Old Employment and Private Related Insurance (OE) Section

-----------------------------------------------------------------------------------------------
| THROUGHOUT THE SPECIFICATIONS FOR THIS CAPI SECTION, FOR SCREENS THAT SPECIFY THE REFERENCE   |
| PERIOD {END DATE} AS PART OF THE CONTEXT HEADER, CAPI DISPLAYS THE {END DATE} FOR ROUNDS 2-5. FOR |
| MOST PERSONS, THE END DATE FOR ROUNDS 2-4 WILL BE THE INTERVIEW DATE. FOR MOST PERSONS, THE END |
| FOR ROUND 5 WILL BE DECEMBER 31 OF THE SECOND YEAR OF THE PANEL.                             |
-----------------------------------------------------------------------------------------------

BOX_00

=======

-----------------------------------------------------------------------------------------------
| CONTEXT HEADER DISPLAY INSTRUCTIONS: |
| DISPLAY PERS.FULLNAME, ESTB.ESTBNAME, |
| PRND.BEGREFMM, PRND.BEGREFDD, PRND.BEGREFYY, |
| PRND.ENDREFMM, PRND.ENDREFDD, PRND.ENDREFYY |
-----------------------------------------------------------------------------------------------
IF ONE OR MORE RU MEMBERS STILL HOLDS 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

NOTE: IF POLICYHOLDER WAS NOT PHYSICALLY PRESENT IN THE RU ON THE PREVIOUS ROUND’S INTERVIEW DATE, THE FIFTH CONDITION ABOVE 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.

OTHERWISE, GO TO BOX_10
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 NAV_OE01A - 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

NAVIGATOR DETAILS: LOOP_01 USES BOTH NAV_OE01A
AND OE01B TO CONTROL THE FLOW OF THE LOOP.
SERIES: Confirming Insurance from a Previous Round through a Current Employer (i.e., probing for who is still covered, any change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

## RU Member

<table>
<thead>
<tr>
<th>First Name, [Middle Name], Last Name-65</th>
<th>Status-25</th>
</tr>
</thead>
<tbody>
<tr>
<td>[1. First Name, [Middle Name], Last Name-65]</td>
<td>[Status-25]</td>
</tr>
<tr>
<td>[2. First Name, [Middle Name], Last Name-65]</td>
<td>[Status-25]</td>
</tr>
<tr>
<td>[3. First Name, [Middle Name], Last Name-65]</td>
<td>[Status-25]</td>
</tr>
</tbody>
</table>

---

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

---

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION. |

---

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
ROSTER FILTER:
DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP_01 DEFINITION.

CONTINUE WITH NAV_OE01B FOR SELECTED RU MEMBER.

SERIES: Confirming Insurance from a Previous Round through a Current Employer (i.e., probing for who is still covered, any change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

Policyholder...Employer Providing Insurance

[1. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]
[2. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]
[3. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]

ROSTER DETAILS:
COL # 1 HEADER: POLICYHOLDER...EMPLOYER PROVIDING INSURANCE
INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-PAIR
COL # 2 HEADER: EMPTY
INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR IS PRESENTED

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION.
ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL EMPLOYERS THAT MEET THE CONDITIONS STATED AT THE LOOP_01 DEFINITION.

CONTINUE WITH OE01 FOR SELECTED PAIR.

OE01

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

Now think about {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT}. {{Are/Is}/(Were/Was)} {you/he/she} or anyone in the family covered by this insurance as of {today,} {END DATE}?

YES ...................................  1 {BOX_02}
NO ....................................  2 {OE02}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}

DISPLAY ‘{Are/Is}’ IF NOT ROUND 5. DISPLAY ‘{Were/Was}’ 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 {your/{POLICYHOLDER}’s} health insurance through
{ESTABLISHMENT} end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE01
AND SELECT ’YES’.)

[Enter Month-2, Day-2, Year-4] ..........  
REF ........................................ -7 {BOX_02} 
DK ............................................. -8 {BOX_02}

----------------------------------------------------
| DISPLAY ’IF INSURANCE ENDED... SELECT ’YES’.’ IF |
| ROUND 5. OTHERWISE, USE A NULL DISPLAY.          |
----------------------------------------------------

----------------------------------------------------
| 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 {you/he/she} {were/was} covered under that
insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_02}  
PART OF THE MONTH ........................  2 {BOX_02}  
REF ........................................ -7 {BOX_02}  
DK ............................................. -8 {BOX_02}

[Code One]
BOX_02

| IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT | | IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
| THE PREVIOUS ROUND’S INTERVIEW DATE BY THE | | THE RECENT ROUND’S INTERVIEW DATE BY THE |
| INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, | | INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, |
| AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO | | AUTOMATICALLY CODE OE03 AS ‘1’ (YES) AND GO TO |
| BOX_03 | | BOX_03 |

| OTHERWISE, CONTINUE WITH OE03 |

OE03

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

{Are/Were} (READ NAMES BELOW) all covered by {your/{POLICYHOLDER}’s}|
health insurance through {ESTABLISHMENT} {until {{OE02 DATE}/it|
ended}/on {END DATE}}?

(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 {BOX_03}
NO ....................................  2 {BOX_03}
REF ................................... -7 {BOX_03}
DK .................................... -8 {BOX_03}
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 DATE}’ IF OE01 IS CODED ‘1’ (YES).

DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’. IF THE MONTH OR YEAR FIELD AT OE02 IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’ FOR ‘OE02 DATE’.

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. DISPLAY ONLY.
2. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER
BOX_03

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO THE END DATE OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '1' (YES) AND OE03 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE REFERENCE PERIOD END DATE AND |
| GO TO BOX_05 |

| IF COVERAGE IS CONTINUOUS FROM THE PREVIOUS ROUND TO PART OF THE CURRENT ROUND, THAT IS: |
| IF OE01 IS CODED '2' (NO) AND OE03 IS CODED '1' (YES), |
| FLAG INSURANCE FOR ALL COVERED PERSONS (INCLUDING THE POLICYHOLDER) AS ‘CONTINUOUS COVERAGE’ THROUGH THE DATE RECORDED AT OE02 AND |
| GO TO BOX_05 |

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

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

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

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

----------------------------------------------------
| 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 DATE}’ IF OE01 IS CODED ‘1’      |
| (YES).                                            |
| DISPLAY THE DATE RECORDED AT OE02 FOR ‘OE02 DATE’.|
| IF THE MONTH OR YEAR FIELD AT OE02 IS CODED ‘-7’  |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’|
| FOR ‘OE02 DATE’.                                  |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS        |
| ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘1’      |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT        |
| SELECTED AT OE04 AS ‘CONTINUOUS COVERAGE’ FROM THE|
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE   |
| PERIOD END DATE.                                  |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH   |
| THIS ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED ‘2’ |
| (NO), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED |
| AT OE04 AS ‘CONTINUOUS COVERAGE’ FROM THE         |
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED   |
| AT OE02.                                         |
----------------------------------------------------
GO TO LOOP_02

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES
(PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER
LOOP_02
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE02 - 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.

NAVIGATOR DETAILS: LOOP_02 USES NAV_OE02 TO CONTROL THE FLOW OF THE LOOP.

NAV_OE02
========

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

SERIES: End Date of Insurance from (POLICYHOLDER)’s (ESTABLISHMENT) plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]
| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS SELECTED AT OE04. |

| CONTINUE WITH OE05 FOR SELECTED RU MEMBER. |
OE05
=====

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

On what date did the health insurance through {ESTABLISHMENT} end for {you/{PERSON}}?

[Enter Month-2, Day-2, Year-4] ........

REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

----------------------------------------------------
| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE05OV |
----------------------------------------------------

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

OE05OV
=====

Can you just tell me if {you/he/she} {were/was} was covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_04}
PART OF THE MONTH ........................ 2 {BOX_04}
REF ................................... -7 {BOX_04}
DK .................................... -8 {BOX_04}

[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                             |
----------------------------------------------------
(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 (your/{POLICYHOLDER}’s) health insurance through (ESTABLISHMENT)?

YES ...................................  1 {OE07}
NO ....................................  2 {OE08A}
REF ................................... -7 {OE08A}
DK .................................... -8 {OE08A}

HELP AVAILABLE 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 (your/{POLICYHOLDER}’s) health insurance through (ESTABLISHMENT) {since {START DATE}/between {START DATE} and {END DATE}} that we have not yet mentioned?

PROBE: Anyone else?

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

| DISPLAY ‘has been’ AND ‘since {START DATE}’ IF NOT| |
| ROUND 5. DISPLAY ‘was’ AND ‘between {START DATE} | |
| and {END DATE}’ IF ROUND 5.                      | |
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’.

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

GO TO LOOP_03

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

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

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

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

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

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON THIS ROSTER.

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

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.
LOOP_03
========

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE03 - END_LP03</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>NAVIGATOR DETAILS: LOOP_03 USES NAV_OE03 TO CONTROL THE FLOW OF THE LOOP.</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

NAV_OE03
========

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

SERIES: Begin Date of Insurance from POLICYHOLDER’s ESTABLISHMENT plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

1. First Name,[Middle Name],Last Name-65 [Status-25]
2. First Name,[Middle Name],Last Name-65 [Status-25]
3. First Name,[Middle Name],Last Name-65 [Status-25]
| ROSTER DETAILS: | |
| COL # 1 HEADER: RU MEMBER | |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) | |
| COL # 2 HEADER: EMPTY | |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED | |

| ROSTER DEFINITION: | |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. | |

| ROSTER BEHAVIOR: | |
| 1. SELECT ALLOWED. | |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. | |

| ROSTER FILTER: | |
| DISPLAY ALL RU MEMBERS SELECTED AT OE07. | |

| CONTINUE WITH OE08 FOR SELECTED RU MEMBER. |
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 {you/{PERSON}}?

[Enter Month-2, Day-2, Year-4] .........
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

----------------------------------------------------
| 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 {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH ...........................  1 {BOX_06}
PART OF THE MONTH .....................  2 {BOX_06}
REF ................................... -7 {BOX_06}
DK .................................... -8 {BOX_06}

[Code One]

-----------------------------------------------
| HARD CHECK:                                    |
| 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.                          |
-----------------------------------------------
| 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’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT}  {STR-DT}
{END-DT}

{Does/Between {START DATE} and {END DATE}, did} {your/{POLICYHOLDER}’s} health coverage through {ESTABLISHMENT} cover as dependents any persons who do not live here?

