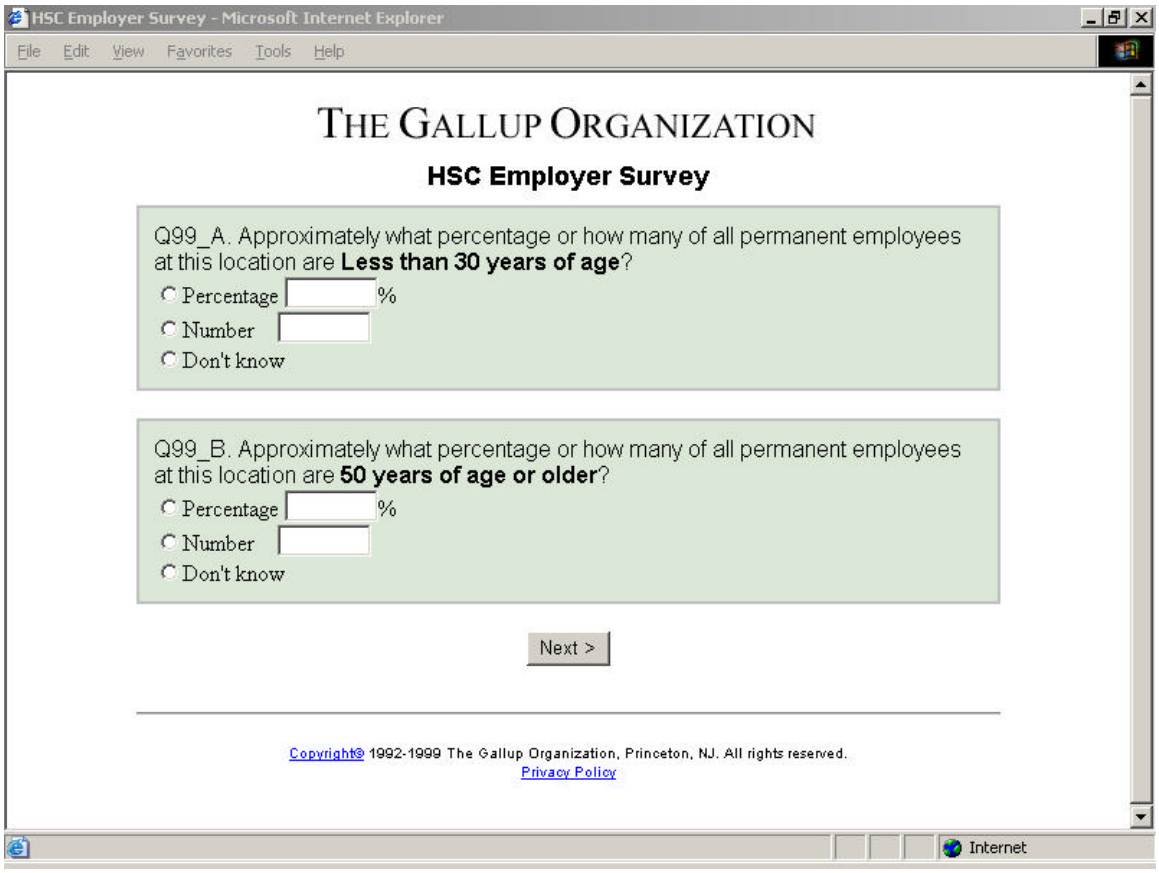
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q99_A. Approximately what percentage or how many of all permanent employees at this location are Less than 30 years of age?
Percentage %
Number
Don't know
Q99_B. Approximately what percentage or how many of all permanent employees at this location are 50 years of age or older?
Percentage %
Number
Don't know
Next >
