

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)/(Were/Was)} (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}

-----  
| DISPLAY `(Are/Is)' IF NOT ROUND 5. DISPLAY |  
| `(Was/Were)' IF ROUND 5. |  
| DISPLAY `today,' IF NOT ROUND 5. OTHERWISE, USE A |  
NULL DISPLAY.

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-4] .....  
REF ..... -7  
DK ..... -8

-----  
| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |  
| CANNOT BE AFTER 12/31/2003. IF A DATE AFTER |  
| 12/31/2003 IS ENTERED, DISPLAY THE FOLLOWING |  
| MESSAGE: `DATE CANNOT BE AFTER 12/31/2003. IF |  
| INSURANCE ENDED AFTER 12/31/2003, USE CTRL/B TO |  
BACK-UP AND CHANGE RESPONSE TO OE01.

-----  
| 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

OE02OV  
=====

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

[Code One]

BOX\_02  
=====

-----  
| 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

-----  
OTHERWISE, CONTINUE WITH OE03

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

-----  
| 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 OE01 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE01 IS CODED '2' (NO) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| 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'.

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  
-----

OE04  
=====

{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) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| 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\_02  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE05 - END\_LP02.

-----  
| 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-4] .....  
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

[Code One]

BOX\_04  
=====

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

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)/Between (START DATE) and (END 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.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE07  
=====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {since (START DATE)/between  
(START DATE) and (END 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'.

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

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-4] .....  
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

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

[Code One]

-----  
| 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/Between (START DATE) and (END DATE), did} (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.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

-----  
| 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 BOX\_07A

-----  
OTHERWISE, GO TO END\_LP01

BOX\_07A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE09A

-----  
OTHERWISE, GO TO OE09

OE09A  
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

- YES, PAY ALL OF PREMIUM/COST ..... 1
- YES, PAY SOME OF PREMIUM/COST ..... 2
- YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3
- NO, DO NOT PAY ..... 4 {OE09AAA}
- REF ..... -7 {OE09}
- DK ..... -8 {OE09}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE09AA  
 =====

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
 coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] .....  
 REF ..... -7 {BOX\_08A}  
 DK ..... -8 {BOX\_08A}

-----  
 | NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
 | DISPLAYED HERE FOR THE INSURANCE FROM A |  
 | SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
 | DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
 | THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE09AAOV1  
 =====

ENTER UNIT OF COVERAGE:

PER YEAR ..... 1 {BOX\_08A}  
 QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_08A}  
 BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_08A}  
 PER MONTH ..... 4 {BOX\_08A}  
 PER WEEK ..... 5 {BOX\_08A}  
 BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_08A}  
 SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_08A}  
 SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_08A}  
 OTHER ..... 91  
 REF ..... -7 {BOX\_08A}  
 DK ..... -8 {BOX\_08A}

[Code One]

OE09AAOV2  
=====

ENTER OTHER:

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

BOX\_08A  
=====

-----  
| IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE09

-----  
OTHERWISE, CONTINUE WITH OE09AAA

OE09AAA  
=====

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

Who {else} pays {some of/for} the premium or cost  
of this insurance?

- FEDERAL GOVERNMENT ..... 1
- STATE GOVERNMENT ..... 2
- LOCAL GOVERNMENT ..... 3
- SOME GOVERNMENT ..... 4
- EMPLOYER ..... 5
- UNION ..... 6
- OTHER ..... 91
- REF ..... -7
- DK ..... -8

[Code All That Apply]

-----  
| DISPLAY 'else' IF OE09A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY |  
|  
| DISPLAY 'some of' IF OE09A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
IF OE09A IS CODED '4' (NO, DO NOT PAY).

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODE, CONTINUE WITH OE09AAAOV

-----  
OTHERWISE, GO TO OE09

OE09AAAOV  
=====

ENTER OTHER:

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

OE09  
=====

{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/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) {has/had} 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}

-----  
| 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.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| 'has' IF NOT ROUND 5. DISPLAY 'Between (START |  
| DATE) and (END DATE), was there' AND 'had' IF |  
ROUND 5.

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.

OE10  
=====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

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.]

-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
USE A NULL DISPLAY.