YES ........................................ 1 {BOX_07}
NO ........................................... 2 {BOX_07}
REF ........................................... -7 {BOX_07}
DK ........................................... -8 {BOX_07}

HELP AVAILABLE 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’S FIRST MIDDLE LAST NAME)  {NAME OF ESTABLISHMENT} {STR-DT} {END-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 {OE09AA}
YES, PAY SOME OF PREMIUM/COST ............ 2 {OE09AA}
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ......................... 3 {OE09AA}
NO, DO NOT PAY .......................... 4 {BOX_08AA}
REF .................................. -7 {BOX_08AA}
DK .................................. -8 {BOX_08AA}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

---------------
OE09AA
=======

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

How much {do/does} {you/{POLICYHOLDER}} pay for the {ESTABLISHMENT} coverage?

[Enter Amount in Dollars] ..............
REF ................................... -7 {BOX_08AA}
DK .................................... -8 {BOX_08AA}

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

----------------------------------------------------
| CONTINUE WITH OE09AAOV1 |
----------------------------------------------------

OE09AAOV1
=======

UNIT OF COVERAGE:

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

PER YEAR .............................. 1 {BOX_08AA}
QUARTERLY/EVERY 3 MONTHS .............. 2 {BOX_08AA}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {BOX_08AA}
PER MONTH ............................ 4 {BOX_08AA}
PER WEEK .............................. 5 {BOX_08AA}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_08AA}
SEMI-ANNUALLY/2 TIMES PER YEAR ........ 7 {BOX_08AA}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_08AA}
OTHER ............................... 91 {OE09AAOV2}
REF ................................... -7 {BOX_08AA}
DK .................................... -8 {BOX_08AA}

[Code One]
OE09AAOV2
========

SPECIFY:

[Enter Other Specify] ..................   {BOX_08AA}
REF ................................... -7 {BOX_08AA}
DK .................................... -8 {BOX_08AA}

BOX_08A
========

OMITTED.

OE09AAA
========

OMITTED.

OE09AAAOV
========

OMITTED.

BOX_08AA
========

----------------------------------------------------
| IF INSURANCE BEING ASKED ABOUT PROVIDES MEDICARE  |
| SUPPLEMENT/MEDIGAP COVERAGE (I.E., HX48 OR OE10  |
| OR OE24 OR OE37 WAS CODED '5' (MEDICARE SUPPLEMENT|
| /MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF |
| CODES IN THE PREVIOUS ROUND FOR THIS ESTABLISHMENT|
| -PERSON-PAIR), GO TO OE09
|----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE09B
|----------------------------------------------------
OE09B

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

Is the {family} annual deductible for medical care for this plan
less than {$1,300 or $1,300/$2,600 or $2,600} or more? If there
is a separate deductible for prescription drugs, hospitalization,
or out-of-network care, do not include those deductible amounts
here.

LESS THAN {$1,300/$2,600} .................. 1 {OE09}
{$1,300/$2,600} OR MORE ............... 2 {OE09C}
NO ANNUAL DEDUCTIBLE ...................... 3 {OE09}
REF ........................................ -7 {OE09}
DK ........................................ -8 {OE09}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANNUAL DEDUCTIBLE.
| DISPLAY ‘$1,300 or $1,300’ IN THE QUESTION TEXT AND ‘$1,300’ IN THE RESPONSE CATEGORY OPTIONS IF THE POLICYHOLDER IS THE ONLY COVERED RU MEMBER AND THERE ARE NO DEPENDENTS OUTSIDE THE RU (OE08A IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) FOR THE PAIR BEING ASKED ABOUT. OTHERWISE (E.G., AT LEAST ONE RU MEMBER, OTHER THAN THE POLICYHOLDER IS LISTED AS A COVERED PERSON FOR THIS PAIR OR OE08A IS CODED ‘1’ (YES) FOR THIS PAIR OR THE POLICYHOLDER IS NOT IN THE RU), DISPLAY ‘family’ and ‘$2,600 or $2,600’ IN THE QUESTION TEXT AND ‘$2,600’ IN THE RESPONSE CATEGORY OPTIONS. |
| IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE08A IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), THEN DISPLAY ‘1,300 or 1,300’ IN THE QUESTION TEXT AND ‘1,300’ IN THE RESPONSE CATEGORY OPTIONS. |
| IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE08A IS CODED ‘1’ (YES), THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS. |
| IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER > 2, THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS. |
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

YES .................................... 1 {OE09}
NO ..................................... 2 {OE09}
REF ................................... -7 {OE09}
DK .................................... -8 {OE09}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEALTH SAVINGS ACCOUNTS (HSAs).

{Last time we recorded that {you/{POLICYHOLDER}} {were/was} covered by (INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT).}

{Since {START DATE}, has there been/Between {START DATE} and {END DATE}, was there} any change in the plan name of the health insurance {you/{POLICYHOLDER}} {have/has} through {ESTABLISHMENT}?

YES .................................... 1 {OE10}
NO ..................................... 2 {END_LP01}
REF ................................... -7 {END_LP01}
DK .................................... -8 {END_LP01}
<p>| DISPLAY FIRST PARAGRAPH IF THE INSURANCE THROUGH   |
| THIS ESTABLISHMENT-PERSON- PAIR HAD ANY INSURERS   |
| FLAGGED AS PROVIDING MEDIGAP OR HOSPITAL/PHYSICIAN |</p>
<table>
<thead>
<tr>
<th>BENEFITS AT ANY TIME DURING THE PREVIOUS ROUND.</th>
</tr>
</thead>
</table>

<p>| FOR ‘NAME OF INSURER BEING LOOPED ON’, DISPLAY     |
| THE NAME OF THIS POLICYHOLDER’S CURRENT ROUND’S    |
| PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS, |
| DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE    |
| SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/         |
| PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11,   |</p>
<table>
<thead>
<tr>
<th>OE25, OE36, OR OE38.</th>
</tr>
</thead>
</table>

<p>| DISPLAY ‘Since {START DATE}, has there been’ AND   |
| ‘{have/has}’ IF NOT ROUND 5. DISPLAY ‘Between      |
| {START DATE} and {END DATE}, was there’ AND ‘had’  |</p>
<table>
<thead>
<tr>
<th>IF ROUND 5.</th>
</tr>
</thead>
</table>

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

SHOW CARD HX-9.

Looking at this card, what type of health insurance coverage
{(do/does)/did} {you/(POLICYHOLDER)} {now} have through
(ESTABLISHMENT)’s new plan {as of {END DATE}}?

PROBE: Any other health coverage through this plan?

CHECK 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 (OE10OV)
REF ................................... -7 (BOX_08)
DK .................................... -8 (BOX_08)

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’
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 'as of {END DATE}' IF ROUND 5. OTHERWISE, |
| USE A NULL DISPLAY.                                |
********************************************************************

31
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE10OV

OTHERWISE, GO TO BOX_08

SPECIFY:

[Enter Other Specify] ..................  {BOX_08}
REF ................................... -7  {BOX_08}
DK .................................... -8  {BOX_08}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

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 COMPANY OR HMO.

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 BOX_07AA
OE11
====

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

What is the new plan name for {your/{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, SELECT HMO.

NAME OF INSURER: [Enter Insurer] ...........
REF ................................. -7
DK .... ............................... -8

TYPE:

INSURANCE COMPANY .............................. 1
HMO .............................. 2
REF .................................. -7
DK .................................... -8

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO.

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

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

33
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 BOX_09A - END_LP04.

---

LOOP DEFINITION: LOOP_04 COLLECTS 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

---

BOX_08B
-------

OMITTED.

OE11A
------

OMITTED.
OE11AOV
========
OMITTED.

BOX_09A
=======

--------------------------------------------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN OE11, GO TO END_LP04          |
--------------------------------------------------------------------------------

--------------------------------------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_09                                               |
--------------------------------------------------------------------------------

OE11B
=====
OMITTED.

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 BOX_07AA                                       |
--------------------------------------------------------------------------------
SMALL BUSINESS DETERMINATION

IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT MEETS THE FOLLOWING CONDITIONS:
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED AS ‘PROVIDES HEALTH INSURANCE’, AND
- ESTABLISHMENT FLAGGED AS A CURRENT-MAIN-JOB, AND
- JOB IS FLAGGED AS ‘SELF-EMPLOYED’, AND
- EM124 IS GREATER THAN 1 BUT LESS THAN 200, CONTINUE WITH OE08B

SMALL BUSINESS DETERMINATION

IF ESTABLISHMENT-PERSON-PAIR BEING ASKED ABOUT MEETS THE FOLLOWING CONDITIONS:
- PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND
- PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS INSURANCE, AND
- ESTABLISHMENT IS AN EMPLOYER FLAGGED AS ‘PROVIDES HEALTH INSURANCE’, AND
- ESTABLISHMENT FLAGGED AS A CURRENT-MAIN-JOB, AND
- JOB IS FLAGGED AS ‘NOT SELF-EMPLOYED’, AND
- FIRM SIZE IS SMALL (SEE DETERMINATION BELOW)
  - EM91 IS LESS THAN 200 OR
  - EM92 IS CODED ‘1’ (LESS THAN 10), ‘2’ (10 TO 25), ‘3’ (26 TO 49) OR ‘4’ (50 TO 100), AND
  - EM93 IS CODED ‘2’ (NO), CONTINUE WITH OE08B

OTHERWISE, GO TO END_LP01
OE08B

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

In (RU STATE), (STATE SHOP NAME-A), (which may also be known as (ALIAS B) or (ALIAS C)), is a (new) program where small businesses will be able to shop for health insurance plans for their employees. Is (your/(POLICYHOLDER)’s) health insurance coverage through (ESTABLISHMENT) related at all to a program like that?

YES .................................... 1 (END_LP01)
NO ..................................... 2 (END_LP01)
REF ................................... -7 (END_LP01)
DK .................................... -8 (END_LP01)

-------------------------------------------------------------------
| FOR ‘RU STATE’, DISPLAY THE FULL STATE NAME ASSOCIATED WITH THIS RU’S ADDRESS.
| DISPLAY ‘, (which may also be known as (ALIAS B) or (ALIAS C)),’ IF THERE IS MORE THAN ONE SHOP NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED.
| DISPLAY ‘or (ALIAS C)’ IF THERE ARE THREE SHOP NAMES ASSOCIATED WITH THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED.
| FOR ‘STATE SHOP NAME-A’ (ALIAS B), AND (ALIAS C), DISPLAY THE SMALL BUSINESS HEALTH OPTIONS PROGRAM NAME ASSOCIATED WITH THE STATE IN WHICH INTERVIEW IS BEING CONDUCTED.
| DISPLAY ‘new’ IF PANEL 17 ROUND 5, PANEL 18 ROUNDS 3-5, PANEL 19 ROUNDS 1-5 OR PANEL 20 ROUNDS 1-3 (YEARS 2014 AND 2015). OTHERWISE, USE A NULL DISPLAY.
-------------------------------------------------------------------
END_LP01

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

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

BOX_10

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS DOES NOT STILL HOLD A    |
| 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THIS |
| ROUND THAT WAS REPORTED DURING THE PREVIOUS ROUND  |
| AS PROVIDING HEALTH INSURANCE ON THE DATE OF THE   |
| PREVIOUS ROUND'S INTERVIEW, THAT IS:               |

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

| CONTINUE WITH LOOP_05                              |
----------------------------------------------------
| OTHERWISE, GO TO BOX_19 |

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

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

----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK NAV_OE05A - 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.

