Old Employment and Private Related Insurance (OE) Section

BOX_01

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS STILL HOLD A 'CURRENT   |
| MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS ROUND   |
| THAT WAS REPORTED DURING THE PREVIOUS ROUND AS    |
| PROVIDING HEALTH INSURANCE ON THE DATE OF THE     |
| PREVIOUS ROUND'S INTERVIEW, THAT IS:              |

| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |
| RU MEET THE FOLLOWING CONDITIONS:                 |
| - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS    |
| ROUND FOR THIS PAIR, AND                          |
| - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND     |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS   |
| INSURANCE, AND                                   |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING    |
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH           |
| INSURANCE' AND,                                  |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT  |
| COVERED PERSON ON THE DATE OF THE PREVIOUS       |
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE     |
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE          |
| PREVIOUS ROUND), AND                             |
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-  |
| EMPLOYED' WITH A FIRM-SIZE-1,                    |

| CONTINUE WITH LOOP_01                            |

----------------------------------------------------
| OTHERWISE, GO TO BOX_10                          |

----------------------------------------------------
| NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |
| IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE,|
| THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET  |
| IF AT LEAST ONE DEPENDENT WAS COVERED BY         |
| POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S |
| INTERVIEW DATE. THE LOOP WILL CYCLE ON THE       |
| POLICYHOLDER’S NAME.                            |

----------------------------------------------------
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_01.

LOOP_01
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE01 - END_LP01.

LOOP DEFINITION:

LOOP_01 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1
OE01
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT} {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. (Are/Is) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of today, (END DATE)?

YES ...................................  1 {BOX_02}

NO ....................................  2

REF ................................... -7 {END_LP01}

DK .................................... -8 {END_LP01}

OE02
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT} {END-DT}

On what date did (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] .......... 

REF ................................... -7 {END_LP01}

DK .................................... -8 {END_LP01}

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) | OR '-8' (DON’T KNOW), CONTINUE WITH OE02OV |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_02 |
----------------------------------------------------
Can you just tell me if (POLICYHOLDER) was covered under that insurance the whole month or part of the month?

| WHOLE MONTH                      | 1 |
| PART OF THE MONTH               | 2 |
| REF                              | -7 |
| DK                               | -8 |

---

<table>
<thead>
<tr>
<th>IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO BOX_03</th>
</tr>
</thead>
</table>

---

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE03</th>
</tr>
</thead>
</table>
OE03
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT...........)   {STR-DT}
{END-DT}

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance (until
{{OE02 DATE}/it ended}/on (END-DT))?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-   |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S    |
| INTERVIEW DATE BY THE INSURANCE FROM THIS        |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE         |
| POLICYHOLDER                                    |</p>
<table>
<thead>
<tr>
<th>- PERSON IS AN RU MEMBER</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'Are' IF OE01 IS CODED '1' (YES).         |
| DISPLAY 'Were' IF OE01 IS CODED '2' (NO)          |
| DISPLAY 'until {OE02 DATE}' IF OE01 IS CODED '2'  |
| (NO).                                            |
| DISPLAY 'on (END-DT)' IF OE01 IS CODED '1' (YES).|
| DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’|
| IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’  |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’|</p>
<table>
<thead>
<tr>
<th>FOR ‘OE02 DATE’.</th>
</tr>
</thead>
</table>

26-169
BOX_03

======

-------

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND | TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' | (YES), |

| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING | THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_05 |

-------

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND | TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' | (YES), |

| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING | THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE DATE RECORDED AT OE02 AND |
| GO TO BOX_05 |

-------

| OTHERWISE (I.E., OE03 CODED '2' (NO), '-7' | (REFUSED), OR '-8' (DON'T KNOW)), |
| CONTINUE WITH OE04 |

26-170
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.......}    {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE02 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S
  INTERVIEW DATE BY THE INSURANCE FROM THIS
  ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
  POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE01 IS CODED ‘1’ (YES).
DISPLAY 'was' IF OE01 IS CODED ‘2’ (NO).
DISPLAY 'until (OE02 DATE)' IF OE01 IS CODED ‘2’
(NO).
DISPLAY 'on (END-DT)' IF OE01 IS CODED ‘1’ (YES).
DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’.
IF THE MONTH AND DAY FIELD AT OE02 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE02 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR ALL PERSONS NOT
SELECTED AT OE04 AS CONTINUOUS COVERAGE FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE
PERIOD END DATE.
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE04 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE02.

LOOP DEFINITION: LOOP_02 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE02. THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.
OE05
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT...........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE05OV        |
----------------------------------------------------
| OTHERWISE, GO TO BOX_04                           |
----------------------------------------------------

OE05OV
=====

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

BOX_04
=====

----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
| THROUGH THE COMPLETE DATE RECORDED AT OE05 AND |
| OE05OV.                                        |
----------------------------------------------------

26-173
END_LP02

--------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS |
| STATED IN THE LOOP DEFINITION. |
--------------

--------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_02 AND CONTINUE WITH BOX_05 |
--------------

BOX_05

--------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MarkED AS NO LONGER COVERED IN OE04), |
| CONTINUE WITH OE06 |
--------------

--------------
| OTHERWISE, GO TO OE08A |
--------------

OE06

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)   {STR-DT}   {END-DT}

Since (START DATE), have any persons living here, we have
not yet mentioned, been covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT)?

YES ..........................  1
NO ................................  2 {OE08A}
REF ............................. -7 {OE08A}
DK ............................... -8 {OE08A}

PRESS F1 FOR DEFINITION OF DEPENDENT.
OE07
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    {STR-DT}
{END-DT}

Who has been covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) since (START DATE) that we have not yet
mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) since (START DATE) that we
have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.       |
----------------------------------------------------

DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON|
 THIS ROSTER.
----------------------------------------------------

WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
 COVRD-PERS-TRPLS-ROSTER.
----------------------------------------------------

IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
 INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
 AS ‘COVERING PERSON NOT LISTED IN RU’.
----------------------------------------------------
LOOP_03

-------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE08 - END_LP03. |
-------------

| LOOP DEFINITION: LOOP_03 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE07. |

OE08

-------------
{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF .................................. -7
DK .................................... -8

-------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE08OV |
-------------
| OTHERWISE, GO TO BOX_06 |

26-176
OE08OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH .....................  2
REF ................................. -7
DK ................................. -8