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

-----  
OTHERWISE, GO TO BOX\_08

OE10OV  
=====

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}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?  
 RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES {HOSPITAL AND  
 PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

NAME OF INSURER: [Enter Insurer]	TYPE: 1 = INSURANCE COMPANY 2 = HMO 3 = COMPANY IS SELF-INSURED
----------------------------------	---

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

-----  
 | 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.

-----  
 | 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.

LOOP\_04  
=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK OE11A - END\_LP04.

-----  
| LOOP DEFINITION: LOOP\_04 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE11. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |  
| BEING ASKED ABOUT |  
- INSURER IS ENTERED AT OE11

OE11A  
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1  
NO OTHER NAME ..... 2 {BOX\_09A}  
REF ..... -7 {BOX\_09A}  
DK ..... -8 {BOX\_09A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE11\_01 WHICH IS BEING LOOPED ON |  
FOR 'INSURANCE...NAME.'

OE11AOV  
=====

ENTER OTHER NAME:

[Enter Policy Name] .....  
REF ..... -7  
DK ..... -8

BOX\_09A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE11\_02, CONTINUE WITH OE11B

-----  
OTHERWISE, GO TO BOX\_09

OE11B  
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP04}  
NO ..... 2 {END\_LP04}  
REF ..... -7 {END\_LP04}  
DK ..... -8 {END\_LP04}

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 |  
-----
```

END\_LP01

=====

```
-----  
| 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_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.  
-----

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.

OE12  
 =====

{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)/(Were/Was)} (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}

```

-----
| DISPLAY `(Are/Is)' IF NOT ROUND 5. DISPLAY |
| `(Was/Were)' IF ROUND 5.                  |
|                                           |
| DISPLAY `today,' IF NOT ROUND 5. OTHERWISE, USE A |
| NULL DISPLAY.                               |
-----
    
```

OE13  
 =====

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

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}

OE14  
=====

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

Did that health insurance continue through COBRA?

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

PRESS F1 FOR DEFINITION OF COBRA.

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-4] .....  
REF ..... -7  
DK ..... -8

-----  
| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |  
| CANNOT BE AFTER 12/31/2003. IF A DATE AFTER |  
| 12/31/2003 IS ENTERED, DISPLAY THE FOLLOWING |  
| MESSAGE: `DATE CANNOT BE AFTER 12/31/2003. IF |  
| INSURANCE ENDED AFTER 12/31/2003, USE CTRL/B TO |  
BACK-UP AND CHANGE RESPONSE TO OE12.

-----  
| 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}

[Code One]

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

OE17  
=====

{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  
{OE15 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, INCLUDING THE  
POLICYHOLDER  
- PERSON IS AN RU MEMBER  
-----

-----  
DISPLAY 'Are' IF OE12 IS CODED '1' (YES).  
DISPLAY 'Were' IF OE12 IS CODED '2' (NO) OR IF  
CURRENT ROUND IS ROUND 5.  
  
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'.  
-----

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

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) OR IF  
CURRENT ROUND IS ROUND 5.  
  
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-4] .....  
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

[Code One]

BOX\_13  
=====

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

END\_LP06  
=====

-----  
| 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\_06 AND CONTINUE WITH BOX\_14

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)/Between (START DATE) and (END 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.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE21  
=====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {since (START DATE)/between  
(START DATE) and (END 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'.

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

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-4] .....  
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

OE22OV  
=====

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

[Code One]

-----  
| 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.

BOX\_15  
=====

-----  
| 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.

END\_LP07  
=====

```
-----  
| 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_07 AND GO TO BOX_16 |  
-----
```