NAVIGATOR DETAILS: LOOP_05 USES BOTH NAV_OE05A AND OE05B TO CONTROL THE FLOW OF THE LOOP.
SERIES: Confirming Insurance from a Previous Round through a Former Employer (i.e., probing for who is still covered, any change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]

| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP_05 DEFINITION. |
MEPS P18R5/P19R3/P20R1 Old Empl and Private Related Insurance (OE) Section
November 12, 2014

----------------------------------
| CONTINUE WITH NAV_OE05B FOR SELECTED RU MEMBER. |
----------------------------------

NAV_OE05B
========
SERIES: Confirming Insurance from a Previous Round through a
Former Employer (i.e., probing for who is still covered, any
change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.
WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO
PAST THIS SERIES.
IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

Policyholder...Former Employer Providing Insurance
[1. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]
[2. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]
[3. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]

----------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: POLICYHOLDER...FORMER EMPLOYER |
| PROVIDING INSURANCE |
| INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON- |
| PAIR |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR |
| IS PRESENTED |
----------------------------------

----------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER FOR SELECTION. |
----------------------------------
ROSTER BEHAVIOR:
1. SELECT ALLOWED.
2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
DISPLAY ALL EMPLOYERS THAT MEET THE CONDITIONS STATED AT THE LOOP_05 DEFINITION.

CONTINUE WITH OE12 FOR SELECTED PAIR.

OE12

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

Now think about (your/{POLICYHOLDER}'s) health insurance through {ESTABLISHMENT}. {{Are/Is}/(Were/Was}) (you/he/she) or anyone in the family covered by this insurance as of {today,} {END DATE}?

YES ...................................  1 {OE16}
NO .....................................  2 {OE13}
REF .................................... -7 {END_LP05}
DK ...................................... -8 {END_LP05}

DISPLAY '{Are/Is}' IF NOT ROUND 5. DISPLAY '{Were/Was}' 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 {you/{POLICYHOLDER}} had through
{ESTABLISHMENT} continue for any period of time after
{you/he/she} stopped working at {ESTABLISHMENT}?

YES ...................................  1 {OE14}
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 {OE15}
NO ....................................  2 {OE15}
REF ................................... -7 {OE15}
DK .................................... -8 {OE15}

HELP AVAILABLE FOR DEFINITION OF COBRA.

OE15
====

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

On what date did {your/{POLICYHOLDER}’s} health insurance through
{ESTABLISHMENT} end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE12
AND SELECT ‘YES’.)

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8
| DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’.’ |
| IF ROUND 5. OTHERWISE, USE A NULL DISPLAY. |

| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE15OV |

| OTHERWISE, GO TO BOX_11 |

**OE15OV**

Can you just tell me if you/he/she were/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 your/POLICYHOLDER’s health insurance through ESTABLISHMENT now extended through COBRA?

YES ................................. 1 {BOX_11}
NO .................................... 2 {BOX_11}
REF .................................... -7 {BOX_11}
DK ...................................... -8 {BOX_11}

HELP AVAILABLE FOR DEFINITION OF COBRA.
BOX_11

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

----------------------------------------------------
| OTHERWISE, CONTINUE WITH OE17                     |
----------------------------------------------------

OE17

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

(Are/Were) (READ NAMES BELOW) all covered by {your/{POLICYHOLDER}’s}
health insurance through {ESTABLISHMENT} {until {{OE15 DATE}/it ended}/on {END DATE}}?

(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 {BOX_12}
NO .................................... 2 {BOX_12}
REF ................................... -7 {BOX_12}
DK .................................... -8 {BOX_12}
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 DATE}' IF OE12 IS CODED '1' (YES).

DISPLAY THE DATE RECORDED AT OE15 FOR 'OE15 DATE'. IF THE MONTH OR YEAR FIELD AT OE15 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE15 DATE'.

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER AND
2. PERSON IS AN RU MEMBER
BOX_12

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

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

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

----------------------------------------------------
OE18
====

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

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

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

----------------------------------------------------
| DISPLAY ‘is’ IF OE12 IS CODED ‘1’ (YES).          |
| DISPLAY ‘was’ IF OE12 IS CODED ‘2’ (NO) OR IF     |
| CURRENT ROUND IS ROUND 5.                         |
|                                                    |
| DISPLAY ‘until {OE15 DATE}’ IF OE12 IS CODED ‘2’  |
| (NO). DISPLAY ‘on {END DATE}’ IF OE12 IS CODED    |
| ‘1’ (YES).                                        |
|                                                    |
| DISPLAY THE DATE RECORDED AT OE15 FOR ‘OE15 DATE’.|
| IF THE MONTH OR YEAR FIELD AT OE15 IS CODED ‘-7’  |
| (REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’|
| FOR ‘OE15 DATE’.                                  |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY STILL HAS INSURANCE THROUGH THIS        |
| ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘1’      |
| (YES)), FLAG INSURANCE FOR ALL PERSONS NOT        |
| SELECTED AT OE18 AS ‘CONTINUOUS COVERAGE’ FROM THE|
| REFERENCE PERIOD START DATE UNTIL THE REFERENCE   |
| PERIOD END DATE.                                  |
----------------------------------------------------

----------------------------------------------------
| IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH    |
| THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘2’,|
| (NO)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED|
| AT OE18 AS ‘CONTINUOUS COVERAGE’ FROM THE          |
| REFERENCE PERIOD START DATE UNTIL DATE RECORDED    |
| AT OE15.                                          |
----------------------------------------------------
ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER

LOOP_06
========
FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE06 - 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.

NAVIGATOR DETAILS: LOOP_06 USES NAV_OE06 TO CONTROL THE FLOW OF THE LOOP.
NAV_OE06

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

SERIES: End Date of Insurance from {POLICYHOLDER}’s
{ESTABLISHMENT} plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65]    [Status-25]
[2. First Name,[Middle Name],Last Name-65]    [Status-25]
[3. First Name,[Middle Name],Last Name-65]    [Status-25]

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
ROSTER FILTER:
DISPLAY ALL RU MEMBERS SELECTED AT OE18.

CONTINUE WITH OE19 FOR SELECTED RU MEMBER.

---

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 {you/{PERSON}}?

[Enter Month-2, Day-2, Year-4] ........
REF ................................. -7 [BOX_13]
DK .......................... -8 [BOX_13]

---

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 {you/he/was} {were/was} was covered under that insurance the whole month or part of the month?

WHOLE MONTH .......................... 1 [BOX_13]
PART OF THE MONTH .......................... 2 [BOX_13]
REF ................................. -7 [BOX_13]
DK .......................... -8 [BOX_13]

[Code One]
BOX_13
======

| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' | THROUGH THE COMPLETE DATE RECORDED AT OE19 AND |
| OE190V. | | |

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, BUT EXCLUDES RU |
| MEMBERS JUST MARKED AS NO LONGER COVERED IN OE18), |
| CONTINUE WITH OE20 |

| OTHERWISE, GO TO OE22A |

----------------------------------------------------
OE20
====

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

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

YES ...................................  1 {OE21}
NO ....................................  2 {OE22A}
REF ................................... -7 {OE22A}
DK ................................... -8 {OE22A}

HELP AVAILABLE 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 {your/{POLICYHOLDER}’s} health insurance
through {ESTABLISHMENT} {since {START DATE}/between {START DATE}
and {END DATE}) that we have not yet mentioned?

PROBE:   Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY 'has been' AND 'since {START DATE}' IF NOT ROUND 5. DISPLAY 'was' AND 'between {START DATE} and {END DATE}' IF ROUND 5.

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'.

ROSTER DETAILS:
Title: RU_MEMBERS_1
COL #1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY ON THIS ROSTER.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.
LOOP_07
=======

<table>
<thead>
<tr>
<th>FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE07 - END_LP07</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>NAVIGATOR DETAILS: LOOP_07 USES NAV_OE07 TO CONTROL THE FLOW OF THE LOOP.</th>
</tr>
</thead>
</table>

NAV_OE07
=======

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

SERIES: Begin Date of Insurance from {POLICYHOLDER}’s {ESTABLISHMENT} plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name, [Middle Name], Last Name-65] [Status-25]
[2. First Name, [Middle Name], Last Name-65] [Status-25]
[3. First Name, [Middle Name], Last Name-65] [Status-25]
| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |

| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

| ROSTER FILTER: |
| DISPLAY ALL RU MEMBERS SELECTED AT OE21. |

| CONTINUE WITH OE22 FOR SELECTED RU MEMBER. |

---

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 {you/(PERSON)}?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8
IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE22OV

OTHERWISE, GO TO BOX_15

OE22OV

Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1 {BOX_15}
PART OF THE MONTH ..................... 2 {BOX_15}
REF ..................................... -7 {BOX_15}
DK ...................................... -8 {BOX_15}

[Code One]

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

BOX_15

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

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE12 IS CODED ‘2’ (NO)), FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS COVERAGE’ FROM DATE RECORDED AT OE22 UNTIL DATE RECORDED AT OE15.
END_LP07

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
| END LOOP_07 AND GO TO BOX_16                   |
----------------------------------------------------

OE22A

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

{Does/Between {START DATE} and {END DATE}, did} {your/{POLICYHOLDER}’s} health coverage through {ESTABLISHMENT} cover as dependents any persons who do not live here?

YES ................................. 1 {BOX_16}
NO ..................................... 2 {BOX_16}
REF ................................... -7 {BOX_16}
DK .................................... -8 {BOX_16}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between |
| {START DATE} and {END DATE}, did’ IF ROUND 5.     |
----------------------------------------------------

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

----------------------------------------------------
| IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE |
| INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR  |
| ON THE CURRENT ROUND’S INTERVIEW DATE, THAT IS,   |
| OE12 IS CODED ‘1’ (YES), CONTINUE WITH BOX_16A    |
----------------------------------------------------

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

BOX_16A

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

----------------------------------------------------
| OTHERWISE, GO TO OE23                             |
----------------------------------------------------
OE23A
=====

{POLICYHOLDER’S FIRST MIDDLE LAST NAME} {NAME OF ESTABLISHMENT} {STR-DT} {END-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 {BOX_17AA}
REF ....................................... -7 {BOX_17AA}
DK ....................................... -8 {BOX_17AA}

[Code One]

HELP AVAILABLE FOR DEFINITION OF PREMIUM/COPAYMENT/COINSURANCE/DEDUCTIBLE.