----------------------------------------------------
| EDIT: COMPLETE DATE AT OE08 MUST BE < THAN |
| COMPLETE DATE AT OE02 IF A DATE IS RECORDED AT |
| OE02 OR < THAN REFERENCE PERIOD END DATE IF NO |
| DATE IS RECORDED AT OE02. |
----------------------------------------------------

BOX_06
======

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1' |
| (YES)), FLAG INSURANCE FOR THIS PERSON AS |
| 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08 |
| UNTIL THE REFERENCE PERIOD END DATE. |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO)) |
| FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS |
| COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE |
| RECORDED AT OE02. |
----------------------------------------------------
END_LP03
=======

----------------------------------------------
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD- |
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION.                           |
----------------------------------------------

----------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_03 AND GO TO BOX_07                   |
----------------------------------------------

OE08A
=====

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
(END-DT)

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT)
cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

----------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE07                           |
----------------------------------------------
BOX_07
 ======

------------------------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR     |
| ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,     |
| OE01 IS CODED '1' (YES), CONTINUE WITH OE09         |
------------------------------------------------------------------

------------------------------------------------------------------
| OTHERWISE, GO TO END_LP01                                    |
------------------------------------------------------------------
(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT.........)    {STR-DT}
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name of the health insurance (POLICYHOLDER) has through (ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

-----------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND |
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |</p>
<table>
<thead>
<tr>
<th>PERSON-PAIR.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |</p>
<table>
<thead>
<tr>
<th>DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

-----------------------------------------------
<p>| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON’T |
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT |
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIR.</th>
</tr>
</thead>
</table>
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now have through (ESTABLISHMENT)'s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS ..................... 3
VISION ................................. 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ....... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ....... 8
DISABILITY ............................. 9
WORKER'S COMPENSATION ................. 10
ACCIDENT .............................. 11
OTHER ................................. 91
REF ................................... -7
DK .................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

| IF CODED '91' (OTHER), ALONE OR IN COMBINATION | WITH ANY OTHER CODES, CONTINUE WITH OE10OV |
|--------------------------------------------------|

| OTHERWISE, GO TO BOX_08 |
OE100OV

ENTER OTHER:

[Enter Other Specify] .................
REF ................................... -7
DK .................................... -8

BOX_08

----------------------------------------------------
| IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |
| CONTINUE WITH OE11 |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP01 |
----------------------------------------------------

----------------------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED |
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT |
| NECESSARY TO AUTOMATICALLY CODE OE11 IF THE |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE |
| WE KNOW IT IS NOT). |
----------------------------------------------------
OE11
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    (STR-DT)
(END-DT)

What is the new plan name for (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) which provides the {hospital
and physician benefits/Medicare Supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE11 01. NAME OF INSURER</th>
<th>OE11 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------------
| DISPLAY ’hospital and physician benefits’ AND |
| 'HOSPITAL' IF OE10 IS CODED '1' (HOSPITAL AND |
| PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE |
| SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement |
| or Medigap benefits' AND 'MEDIGAP' IF OE10 IS CODED|
| '5' (MEDICARE SUPPLEMENT/MEDIGAP). |

-----------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR. |

26-183
FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT ROUND’S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)’ FOR THE CURRENT ROUND.

IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

INSURER ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
LOOP_04
=======

| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_09 - END_LP04. |
----------------------------------------------------

LOOP DEFINITION: LOOP_04 COLLECTS MANAGED CARE
INFORMATION FOR INSURERS COLLECTED AT OE11 THAT
ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES
ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE
  BEING ASKED ABOUT
- INSURER IS ENTERED AT OE11 AND INSURER IS CODED
  '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT
  NOT '2' (HMO)

BOX_09
======

| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |
----------------------------------------------------

AT COMPLETION OF MANAGED CARE (MC) SECTION,
CONTINUE WITH END_LP04

END_LP04
========

| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS
| STATED IN THE LOOP DEFINITION. |

IF NO OTHER INSURERS MEET THE STATED CONDITIONS,
END LOOP_04 AND CONTINUE WITH END_LP01

26-185
END_LP01

------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-A|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.                                |
------------------

------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_01 AND CONTINUE WITH BOX_10                  |
------------------
BOX_10

-----------------------------
| IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A |
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS |
| ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND |
| AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE |
| PREVIOUS ROUND'S INTERVIEW, THAT IS: |
| |
| IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE |
| RU MEET THE FOLLOWING CONDITIONS: |
| - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), |
| '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS |
| PAIR, AND |
| - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND |
| - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS |
| INSURANCE, AND |
| - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING |
| THE PREVIOUS ROUND AS 'PROVIDES HEALTH |
| INSURANCE' AND, |
| - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT |
| COVERED PERSON ON THE DATE OF THE PREVIOUS |
| ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE |
| TIME) OR HQ02 WAS CODED '1' (YES) IN THE |
| PREVIOUS ROUND), AND |
| - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF- |
| EMPLOYED' WITH A FIRM-SIZE-1, |
| |
| CONTINUE WITH LOOP_05 |

-----------------------------

| OTHERWISE, GO TO BOX_19 |

-----------------------------

| NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT |
| IN THE RU ON THE PREVIOUS ROUND'S INTERVIEW DATE, |
| THE FIFTH CONDITION IN THE ABOVE BOX CAN BE MET |
| IF AT LEAST ONE DEPENDENT WAS COVERED BY |
| POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S |
| INTERVIEW DATE. COVERAGE FOR THE POLICYHOLDER IS |
| ASSUMED IN THAT CASE AND THE LOOP WILL CYCLE ON |
| THE POLICYHOLDER’S NAME. |

-----------------------------

26-187
NOTE: ESTABLISHMENT-PERSON-PAIRS WHERE THE POLICYHOLDER IS OUT-OF-SCOPE (E.G., DECEASED, INSTITUTIONALIZED, OUT OF COUNTRY) ON THE CURRENT ROUND’S INTERVIEW DATE, BUT WHERE THE ESTABLISHMENT-PERSON-PAIR COVERED DEPENDENTS WHO ARE STILL RU MEMBERS MAY STILL QUALIFY FOR LOOP_05.

LOOP_05
=======

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK OE12-END_LP05.

LOOP DEFINITION:

LOOP_05 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED), '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS PAIR, AND
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE' AND,
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND), AND
- JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1.
During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health insurance. (Are/Is) (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of today, (END DATE)?