OE22A  
=====

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

{Does/Between (START DATE) and (END DATE), did} (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.

```
-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
| (START DATE) and (END DATE), did' IF ROUND 5. |  
-----  
  
-----  
| 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 BOX\_16A

-----  
OTHERWISE, GO TO END\_LP05

BOX\_16A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE23A

-----  
OTHERWISE, GO TO OE23

OE23A  
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

YES, PAY ALL OF PREMIUM/COST ..... 1  
YES, PAY SOME OF PREMIUM/COST ..... 2  
YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3  
NO, DO NOT PAY ..... 4 {OE23AAA}  
REF ..... -7 {OE23}  
DK ..... -8 {OE23}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE23AA  
=====

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] .....  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE23AAOV1  
=====

ENTER UNIT OF COVERAGE:

PER YEAR ..... 1 {BOX\_17A}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_17A}  
BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_17A}  
PER MONTH ..... 4 {BOX\_17A}  
PER WEEK ..... 5 {BOX\_17A}  
BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_17A}  
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_17A}  
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_17A}  
OTHER ..... 91  
REF ..... -7 {BOX\_17A}  
DK ..... -8 {BOX\_17A}

[Code One]

OE23AAOV2  
=====

ENTER OTHER:

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

BOX\_17A  
=====

-----  
| IF OE23A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE23
  
-----  
OTHERWISE, CONTINUE WITH OE23AAA

OE23AAA  
=====

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

Who {else} pays {some of/for} the premium or cost  
of this insurance?

FEDERAL GOVERNMENT .....	1
STATE GOVERNMENT .....	2
LOCAL GOVERNMENT .....	3
SOME GOVERNMENT .....	4
EMPLOYER .....	5
UNION .....	6
OTHER .....	91
REF .....	-7
DK .....	-8

[Code All That Apply]

-----  
| DISPLAY 'else' IF OE23A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY |  
|  
| DISPLAY 'some of' IF OE23A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
IF OE23A IS CODED '4' (NO, DO NOT PAY).

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODE, CONTINUE WITH OE23AAAOV

-----  
OTHERWISE, GO TO OE23

OE23AAAOV  
=====

ENTER OTHER:

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

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/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) {has/had} 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.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| 'has' IF NOT ROUND 5. DISPLAY 'Between (START |  
| DATE) and (END DATE), was there' AND 'had' IF |  
ROUND 5.

-----  
| 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.

OE24  
=====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

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.]

```
-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
|  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
|  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
| USE A NULL DISPLAY. |  
-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
| WITH ANY OTHER CODES, CONTINUE WITH OE24OV |  
-----  
| OTHERWISE, GO TO BOX_17 |  
-----
```

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}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?  
 RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES {HOSPITAL AND  
 PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

NAME OF INSURER: [Enter Insurer]	TYPE: 1 = INSURANCE COMPANY 2 = HMO 3 = COMPANY IS SELF-INSURED
----------------------------------	---

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

-----  
 | 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 CO./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 CO./HMO AS 'SUPPLYING |  
| HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT |  
ROUND.

LOOP\_08  
=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK OE25AA - END\_LP08.

-----  
| LOOP DEFINITION: LOOP\_08 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE25. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISH-PERSON PAIR PROVIDES THE INSURANCE |  
| BEING ASKED ABOUT |  
- INSURER IS ENTERED AT OE25

OE25AA  
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1  
NO OTHER NAME ..... 2 {BOX\_18A}  
REF ..... -7 {BOX\_18A}  
DK ..... -8 {BOX\_18A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE25\_01 WHICH IS BEING LOOPED ON |  
FOR 'INSURANCE...NAME.'

OE25AAOV  
=====

ENTER OTHER NAME:

[Enter Policy Name] .....  
REF ..... -7  
DK ..... -8

BOX\_18A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE25\_02, CONTINUE WITH OE25B

-----  
OTHERWISE, GO TO BOX\_18

OE25B  
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP08}  
NO ..... 2 {END\_LP08}  
REF ..... -7 {END\_LP08}  
DK ..... -8 {END\_LP08}

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 |  
-----
```

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.

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\_09.

NOTE: FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM-SIZE-1, THE CONTEXT HEADER SHOULD DISPLAY THE NAME OF THE SOURCE PROVIDING THE INSURANCE RATHER THAN THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE SELF-EMPLOYED-FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF PURCHASE CATEGORY. FOR EMPLOYERS WHICH ARE NOT SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER NAME AND EMPLOYER NAME IN THE CONTEXT HEADER.

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)

BOX\_19A

=====

-----  
| IF THE POLICYHOLDER OF THIS ESTABLISHMENT-PERSON- |  
| PAIR IS FLAGGED AS 'POLICYHOLDER NOT LISTED IN RU |  
| (DU)' OR 'POLICYHOLDER DECEASED', CONTINUE WITH |  
OE25A

-----  
OTHERWISE, GO TO OE26

OE25A  
=====

{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] .
- 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- |  
PAIR 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)/(Were/Was)} (POLICYHOLDER) or anyone in the family covered by (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) as of {today,} (END DATE)?

