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 12/31/2005. IF A DATE AFTER |
| 12/31/2005 IS ENTERED, DISPLAY THE FOLLOWING |
| MESSAGE: 'DATE CANNOT BE AFTER 12/31/2005. IF |
| INSURANCE ENDED AFTER 12/31/2005, 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 |
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]

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

----------------------------------------------------
| 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’. |

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

27-172
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

<p>| IF DAY FIELD IS CODED ’-7’ (REFUSED) OR ’-8’ (DON’T|
| KNOW) AND MONTH FIELD IS NOT CODED ’-7’ (REFUSED)| |</p>
<table>
<thead>
<tr>
<th>OR ’-8’ (DON’T KNOW), CONTINUE WITH OE05OV</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO BOX_04</th>
</tr>
</thead>
</table>

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. |-----------------------------

27-177
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.

---------------------------------------------------------------------
---------------------------------------------------------------------
[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.                      |
----------------------------------------------------

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.  |
| | |
----------------------------------------------------

27-186
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.
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 ...
- DENTAL ........................................
- PRESCRIPTION DRUGS .............................
- VISION ...........................................
- MEDICARE SUPPLEMENT/MEDIGAP ............
- LONG TERM CARE IN A NURSING HOME .......
- EXTRA CASH FOR HOSPITAL STAYS ..........
- SERIOUS DISEASE OR DREAD DISEASE ......
- DISABILITY .................................
- WORKER’S COMPENSATION .................
- ACCIDENT ......................................
- OTHER ...........................................
- REF ...........................................
- DK ...........................................

[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 OE100V        |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_08                           |
----------------------------------------------------

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

----------------------------------------------------
| OE100V                                          |
| ENTER OTHER:                                     |
----------------------------------------------------
| 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).                               |
----------------------------------------------------

27-189
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 THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

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

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


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
REF .................................... -7
DK ..................................... -8

PRESS F1 FOR DEFINITION OF LOW OPTION/HIGH OPTION.

[Code One]
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}
MEPS FAMES Panel 9 Round 5 Old Employment and Private Related Insurance (OE) Section
November 29, 2005

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 |

27-194
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 12/31/2005. IF A DATE AFTER      |
|  12/31/2005 IS ENTERED, DISPLAY THE FOLLOWING      |
|  MESSAGE: ‘DATE CANNOT BE AFTER 12/31/2005. IF    |
|  INSURANCE ENDED AFTER 12/31/2005, USE CTRL/B TO  |
|  BACK-UP AND CHANGE RESPONSE TO OE12.             |
|  OTHERWISE, GO TO BOX_11                          |
----------------------------------------------------

27-198
OE150V

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 |

27-199
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
=====

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]
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                            |
----------------------------------------------------

27-205
OE20
====

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

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

27-210
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.

--------------------------------------------------------------------------
--------------------------------------------------------------------------
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            |
-----------------------------------------------------
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] ..................... -7
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 OE240V

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

OTHERWISE, GO TO BOX_17

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

OE240V
=====

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 THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

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

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.’
ENTER OTHER NAME:

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

---------------------------------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN | 
| OE25_02, CONTINUE WITH OE25B | 
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO BOX_18 | 
---------------------------------------------------------------------

(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              |
----------------------------------------------------

27-224
IF ONE OR MORE OR RU MEMBERS WAS COVERED BY INSURANCE THROUGH A NON-CURRENT EMPLOYER FROM THE PREVIOUS ROUND, AN EMPLOYER FLAGGED AS ‘SELF-EMPLOYED’ WITH A FIRM-SIZE-1, OR A DIRECT PURCHASE SOURCE ON THE PREVIOUS ROUND’S INTERVIEW DATE, THAT IS:

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

CONTINUE WITH LOOP_09

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


LOOP_09

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER, ASK BOX_19A - END_LP09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- ESTABLISHMENT IS ONE OF THE FOLLOWING TYPES:</td>
</tr>
<tr>
<td>- FLAGGED AS A DIRECT PURCHASE SOURCE</td>
</tr>
<tr>
<td>- FLAGGED AS AN 'EMPLOYER' WITH FIRM-SIZE-1, FLAGGED DURING THE PREVIOUS ROUND AS 'PROVIDES HEALTH INSURANCE', OR</td>
</tr>
<tr>
<td>- 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:</td>
</tr>
<tr>
<td>- 'FORMER MAIN WITHIN REFERENCE PERIOD'</td>
</tr>
<tr>
<td>- 'FORMER MISCELLANEOUS JOB WITHIN REFERENCE PERIOD'</td>
</tr>
<tr>
<td>- 'LAST JOB OUTSIDE REFERENCE PERIOD'</td>
</tr>
<tr>
<td>- 'RETIREMENT JOB'</td>
</tr>
<tr>
<td>- PERSON IS OR WAS A JOBHOLDER AT ESTABLISHMENT, IF THE ESTABLISHMENT IS ONE OF THE SECOND 2 TYPES NOTED ABOVE;</td>
</tr>
<tr>
<td>- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE;</td>
</tr>
<tr>
<td>- 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)</td>
</tr>
</tbody>
</table>

|---------------------------------------------------------------|
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 |
-------------------------------------
{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] .

[Code One]
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}
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.