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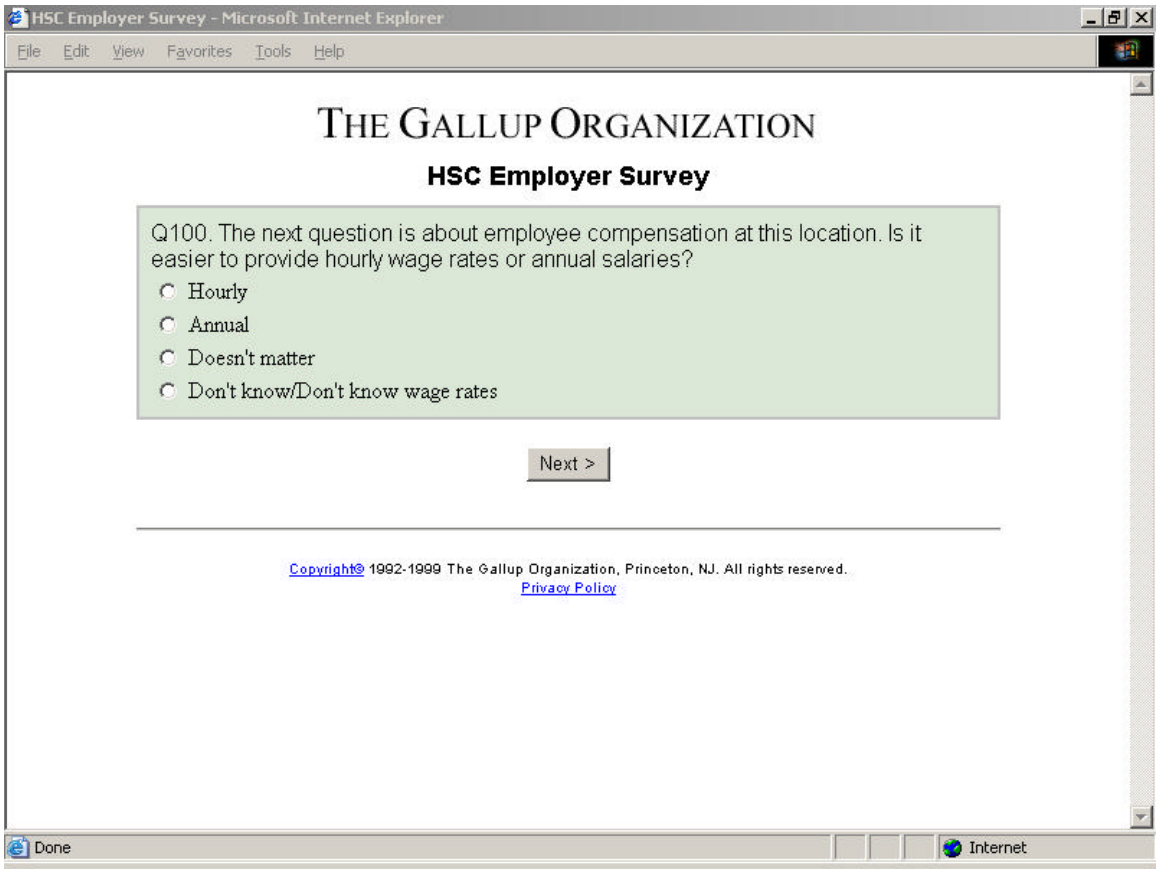
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q100. The next question is about employee compensation at this location. Is it easier to provide hourly wage rates or annual salaries?
Hourly
Annual
Doesn't matter
Don't know/Don't know wage rates
Next >
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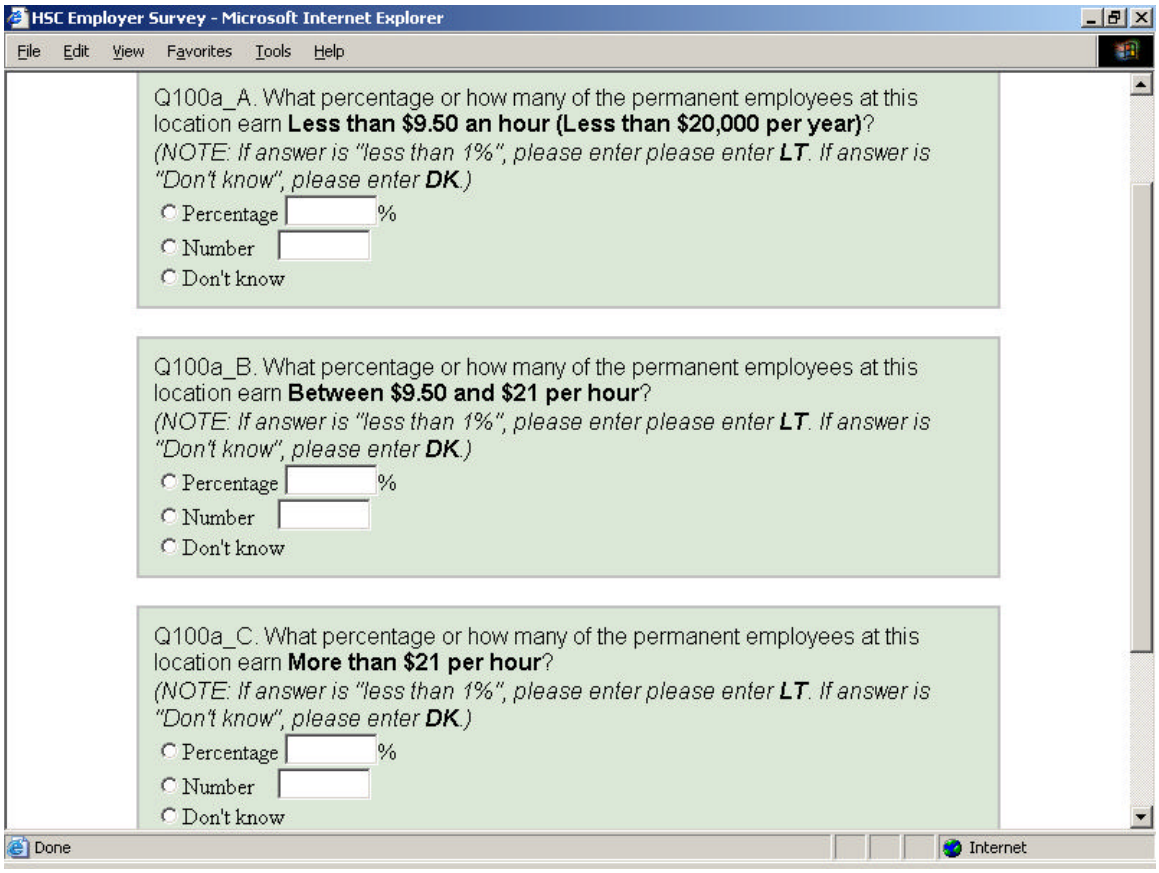
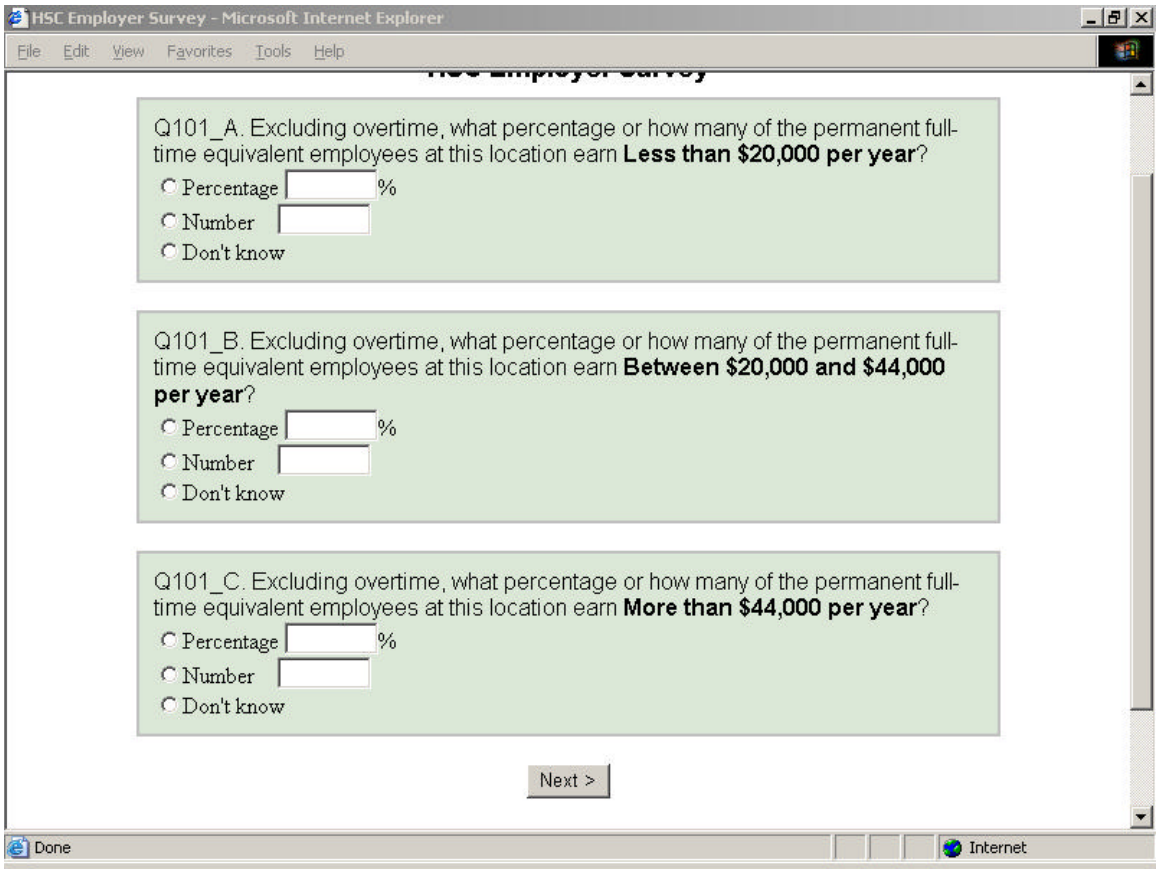