YES ..... 1  
NO ..... 2 {OE28}  
REF ..... -7 {END\_LP09}  
DK ..... -8 {END\_LP09}

-----  
| DISPLAY `(Are/Is)' IF NOT ROUND 5. DISPLAY |  
| `(Was/Were)' IF ROUND 5. |  
| |  
| DISPLAY `today,' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  

-----  
| 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-4] .....  
REF ..... -7  
DK ..... -8

-----  
| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |  
| CANNOT BE AFTER 12/31/2003. IF A DATE AFTER |  
| 12/31/2003 IS ENTERED, DISPLAY THE FOLLOWING |  
| MESSAGE: `DATE CANNOT BE AFTER 12/31/2003. IF |  
| INSURANCE ENDED AFTER 12/31/2003, USE CTRL/B TO |  
BACK-UP AND CHANGE RESPONSE TO OE26.

-----  
| 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 OE28OV

-----  
OTHERWISE, GO TO BOX\_20

OE280V  
=====

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

[Code One]

BOX\_20  
=====

-----  
| 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 |  
BOX\_21

-----  
OTHERWISE, CONTINUE WITH OE29

OE29  
=====

{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  
{OE28 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, INCLUDING THE |  
| POLICYHOLDER |  
- PERSON IS AN RU MEMBER

-----  
| DISPLAY 'Are' IF OE26 IS CODED '1' (YES). |  
| DISPLAY 'Were' IF OE26 IS CODED '2' (NO) OR IF |  
CURRENT ROUND IS ROUND 5.
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'.
-----

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  
-----

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]

-----  
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 OE26 IS CODED '1' (YES).  
DISPLAY 'was' IF OE26 IS CODED '2' (NO) OR IF  
CURRENT ROUND IS ROUND 5.  
  
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'.  
-----

-----  
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  
PERIOD END DATE.  
-----

-----  
| 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  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE31 - END\_LP10.

-----  
| 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-4] .....  
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

OE31OV  
=====

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

[Code One]