YES ...................................  1 [OE16]
NO ....................................  2
REF ................................... -7 [END_LP05]
DK .................................... -8 [END_LP05]

Did the health insurance (POLICYHOLDER) had through (ESTABLISHMENT) continue for any period of time after (POLICYHOLDER) stopped working at (ESTABLISHMENT)?

YES ...................................  1
NO ....................................  2 [OE15]
REF ................................... -7 [OE15]
DK .................................... -8 [OE15]

Did that health insurance continue through COBRA?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF COBRA.

26-189
OE15
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)    {STR-DT}
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ..........
REF .................................. -7
DK .................................... -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE15OV |
| OTHERWISE, GO TO BOX_11 |

OE15OV
======

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_11}
PART OF THE MONTH ........................ 2 {BOX_11}
REF .................................. -7 {BOX_11}
DK .................................... -8 {BOX_11}
OE16
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}

Is (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) now extended through COBRA?

YES ...................................  1
NO ....................................  2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF COBRA.

BOX_11
====

----------------------------------------------------
| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE        |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
| AUTOMATICALLY CODE OE17 AS ’1’ (YES) AND GO TO    |
| BOX_12                                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE17                      |
----------------------------------------------------
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until {{OE15 DATE}/it ended}/on (END-DT))?
BOX_12
=====

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE12 IS CODED '1' (YES) AND OE17 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_14 |

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE12 IS CODED '2' (NO) AND OE17 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE15 AND |
| GO TO BOX_14 |

| OTHERWISE (I.E., OE17 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE18 |

26-193
OE18

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT............}    {STR-DT}
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE15 DATE}/it ended}/
on (END-DT))?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

ROSTER DEFINITION:  THIS ITEM USES THE RU-ESTB-
PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S
  INTERVIEW DATE BY THE INSURANCE FROM THIS
  ESTABLISHMENT-PERSON-PAIR, INCLUDING THE
  POLICYHOLDER
- PERSON IS AN RU MEMBER

DISPLAY 'is' IF OE12 IS CODED ‘1’ (YES).
DISPLAY 'was' IF OE12 IS CODED ‘2’ (NO).
DISPLAY 'until {OE15 DATE}' IF OE12 IS CODED ‘2’
(NO).  DISPLAY 'on (END-DT)' IF OE12 IS CODED ‘1’
(YES).
DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’.
IF THE MONTH AND DAY FIELD AT OE15 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE15 DATE’.

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘1’
(YES)), FLAG INSURANCE FOR ALL PERSONS NOT
SELECTED AT OE18 AS 'CONTINUOUS COVERAGE' FROM THE
REFERENCE PERIOD START DATE UNTIL THE REFERENCE
PERIOD END DATE.
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2'), (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE18 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE15.

------------------------

LOOP_06
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.

------------------------

LOOP DEFINITION: LOOP_06 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE15. THIS LOOP CYCLES ON PERSONS SELECTED AT OE18.
OE19
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF
ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] .........
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE19OV        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_13                          |
----------------------------------------------------

OE19OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1
PART OF THE MONTH ........................ 2
REF ................................... -7
DK .................................... -8

BOX_13
=====

| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
| THROUGH THE COMPLETE DATE RECORDED AT OE19 AND   |
| OE19OV.                                         |
Box 14

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), CONTINUE WITH OE20

OTHERWISE, GO TO OE22A

OE20

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

Since (START DATE), have any persons living here, that we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ...................... 1
NO ...................... 2 {OE22A}
REF ..................... -7 {OE22A}
DK ..................... -8 {OE22A}

PRESS F1 FOR DEFINITION OF DEPENDENT.
OE21
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF ESTABLISHMENT.........)   (STR-DT) (END-DT)

Who has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON |
| THIS ROSTER.                                       |
----------------------------------------------------

----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                         |
----------------------------------------------------

----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.          |
----------------------------------------------------
LOOP_07
==

------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-
| PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.         |
------------------------

------------------------
| LOOP DEFINITION: LOOP_07 COLLECTS THE COVERAGE   |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING   |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS   |
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON   |
| PERSONS SELECTED AT OE21.                         |
------------------------

OE22
==

{PERSON'S FIRST MIDDLE AND LAST NAME} {NAME OF
ESTABLISHMENT.........} {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] .......
REF ..................................... -7
DK ...................................... -8

--------------------------------------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| OTHERWISE, GO TO BOX_15 |
--------------------------------------------------------------------------------
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................................... 1
PART OF THE MONTH ................................. 2
REF ...................................................... -7
DK ...................................................... -8

EDIT: COMPLETE DATE AT OE22 MUST BE < THAN COMPLETE DATE AT OE15 IF A DATE IS RECORDED AT OE15 OR < THAN REFERENCE PERIOD END DATE IF NO DATE IS RECORDED AT OE15.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '1') (YES), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED '2') (NO), FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE22 UNTIL DATE RECORDED AT OE15.
Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS | |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT' | |
| LISTED IN RU' IN OE21 | |
BOX_16
======

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR  |
| ON THE CURRENT ROUND'S INTERVIEW DATE, THAT IS,   |
| OE12 IS CODED '1'(YES), CONTINUE WITH OE23       |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP05                           |
----------------------------------------------------
OE23

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT........)   (STR-DT)
(END-DT)

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name
of the health insurance (POLICYHOLDER) has through
(ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}

---------------------------------------------------------------------
| ROSTER DEFINITION:  THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR.                                         |
---------------------------------------------------------------------

---------------------------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |
| DURING THE PREVIOUS ROUND.                          |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT |
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON- |
| PAIR.                                             |
---------------------------------------------------------------------

26-203
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
{END-DT}
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now
have through (ESTABLISHMENT)'s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS,
INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ................................. 2
PRESCRIPTION DRUGS ..................... 3
VISION ................................. 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY ............................. 9
WORKER’S COMPENSATION ................. 10
ACCIDENT .............................. 11
OTHER ................................. 91
REF ................................. -7
DK ................................. -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

<p>| IF CODED ’91’ (OTHER), ALONE OR IN COMBINATION  |</p>
<table>
<thead>
<tr>
<th>WITH ANY OTHER CODES, CONTINUE WITH OE24OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_17</th>
</tr>
</thead>
</table>
OE24OV
=======

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

BOX_17
=======

---------------------------------------
| IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP), |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES, |
| CONTINUE WITH OE25                           |
---------------------------------------

---------------------------------------
| OTHERWISE, GO TO END LP05               |
---------------------------------------