---------------------------------------------------------------------
| NOTE: THE ESTABLISHMENT NAME WHICH SHOULD BE DISPLAYED HERE FOR | |
| THE INSURANCE FROM A SELF-EMPLOYED-FIRM-SIZE-1 AND INSURANCE FROM | |
| DIRECTLY PURCHASED SOURCES, SHOULD BE THE NAME OF THE SOURCE, NOT | |
| THE NAME OF THE EMPLOYER OR DIRECTLY PURCHASED CATEGORY. |
---------------------------------------------------------------------
OE23AA
=====

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

How much {do/does} {you/{POLICYHOLDER}} pay for the {ESTABLISHMENT} coverage?

[Enter Amount in Dollars] .............. {OE23AAOV1}
REF ................................... -7 {BOX_17AA}
DK .................................... -8 {BOX_17AA}

----------------------------------------
<p>| 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 |</p>
<table>
<thead>
<tr>
<th>DIRECTLY PURCHASED CATEGORY.</th>
</tr>
</thead>
</table>

OE23AAOV1
=======

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

UNIT OF COVERAGE:

PER YEAR ............................... 1 {BOX_17AA}
QUARTERLY/EVERY 3 MONTHS ............... 2 {BOX_17AA}
BIMONTHLY/EVERY 2 MONTHS ............... 3 {BOX_17AA}
PER MONTH .............................. 4 {BOX_17AA}
PER WEEK ............................... 5 {BOX_17AA}
BIWEEKLY/EVERY 2 WEEKS ................. 6 {BOX_17AA}
SEMI-ANNUALLY/2 TIMES PER YEAR ......... 7 {BOX_17AA}
SEMI-MONTHLY/2 TIMES PER MONTH ........ 8 {BOX_17AA}
OTHER ................................. 91 {OE23AAOV2}
REF ................................... -7 {BOX_17AA}
DK .................................... -8 {BOX_17AA}

[Code One]
OE23AAOV2

SPECIFY:

[Enter Other Specify] ................. {BOX_17AA}
REF ................................... -7 {BOX_17AA}
DK .................................... -8 {BOX_17AA}

BOX_17A

OMITTED.

OE23AAA

OMITTED.

OE23AAAOV

OMITTED.

BOX_17AA

----------------------------------------------------
<p>| IF INSURANCE BEING ASKED ABOUT PROVIDES MEDICARE  |
| SUPPLEMENT/MEDIGAP COVERAGE (I.E., HX48 OR OE10   |
| OR OE24 OR OE37 WAS CODED '5' (MEDICARE SUPPLEMENT| /MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF |
| CODES IN THE PREVIOUS ROUND FOR THIS ESTABLISHMENT|</p>
<table>
<thead>
<tr>
<th>-PERSON-PAIR), GO TO OE23</th>
</tr>
</thead>
<tbody>
<tr>
<td>----------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, CONTINUE WITH OE23B</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
</tr>
</tbody>
</table>

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

Is the {family} annual deductible for medical care for this plan less than {($1,300 or $1,300/$2,600 or $2,600) or more}? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

LESS THAN {($1,300/$2,600)} .............. 1 {OE23}
{$1,300/$2,600} OR MORE .............. 2 {OE23C}
NO ANNUAL DEDUCTIBLE ................. 3 {OE23}
REF ................................... -7 {OE23}
DK .................................... -8 {OE23}

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANNUAL DEDUCTIBLE.
DISPLAY ‘$1,300 or $1,300’ IN THE QUESTION TEXT AND ‘$1,300’ IN THE RESPONSE CATEGORY OPTIONS IF THE POLICYHOLDER IS THE ONLY COVERED RU MEMBER AND THERE ARE NO DEPENDENTS OUTSIDE THE RU (OE22A IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) FOR THE PAIR BEING ASKED ABOUT. OTHERWISE (E.G., AT LEAST ONE RU MEMBER, OTHER THAN THE POLICYHOLDER IS LISTED AS A COVERED PERSON FOR THIS PAIR OR OE22A IS CODED ‘1’ (YES) FOR THIS PAIR OR THE POLICYHOLDER IS NOT IN THE RU), DISPLAY ‘family’ and ‘$2,600 or $2,600’ IN THE QUESTION TEXT AND ‘$2,600’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PCLYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE22A IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), THEN DISPLAY ‘1,300 or 1,300’ IN THE QUESTION TEXT AND ‘1,300’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PCLYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE22A IS CODED ‘1’ (YES), THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PCLYHLDR-CVRD-PERS-TRPLS-ROSTER > 2, THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS.
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

YES .................................... 1 {OE23}
NO ..................................... 2 {OE23}
REF ................................... -7 {OE23}
DK .................................... -8 {OE23}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEALTH SAVINGS ACCOUNTS (HSAs).

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

{Last time we recorded that {you/{POLICYHOLDER}} {were/was} covered by {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}).}

{Since (START DATE), has there been/Between (START DATE) and (END DATE), was there} any change in the plan name of the health insurance {you/{POLICYHOLDER}) {{have/has}/had} through {ESTABLISHMENT}?

YES .................................... 1 {OE24}
NO ..................................... 2 {END_LP05}
REF ................................... -7 {END_LP05}
DK .................................... -8 {END_LP05}
DISPLAY FIRST PARAGRAPh 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 ‘{have/has}’ IF NOT ROUND 5. DISPLAY ‘Between {START DATE} and {END DATE},’ and ‘{have/has}’ 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.
SHOW CARD HX-9.

Looking at this card, what type of health insurance coverage {{do/does}/did} {you/{POLICYHOLDER}} {now} have through {ESTABLISHMENT}’s new plan {as of {END DATE}}?

PROBE: Any other health coverage through this plan?

CHECK 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 {BOX_17}
DK ................................. -8 {BOX_17}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’ WILL NOT APPEAR ON THE SHOW CARD.]
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW '-7' (REFUSED) OR '-8' (DON'T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED '91' (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE24OV

OTHERWISE, GO TO BOX_17

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

OE24OV

SPECIFY:

[Enter Other Specify] .................. {BOX_17}
REF ................................... -7 {BOX_17}
DK .................................... -8 {BOX_17}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

NOTE: 'DISABILITY', 'WORKER'S COMPENSATION', AND 'ACCIDENT' WILL NOT APPEAR ON THE SHOW CARD.

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.
OE25
====

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

What is the new plan name for {your/(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, SELECT ‘HMO’.

NAME OF INSURER: [Enter Insurer] ............

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

TYPE:

INSURANCE COMPANY ......................... 1 {LOOP_08}
HMO ..................................... 2 {LOOP_08}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO.

-----------------------------------------------------
| DISPLAY ‘hospital and physician benefits’ AND      |
| ‘HOSPITAL AND PHYSICIAN’ 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 BOX_18A - END_LP08.

---

LOOP DEFINITION: LOOP_08 COLLECTS 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
BOX_17B
=======
OMITTED.

OE25AA
=======
OMITTED.

OE25AAOV
========
OMITTED.

BOX_18A
=======

----------------------------------------------------
| IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |
| OE25, GO TO END_LP08                             |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, CONTINUE WITH BOX_18                   |
----------------------------------------------------

OE25B
=====   OMITTED.

BOX_18
=====   

----------------------------------------------------
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER|
| AT COMPLETION OF MANAGED CARE (MC) SECTION,       |
| CONTINUE WITH END_LP08                            |
----------------------------------------------------
END_LP08

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

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

END_LP05

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

---------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS,     |
| END LOOP_05 AND CONTINUE WITH BOX_19             |
---------------
IF one or more of RU members was covered by insurance through a non-current employer from the previous round, an employer flagged as 'self-employed' with a firm-size-1, or a direct purchase source on the previous round’s interview date, that is:

IF one or more establishment-person-pairs in the RU meets the following conditions:
- Establishment is one of the following types:
  - Flagged as a direct purchase source
  - Flagged as an 'employer' with firm-size-1, flagged during the previous round as 'provides health insurance', or
  - Flagged as an 'employer' with firm-size-greater-than-1, flagged during the previous round as 'provides health insurance', and had one of the following job subtypes during the previous round:
    - 'former main within reference period'
    - 'former miscellaneous job within reference period'
    - 'last job outside reference period'
    - 'retirement job'
- Person is or was a jobholder at establishment, if the establishment is one of the second 2 types noted above;
- Person is flagged as the policyholder of this insurance;
- The health insurance provided by establishment covered person on the date of the previous round’s interview (HQ was coded '1' (whole time) or HQ02 was coded '1' (yes) in the previous round);

CONTINUE WITH LOOP_09

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

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

OTHERWISE, GO TO BOX_29

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


LOOP_09
--------

FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-
PAIRS-ROSTER, ASK NAV_OE09A - END_LP09

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

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

NAVIGATOR DETAILS: LOOP_09 USES BOTH NAV_OE09A
AND OE09B TO CONTROL THE FLOW OF THE LOOP.
SERIES: Confirming Insurance Obtained by Someone in the Family in a Previous Round (i.e., probing for who is still covered, any change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

**RU Member**

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]

<table>
<thead>
<tr>
<th>ROSTER DETAILS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>COL # 1 HEADER: RU MEMBER</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)</td>
</tr>
<tr>
<td>COL # 2 HEADER: EMPTY</td>
</tr>
<tr>
<td>INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER DEFINITION:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS ITEM DISPLAYS RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER FOR SELECTION.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SELECT ALLOWED.</td>
</tr>
<tr>
<td>2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.</td>
</tr>
</tbody>
</table>
--- ROSTER FILTER: ---
- DISPLAY ALL RU MEMBERS WHO MEET THE CONDITIONS STATED AT THE LOOP_09 DEFINITION.

--- CONTINUE WITH NAV_OE09B FOR SELECTED RU MEMBER. ---

NAV_OE09B

SERIES: Confirming Insurance Obtained by Someone in the Family in a Previous Round (i.e., probing for who is still covered, any change in plan name, etc.)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.
WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.
IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

Policyholder...Establishment Providing Insurance

[1. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]
[2. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]
[3. Policyholder’s Name-30]...[Establishment Name-30] [Status-25]

--- ROSTER DETAILS: ---
- COL # 1 HEADER: POLICYHOLDER...ESTABLISHMENT PROVIDING INSURANCE
- INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-PAIR
- COL # 2 HEADER: EMPTY
- INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR IS PRESENTED
ROSTER DEFINITION:
This item displays the RU-ESTABLISHMENT-PERSON-PAIRS-ROSTER for selection.

ROSTER BEHAVIOR:
1. Select allowed.

2. Multiple select, add, delete, and edit disallowed.

ROSTER FILTER:
Display all establishments that meet the conditions stated at the LOOP_09 definition.

CONTINUE WITH BOX_19A FOR SELECTED PAIR.