BOX\_22  
=====

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

END\_LP10  
=====

```
-----  
| 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

OE32  
=====

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

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

- YES ..... 1
- NO ..... 2 {OE34A}
- REF ..... -7 {OE34A}
- DK ..... -8 {OE34A}

PRESS F1 FOR DEFINITION OF DEPENDENT.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE33  
=====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {since (START DATE)/between  
(START DATE) and (END 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'.

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

LOOP\_11  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE34 - END\_LP11.

-----  
| 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-4] .....  
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

OE340V  
=====

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

[Code One]

-----  
| 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.

BOX\_24  
=====

-----  
| 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/Between (START DATE) and (END DATE), did} (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.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

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

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 BOX\_25A

-----  
OTHERWISE, GO TO END\_LP09

BOX\_25A  
=====

-----  
IF ROUND 3, CONTINUE WITH OE35A

-----  
OTHERWISE, GO TO OE35

OE35A  
=====

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

For the coverage through (ESTABLISHMENT), does anyone in the family pay all of the premium or cost, some of the premium or cost, or none of the premium or cost?

[Do not include the cost of any copayments, coinsurance or deductibles anyone in the family may have had to pay.]

[Do include any contribution made to the plan as part of a paycheck.]

- YES, PAY ALL OF PREMIUM/COST ..... 1
- YES, PAY SOME OF PREMIUM/COST ..... 2
- YES, BUT DON'T KNOW IF PAY ALL OR SOME  
OF PREMIUM/COST ..... 3
- NO, DO NOT PAY ..... 4 {OE35AAA}
- REF ..... -7 {OE35}
- DK ..... -8 {OE35}

[Code One]

PRESS F1 FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE35AA  
=====

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

How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)  
coverage?

PROBE: Is that per year, per month, per week, or what?

[Enter Amount in Dollars] .....  
REF ..... -7 {BOX\_26A}  
DK ..... -8 {BOX\_26A}

-----  
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE |  
| DISPLAYED HERE FOR THE INSURANCE FROM A |  
| SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM |  
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF |  
| THE SOURCE, NOT THE NAME OF THE EMPLOYER OR |  
DIRECTLY PURCHASED CATEGORY.

OE35AAOV1  
=====

ENTER UNIT OF COVERAGE:

PER YEAR ..... 1 {BOX\_26A}  
QUARTERLY/EVERY 3 MONTHS ..... 2 {BOX\_26A}  
BIMONTHLY/EVERY 2 MONTHS ..... 3 {BOX\_26A}  
PER MONTH ..... 4 {BOX\_26A}  
PER WEEK ..... 5 {BOX\_26A}  
BIWEEKLY/EVERY 2 WEEKS ..... 6 {BOX\_26A}  
SEMI-ANNUALLY/2 TIMES PER YEAR ..... 7 {BOX\_26A}  
SEMI-MONTHLY/2 TIMES PER MONTH ..... 8 {BOX\_26A}  
OTHER ..... 91  
REF ..... -7 {BOX\_26A}  
DK ..... -8 {BOX\_26A}

[Code One]

OE35AAOV2  
=====

ENTER OTHER:

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

BOX\_26A  
=====

-----  
| IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/  
COST), GO TO OE35

-----  
OTHERWISE, CONTINUE WITH OE35AAA

OE35AAA  
=====

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

Who {else} pays {some of/for} the premium or cost  
of this insurance?

- FEDERAL GOVERNMENT ..... 1
- STATE GOVERNMENT ..... 2
- LOCAL GOVERNMENT ..... 3
- SOME GOVERNMENT ..... 4
- EMPLOYER ..... 5
- UNION ..... 6
- OTHER ..... 91
- REF ..... -7
- DK ..... -8

[Code All That Apply]

-----  
| DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). OTHERWISE, |  
| USE A NULL DISPLAY |  
|  
| DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY |  
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |  
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for' |  
IF OE35A IS CODED '4' (NO, DO NOT PAY).

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODE, CONTINUE WITH OE35AAAOV

-----  
OTHERWISE, GO TO OE35

OE35AAAOV  
=====

ENTER OTHER:

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

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/Between (START DATE) and  
(END DATE), was there} any change in the plan name of the health  
insurance (POLICYHOLDER) {has/had} 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}

-----  
| 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.

-----  
| DISPLAY 'Since (START DATE), has there been' AND |  
| 'has' IF NOT ROUND 5. DISPLAY 'Between (START |  
| DATE) and (END DATE), was there' AND 'had' IF |  
ROUND 5.

-----  
| 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.

-----  
| 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.

OE37  
=====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)  
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

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.]

-----  
| DISPLAY '(do/does)' IF NOT ROUND 5. DISPLAY 'did' |  
| IF ROUND 5. |  
| DISPLAY 'now' IF NOT ROUND 5. OTHERWISE, USE A |  
| NULL DISPLAY. |  
| DISPLAY 'on (END DATE)' IF ROUND 5. OTHERWISE, |  
USE A NULL DISPLAY.

-----  
| IF CODED '91' (OTHER), ALONE OR IN COMBINATION |  
WITH ANY OTHER CODES, CONTINUE WITH OE37OV

-----  
OTHERWISE, GO TO BOX\_26

OE37OV  
=====

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 benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?  
RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES {HOSPITAL AND  
PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

NAME OF INSURER: [Enter Insurer]	TYPE: 1 = INSURANCE COMPANY 2 = HMO 3 = COMPANY IS SELF-INSURED
----------------------------------	---

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

-----  
| 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

-----  
| 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.

LOOP\_12  
=====

-----  
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |  
TRIPLES-ROSTER, ASK OE38A - END\_LP12.

-----  
| LOOP DEFINITION: LOOP\_12 COLLECTS OTHER POLICY |  
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS |  
| COLLECTED AT OE38. THIS LOOP CYCLES ON TRIPLES |  
| THAT MEET THE FOLLOWING CONDITIONS: |  
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |  
| BEING ASKED ABOUT |  
- INSURER IS ENTERED AT OE38

OE38A  
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO  
NAME} policy, such as Option A, \$100 Deductible Plan, 90/80  
Plan, Gold Plan, or High Option Plan?

YES, ANOTHER NAME ..... 1  
NO OTHER NAME ..... 2 {BOX\_28A}  
REF ..... -7 {BOX\_28A}  
DK ..... -8 {BOX\_28A}

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]

-----  
| DISPLAY THE NAME OF THE INSURANCE CO/HMO |  
| RECORDED IN OE38\_01 WHICH IS BEING LOOPED ON |  
FOR 'INSURANCE...NAME.'

OE38AOV  
=====

ENTER OTHER NAME:

[Enter Policy Name] .....  
REF ..... -7  
DK ..... -8

BOX\_28A  
=====

-----  
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |  
OE38\_02, CONTINUE WITH OE38B

-----  
OTHERWISE, GO TO BOX\_28

OE38B  
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of  
visits to doctors who are **not** part of (POLICYHOLDER)'s  
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

YES ..... 1 {END\_LP12}  
NO ..... 2 {END\_LP12}  
REF ..... -7 {END\_LP12}  
DK ..... -8 {END\_LP12}

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 |  
-----
```