---------------------------------------
| NOTE: ALL ESTABLISHMENTS WHICH ARE BEING LOOPED |
| ON HERE ARE EMPLOYERS. THEREFORE, IT IS NOT |
| NECESSARY TO AUTOMATICALLY CODE OE25 IF THE |
| ESTABLISHMENT IS AN INSURANCE CO. OR HMO (BECAUSE |
| WE KNOW IT IS NOT).                        |
---------------------------------------
OE25
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT...........)    {STR-DT}
{END-DT}

What is the new plan name for (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) which provides the {hospital and
physician benefits/Medicare supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS
THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE25 01. NAME OF INSURER</th>
<th>OE25 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

---------------------------------------------------------------------
| DISPLAY 'hospital and physician benefits' AND 'HOSPITAL' IF OE24 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE24 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP). |
---------------------------------------------------------------------

---------------------------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTB-PERSON-INSURER-TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. |
---------------------------------------------------------------------
FLAG INSURER(S) COLLECTED AT OE25 AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

If OE24 is coded '5' (Medicare Supplement/Medigap), flag insurance company/HMO as 'supplying Medicare Supplement/Medigap benefits (which includes hospital/physician benefits)' for the current round.

If OE24 is coded '1' (Hospital and Physician benefits), but not '5' (Medicare Supplement/Medigap), flag insurance company/HMO as 'supplying hospital/physician benefits' for the current round.

**INSURER ROSTER BEHAVIOR SPECIFICATIONS:**

1. Interviewer should be able to add any number of insurance companies or HMOs at the roster questions (i.e., no limit to the number of insurance companies/HMOs).
2. This roster should be blank. All previous insurers providing hospital/physician benefits or Medigap are being replaced for the current round with all insurers collected here.
3. Interviewer should be able to delete an insurance company/HMO that was recorded on the screen where delete is used. That is, as long as the interviewer has not left the screen, she should be able to delete an insurance company/HMO entered in error. If delete is attempted at a time when it is not allowed (i.e., after the link is established), display the following error message: 'Delete allowed only when ins. co./HMO first entered.'
LOOP_08
=======

FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_18 - END_LP08.

LOOP DEFINITION: LOOP_08 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE25 THAT ARE NOT ALREADY FLAGGED AS 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
- INSURER IS ENTERED AT OE25 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_18
======

ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER

AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP08

END_LP08
======

CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_08 AND CONTINUE WITH END_LP05
END_LP05
========

-----------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|  
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |  
| THE LOOP DEFINITION.                             |  
-----------------------------------------------

-----------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS,   |  
| END LOOP_05 AND CONTINUE WITH BOX_19           |  
-----------------------------------------------
IF ONE OR MORE OR RU MEMBERS WAS COVERED BY INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE ON THE PREVIOUS ROUND'S INTERVIEW DATE, THAT IS:

IF ONE OR MORE ESTABLISHMENT-PERSON-PAIRS IN THE RU MEETS THE FOLLOWING CONDITIONS:
- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - 'FORMER MAIN WITHIN REFERENCE PERIOD'
    - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
    - 'LAST JOB OUTSIDE REFERENCE PERIOD'
    - 'RETIREMENT JOB'
  - PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
  - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
  - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND'S INTERVIEW (HQ WAS CODED '1' (WHOLE TIME) OR HQ02 WAS CODED '1' (YES) IN THE PREVIOUS ROUND);

CONTINUE WITH LOOP_09

OTHERWISE, GO TO BOX_29
NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE LAST CONDITION IN THE ABOVE BOX CAN BE MET IF AT LEAST ONE DEPENDENT WAS COVERED BY POLICYHOLDER’S INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE. THE LOOP WILL CYCLE ON THE POLICYHOLDER’S NAME.


LOOP_09  
=======  

| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_19A - END_LP09 |

LOOP DEFINITION: LOOP_09 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS 'SELF-EMPLOYED' WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE THAT WAS COLLECTED IN THE PREVIOUS ROUND. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:
  - FLAGGED AS A DIRECT PURCHASE SOURCE
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR
  - FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-GREATER-THAN-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', AND HAD ONE OF THE FOLLOWING JOB SUBTYPES DURING THE PREVIOUS ROUND:
    - 'FORMER MAIN WITHIN REFERENCE PERIOD'
    - 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'
    - 'LAST JOB OUTSIDE REFERENCE PERIOD'
    - 'RETIREMENT JOB'
- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;
- THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT COVERED PERSON ON THE DATE OF THE PREVIOUS ROUND’S INTERVIEW (HQ WAS CODED ‘1’ (WHOLE TIME) OR HQ02 WAS CODED ‘1’ (YES) IN THE PREVIOUS ROUND)

26-212
BOX_19A
========

<table>
<thead>
<tr>
<th>IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH OE25A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE26</th>
</tr>
</thead>
</table>
{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT.......}   {STR-DT}
{END-DT}

INTERVIEWER: IF (POLICYHOLDER)’S NAME IS LISTED ON THE
ROSTER BELOW, SELECT IT. IF NOT, SELECT ‘NAME NOT ON ROSTER’
AND CONTINUE.

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name,[Middle Name],Last Name-35] .
[2. First Name,[Middle Name],Last Name-35] .
[3. First Name,[Middle Name],Last Name-35] .
NAME NOT ROSTER .................. 99
REF .................................. -7
DK .................................. -8

[Code One]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS |
| ON THE DU-MEMBERS-ROSTER.                        |
----------------------------------------------------

----------------------------------------------------
| DISPLAY 'NAME NOT ON ROSTER' AS LAST ENTRY ON THIS|
| ROSTER.                                          |
----------------------------------------------------

----------------------------------------------------
| IF A DU MEMBER’S NAME IS SELECTED FROM THE        |
| ROSTER, REPLACE THIS NAME AS THE CURRENT          |
| POLICYHOLDER OF THIS ESTABLISHMENT-PERSON-PAIR.   |
| IF ‘NAME NOT ON ROSTER’ SELECTED LEAVE THE        |
| POLICYHOLDER NAME OF THIS ESTABLISHMENT-PERSON-PAI|
| AS IS.                                           |
----------------------------------------------------
OE26
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health
insurance. (Are/Is) (POLICYHOLDER) or anyone in the family
covered by (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) as of today, (END DATE)?