BOX_19A
=======

If the policyholder of this establishment-person-pair is flagged as 'policyholder not listed in RU (DU)' or 'policyholder deceased', continue with OE25A

Otherwise, go to OE26
OE25A
=====

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

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

[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]

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

-----------------------------------------------------------------------------
| ROSTER DETAILS: |
| TITLE: DU_MEMBERS_1 |
| COL # 1 HEADER: NAME |
| INSTRUCTIONS: DISPLAY DU MEMBERS’ FIRST, MIDDLE, AND LAST NAMES (PERS,FULLNAME) |
-----------------------------------------------------------------------------

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

-----------------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |
| 3. DISPLAY ‘NAME NOT ON ROSTER’ AS LAST ENTRY ON THIS ROSTER. |
-----------------------------------------------------------------------------
OE26

| ROSTER FILTER: |
| NO FILTER; DISPLAY ALL. |

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

Now think about {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT}.  {{Are/Is}/(Were/Was}) {you/he/she} or anyone in the family covered by this insurance as of {today,} {END DATE}?

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

| DISPLAY ´{Are/Is}´ IF NOT ROUND 5.  DISPLAY ´{Were/Was}´ IF ROUND 5. |
| DISPLAY ´today,´ IF NOT ROUND 5.  OTHERWISE, USE A NULL DISPLAY. |

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

| OTHERWISE (I.E., IF CODED ‘1’ (YES) AND ESTABLISHMENT-PERSON-PAIR IS NOT AN ESTABLISHMENT WITH FIRM-SIZE-1), GO TO BOX_20 |
OE27
====

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

Is this insurance still through {your/{POLICYHOLDER}’s} self-employed business?

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

HELP AVAILABLE FOR DEFINITION OF SELF-EMPLOYED.

OE28
====

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

On what date did {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT} end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE26 AND SELECT ‘YES’.}

[Enter Month-2, Day-2, Year-4] ..........
REF ........................................... -7 {BOX_20}
DK ........................................... -8 {BOX_20}

----------------------------------------
| DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’.’ IF |
| ROUND 5.  OTHERWISE, USE A NULL DISPLAY |
----------------------------------------

----------------------------------------
| 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 OE280V |
----------------------------------------

----------------------------------------
| OTHERWISE, GO TO BOX_20 |
----------------------------------------

82
Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

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

[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                    |
----------------------------------------------------

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

{Are/Were} (READ NAMES BELOW) all covered by {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT} {until {{OE28 DATE}/it ended}/on {END DATE}}? 

{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 {BOX_21}
NO ................................. 2 {BOX_21}
REF ................................ -7 {BOX_21}
DK .................................. -8 {BOX_21}
DISPLAY ‘Are’ IF OE26 IS CODED ‘1’ (YES).
DISPLAY ‘Were’ IF OE26 IS CODED ‘2’ (NO) OR IF
CURRENT ROUND IS ROUND 5.

DISPLAY ‘until {OE28 DATE}’ IF OE26 IS CODED ‘2’
(NO). DISPLAY ‘on {END DATE}’ IF OE26 IS CODED
’1’ (YES).

DISPLAY THE DATE RECORDED AT OE28 FOR ‘OE28 DATE’.
IF THE MONTH OR YEAR FIELD AT OE28 IS CODED ‘-7’
(REFUSED) OR ‘-8’ (DON’T KNOW), DISPLAY ‘it ended’
FOR ‘OE28 DATE’.

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

| ROSTER DETAILS:                        |
| TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1 |
| COL # 1 HEADER: NAME                  |
| INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES |
| (PERS.FULLNAME)                        |

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

| ROSTER DEFINITION:                     |
| THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-
PERS-TRPLS-ROSTER FOR DISPLAY.          |

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

| ROSTER BEHAVIOR:                      |
| 1. DISPLAY ONLY.                      |
| 2. SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

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

| ROSTER FILTER:                       |
| 1. PERSON WAS COVERED AT PREVIOUS ROUND’S |
| INTERVIEW DATE BY THE INSURANCE FROM THIS |
| ESTABLISHMENT-PERSON-PAIR, INCLUDING THE |
| POLICYHOLDER                             |
| 2. PERSON IS AN RU MBMBER               |
BOX_21
=====

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

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

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

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

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

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

OE30
=====

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

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
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 DATE}' IF OE26 IS CODED '1' (YES).
DISPLAY THE DATE RECORDED AT OE28 FOR 'OE28 DATE'.
IF THE MONTH OR YEAR FIELD AT OE28 IS CODED '-7' (REFUSED) OR '-8' (DON'T KNOW), DISPLAY 'it ended' FOR 'OE28 DATE'.

IF FAMILY STILL HAS INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR (OE26 IS CODED '1' (YES)), FLAG INSURANCE FOR ALL PERSONS NOT SELECTED AT OE30 AS 'CONTINUOUS COVERAGE' FROM THE REFERENCE PERIOD START DATE UNTIL THE REFERENCE PERIOD END DATE.

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

GO TO LOOP_10

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1
COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS' NAMES (PERS.FULLNAME)
ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED.
2. ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR, INCLUDING THE POLICYHOLDER
2. PERSON IS AN RU MEMBER

LOOP_10
=======

FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE10 - END_LP10

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

NAVIGATOR DETAILS: LOOP_10 USES NAV_OE10 TO CONTROL THE FLOW OF THE LOOP.
NAV_OE10
======

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

SERIES: End Date of Insurance from (POLICYHOLDER)’s
(ESTABLISHMENT) plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.
WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO
PAST THIS SERIES.
IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65]      [Status-25]
[2. First Name,[Middle Name],Last Name-65]      [Status-25]
[3. First Name,[Middle Name],Last Name-65]      [Status-25]

----------------------------------------------------
| ROSTER DETAILS:                                   |
| COL # 1 HEADER: RU MEMBER                         |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,  |
| AND LAST NAMES (PERS.FULLNAME)                    |
| COL # 2 HEADER: EMPTY                             |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED                                      |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-
| TRPSLS-ROSTER FOR SELECTION.                     |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR:                                  |
| 1. SELECT ALLOWED.                               |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT        |
| DISALLOWED.                                       |
----------------------------------------------------
ROSTER FILTER: DISPLAY ALL RU MEMBERS SELECTED AT OE30.

CONTINUE WITH OE31 FOR SELECTED RU MEMBER.

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 {you/{PERSON}}?

[Enter Month-2, Day-2, Year-4] ........... (OE31OV)
REF ..................................... -7 {BOX_22}
DK ....................................... -8 {BOX_22}

| IF DAY FIELD IS CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) AND MONTH FIELD IS NOT CODED ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), CONTINUE WITH OE31OV |
| OTHERWISE, GO TO BOX_22 |

OE31OV
=====

Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH ........................... 1 {BOX_22}
PART OF THE MONTH ..................... 2 {BOX_22}
REF ..................................... -7 {BOX_22}
DK ....................................... -8 {BOX_22}

[Code One]
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE' THROUGH THE COMPLETE DATE RECORDED AT OE31 AND OE31OV. |

| CYCLE ON NEXT PERSON IN THE RU-ESTB-PLCYHDLR-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 (your/{POLICYHOLDER}’s) health insurance through (ESTABLISHMENT)?

YES ........................................... 1 {OE33}
NO ............................................... 2 {OE34A}
REF ............................................. -7 {OE34A}
DK ............................................... -8 {OE34A}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

-----------------------------------------------
| DISPLAY ‘Since {START DATE}’ IF NOT ROUND 5.   |
| DISPLAY ‘Between {START DATE} and {END DATE}’ IF |
| ROUND 5.                                       |
-----------------------------------------------

OE33
====

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

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

PROBE: Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY 'has been' AND 'since {START DATE}' IF NOT ROUND 5. DISPLAY 'was' AND 'between {START DATE} and {END DATE}' IF ROUND 5.

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'.

GO TO LOOP_11

ROSTER DETAILS:
TITLE: RU.Members_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY 'PERSON NOT LISTED IN RU' AS LAST ENTRY ON THIS ROSTER.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS ROUND’S INTERVIEW DATE.
LOOP_11
======

-------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
| PERS-TRPLS-ROSTER, ASK NAV_OE11 - END_LP11        |
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_11 COLLECTS THE COVERAGE |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS |
| ESTABLISHMENT-PERSON-PAIR. THIS LOOP CYCLES ON |
| PERSONS SELECTED AT OE33.                        |
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-------------------------------
| NAVIGATOR DETAILS: LOOP_11 USES NAV_OE11 TO      |
| CONTROL THE FLOW OF THE LOOP.                    |
-------------------------------

NAV_OE11
======

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

SERIES: Begin Date of Insurance from {POLICYHOLDER}’s
{ESTABLISHMENT} plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65]   [Status-25]
[2. First Name,[Middle Name],Last Name-65]   [Status-25]
[3. First Name,[Middle Name],Last Name-65]   [Status-25]
ROSTER DETAILS:
COL # 1 HEADER: RU MEMBER
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME)
COL # 2 HEADER: EMPTY
INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED

---

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.

---

ROSTER BEHAVIOR:
1. SELECT ALLOWED.

2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED.

---

ROSTER FILTER:
DISPLAY ALL RU MEMBERS SELECTED AT OE33.

---

CONTINUE WITH OE34 FOR SELECTED RU MEMBER.

---

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 {you/(PERSON)}?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}
| 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 {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1 {BOX_24}
PART OF THE MONTH ...................... 2 {BOX_24}
REF ................................... -7 {BOX_24}
DK .................................... -8 {BOX_24}

[Code One]

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

BOX_24

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

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

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

----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_11 AND CONTINUE WITH BOX_25              |
----------------------------------------------------

OE34A

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

{Does/Between {START DATE} and {END DATE}, did} {your/{POLICYHOLDER}’s}
health coverage through {ESTABLISHMENT} cover as dependents any
persons who do not live here?