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 12/31/2005. IF A DATE AFTER |

| 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 |

27-231
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 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

----------------------------------------------------
<p>| ROSTER DEFINITION: THIS ITEM USES THE RU-ESTB-  |
| PLCYHLDR-COVRD-PERS-TRPLS-ROSTER TO DISPLAY ONLY  |
| THOSE PERSONS WHO MEET THE FOLLOWING CONDITIONS:  |
| - PERSON WAS COVERED AT THE PREVIOUS ROUND’S      |
| INTERVIEW DATE BY THE INSURANCE FROM THIS         |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE          |
| POLICYHOLDER                                      |</p>
<table>
<thead>
<tr>
<th>- PERSON IS AN RU MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘Are’ IF OE26 IS CODED ‘1’ (YES).</td>
</tr>
<tr>
<td>DISPLAY ‘Were’ IF OE26 IS CODED ‘2’ (NO) OR IF</td>
</tr>
<tr>
<td>CURRENT ROUND IS ROUND 5.</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY ‘until {OE28 DATE}’ IF OE26 IS CODED ‘2’</td>
</tr>
<tr>
<td>(NO). DISPLAY ‘on (END-DT)’ IF OE26 IS CODED ‘1’</td>
</tr>
<tr>
<td>(YES).</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.</td>
</tr>
<tr>
<td>IF THE MONTH AND DAY FIELD AT OE28 IS CODED ‘7’</td>
</tr>
<tr>
<td>(REFUSED) OR ‘8’ (DON’T KNOW), DISPLAY ‘it ended’</td>
</tr>
<tr>
<td>FOR ‘OE28 DATE’.</td>
</tr>
</tbody>
</table>

----------------------------------------------------
| 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.                                  |
----------------------------------------------------

27-235
IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED ‘2’ (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS CONTINUOUS COVERAGE FROM THE REFERENCE PERIOD START DATE UNTIL DATE RECORDED AT OE28.

LOOP_10
=======


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

OE31
=====

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

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

[Enter Month-2, Day-2, Year-4] ........
RE  F  .................................. -7
D  K  .................................... -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
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]

---

END_LP10

---

| 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 |

---
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

{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.
(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.
|----------------------------------------------------

27-239
LOOP_11
======


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

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

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

OE34
====

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

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

[Enter Month-2, Day-2, Year-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 |

-----------------------------------------------------
OE34OV

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_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.
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.

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

----------------------------------------------------
| 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.                |
-----------------------------------------------------------------
{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         |
----------------------------------------------
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]
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.

---

27-249
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.]
<table>
<thead>
<tr>
<th>IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE37OV</th>
</tr>
</thead>
</table>

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

**OE370V**

ENTER OTHER:

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

**BOX_26**

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO END_LP09</th>
</tr>
</thead>
</table>

**BOX_27**

<table>
<thead>
<tr>
<th>IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE CO.' OR 'HMO', AUTOMATICALLY CODE OE38 WITH APPROPRIATE RESPONSES AND GO TO LOOP_12</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, CONTINUE WITH OE38</th>
</tr>
</thead>
</table>

27-251
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 THE {HOSPITAL AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

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

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

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


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.'
ENTER OTHER NAME:

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

----------------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN |
| OE38_02, CONTINUE WITH OE38B                     |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO BOX_28                           |
----------------------------------------------------

{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-ESTABL-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-ESTABL-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 |
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

LOOP_13

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
----------------------------------------------------

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

27-258
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 12/31/2005. IF A DATE AFTER |  |
| 12/31/2005 IS ENTERED, DISPLAY THE FOLLOWING |  |
| MESSAGE: ‘DATE CANNOT BE AFTER 12/31/2005. IF |  |
| INSURANCE ENDED AFTER 12/31/2005, 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 |  |
---------------------------------------------------------------------
OE40OV

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

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

[Code One]

<table>
<thead>
<tr>
<th>IF ONLY ONE PERSON COVERED AT END OF PREVIOUS ROUND, GO TO OE43</th>
</tr>
</thead>
</table>
{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]

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

----------------------------------------------------
| 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’. |
|----------------------------------------------------|

----------------------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>PERIOD END DATE.</th>
</tr>
</thead>
</table>

27-264
| 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. |

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LOOP_14

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| 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. |

---

27-265
On what date did the health insurance through (ESTABLISHMENT) end for (PERSON)?

[Enter Month-2, Day-2, Year-4] ...........
REF ................................... -7
DK .................................... -8

<table>
<thead>
<tr>
<th>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</th>
</tr>
</thead>
<tbody>
<tr>
<td>OTHERWISE, GO TO BOX_30</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>

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

27-269
LOOP_15


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

OE46

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

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

[Enter Month-2, Day-2, Year-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 |

27-270
OE46OV
======

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
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------------------------------------------------------------------------------------------------------------------------
<p>| IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘1’ (YES)), FLAG INSURANCE FOR |</p>
<table>
<thead>
<tr>
<th>THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE46 UNTIL THE REFERENCE PERIOD END DATE.</th>
</tr>
</thead>
</table>
------------------------------------------------------------------------------------------------------------------------

------------------------------------------------------------------------------------------------------------------------
<p>| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘2’  (NO)), FLAG INSURANCE |</p>
<table>
<thead>
<tr>
<th>FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE46 UNTIL DATE RECORDED AT OE40.</th>
</tr>
</thead>
</table>
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

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

BOX_33

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

27-273