YES .................................... 1 {OE28}
NO ..................................... 2 {OE28}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
| IF CODED '1' (YES) AND THIS ESTABLISHMENT-PERSON- |
| PAIR IS AN ESTABLISHMENT FLAGGED AS 'SELF-       |
| EMPLOYED' WITH FIRM-SIZE-1, CONTINUE WITH OE27    |
----------------------------------------------------

----------------------------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT-PERSON-PAIR  |
| IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1, GO TO   |
| BOX_20                                            |
----------------------------------------------------

OE27
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}    {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

Is this insurance still through (POLICYHOLDER)’s self-employed
business?

YES .................................... 1 {BOX_20}
NO ..................................... 2 {BOX_20}
REF ................................... -7 {BOX_20}
DK .................................... -8 {BOX_20}

PRESS F1 FOR DEFINITION OF SELF-EMPLOYED.
OE28
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF
ESTABLISHMENT........}  {STR-DT}
{END-DT}

On what date did (POLICYHOLDER)’s health insurance through
(ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ........
REF ................................... -7
DK .................................... -8

<p>| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |</p>
<table>
<thead>
<tr>
<th>OR '-8' (DON'T KNOW), CONTINUE WITH OE28OV</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_20</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

OE28OV
====

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ........................  2
REF ................................... -7
DK .................................... -8
BOX_20
=====

<p>| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND'S INTERVIEW DATE BY THE        |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
| AUTOMATICALLY CODE OE29 AS '1' (YES) AND GO TO    |</p>
<table>
<thead>
<tr>
<th>BOX_21</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE29</th>
</tr>
</thead>
</table>
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

(Are/Were) they all covered by this health insurance (until {{OE28 DATE}/it ended}/on (END-DT))? 

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

| YES | 1 |
| NO | 2 |
| REF | -7 |
| DK | -8 |

---

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
- PERSON IS AN RU MEMBER

---

DISPLAY 'Are' IF OE26 IS CODED '1' (YES).
DISPLAY 'Were' IF OE26 IS CODED '2' (NO).
DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.

26-218
BOX_21

=====

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED '1' (YES) AND OE29 IS CODED '1' |
| (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_23 |

----------------------------------------------------

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND |
| TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE26 IS CODED '2' (NO) AND OE29 IS CODED '1' |
| (YES). |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING |
| THE POLICYHOLDER) AS 'CONTINUOUS COVERAGE' THROUGH |
| THE DATE RECORDED AT OE28 AND |
| GO TO BOX_23 |

----------------------------------------------------

| OTHERWISE (I.E., OE29 CODED '2' (NO), '-7' |
| (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH |
| OE30 |

----------------------------------------------------

26-219
OE30
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    (NAME OF
ESTABLISHMENT...........)     (STR-DT)
(END-DT)

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {{until {OE28 DATE}/it ended}/
on (END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB- |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS: |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| POLICYHOLDER |</p>
<table>
<thead>
<tr>
<th>- PERSON IS AN RU MEMBER</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY 'is' IF OE26 IS CODED '1' (YES). |
| DISPLAY 'was' IF OE26 IS CODED '2' (NO). |
| DISPLAY 'until {OE28 DATE}' IF OE26 IS CODED '2' |
| (NO). |
| DISPLAY 'on (END-DT)' IF OE26 IS CODED '1' (YES). |
| DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'. |
| IF THE MONTH AND DAY FIELD AT OE28 IS CODED '-7' |
| (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' |</p>
<table>
<thead>
<tr>
<th>FOR 'OE28 DATE'.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF FAMILY STILL HAS INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘1’ |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT |
| SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE |
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE |</p>
<table>
<thead>
<tr>
<th>PERIOD END DATE.</th>
</tr>
</thead>
</table>
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2' (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE28.

LOOP_10


LOOP DEFINITION: LOOP_10 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE28. THIS LOOP CYCLES ON PERSONS SELECTED AT OE30.

OE31

{PERSON’S FIRST MIDDLE AND LAST NAME} {NAME OF ESTABLISHMENT........} {STR-DT} {END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ......................... -7
DK ............................. -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE31OV

 OTHERWISE, GO TO BOX_22

26-221
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH  ......................  2
REF  .................................... -7
DK  ....................................... -8

---------------------------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' |
| THROUGH THE COMPLETE DATE RECORDED AT OE31 AND          |
| OE31OV.                                               |
---------------------------------------------------------------------

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-        |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS     |
| STATED IN THE LOOP DEFINITION.                      |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,      |
| END LOOP_10 AND CONTINUE WITH BOX_23                |
---------------------------------------------------------------------
BOX_23

IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU MEMBERS NOT COVERED BY THIS INSURANCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU MEMBERS JUST MARKED AS NO LONGER COVERED IN OE30), CONTINUE WITH OE32

OTHERWISE, GO TO OE34A
OE33
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)    (NAME OF
ESTABLISHMENT........)    (STR-DT)
(END-DT)

Who has been covered by (POLICYHOLDER)’s health insurance
through (ESTABLISHMENT) since (START DATE) that we have not yet
mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) since (START DATE) that we
have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

----------------------------------------------------
| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL PERSONS|
| ON THE RU-MEMBERS-ROSTER WHO WERE NOT COVERED BY |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
| PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.      |
----------------------------------------------------

----------------------------------------------------
| DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON|
| THIS ROSTER.                                      |
----------------------------------------------------

----------------------------------------------------
| WRITE PERSONS SELECTED TO THE RU-ESTB-PLCYHLDR- |
| COVRD-PERS-TRPLS-ROSTER.                         |
----------------------------------------------------

----------------------------------------------------
| IF ‘PERSON NOT LISTED IN RU’ IS SELECTED, FLAG    |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR |
| AS ‘COVERING PERSON NOT LISTED IN RU’.            |
----------------------------------------------------

26-224
LOOP_11
=======

|----------------------------------------------------------------------------------------|

LOOP DEFINITION: LOOP_11 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE33.

OE34
=====

{PERSON'S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT.........}    {STR-DT}  {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF .................................... -7
DK ..................................... -8

IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE34OV

OTHERWISE, GO TO BOX_24
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1
PART OF THE MONTH .................. 2
REF ................................... -7
DK .................................... -8

----------------------------------------------------
| EDIT: COMPLETE DATE AT OE34 MUST BE < THAN       |
| COMPLETE DATE AT OE28 IF A DATE IS RECORDED AT    |
| OE28 OR < THAN REFERENCE PERIOD END DATE IF NO    |
| DATE IS RECORDED AT OE28.                         |
----------------------------------------------------

---

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1'
(YES)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34
UNTIL THE REFERENCE PERIOD END DATE.