YES .................................... 1 {BOX_25}
NO ..................................... 2 {BOX_25}
REF ................................... -7 {BOX_25}
DK .................................... -8 {BOX_25}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

----------------------------------------------------
| DISPLAY ‘Does’ IF NOT ROUND 5. DISPLAY ‘Between  |
| {START DATE} and {END DATE}, did’ IF ROUND 5.    |
----------------------------------------------------

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

IF ROUND 2 OR ROUND 4, CONTINUE WITH BOX_25AA

IF ROUND 3, GO TO OE35A

IF ROUND 5, GO TO OE35
BOX_25AA
========

---------------------------------------------------------------------
| IF THIS ESTABLISHMENT-PERSON-PAIR:                                 |
| | |
| | - WAS FLAGGED AS 'GROUP' (HX03=1 OR 2 OR HX23=1) OR 'INSURANCE |
| | COMPANY-FROM AN AGENT' (HX03=5 OR HX23=4) OR 'INSURANCE COMPANY' |
| | (HX03=6 OR HX23=5) OR 'HMO' (HX03=7 OR HX23=6) OR 'EXCHANGE |
| | COVERAGE' (HX03=11 OR HX23=14) OR 'UNKNOWN TYPE- |
| | COLLECTED AT OTHER' (HX03=91 OR HX23=91) IN THE |
| | ROUND THE PAIR WAS FIRST CREATED |
| | AND |
| | - WAS FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN|
| | BENEFITS' IN THE PREVIOUS ROUND |
| | AND |
| | - POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR |
| | YOUNGER OR IN AGE CATEGORIES 1-8 |
| | CONTINUE WITH OE35A |
| | |
| | |
| | |
---------------------------------------------------------------------

---------------------------------------------------------------------
| OTHERWISE, GO TO OE35 |
| | |
| | |
---------------------------------------------------------------------
OE35A

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}  {NAME OF ESTABLISHMENT} (STR-DT) (END-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 {BOX_25AAA}
YES, PAY SOME OF PREMIUM/COST ........... 2 {BOX_25AAA}
YES, BUT DON’T KNOW IF PAY ALL OR SOME OF PREMIUM/COST ........................ 3 {BOX_25AAA}
NO, DO NOT PAY ............................ 4 {BOX_26A}
REF ..................................... -7 {BOX_26A}
DK ....................................... -8 {BOX_26A}

[Code One]

HELP AVAILABLE 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.          |
-----------------------------------------------------------------

BOX_25AAA

---------

-----------------------------------------------------------------
| IF ROUND 3, CONTINUE WITH OE35AA                                  |
-----------------------------------------------------------------

-----------------------------------------------------------------
| OTHERWISE, GO TO OE35AA2                                       |
-----------------------------------------------------------------
OE35AA
======

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

How much {do/does} {you/{POLICYHOLDER}} pay for the {ESTABLISHMENT} coverage?

[Enter Amount in Dollars] ..........   {OE35AAOV1}
REF ................................... -7 (BOX_25B)
DK .................................... -8 (BOX_25B)

----------------------------------------------------
| 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
======

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

UNIT OF COVERAGE:

PER YEAR .............................. 1 (BOX_25B)
QUARTERLY/EVERY 3 MONTHS ............. 2 (BOX_25B)
BIMONTHLY/EVERY 2 MONTHS ............. 3 (BOX_25B)
PER MONTH .............................. 4 (BOX_25B)
PER WEEK ................................ 5 (BOX_25B)
BIWEEKLY/EVERY 2 WEEKS ............... 6 (BOX_25B)
SEMI-ANNUALLY/2 TIMES PER YEAR ...... 7 (BOX_25B)
SEMI-MONTHLY/2 TIMES PER MONTH ...... 8 (BOX_25B)
OTHER ................................. 91 (OE35AAOV2)
REF ................................... -7 (BOX_25B)
DK .................................... -8 (BOX_25B)

[Code One]
OE35AAOV2
=========

SPECIFY:

[Enter Other Specify] ................. {BOX_25B}
REF ................................... -7 {BOX_25B}
DK .................................... -8 {BOX_25B}

BOX_25B
========

----------------------------------------------------
| IF THIS ESTABLISHMENT-PERSON-PAIR:            |
| - WAS FLAGGED AS 'GROUP' (HX03=1 OR 2 OR HX23=1) |
| OR 'INSURANCE COMPANY-FROM AN AGENT' (HX03=5 OR |
| HX23=4) OR 'INSURANCE COMPANY' (HX03=6 OR       |
| HX23=5) OR 'HMO' (HX03=7 OR HX23=6) OR 'EXCHANGE'|
| COVERAGE' (HX03=11 OR HX23=14) OR 'UNKNOWN TYPE-'|
| COLLECTED AT OTHER' (HX03=91 OR HX23=91) IN THE |
| ROUND THE PAIR WAS FIRST CREATED            |
| AND                                          |
| - WAS FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN |
| BENEFITS' IN THE PREVIOUS ROUND              |
| AND                                          |
| - POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR |
| YOUNGER OR IN AGE CATEGORIES 1-8             |
| CONTINUE WITH OE35AA2                       |
|----------------------------------------------------

| OTHERWISE, GO TO BOX_26A                   |
|----------------------------------------------------

101
Is the cost of the premium subsidized based on family income?

YES .................................... 1 {BOX_26A}
NO ..................................... 2 {BOX_26A}
REF ................................... -7 {BOX_26A}
DK .................................... -8 {BOX_26A}

<table>
<thead>
<tr>
<th>IF ROUND 3, CONTINUE WITH BOX_26AA</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>OTHERWISE, GO TO OE35</th>
</tr>
</thead>
</table>

OMITTED.
IF INSURANCE BEING ASKED ABOUT PROVIDES MEDICARE SUPPLEMENT/MEDIGAP COVERAGE (I.E., HX48 OR OE10 OR OE24 OR OE37 WAS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) EITHER ALONE OR WITH ANY COMBINATION OF CODES IN THE PREVIOUS ROUND FOR THIS ESTABLISHMENT -PERSON-PAIR), GO TO OE35

OTHERWISE, CONTINUE WITH OE35B

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

Is the (family) annual deductible for medical care for this plan less than {$1,300 or $1,300/$2,600 or $2,600} or more? If there is a separate deductible for prescription drugs, hospitalization, or out-of-network care, do not include those deductible amounts here.

LESS THAN {$1,300/$2,600} .............. 1 (OE35)
{$1,300/$2,600} OR MORE .............. 2 (OE35C)
NO ANNUAL DEDUCTIBLE ............... 3 (OE35)
REF ..................................... -7 (OE35)
DK ...................................... -8 (OE35)

[Code One]

HELP AVAILABLE FOR DEFINITION OF ANNUAL DEDUCTIBLE.
DISPLAY ‘$1,300 or $1,300’ IN THE QUESTION TEXT AND ‘$1,300’ IN THE RESPONSE CATEGORY OPTIONS IF THE POLICYHOLDER IS THE ONLY COVERED RU MEMBER AND THERE ARE NO DEPENDENTS OUTSIDE THE RU (OE34A IS CODED ‘2’ (NO), ‘-7’ (REFUSED), OR ‘-8’ (DON’T KNOW)) FOR THE PAIR BEING ASKED ABOUT. OTHERWISE (E.G., AT LEAST ONE RU MEMBER, OTHER THAN THE POLICYHOLDER IS LISTED AS A COVERED PERSON FOR THIS PAIR OR OE34A IS CODED ‘1’ (YES) FOR THIS PAIR OR THE POLICYHOLDER IS NOT IN THE RU), DISPLAY ‘family’ and ‘$2,600 or $2,600’ IN THE QUESTION TEXT AND ‘$2,600’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE34A IS CODED ‘2’ (NO), ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW), THEN DISPLAY ‘1,300 or 1,300’ IN THE QUESTION TEXT AND ‘1,300’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER <= 2 AND OE34A IS CODED ‘1’ (YES), THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS.

IF POLICYHOLDER IS FLAGGED AS ‘DECEASED’ AND THE NUMBER OF COVERED PERSONS ON RU-ESTB-PLCYHLDR-CVRD-PERS-TRPLS-ROSTER > 2, THEN DISPLAY ‘family’ AND ‘2,600 or 2,600’ IN THE QUESTION TEXT AND ‘2,600’ IN THE RESPONSE CATEGORY OPTIONS.
With this plan, is there a special account or fund that can be used to pay for medical expenses? The accounts are sometimes referred to as Health Savings Accounts (HSAs), Health Reimbursement Accounts (HRAs), Personal Care accounts, Personal Medical funds, or Choice funds, and are different from Flexible Spending Accounts.

YES .................................... 1 {OE35}
NO ..................................... 2 {OE35}
REF ................................... -7 {OE35}
DK .................................... -8 {OE35}

[Code One]

HELP AVAILABLE FOR DEFINITION OF HEALTH SAVINGS ACCOUNTS (HSAs).

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

{Last time we recorded that {you/{POLICYHOLDER}} {were/was} covered by {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}).}

{Since {START DATE}, has there been/Between {START DATE} and {END DATE}, was there} any change in the plan name of the health insurance {you/{POLICYHOLDER}) {(have/has)/had} through {ESTABLISHMENT}?

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

FOR 'NAME OF INSURER BEING LOOPED ON', DISPLAY THE NAME OF THIS POLICYHOLDER'S CURRENT ROUND'S PRIVATE OR MEDIGAP INSURER FOR PLAN NAME. THAT IS, DISPLAY THE NAME OF THE PLAN (PROVIDING MEDICARE SUPPLEMENT / MEDIGAP BENEFITS OR HOSPITAL/PHYSICIAN BENEFITS) ENTERED AT HX49, HX51, OE11, OE25, OE36, OR OE38.

DISPLAY 'Since {START DATE}, has there been' AND '{have/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.', 'INSURANCE CO.-FROM AGENT', OR 'HMO', CONTINUE WITH OE36

IF CODED '1' (YES) AND ESTABLISHMENT IS NOT FLAGGED AS AN 'INSURANCE CO.', 'INSURANCE CO.-FROM AGENT', 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 {your/{POLICYHOLDER}’s} health insurance
through {ESTABLISHMENT}?

[Enter Plan Name/Establishment Name] .......... {OE37}

-----------------------------------------------
| 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, INSURANCE COMPANY, OR FROM |
| AN INSURANCE AGENT, THE ESTABLISHMENT NAME IS THE |
| SAME AS THE INSURER NAME. THEREFORE, ANY CHANGE  |
| IN PLAN NAME AUTOMATICALLY DICTATES A CHANGE IN  |
| THE ESTABLISHMENT NAME.                         |
-----------------------------------------------
SHOW CARD HX-9.

Looking at this card, what type of health insurance coverage {{do/does}/did} {you/{POLICYHOLDER}} {now} have through {ESTABLISHMENT}’s new plan {as of {END DATE}}?

PROBE: Any other health coverage through this plan?

CHECK 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 {OE37OV}
REF ................................... -7 {BOX_26}
DK .................................... -8 {BOX_26}

[Code All That Apply]

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

[NOTE: ‘DISABILITY,’ ‘WORKER’S COMPENSATION,’ AND ‘ACCIDENT’ WILL NOT APPEAR ON THE SHOW CARD.]
FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT ALLOW ‘-7’ (REFUSED) OR ‘-8’ (DON’T KNOW) IN COMBINATION WITH ANY OTHER CODE.