HSC Employer Survey - Microsoft Internet Explorer
File Edit View Favorites Tools Help
Q100a_A. What percentage or how many of the permanent employees at this location earn **Less than $9.50 an hour (Less than $20,000 per year)**?
*(NOTE: If answer is "less than 1%", please enter please enter **LT**. If answer is "Don't know", please enter **DK**.)*
Percentage %
Number
Don't know
Q100a_B. What percentage or how many of the permanent employees at this location earn **Between $9.50 and $21 per hour**?
*(NOTE: If answer is "less than 1%", please enter please enter **LT**. If answer is "Don't know", please enter **DK**.)*
Percentage %
Number
Don't know
Q100a_C. What percentage or how many of the permanent employees at this location earn **More than $21 per hour**?
*(NOTE: If answer is "less than 1%", please enter please enter **LT**. If answer is "Don't know", please enter **DK**.)*
Percentage %
Number
Don't know
Done
Internet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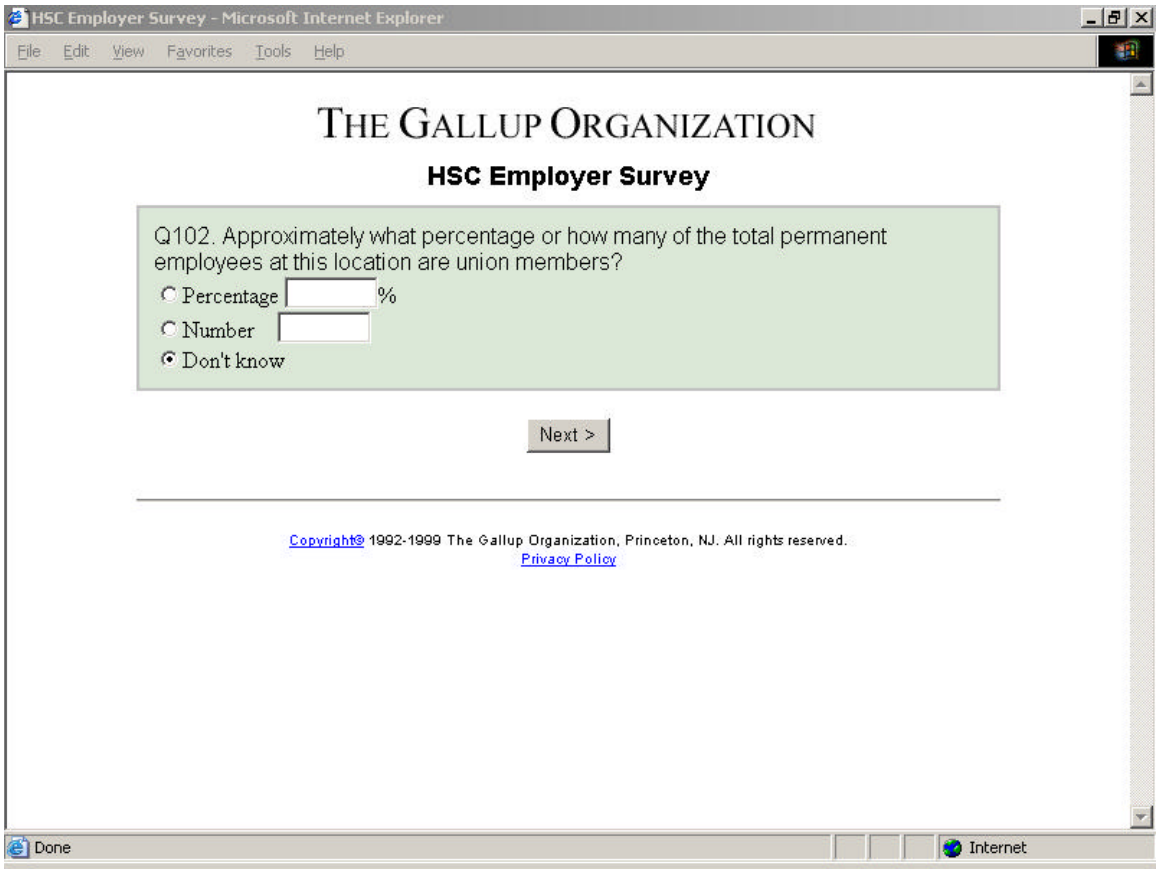
Q101_A. Excluding overtime, what percentage or how many of the permanent full-time equivalent employees at this location earn **Less than $20,000 per year**?
Percentage %
Number
Don't know
Q101_B. Excluding overtime, what percentage or how many of the permanent full-time equivalent employees at this location earn **Between $20,000 and $44,000 per year**?
Percentage %
Number
Don't know
Q101_C. Excluding overtime, what percentage or how many of the permanent full-time equivalent employees at this location earn **More than $44,000 per year**?
Percentage %
Number
Don't know
Next >
Done
Internet