---

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '2'
(NO)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE34
UNTIL DATE RECORDED AT OE28.
END_LP11

---------------------------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-                  |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS                |
| STATED IN THE LOOP DEFINITION.                                  |
---------------------------------------------------------------------

---------------------------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,                |
| END LOOP_11 AND GO TO BOX_25                                   |
---------------------------------------------------------------------

OE34A

{POLICYHOLDER FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT.........}  {STR-DT}  {END-DT}

Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.

---------------------------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS                  |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT LISTED IN RU' |
| IN OE33                                                          |
---------------------------------------------------------------------

26-227
BOX_25

-------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON |
| THE CURRENT ROUND’S INTERVIEW DATE, THAT IS, OE26 |
| IS CODED ’1’(YES), CONTINUE WITH OE35            |
-------------------------------

-------------------------------
| OTHERWISE, GO TO END_LP09     |
-------------------------------
OE35
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT........}   {STR-DT}
{END-DT}

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME(S) BELOW).}

Since (START DATE), has there been any change in the plan name
of the health insurance (POLICYHOLDER) has through
(ESTABLISHMENT)?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}
{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

YES ...................................  1
NO ....................................  2 {END_LP09}
REF ................................... -7 {END_LP09}
DK .................................... -8 {END_LP09}

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM DISPLAYS ALL |
| INSURERS IN THE RU-ESTB-PERSON-INSURER-TRIPLES- |
| ROSTER THAT ARE FLAGGED AS 'SUPPLYING HOSPITAL AND|
| PHYSICIAN BENEFITS' AND/OR 'SUPPLYING MEDICARE |
| SUPPLEMENT/MEDIGAP BENEFITS' AND ARE ASSOCIATED |
| WITH THE INSURANCE THROUGH THIS ESTABLISHMENT- |</p>
<table>
<thead>
<tr>
<th>PERSON-PAIR.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
| NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT- |
| PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
| MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME |</p>
<table>
<thead>
<tr>
<th>DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

----------------------------------------------------
<p>| IF CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T |
| KNOW), FLAG PREVIOUS ROUND’S INSURER AS CURRENT |
| ROUND’S INSURER FOR THIS ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIR.</th>
</tr>
</thead>
</table>

26-229
| IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS AN INSURANCE CO. OR HMO, CONTINUE WITH OE36 |

---------------------------------------------

---------------------------------------------

| IF CODED '1' (YES) AND ESTABLISHMENT IS NOT Flagged AS AN INSURANCE CO. OR HMO, GO TO OE37 |

---------------------------------------------

---------------------------------------------

OE36
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT........) (STR-DT) (END-DT)

What is the new plan name of (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

[Enter Plan Name/Establishment Name] ............... 

---------------------------------------------

WRITE ESTABLISHMENT NAME CORRECTION TO THE RU- ESTABLISHMENT-PERSONS-PAIRS-ROSTER. THIS IS THE CORRECTED ESTABLISHMENT NAME.

---------------------------------------------

FLAG INSURER ENTERED ABOVE AS CURRENT ROUND’S INSURER FOR THIS POLICYHOLDER-ESTABLISHMENT PAIR.

---------------------------------------------

NOTE: IF A SOURCE OF INSURANCE WAS DIRECTLY PURCHASED FROM AN HMO OR INSURANCE COMPANY, THE ESTABLISHMENT NAME IS THE SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE IN PLAN NAME AUTOMATICALLY DICTATES A CHANGE IN THE ESTABLISHMENT NAME.

---------------------------------------------

26-230
SHOW CARD OE-1.

What type of health insurance (do/does) (POLICYHOLDER) now have through (ESTABLISHMENT)'s new plan?

CODE ALL THAT APPLY.

HOSPITAL AND PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH AN HMO ... 1
DENTAL ........................................ 2
PRESCRIPTION DRUGS .......................... 3
VISION ........................................ 4
MEDICARE SUPPLEMENT/MEDIGAP ............ 5
LONG TERM CARE IN A NURSING HOME ...... 6
EXTRA CASH FOR HOSPITAL STAYS .......... 7
SERIOUS DISEASE OR DREAD DISEASE ...... 8
DISABILITY .................................... 9
WORKER'S COMPENSATION .................... 10
ACCIDENT .................................... 11
OTHER ....................................... 91
REF .......................................... -7
DK .......................................... -8

[Code All That Apply]

PRESS F1 FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: CODES 9, 10 AND 11 WILL NOT APPEAR ON THE SHOW CARD.]

<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER), ALONE OR IN COMBINATION</th>
<th>WITH ANY OTHER CODES, CONTINUE WITH OE37OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_26</th>
</tr>
</thead>
</table>
OE370V
=====

ENTER OTHER:

[Enter Other Specify] ..................
REF ................................... -7
DK .................................... -8

BOX_26
=====

----------------------------------------------------
| IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN     |
| BENEFITS) OR '5' (MEDICARE SUPPLEMENT/MEDIGAP),  |
| ALONE OR WITH ANY OTHER COMBINATION OF CODES,     |
| CONTINUE WITH BOX_27                            |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP09                        |
----------------------------------------------------

BOX_27
=====

----------------------------------------------------
| IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE    |
| CO.' OR 'HMO', AUTOMATICALLY CODE OE38 WITH       |
| APPROPRIATE RESPONSES AND GO TO LOOP_12          |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE38                    |
----------------------------------------------------
OE38
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT...........)    (STR-DT)
(END-DT)

What is the new plan name for (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) which provides the {hospital and physician benefits/Medicare supplement or Medigap benefit}?

PROBE: Any other new plan names? RECORD NAMES OF ALL INSURERS THAT PROVIDE {HOSPITAL/MEDIGAP} BENEFITS FOR THIS PAIR.

1=INS CO  2=HMO  3=COMPANY IS SELF-INSURED

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, CODE 2 (HMO).

TO MOVE CURSOR, USE ARROW KEYS. TO ADD, PRESS CTRL/A.
TO DELETE, PRESS CTRL/D. TO LEAVE, PRESS ESC.