IF CODED ‘91’ (OTHER), ALONE OR IN COMBINATION WITH ANY OTHER CODES, CONTINUE WITH OE37OV

OTHERWISE, GO TO BOX_26

OE37OV
===

SPECIFY:

[Enter Other Specify] .................. {BOX_26}
REF ................................. -7 {BOX_26}
DK .................................. -8 {BOX_26}

HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX_26
=====

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

OTHERWISE, GO TO END LP09
IF ESTABLISHMENT ALREADY FLAGGED AS ‘INSURANCE CO’, ‘INSURANCE CO.-FROM AGENT’, OR ‘HMO’, AUTOMATICALLY CODE OE38 WITH APPROPRIATE RESPONSES AND GO TO LOOP_12

OTHERWISE, CONTINUE WITH OE38

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

What is the new plan name for {your/{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, SELECT ‘HMO’.

NAME OF INSURER: [Enter Insurer] ........
REF ......................... -7
DK ..... ..................... -8

TYPE:

INSURANCE COMPANY ......................... 1 {LOOP_12}
HMO .................................... 2 {LOOP_12}

[Code One]

HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO.
DISPLAY 'hospital and physician benefits' AND 'HOSPITAL AND PHYSICIAN' IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).
DISPLAY 'Medicare supplement or Medigap benefits' AND 'MEDIGAP' IF OE37 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP).

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

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

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

IF OE37 IS CODED '1' (HOSPITAL AND PHYSICIAN BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT ROUND.
LOOP_12

-------------------------------
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER- |
| TRIPLES-ROSTER, ASK BOX_28A - END_LP12.          |
-------------------------------

-------------------------------
| LOOP DEFINITION: LOOP_12 COLLECTS 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                    |
-------------------------------

BOX_27A

=======
| OMITTED. |
=======

OE38A

=======
| OMITTED. |
=======

OE38AOV

=======
| OMITTED. |
=======

BOX_28A

=======

-------------------------------
| IF INSURER BEING LOOPED ON IS CODED ‘2’ (HMO) IN |
| OE38, GO TO END_LP12                             |
-------------------------------

-------------------------------
| OTHERWISE, CONTINUE WITH BOX_28                  |
-------------------------------

112
BOX_28

======

----------------------------------------------------
| ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER |
| AT COMPLETION OF MANAGED CARE (MC) SECTION,       |
| CONTINUE WITH END_LP12                             |
----------------------------------------------------

END_LP12

========

----------------------------------------------------
| CYCLE ON NEXT INSURER IN THE RU-ESTAB-PERSON-     |
| INSURER-TRIPLES-ROSTER THAT MEETS THE CONDITIONS  |
| STATED IN THE LOOP DEFINITION.                    |
----------------------------------------------------
----------------------------------------------------
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS,  |
| END LOOP_12 AND CONTINUE WITH BOX_28B             |
----------------------------------------------------

BOX_28B

=======

----------------------------------------------------
| IF HP04A WAS CODED ‘1’ (YES, PLAN IS EXCHANGE) OR |
| IF THIS ESTABLISHMENT-PERSON-PAIR WAS FLAGGED AS  |
| ‘EXCHANGE COVERAGE’ (HX03=11 OR HX23=14) THE ROUND|
| THE INSURANCE WAS CREATED                          |
| AND                                                |
| IS FLAGGED AS ‘SUPPLYING HOSPITAL AND PHYSICIAN   |
| BENEFITS’ (OE37 IS CODED ‘1’ (HOSPITAL AND         |
| PHYSICIAN BENEFITS, INCLUDING COVERAGE THROUGH     |
| AN HMO) BUT NOT ‘5’ (MEDIGAP))                     |
| AND                                                |
| POLICYHOLDER OF THIS PAIR IS 64 YEARS OF AGE OR    |
| YOUNGER OR IN AGE CATEGORIES 1-8                    |
| CONTINUE WITH OE38B                                |
----------------------------------------------------

----------------------------------------------------
| OTHERWISE, GO TO END_LP09                          |
----------------------------------------------------
Is {your/{PERSON}'s} {INSURER RECORDED AT OE38} plan a platinum, gold, silver, bronze or catastrophic plan?

- PLATINUM PLAN .................................. 1 {END_LP09}
- GOLD PLAN ...................................... 2 {END_LP09}
- SILVER PLAN ..................................... 3 {END_LP09}
- BRONZE PLAN ..................................... 4 {END_LP09}
- CATASTROPHIC PLAN ............................. 5 {END_LP09}
- IF VOLUNTEERED: SOMETHING ELSE .......... 6 {END_LP09}
- REF ........................................... -7 {END_LP09}
- DK .............................................. -8 {END_LP09}

[Code One]

HELP AVAILABLE FOR DEFINITIONS OF ANSWER CATEGORIES.

----------------------------------------------------
| DISPLAY THE ACTUAL PLAN NAME ENTERED AT OE38 FOR |
| '{INSURER RECORDED AT OE38}' IF A PLAN NAME WAS |
| ENTERED. OTHERWISE, USE A NULL DISPLAY            |
----------------------------------------------------

END_LP09

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

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

<p>| 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, |</p>
<table>
<thead>
<tr>
<th>CONTINUE WITH LOOP_13</th>
</tr>
</thead>
<tbody>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>OTHERWISE, GO TO BOX_33</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
</tr>
</tbody>
</table>

<p>| NOTE: WHEN A POLICYHOLDER LEAVES AN RU, WE WILL |
| NEVER ASK RJ AND THAT POLICYHOLDER WILL NEVER |
| QUALIFY FOR LOOPS 01, 05, OR 09. WE CREATED A |
| NEW LOOP, LOOP_13 THAT WILL HANDLE THE SITUATIONS |
| WHERE THE POLICYHOLDER HAS LEFT THE RU AND LEFT |
| DEPENDENTS BEHIND, OR THE SITUATION WHERE THE |
| DEPENDENTS HAVE LEFT THE RU (WITHOUT THE |
| POLICYHOLDER). THIS SITUATION WILL BE FLAGGED AS |
| ‘POLICYHOLDER/DEPENDENT IN DIFFERENT RUs’. THIS |
| FLAG CAN BE ASSOCIATED WITH ANY ESTABLISHMENT- |
| PERSON-PAIR IN A PARTICULAR RU WHERE THEY ARE |
| COVERED PERSONS, BUT THE POLICYHOLDER IS IN |
| ANOTHER RU. THIS FLAG SHOULD NEVER EXIST ON A |
| PAIR IN AN RU WHERE THE POLICYHOLDER OF THE PAIR |
| IS IN THE SAME RU AS ALL OF THE DEPENDENTS OR |
| WHERE THE POLICYHOLDER OF THE PAIR WAS ORIGINALLY |
| CREATED AS ‘POLICYHOLDER NOT IN RU/DU’ OR |</p>
<table>
<thead>
<tr>
<th>‘POLICYHOLDER DECEASED’.</th>
</tr>
</thead>
</table>

LOOP_13
======

<p>| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |</p>
<table>
<thead>
<tr>
<th>PAIRS-ROSTER, ASK NAV_OE13A - END_LP13</th>
</tr>
</thead>
</table>
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

NAVIGATOR DETAILS: LOOP_13 USES BOTH NAV_OE13A
AND OE13B TO CONTROL THE FLOW OF THE LOOP.

NAV_OE13A
========

SERIES: Confirming all of the RU Member’s Insurance from a
Previous Round and Policyholder is not in the RU (i.e., probing
for who is still covered)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

Policyholder

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]
Roster Details:

<table>
<thead>
<tr>
<th>Roster Details:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Col # 1 Header:</strong> Policyholder</td>
</tr>
<tr>
<td><strong>Instructions:</strong> Display Policyholder’s first, middle, and last names</td>
</tr>
<tr>
<td><strong>Col # 2 Header:</strong> Empty</td>
</tr>
<tr>
<td><strong>Instructions:</strong> Display the most current Navigator status for each Policyholder each time the Navigator is presented</td>
</tr>
</tbody>
</table>

Roster Definition:

<table>
<thead>
<tr>
<th>Roster Definition:</th>
</tr>
</thead>
<tbody>
<tr>
<td>This item displays RU-Establishment-Person-Pairs- Roster for selection.</td>
</tr>
</tbody>
</table>

Roster Behavior:

<table>
<thead>
<tr>
<th>Roster Behavior:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Select allowed.</td>
</tr>
<tr>
<td>2. Multiple select, add, delete, and edit disallowed.</td>
</tr>
</tbody>
</table>

Roster Filter:

<table>
<thead>
<tr>
<th>Roster Filter:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Display all Policyholders who meet the conditions stated at the Loop_13 definition.</td>
</tr>
</tbody>
</table>

| Continue with NAV_OE13B for selected Policyholder. |
NAV_OE13B
=========  

{POLICYHOLDER’S FIRST MIDDLE LAST NAME}

SERIES: Confirming all of the RU Member’s Insurance from a Previous Round and Policyholder is not in the RU (i.e., probing for who is still covered)

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES. WHEN ALL LINKS ARE MARKED "DONE," USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

PolicyHolder...Establishment

[1. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]
[2. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]
[3. Policyholder’s Name-30]...[Establishment Name-30]   [Status-25]

----------------------------------------------------
| ROSTER DETAILS:                                  |
| COL # 1 HEADER: POLICYHOLDER...ESTABLISHMENT    |
| INSTRUCTIONS: DISPLAY RU-ESTABLISHMENT-PERSON-  |
| PAIR                                              |
| COL # 2 HEADER: EMPTY                             |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH PAIR EACH TIME THE NAVIGATOR     |
| IS PRESENTED                                      |
----------------------------------------------------

----------------------------------------------------
| ROSTER DEFINITION:                                |
| THIS ITEM DISPLAYS THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER FOR SELECTION.                      |
----------------------------------------------------

----------------------------------------------------
| ROSTER BEHAVIOR:                                 |
| 1. SELECT ALLOWED.                              |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT       |
| DISALLOWED.                                      |
----------------------------------------------------
| ROSTER FILTER: |
| DISPLAY ALL ESTABLISHMENTS THAT MEET THE |
| CONDITIONS STATED AT THE LOOP_13 DEFINITION. |

| CONTINUE WITH OE39 FOR SELECTED PAIR. |

---

**OE39**

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

Now think about {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT}. {Is/Was} anyone in the family, living here {now}, covered by this insurance as of {today,} {END DATE}?

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

YES .......................... 1  
NO ............................. 2 {OE40}  
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.
IF YES AND ONLY ONE PERSON IS FLAGGED AS COVERED AT THE END OF THE PREVIOUS ROUND, AUTOMATICALLY CODE OE41 AS ‘1’ (YES) AND GO TO BOX_31.

IF YES AND MORE THAN ONE PERSON FLAGGED AS COVERED AT THE END OF THE PREVIOUS ROUND, GO TO OE41.

-----

OE40

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

On what date did this health insurance through {ESTABLISHMENT} end?