HSC Employer Survey - Microsoft Internet Explorer
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THE GALLUP ORGANIZATION
HSC Employer Survey
Q102. Approximately what percentage or how many of the total permanent employees at this location are union members?
Percentage %
Number
Don't know
Next >
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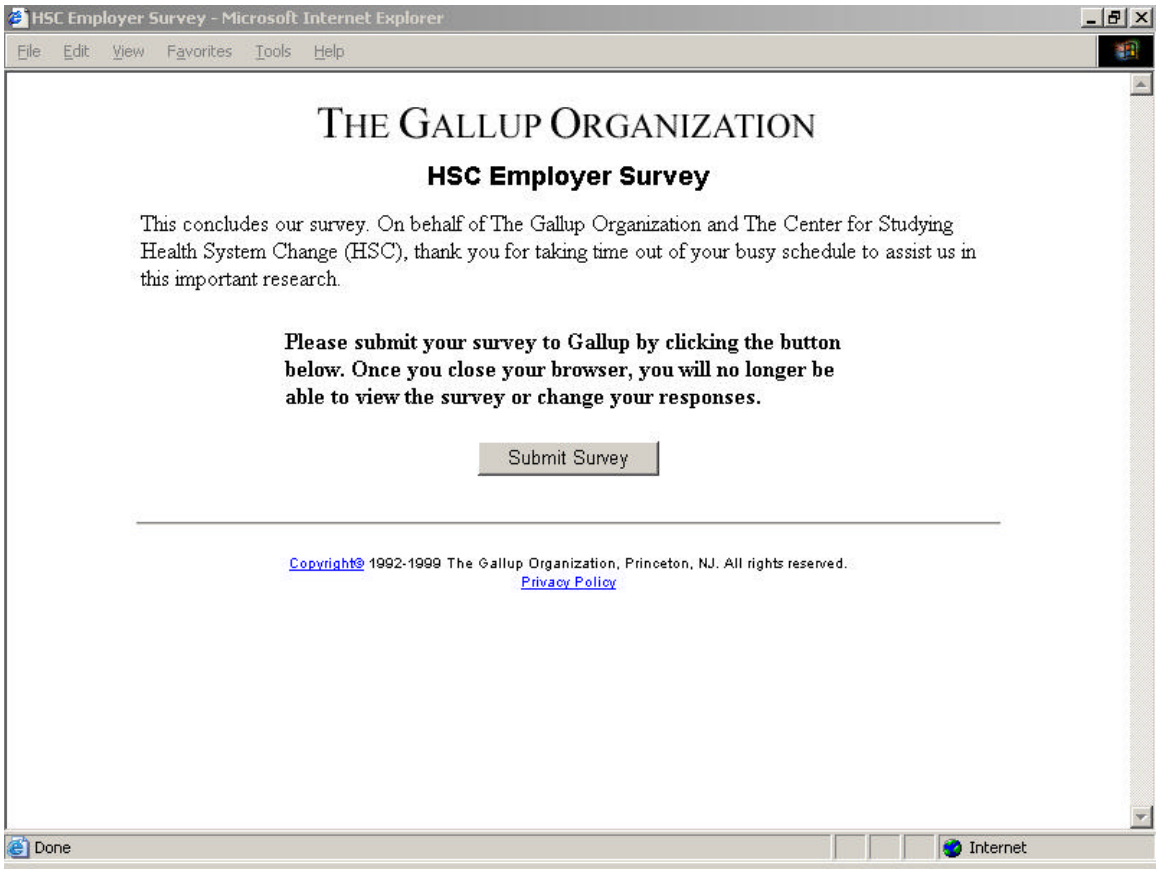
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THE GALLUP ORGANIZATION
HSC Employer Survey
This concludes our survey. On behalf of The Gallup Organization and The Center for Studying Health System Change (HSC), thank you for taking time out of your busy schedule to assist us in this important research.
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APPENDIX H