PRESS F1 FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

<table>
<thead>
<tr>
<th>OE38 01. NAME OF INSURER</th>
<th>OE38 02. TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>2. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
<tr>
<td>3. [Enter Insurer]</td>
<td>[Enter Selection]</td>
</tr>
</tbody>
</table>

-----------------------------------------------------
| DISPLAY ’hospital and physician benefits’ AND       |
| ’HOSPITAL’ IF OE37 IS CODED ’1’ (HOSPITAL AND      |
| PHYSICIAN BENEFITS), BUT NOT CODED ’5’ (MEDICARE   |
| SUPPLEMENT/MEDIGAP). DISPLAY ’Medicare supplement   |
| or Medigap benefits’ AND ’MEDIGAP’ IF OE37 IS CODED|
| ’5’ (MEDICARE SUPPLEMENT/MEDIGAP).                 |
-----------------------------------------------------

-----------------------------------------------------
| WRITE INSURER(S) TO THE RU-ESTAB-PERSON-INSURER-   |
| TRIPLES-ROSTER FOR THE INSURANCE THROUGH THIS       |
| ESTABLISHMENT-PERSON-PAIR                           |
-----------------------------------------------------

26-233
FLAG INSURER(S) COLLECTED AT OE38 AS CURRENT ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-PAIR.

IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT ROUND.

IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.

INSURER COMPANY ROSTER BEHAVIOR SPECIFICATIONS:

1. INTERVIEWER SHOULD BE ABLE TO ADD ANY NUMBER OF INSURANCE COMPANIES OR HMOs AT THE ROSTER QUESTIONS (I.E., NO LIMIT TO THE NUMBER OF INSURANCE COMPANIES/HMOs).
2. THIS ROSTER SHOULD BE BLANK. ALL PREVIOUS INSURERS PROVIDING HOSPITAL/PHYSICIAN BENEFITS OR MEDIGAP ARE BEING REPLACED FOR THE CURRENT ROUND WITH ALL INSURERS COLLECTED HERE.
3. INTERVIEWER SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO THAT WAS RECORDED ON THE SCREEN WHERE DELETE IS USED. THAT IS, AS LONG AS THE INTERVIEWER HAS NOT LEFT THE SCREEN, SHE SHOULD BE ABLE TO DELETE AN INSURANCE COMPANY/HMO ENTERED IN ERROR. IF DELETE IS ATTEMPTED AT A TIME WHEN IT IS NOT ALLOWED (I.E., AFTER THE LINK IS ESTABLISHED), DISPLAY THE FOLLOWING ERROR MESSAGE: 'DELETE ALLOWED ONLY WHEN INS. CO./HMO FIRST ENTERED.'
LOOP_12
=======

|-- FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER, ASK BOX_28 - END_LP12.

|-- LOOP DEFINITION: LOOP_12 COLLECTS MANAGED CARE INFORMATION FOR INSURERS COLLECTED AT OE38 THAT ARE NOT ALREADY FLAGGED AT 'HMO'. THIS LOOP CYCLES ON TRIPLES THAT MEET THE FOLLOWING CONDITIONS:

|-- - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE BEING ASKED ABOUT
|-- - INSURER IS ENTERED AT OE38 AND INSURER IS CODED '1' (INS CO) OR '3' (SELF-INSURED COMPANY), BUT NOT '2' (HMO)

BOX_28
======

|-- ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER

|-- AT COMPLETION OF MANAGED CARE (MC) SECTION, CONTINUE WITH END_LP12

END_LP12
========

|-- CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION.

|-- IF NO OTHER INSURERS MEET THE STATED CONDITIONS, END LOOP_12 AND CONTINUE WITH END_LP09

26-235
END_LP09
======

--- CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN THE LOOP DEFINITION. ---

--- IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END LOOP_09 AND CONTINUE WITH BOX_29 ---

BOX_29
=====

--- IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER IS FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS' AT THE CURRENT ROUND'S INTERVIEW DATE, CONTINUE WITH LOOP_13 ---

--- OTHERWISE, GO TO BOX_33 ---


26-236
LOOP_13
========


LOOP DEFINITION:

LOOP_13 COLLECTS INFORMATION ABOUT THE CONTINUATION OF INSURANCE COVERAGE THROUGH AN ESTABLISHMENT-PERSON-PAIR WHERE THE POLICYHOLDER OR THE ELIGIBLE DEPENDENT(S) HAVE MOVED FROM THE RU. THIS LOOP CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE FOLLOWING CONDITIONS:

- THE ESTABLISHMENT IS A PRIVATE SOURCE OF INSURANCE
- THE ESTABLISHMENT-PERSON-PAIR IS FLAGGED AS ‘POLICYHOLDER/DEPENDENT MOVED’ AT THE CURRENT ROUND’S INTERVIEW DATE FOR THIS RU
- AT LEAST ONE RU MEMBER WAS A COVERED PERSON FOR THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE
- POLICYHOLDER IS NOT A CURRENT RU MEMBER
OE39
====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF ESTABLISHMENT........}   {STR-DT}   {END-DT}

During the last interview, we recorded that someone in the family was covered by (POLICYHOLDER)’s (ESTABLISHMENT) health insurance. Is anyone in the family, living here now, covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) as of today, (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN DISCUSSED, CODE ‘3’.

YES ............................................. 1 {OE41}
NO ............................................. 2
INSURANCE ALREADY DISCUSSED .............. 3 {END_LP13}
REF ............................................. -7 {END_LP13}
DK ............................................. -8 {END_LP13}

[Code One]

------------------------------------------------------------------
| IF CODED ‘3’ (INSURANCE ALREADY DISCUSSED), FLAG |
| ITEM FOR SOURCE CLEAN-UP.                                |
------------------------------------------------------------------
OE40
====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   (NAME OF
ESTABLISHMENT.........)    (STR-DT)
(END-DT)

On what date did this health insurance through (ESTABLISHMENT) end?

[Enter Month-2, Day-2, Year-2] ........
REF ................................... -7
DK .................................... -8

| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
| KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
| OR '-8' (DON'T KNOW), CONTINUE WITH OE40OV            |

| OTHERWISE, GO TO OE41                                    |

OE40OV
=====

Can you just tell me if (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1
PART OF THE MONTH ........................  2
REF ................................... -7
DK .................................... -8
During the last interview, we recorded that (READ NAMES BELOW) (were/was) covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT).

{Are/Were} they all covered by this health insurance {until {{OE40 DATE}/it ended}/on (END-DT)}?