{IF INSURANCE ENDED AFTER 12/31/{YEAR}, BACK-UP TO OE39 AND SELECT ‘YES’}.

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

---------

DISPLAY ‘IF INSURANCE ENDED... SELECT ‘YES’. IF ROUND 5. OTHERWISE, USE A NULL DISPLAY

---------

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

---------

IF ONLY ONE PERSON COVERED AT THE END OF THE PREVIOUS ROUND, GO TO LOOP_14

---------

OTHERWISE, CONTINUE WITH OE41
Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

<table>
<thead>
<tr>
<th>WHOLE MONTH</th>
<th>PART OF THE MONTH</th>
<th>REF</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>-7</td>
<td>-8</td>
</tr>
</tbody>
</table>

[Code One]

| IF ONLY ONE PERSON COVERED AT END OF PREVIOUS ROUND, GO TO LOOP_14 |

| OTHERWISE, CONTINUE WITH OE41 |

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

{Are/Were} (READ NAMES BELOW) all covered by {your/{POLICYHOLDER}’s} health insurance through {ESTABLISHMENT} {until {{OE40 DATE}/it ended}/on {END DATE}}?

<table>
<thead>
<tr>
<th>PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>YES ...................................  1</td>
<td></td>
</tr>
<tr>
<td>NO ....................................  2</td>
<td></td>
</tr>
<tr>
<td>REF ................................... -7</td>
<td></td>
</tr>
<tr>
<td>DK .................................... -8</td>
<td></td>
</tr>
</tbody>
</table>
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 DATE}' 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 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.

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.

IF OE41 IS CODED '1' (YES) AND OE39 IS CODED '1' (YES) OR '2' (NO), GO TO BOX_31

OTHERWISE (I.E., OE41 CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T KNOW)), CONTINUE WITH OE42
ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS PERSONS ON THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR DISPLAY.

ROSTER BEHAVIOR:
1. SELECT, ADD, DELETE, AND EDIT DISALLOWED.

ROSTER FILTER:
1. PERSON WAS COVERED AT THE PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR AND
2. PERSON IS AN RU MEMBER

OE42
====

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

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

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
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 DATE}’ IF OE39 IS CODED ‘1’ (YES).

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

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

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

ROSTER DETAILS:
TITLE: RU_ESTB_PLCYHLDR_COVRD_PERS_TRPLS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY COVERED PERSONS’ NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION.
<table>
<thead>
<tr>
<th>ROSTER BEHAVIOR:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. MULTIPLE SELECT ALLOWED.</td>
<td></td>
</tr>
<tr>
<td>2. ADD, DELETE, AND EDIT DISALLOWED.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ROSTER FILTER:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. PERSON WAS COVERED AT PREVIOUS ROUND’S INTERVIEW DATE BY THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR AND</td>
<td></td>
</tr>
<tr>
<td>2. PERSON IS AN RU MEMBER</td>
<td></td>
</tr>
</tbody>
</table>

LOOP_14
=======

| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHldr-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE14 - END_LP14 | |

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

| NAVIGATOR DETAILS: LOOP_14 USES NAV_OE14 TO CONTROL THE FLOW OF THE LOOP. | |
NAV_OE14
========

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

SERIES:  End Date of Insurance from (POLICYHOLDER)’s
{ESTABLISHMENT} plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO
PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS
SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65]      [Status-25]
[2. First Name,[Middle Name],Last Name-65]      [Status-25]
[3. First Name,[Middle Name],Last Name-65]      [Status-25]

---------------------------------------------------------------------
| ROSTER DETAILS: |
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, |
| AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR |
| STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR |
| IS PRESENTED |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER DEFINITION: |
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS- |
| TRPLS-ROSTER FOR SELECTION. |
---------------------------------------------------------------------

---------------------------------------------------------------------
| ROSTER BEHAVIOR: |
| 1. SELECT ALLOWED. |
| |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT |
| DISALLOWED. |
---------------------------------------------------------------------
ROSTER FILTER:
DISPLAY ALL RU MEMBERS SELECTED AT OE42.

CONTINUE WITH OE43 FOR SELECTED RU MEMBER.

----------------------------------------
| 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 {you/{PERSON}}?

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

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

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

----------------------------------------
| BOX_30 |

Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH .................................. 1 {BOX_30}
PART OF THE MONTH ............................. 2 {BOX_30}
REF ........................................... -7 {BOX_30}
DK ........................................... -8 {BOX_30}

[Code One]
FLAG INSURANCE FOR PERSON AS ‘CONTINUOUS COVERAGE’ THROUGH THE COMPLETE DATE RECORDED AT OE43 AND OE43OV.

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

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
(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 (your/{POLICYHOLDER}’s) health insurance through (ESTABLISHMENT)?

YES .....................................  1 {OE45}
NO .....................................  2 {OE47}
REF ..................................... -7 {OE47}
DK ..................................... -8 {OE47}

HELP AVAILABLE 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 (your/{POLICYHOLDER}’s) health insurance through (ESTABLISHMENT) {since {START DATE}/between {START DATE} and {END DATE}} that we have not yet mentioned?

PROBE:  Anyone else?

[1. First Name, [Middle Name], Last Name-65]
[2. First Name, [Middle Name], Last Name-65]
[3. First Name, [Middle Name], Last Name-65]
DISPLAY ‘has been’ AND ‘since {START DATE}’ IF NOT
ROUND 5. DISPLAY ‘was’ AND ‘between {START DATE}’
and {END DATE}’ IF ROUND 5.

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’.

ROSTER DETAILS:
TITLE: RU_MEMBERS_1

COL # 1 HEADER: NAME
INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE,
AND LAST NAMES (PERS.FULLNAME)

ROSTER DEFINITION:
THIS ITEM DISPLAYS RU-MEMBERS-ROSTER FOR SELECTION
OF RU-MEMBERS.

ROSTER BEHAVIOR:
1. MULTIPLE SELECT ALLOWED. INTERVIEWER MAY
SELECT ONE OR MORE FROM THE LISTED MEMBERS.
2. ADD, DELETE, AND EDIT DISALLOWED.
3. DISPLAY ‘PERSON NOT LISTED IN RU’ AS LAST ENTRY
ON THIS ROSTER.

ROSTER FILTER:
DISPLAY PERSONS WHO WERE NOT COVERED BY THE
INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-PAIR
ON THE PREVIOUS ROUND’S INTERVIEW DATE.
LOOP_15
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| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER, ASK NAV_OE15 - END_LP15 |

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

NAVIGATOR DETAILS: LOOP_15 USES NAV_OE15 TO CONTROL THE FLOW OF THE LOOP.

NAV_OE15
=======

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

SERIES: Begin Date of Insurance from {POLICYHOLDER}’s {ESTABLISHMENT} plan.

USE THE LINKS BELOW TO COMPLETE ALL QUESTIONS WITHIN THIS SERIES.

WHEN ALL LINKS ARE MARKED “DONE,” USE [Continue Interview] TO GO PAST THIS SERIES.

IF NEEDED, [Previous Page] WILL TAKE YOU TO QUESTIONS BEFORE THIS SERIES.

RU Member

[1. First Name,[Middle Name],Last Name-65] [Status-25]
[2. First Name,[Middle Name],Last Name-65] [Status-25]
[3. First Name,[Middle Name],Last Name-65] [Status-25]
ROSTER DETAILS:
| COL # 1 HEADER: RU MEMBER |
| INSTRUCTIONS: DISPLAY RU MEMBER’S FIRST, MIDDLE, AND LAST NAMES (PERS.FULLNAME) |
| COL # 2 HEADER: EMPTY |
| INSTRUCTIONS: DISPLAY THE MOST CURRENT NAVIGATOR STATUS FOR EACH RU MEMBER EACH TIME THE NAVIGATOR IS PRESENTED |

ROSTER DEFINITION:
| THIS ITEM DISPLAYS RU-ESTB-PLCYHLDR-COVRD-PERS-TRPLS-ROSTER FOR SELECTION. |

ROSTER BEHAVIOR:
| 1. SELECT ALLOWED. |
| 2. MULTIPLE SELECT, ADD, DELETE, AND EDIT DISALLOWED. |

ROSTER FILTER:
| DISPLAY ALL RU MEMBERS SELECTED AT OE45. |

CONTINUE WITH OE46 FOR SELECTED RU MEMBER

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OE46

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{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 {you/(PERSON)}?

[Enter Month-2, Day-2, Year-4] ........
REF ................................... -7
DK .................................... -8
Can you just tell me if {you/he/she} {were/was} covered under that insurance the whole month or part of the month?

WHOLE MONTH ......................... 1 {BOX_32}
PART OF THE MONTH ..................... 2 {BOX_32}
REF ..................................... -7 {BOX_32}
DK ..................................... -8 {BOX_32}

[Code One]

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

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

IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH
ESTABLISHMENT-PERSON-PAIR (OE39 IS CODED ‘2’ (NO))
FLAG INSURANCE FOR THIS PERSON AS ‘CONTINUOUS
COVERAGE’ FROM DATE RECORDED AT OE46 UNTIL DATE
RECORDED AT OE40.
END_LP15
========

----------------------------------------------------
| CYCLE ON NEXT PERSON IN RU-ESTB-PLCYHLDR-COVRD-   |
| PERS-TRPLS-ROSTER WHO MEETS THE CONDITIONS STATED |
| IN THE LOOP DEFINITION.                           |
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| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
| END LOOP_15 AND GO TO END_LP13                    |
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OE47
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(POLICYHOLDER'S FIRST MIDDLE LAST NAME) (NAME OF ESTABLISHMENT) (STR-DT)
(END-DT)

(Does/Between {START DATE} and {END DATE}, did) {your/{POLICYHOLDER}'s} health coverage through {ESTABLISHMENT} cover as dependents any persons who do not live here?

YES .................................... 1 {END_LP13}
NO ..................................... 2 {END_LP13}
REF ................................... -7 {END_LP13}
DK .................................... -8 {END_LP13}

HELP AVAILABLE FOR DEFINITION OF DEPENDENT.

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

----------------------------------------------------
| IF CODED '1' (YES), FLAG INSURANCE THROUGH THIS    |
| ESTABLISHMENT-PERSON-PAIR AS 'COVERING PERSON NOT |
| LISTED IN RU' IN OE45                            |
----------------------------------------------------
END_LP13
========

----------------------------------------------------
| CYCLE ON NEXT PAIR IN THE RU-ESTABLISHMENT-PERSON-|
| PAIRS-ROSTER THAT MEETS THE CONDITIONS STATED IN   |
| THE LOOP DEFINITION.                              |
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| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END |
| LOOP_13 AND CONTINUE WITH BOX_33                  |
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BOX_33
======

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| RETURN TO ORIGINAL QUESTIONNAIRE SECTION IN HX.   |
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