THE CENTER FOR STUDYING HEALTH SYSTEM CHANGE EMPLOYER FOLLOW BACK PILOT STUDY PROTOCOL FOR MULTI-SITE EMPLOYERS

I. INFORMATION NEEDS FOR PRIVATE MULTI-SITE FIRMS

We are developing a survey of employers to obtain information needed to understand how rising health care costs are affecting employers' health insurance benefit offerings and workers' decisions in taking up employer-sponsored health insurance. Since workers participating in our household survey generally are not able to provide information on plan costs and benefits, we are contacting their employers. Although our household and employer surveys will not begin until 2003, we are talking with selected public and private employers to assess our questionnaire and determine the most efficient way to obtain data from large firms that offer plans in many locations. I would like to ask a few questions about the firm and then test the questionnaire by asking about premiums, premium contributions, cost sharing, and selected benefits in plans offered employees in your [**insert actual address in protocol you email**]. This address was obtained from an employee who was included in a pilot survey we conducted a few months ago.

A. Firm

1. Which of the following industries best describe this firm:

   Service
   Retail trade
   Wholesale trade
   Financial
   Insurance and real estate
   Manufacturing
   Mineral
   Transportation
   Communications
   Something else

2. Including all permanent, temporary, and seasonal employees, how many full and part time employees does this firm currently have on the payroll in all continental U. S. locations?

2a. Approximately how many locations does this firm have in the continental U. S.?

3. Does the firm offer a flexible spending account, where employees can pay for health insurance premiums or uncovered medical expenses with pre-tax dollars? IF YES, Does the firm offer flexible spending accounts in all locations or just some? IF SOME, Which ones?

4. Does the firm offer a cafeteria plan where employees can choose between health and non-health benefits based on a fixed dollar amount? IF YES, Does the firm offer cafeteria plans in all locations or just some? IF SOME, Which ones?

