Now I will ask you a few questions about how (POLICYHOLDER)'s health insurance through (ESTABLISHMENT) {works/worked} for non-emergency care {on (END DATE)}.

We are interested in knowing if (POLICYHOLDER)'s (ESTABLISHMENT) plan is an HMO, that is, a Health Maintenance Organization. With an HMO, you must generally receive care from HMO physicians. For other doctors, the expense is not covered unless you were referred by the HMO or there was a medical emergency.

{When answering this question, do not consider (POLICYHOLDER)'s insurance through Medicare.}

(Is/Was) (POLICYHOLDER)'s (INSURER NAME) an HMO {on (END DATE)}?

YES ................................. 1 {MC05}
NO ................................. 2 {MC02}
REF ................................. -7 {MC02}
DK ................................. -8 {MC02}

HELP AVAILABLE FOR DEFINITION OF HMO.
DISPLAY ‘When answering this question, do not consider (POLICYHOLDER)’s insurance through Medicare.’ IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘works’ AND ‘is’ IF NOT ROUND 5. DISPLAY ‘worked’ AND ‘was’ IF ROUND 5.

DISPLAY ‘on (END DATE)’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.
MC03
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Is/As of (END DATE), was} there a book or list of doctors
associated with the plan?

YES .................................... 1 {MC04}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

| DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘As of (END |
| DATE), was’ IF ROUND 5. |

MC04
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (POLICYHOLDER)’s plan pay for any
of the costs of visits to doctors who are not associated with
(POLICYHOLDER)’s plan, even if (POLICYHOLDER) { (do/does)/did} not
have a referral?

YES .................................... 1 {BOX_01}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

| DISPLAY ‘Will’ AND ‘(do/does)’ IF NOT ROUND 5. |
| DISPLAY ‘As of (END DATE), would’ AND ‘did’ IF |
| ROUND 5. |
{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-DT}

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

{Will/As of (END DATE), would} (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)/did} not have a referral?

YES .................................... 1 {BOX_01}
NO ..................................... 2 {BOX_01}
REF ................................... -7 {BOX_01}
DK .................................... -8 {BOX_01}

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| DISPLAY ’Will’ AND ’(do/does)’ IF NOT ROUND 5. |
| DISPLAY ’As of (END DATE), would’ AND ’did’ IF |
| ROUND 5.                                     |
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