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

NOTE: WHEN A POLICYHOLDER LEAVES AN RU, WE WILL NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER QUALIFY FOR LOOPS 01, 05, OR 09. WE CREATED A NEW LOOP, LOOP\_13 THAT WILL HANDLE THE SITUATIONS WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT DEPENDENTS BEHIND, OR THE SITUATION WHERE THE DEPENDENTS HAVE LEFT THE RU (WITHOUT THE POLICYHOLDER). THIS SITUATION WILL BE FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT RUS'. THIS FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT-PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE COVERED PERSONS, BUT THE POLICYHOLDER IS IN ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY CREATED AS 'POLICYHOLDER NOT IN RU/DU' OR 'POLICYHOLDER DECEASED'.

LOOP\_13

=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |  
PAIRS-ROSTER, ASK OE39 - END\_LP13.

-----  
| 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/Was} 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]

-----  
| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'Was' IF |  
| ROUND 5. |  
| DISPLAY 'today,' AND ' now' IF NOT ROUND 5. |  
OTHERWISE, USE A NULL DISPLAY.

-----  
| 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-4] .....  
REF ..... -7  
DK ..... -8

-----  
| EDIT (FOR ROUND 5 ONLY): COMPLETE DATE ENTERED |  
| CANNOT BE AFTER 12/31/2003. IF A DATE AFTER |  
| 12/31/2003 IS ENTERED, DISPLAY THE FOLLOWING |  
| MESSAGE: `DATE CANNOT BE AFTER 12/31/2003. IF |  
| INSURANCE ENDED AFTER 12/31/2003, USE CTRL/B TO |  
BACK-UP AND CHANGE RESPONSE TO OE39.

-----  
| 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 OE43

OE400V  
=====

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

[Code One]

-----  
| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS |  
ROUND, GO TO OE43

OE41  
=====

{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  
{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) OR IF |  
| CURRENT ROUND IS ROUND 5. |  
| 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) OR IF  
CURRENT ROUND IS ROUND 5.  
  
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.  
-----

-----  
| 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\_14  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE43 - END\_LP14.

-----  
| 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-4] .....  
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

[Code One]

BOX\_30  
=====

-----  
| 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)/Between (START DATE) and (END 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.

-----  
| DISPLAY 'Since (START DATE)' IF NOT ROUND 5. |  
| DISPLAY 'Between (START DATE) and (END DATE)' IF |  
ROUND 5.

OE45  
=====

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

Who {has been/was} covered by (POLICYHOLDER)'s health insurance  
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)  
and (END DATE)} that we have not yet mentioned?

PROBE: Who else {has been/was} covered by (POLICYHOLDER)'s health  
insurance through (ESTABLISHMENT) {since (START DATE)/between  
(START DATE) and (END 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'.

-----  
| DISPLAY 'has been' AND 'since (START DATE)' IF NOT |  
| ROUND 5. DISPLAY 'was' AND 'between (START DATE) |  
and (END DATE)' IF ROUND 5.

LOOP\_15  
=====

-----  
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |  
PERS-TRPLS-ROSTER, ASK OE46 - END\_LP15.

-----  
| 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-4] .....  
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

OE460V  
=====

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

[Code One]

-----  
| 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.

BOX\_32  
=====

-----  
| 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.

END\_LP15  
=====

-----  
| 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\_15 AND GO TO END\_LP13

OE47  
=====

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

{Does/Between (START DATE) and (END DATE), did} (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.

-----  
| DISPLAY 'Does' IF NOT ROUND 5. DISPLAY 'Between |  
(START DATE) and (END DATE), did' IF ROUND 5.

-----  
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS |  
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |  
LISTED IN RU' IN OE45

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.