5. IF YOU HAVE A FLEXIBLE BENEFIT OR CAFETERIA PLAN: Under this or these plans, may employees use pre-tax dollars to
    a. pay for health insurance premiums
    b. pay for deductibles and copayments
    c. pay for unreimbursed medical expenses?

6. If an employee decides not to take health insurance, can he or she substitute other benefits or get the cash value of the company contribution?

7. If any employee decides to accept a lower cost plan you offer, can he or she substitute other benefits?

8. Does your plan year begin on the same month for all or nearly all of your plans? IF YES: In what month does your plan year begin?

9. Does the firm offer any HMO plans to active employees? Exclusive provider organizations, or EPOs are included, but point of service plans are excluded.

    a. Thinking of all your locations, how many different HMO plans do you offer active employees?

    b. Are any of these HMO plans offered nationally to all or most active employees? IF SO, how many plans are offered nationally? Please clarify- how many plans or how many employees?

    c. Approximately what percentage of your active employees who have signed up for HMOs are in plans offered nationally? [IF ALL HMO PLANS ARE OFFERED NATIONALLY, THEN C MUST BE 100%]

    d. What are the names of HMO plans offered nationally?

    e. IF NATIONAL PLANS: For national HMO plans you offer, are any of the following plan features likely to vary by location: premiums, the dollar amount or percentage share of premiums paid by employees, co-payments, and deductibles?

10. Does the firm offer any PPO plans to active employees? [READ IF NECESSARY: These plans have a physician and hospital network. Enrollees may see any provider in the network, including specialists, without a referral from a primary care physician. Enrollees pay less when they use providers in the network but are covered for care received outside the network.]

    a. Thinking of all your locations, how many different PPO plans do you offer active employees?

    b. Are any of these PPO plans offered nationally to all or most active employees? IF SO, how many plans are offered nationally?

    c. [IF A GT B] Approximately what percentage of your active employees who have signed up for PPOs are in plans offered nationally?

d.What are the names of PPO plans offered nationally?

e. IF NATIONAL PLANS: For national PPO plans you offer, are any of the following plan features likely to vary by location: premiums, the dollar amount or percentage share of premiums paid by employees, co-payments, and deductibles? PROBE ON HOW THEY VARY.

11. Does the firm offer any point-of-service, or POS plans to active employees? [READ IF NECESSARY: These plans, which are sometimes called an HMO/PPO hybrid or open ended HMO, have a physician and hospital network, but enrollees have the option of seeking care outside the network at reduced coverage levels. Enrollees must get a referral from a primary care physician, or gatekeeper, before using specialists.

a. Thinking of all your locations, how many different POS plans do you offer active employees?

b. Are any of these POS plans offered nationally to all or most active employees? IF SO, how many plans are offered nationally?

c. [IF A GT B]Approximately what percentage of your active employees who have signed up for POS plans are in plans offered nationally?

d. What are the names of POS plans offered nationally?

e. IF NATIONAL PLANS: For national POS plans you offer, are any of the following plan features likely to vary by location: premiums, the dollar amount or percentage share of premiums paid by employees, copayments, and deductibles? PROBE ON HOW THEY VARY.

12. Does the firm offer any indemnity plans to active employees? [IF NEEDED: This is a plan with no list of physicians or hospitals and no restrictions on patient choice of physicians or hospitals.]

a. Thinking of all your locations, how many different indemnity plans do you offer active employees?

b. Are any of these indemnity plans offered nationally to all or most active employees? IF SO, how many plans are offered nationally?

c. [IF A GT B] Approximately what percentage of your active employees who have signed up for indemnity plans are in plans offered nationally?

d. What are the names of indemnity plans offered nationally?

e. IF NATIONAL PLANS: For national indemnity plans you offer, are any of the following plan features likely to vary by location: premiums,

the dollar amount or percentage share of premiums paid by employees, copayments, and deductibles? PROBE ON HOW THEY VARY.

Next, I have a few questions about employee characteristics and health insurance plans offered at **INSERT LOCATION FOR THIS EMLPOYER**

B. Establishment

1. Including all permanent, temporary and seasonal employees, how many full and part-time employees do you have on the payroll at the location at [ADDRESS]?

2.What percentage of the employees at this location are
   a. permanent full time
   b. permanent part time
   c. temporary or seasonal workers

3. Approximately what percentage of all permanent employees at this location are women?

4. Approximately what percentage of all permanent employees at this location are
   a. less than 30 years of age
   b. 50 years of age or older
5. What percentage of the permanent employees at this location earn
   a. less than $9.50 an hour (earn less than $20,000 per year)
   b. than between $9.50 and $21 per hour (between $20,000 and $44,000 per year)
   d. more than $21 per hour (more than $44,000 per year)

6. Approximately what percentage of the total permanent employees at this location are union members?
7. Please think about local businesses that hire the same kind of employees as you do. Do all, most, some, or none offer health insurance to their employees?

