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

(Is/Was) {your/{POLICYHOLDER}’s} {NAME OF INSURER BEING LOOPED ON} an HMO {as of {END DATE}}? {When answering this question, do not consider {your/his/her} insurance through Medicare.}

[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.]

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

HELP AVAILABLE FOR DEFINITION OF HMO.

DISPLAY ‘Is’ IF NOT ROUND 5. DISPLAY ‘Was’ IF ROUND 5.

DISPLAY ‘as of {END DATE}’ IF ROUND 5. OTHERWISE, USE A NULL DISPLAY.

DISPLAY ‘When answering this question, do not consider {your/his/her} insurance through Medicare.’ IF POLICYHOLDER BEING ASKED ABOUT IS ALSO COVERED BY MEDICARE. OTHERWISE, USE A NULL DISPLAY.
MC02
====

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

INSURER NAME: (NAME OF INSURER BEING LOOPED ON)

{Does/As of {END DATE}, did} {your/{POLICYHOLDER}’s} insurance plan require {you/him/her} to sign up with a certain primary care doctor, group of doctors, or a certain clinic which {you/he/she} must go to for all of {your/his/her} routine care?

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

   YES .................................... 1 {MC04}
   NO ..................................... 2 {MC03}
   REF ................................... -7 {MC03}
   DK .................................... -8 {MC03}

HELP AVAILABLE FOR DEFINITION OF PRIMARY CARE DOCTOR AND ROUTINE CARE.

-----------------------------------------------------------------
| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘As of {END DATE}, 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}

{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}

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| DISPLAY 'Is' IF NOT ROUND 5. DISPLAY 'As of {END|
| DATE}, was' IF ROUND 5.                              |
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{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} {your/{POLICYHOLDER}’s} plan pay for any
of the costs of visits to doctors who are not associated with
{your/his/her} plan, even if {you/he/she} {{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} {your/{POLICYHOLDER}’s} plan pay
for any of the costs of visits to doctors who are {not} part of
{your/his/her} HMO, even if {you/he/she} {{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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BOX_01

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| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX OR |
| OE.                                               |
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