TO SCROLL, USE ARROW KEYS.
TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
{PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

YES ................................... 1
NO .................................... 2
REF ................................... -7
DK .................................... -8

ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
- PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,
- PERSON IS AN RU MEMBER

DISPLAY 'Are' IF OE39 IS CODED '1' (YES).
DISPLAY 'Were' IF OE39 IS CODED '2' (NO).
DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2' (NO).
DISPLAY 'on (END-DT)' IF OE39 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE40 FOR 'OE40 DATE'. IF THE MONTH AND DAY FIELD AT OE40 IS CODED '-7' (REFUSED) OR '-8' (DON’T KNOW), DISPLAY 'it ended' FOR 'OE40 DATE'.

----------------------------------------------------
IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS:

IF OE39 IS CODED '1' (YES) AND OE41 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS COVERAGE' THROUGH THE REFERENCE PERIOD END DATE AND

GO TO BOX_31

----------------------------------------------------

IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS:

IF OE39 IS CODED '2' (NO) AND OE41 IS CODED '1' (YES),

FLAG INSURANCE FOR ALL COVERED PERSONS AS 'CONTINUOUS COVERAGE' THROUGH THE DATE RECORDED AT OE40 AND

GO TO BOX_31

----------------------------------------------------

OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)),

CONTINUE WITH OE42
OE42
=====

(POLICYHOLDER’S FIRST MIDDLE LAST NAME)   {NAME OF
ESTABLISHMENT............}    {STR-DT}
{END-DT}

Who {is/was} no longer covered by (POLICYHOLDER)’s health
insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on
(END-DT)}?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER.
TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]

---

| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S
| INTERVIEW DATE BY THE INSURANCE FROM THIS
| ESTABLISHMENT-PERSON-PAIR,
| - PERSON IS AN RU MEMBER

---

| DISPLAY 'is' IF OE39 IS CODED ‘1’ (YES).
| DISPLAY 'was' IF OE39 IS CODED '2' (NO).

| DISPLAY 'until {OE40 DATE}' IF OE39 IS CODED '2'
| (NO).
| DISPLAY 'on (END-DT)' IF OE39 IS CODED ‘1’ (YES).

| DISPLAY THE DATE RECORDED AT OE40 FOR ‘OE40 DATE’.
| IF THE MONTH AND DAY FIELD AT OE40 IS CODED ‘-7’
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
| FOR ‘OE40 DATE’.

---

| IF FAMILY STILL HAS INSURANCE THROUGH THIS
| ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT
| SELECTED AT OE42 AS CONTINUOUS COVERAGE FROM THE
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE
| PERIOD END DATE.

---

26-242
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2'), (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE42 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE40.

LOOP DEFINITION: LOOP_14 COLLECTS THE DATE ON WHICH THE INSURANCE COVERAGE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE PERIOD END DATE OR THE DATE REPORTED IN OE40. THIS LOOP CYCLES ON PERSONS SELECTED AT OE42.
OE43
====

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT.........}    {STR-DT}
{END-DT}

On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-2] ..........
REF ................................ -7
DK .................................. -8

----------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), CONTINUE WITH OE43OV  |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_30                             |
----------------------------------------------------

OE43OV
======

Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH ....................... 1
PART OF THE MONTH ................. 2
REF ................................ -7
DK .................................. -8

----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE43 AND OE43OV. |
----------------------------------------------------
END_LP14

----------------------------------------------------
| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHLDR-     |
| COVRD-PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_14 AND CONTINUE WITH BOX_31              |
----------------------------------------------------

BOX_31

----------------------------------------------------
| IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY  |
| THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
| (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
| MEMBERS NOT COVERED BY THIS INSURANCE ON THE      |
| PREVIOUS ROUND’S INTERVIEW DATE, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42),|
| CONTINUE WITH OE44                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO OE47                             |
----------------------------------------------------

OE44

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}   {NAME OF
ESTABLISHMENT........}    {STR-DT}
(END-DT)

Since (START DATE), have any persons living here, we have not yet mentioned, been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT)?

YES ........................................  1
NO ...........................................  2 {OE47}
REF ........................................... -7 {OE47}
DK .......................................... -8 {OE47}

PRESS F1 FOR DEFINITION OF DEPENDENT.
Who has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

PROBE: Who else has been covered by (POLICYHOLDER)’s health insurance through (ESTABLISHMENT) since (START DATE) that we have not yet mentioned?

TO TURN CHECK MARK ON/OFF, USE ARROW KEYS, PRESS ENTER. TO LEAVE, PRESS ESC.

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
LOOP_15


LOOP DEFINITION: LOOP_15 COLLECTS THE COVERAGE START DATE FOR ALL PERSONS NEWLY COVERED DURING THE CURRENT ROUND BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON PERSONS SELECTED AT OE45.

OE46

{PERSON’S FIRST MIDDLE AND LAST NAME}   {NAME OF ESTABLISHMENT........}    {STR-DT}    {END-DT}

On what date did the health insurance through (ESTABLISHMENT) begin for (PERSON)?

[Enter Month-2, Day-2, Year-2] ........
REF ............................................... -7
DK ................................................ -8

IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON'T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON'T KNOW), CONTINUE WITH OE46OV

OTHERWISE, GO TO BOX_32
Can you just tell me if (PERSON) was covered under that insurance the whole month or part of the month?

WHOLE MONTH .........................  1
PART OF THE MONTH ......................  2
REF .................................... -7
DK .................................... -8

EDIT: COMPLETE DATE AT OE46 MUST BE < THAN
COMPLETE DATE AT OE40 IF A DATE IS RECORDED AT
OE40 OR < THAN REFERENCE PERIOD END DATE IF NO
DATE IS RECORDED AT OE40.

IF FAMILY STILL HAS INSURANCE THROUGH THIS
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '1'
(YES)), FLAG INSURANCE FOR THIS PERSON AS
'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08
UNTIL THE REFERENCE PERIOD END DATE.

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED '2' (NO))
FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS
COVERAGE' FROM DATE RECORDED AT OE46 UNTIL DATE
RECORDED AT OE40.
Does (POLICYHOLDER)'s health coverage through (ESTABLISHMENT) cover as dependents any persons who do not live here?

YES .................................... 1
NO ..................................... 2
REF ................................... -7
DK .................................... -8

PRESS F1 FOR DEFINITION OF DEPENDENT.
END_LP13
=======

-----------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN  |
| THE LOOP DEFINITION.                               |
-----------------------------------------------

-----------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_13 AND CONTINUE WITH BOX_33                  |
-----------------------------------------------

BOX_33
=======

-----------------------------------------------
| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.  |
-----------------------------------------------