8. What are the names of all the health insurance plans offered at ADDRESS?

9. IF PLAN YEAR VARIES IN A8: Does your plan year begin on the same month for all of these plans?

   a. IFYES: In what month does your plan year begin?
   b. IF NO: In what month does your plan year begin for EACH PLAN NAME

10. [Were any of these plans/Was this plan] added during the current plan year as [a] new offering? IF YES: Which ones?

11. Did you drop any plans that were offered during the last plan year? IF YES: what are the names of the plans you dropped?

12. Please tell me either the percentage or number of active employees who are enrolled in each of the plans you offer at this location.

C. Information needed about each plan offered at ADDRESS

1. Does this plan include a network of health care providers?

2. Are enrollees required to get a referral from a PCP before using specialists?

3. When enrollees go out of network, must they pay full cost of the visit?

4. Is this an indemnity, PPO, POS, or HMO plan?

5. Is this plan purchased from underwriter or is it self-insured?
    a. If self insured: what is the premium equivalent or COBRA amount for
        individual coverage
        family (2 adults/2kids) coverage
    b. If purchased from an insurance underwriter, what is the premium for
        individual coverage
        family (2 adults/2kids) coverage
    c. What is the employee contribution for
        individual coverage ($ or %)
        family (2 adults/2kids) coverage ($ or %)
    d. IF NOT A NEW PLAN: Compared with your last plan year, did [the premium equivalent/COBRA/premium] for single coverage increase, decrease or stay the same? What was the [increase/decrease] for single coverage?

6. What is the deductible for
    a. In-network coverage for an individual
    b. In-network family coverage (2 adults/2 children)
    c. Out-of-network coverage for an individual
    d.Out of network family coverage (2 adults/2 children)
    e. Is the out-of –network deductible applied toward the in-network deductible or must the in-and out-ofnetwork deductibles be met separately?

7. After the deductible, what are the co-payments (or co-insurance rates) for a primary care physician office visit during normal office hours for
    a. In-network coverage for an individual
    a. In-network family coverage (2 adults/2 children)
    b. Out-of-network coverage for an individual
    c. Out of network family coverage (2 adults/2 children)

8. After the deductible, what are the co-payments (amount per stay, amount per day, or percentage of total charges) for a hospital stay for

    a. In-network coverage for an individual
    d. In-network family coverage (2 adults/2 kids)
    e. Out-of-network coverage for an individual
    c. Out of network family coverage (2 adults/2 kids)

9. Does the plan limit the amount it will cover for in-patient stays during a plan year? If so, what is the maximum amount the plan will cover in
    a. in network hospital stays during a plan year?
    b. out-of-network hospital stays during a plan year?

10. Does the plan provide prescription drug benefits to enrollees who are active employees? [If separately administered, are the costs of the drug benefit included in the premium?]

11. IF THE PLAN PROVIDES PRESCIPTION DRUG BENEFITS: Does plan coverage vary by type of drug (i.e., by tier)? IF YES, How many tiers or levels does the plan have for prescription drugs [purchased in an in-network pharmacy]?

    a. For each tier, what is the co-payment (or co-insurance rate) for a 30 day supply of a prescription purchased in a network pharmacy.
        1. highest cost tier
        2. second highest cost tier
        3. third highest cost tier
        4. lowest cost tier

12. Does the plan limit the annual amount it will pay in prescription benefits?If so, what is the maximum amount?

13. Does the plan cover
    a. outpatient mental health services
    b. inpatient mental health services
    c. alcohol and substance abuse treatment
    d. routine dental care
    e. orthodontic care
    f. vision care

14. What is the maximum out-of-pocket expense [also known as the catastrophic limit] for an active employee

    a. with individual coverage
    b. family (2 adults/2 kids) coverage?

D. INFORMATION SOURCES. This survey was a test to evaluate our survey. We will be conducting the full survey during 2003 and would like to identify the easiest way to obtain information on plans you offer in locations where we will be interviewing.

1. Since it is possible that more than one of your locations will be in the survey, we were wondering whether we could obtain the type of information I have just asked about from data files, a web site, or plan booklets, rather than personal interviews? IF YES, ASK IF WE COULD SEE A SAMPLE TO HELP PLAN OUR SURVEY.

2. Would it be easier to obtain this information from headquarters or from local establishments?

3. Would it be convenient to send a member of our staff to your office and obtain the information we need there rather than conducting interviews?

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Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: ginsburg@hschange.org

<date>

Name
Company name
Address1
Address 2
City, state zip code

Dear <name>:

The purpose of this letter is to confirm your decision to participate in an important pilot test of a survey about the costs of health insurance benefits offered to employees. The survey is being conducted by The Center for Studying Health System Change (HSC), a nonpartisan health research organization that receives its funding from The Robert Wood Johnson Foundation. For more information, including a copy of our annual report, please visit our Web site at http://www.hschange.com/.

We selected your organization for our pilot test because one or more of your employees participated in our household survey. To understand the impact of rising health insurance costs on workers and their families, we need accurate information on health insurance plans. Unfortunately, most workers are unable to accurately provide this information, which is why we are asking their employers to participate in this survey. Your input is particularly important to us to help adapt the design of our survey to large firms.

We want to assure you that the information you provide will be kept confidential. Survey results will not include any information that identifies you or your company. Similarly, we will not identify the names of employees who participated in the household survey.

The Washington Business Group on Health, the U.S. Chamber of Commerce, and the Employee Benefit Research Institute support HSC's efforts and encourage your participation. As Helen Darling, President of the Washington Business Group on Health, said:

"HSC is the only organization that provides timely, useful information about major health market trends as well as what's happening in a number of key markets. Such detailed information helps employers validate what they often see and understand the context of what's happening."

We know your time is valuable so we greatly appreciate that you have agreed to participate in this important study. As promised during our recent phone call we have enclosed a $100 honorariumas a token of our appreciation.

Sincerely yours,

Paul B. Ginsburg, Ph.D

APPENDIX I

THE CENTER FOR STUDYING HEALTH SYSTEM CHANGE
EMPLOYER FOLLOW BACK PILOT STUDY
PROTOCOL FOR STATE GOVERNMENT

I. INFORMATION NEEDS FOR STATE GOVERNMENT

We are developing a survey of employers to obtain information needed to understand how rising health care costs are affecting employers' health insurance benefit offerings and workers' decisions in taking up employer-sponsored health insurance. Since workers participating in our household survey generally are not able to provide information on plan costs and benefits, we are contacting their employers. Although our household and employer surveys will not begin until 2003, we are talking with selected state governments to assess our questionnaire and determine the most efficient way to obtain data from states.

I will be asking you a few questions about the plans you offer state employees and potential data sources to obtain the data we need about these plans.

1. Does the state offer the same set of plans to all active employees?
   IF NOT: Do plan offerings vary by agency, location within the state, or some other grouping? For example, are some plans offered to all employees, but are others, such as HMO plans, offered to employees in defined areas of the state?

2. In addition to state employees, are teachers or other local or county employees covered by state health insurance plans?
   IF SO: Are they offered plans under the same pool as state employees or are they offered separate plans?

3. Do you have a listing of all plans offered through the state, including plans' geographic and employee coverage?
   IF SO: Could I get that list of plans electronically or faxed/emailed to me?

4. If some plans are offered only in particular areas or to certain types of employees, please tell me how plan offerings are restricted.

5. Does your plan year begin on the same month for all plans?
   IF YES: In what month does your plan year begin?
   IF NOT: When does your plan year begin for most plans?

6. We will be conducting our survey during 2003 and would like to identify the easiest way to obtain information on premiums, premium contribution, cost sharing, and selected benefits for plans you offer. Could we obtain plan booklets or access to web sites or data files containing these data? OBTAIN INFO FOR PLANS NAMED IN PILOT.

7. Can we call you next year to get the plan booklets for any new plans offered in 2003?

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Paul B. Ginsburg, Ph.D.
President

TELEPHONE: 202.484.5261
E-MAIL: pginsburg@hschange.org

<date>

Name
Company name
Address1
Address 2
City, state zip code

Dear <name>:

The purpose of this letter is to ask for your participation in a pilot survey about the costs of health insurance benefits offered to employees. The survey is being conducted by The Center for Studying Health System Change (HSC), a nonpartisan health research organization that receives its funding from The Robert Wood Johnson Foundation. For more information, including a copy of our annual report, please visit our Web site at http://www.hschange.com/.

We selected your state because INSERT STATE employees were included in our pilot survey. To understand the impact of rising health insurance costs on workers and their families, we need accurate information on health insurance plans. Unfortunately, most workers are unable to accurately provide this information, which is why we are asking their employers to provide the data we need. Your input is particularly important to us to help adapt the design of our survey to state employers.

As Ms. Miller may have explained most, if not all, of the information we need is included in plan booklets and summaries provided to employees. To minimize the burden on your organization, we would like to obtain booklets or electronic files and abstract the data we need ourselves. After reviewing the data, we may have a few questions about information we could not obtain.

We also want to assure you that the information you provide will be kept confidential. We will not identify the names of employees who participated in the household survey in any published reports.

The Washington Business Group on Health, the U.S. Chamber of Commerce, and the Employee Benefit Research Institute support HSC's efforts and encourage your participation. As Helen Darling, President of the Washington Business Group on Health, said:

"HSC is the only organization that provides timely, useful information about major health market trends as well as what's happening in a number of key markets. Such detailed information helps employers validate what they often see and understand the context of what's happening."

We know your time is valuable and greatly appreciate your help.

Sincerely yours,

Paul B. Ginsburg, Ph.D