

HCSUS 2nd Follow-up
5. Insurance
Section D: Private Insurance

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: ,,.,,A.M./P.M.

IF HAD PRIVATE INSURANCE AT FU1, GO TO D5

D1. Since we last interviewed you on FU1DATE, have you been covered by any private health insurance that pays any part of your hospital or doctor bills?

Private insurance includes insurance paid for by your employer.

YES..... 1 (G05D01)
NO 2

IF D1 = 2 OR D1 = REF OR D1 = DK, GO TO D23

D2. Are you currently covered?

YES..... 1 (G05D02)
NO 2

IF D2 <> 1 AND D2 = ASKED, GO TO D6

D3. Are you covered by more than one private insurance plan that pays for any part of your hospital or doctor bills?

YES..... 1 (G05D03)
NO 2

IF D3 <> 1 AND D3 = ASKED, GO TO D7

D4. How many private insurance plans do you have (that cover any part of your hospital or doctor bills)?

” (G05D04)

Valid Values: 11-99
Valid Values: 2-10
Soft Check: 0-1

IF D4 = ASKED, GO TO D7

HCSUS 2nd Follow-up
5. Insurance

D5. When we last interviewed you on FU1DATE, you told us that you were covered by NAME OF FU1 PRIVATE INSURANCE/PRIVATE INSURANCE. Have you been covered by this plan the whole time since we last interviewed you?

YES..... 1 (G05D05)
NO 2

IF D5 = 1, GO TO D9
IF D5 = DK,REF, GO TO D23

D6. (HAND CARD #25)

Please look at this card and tell me which of the reasons comes closest to why you are no longer covered by NAME OF FU1 PRIVATE INSURANCE/PRIVATE INSURANCE.

INSURANCE WAS TOO EXPENSIVE..... 1 (G05D06)
LOST OR QUIT JOB THAT
PROVIDED INSURANCE COVERAGE 2
DENIED COVERAGE BECAUSE OF HIV STATUS..... 3
DENIED COVERAGE BECAUSE
OF OTHER MEDICAL CONDITION 4
SWITCHED TO A DIFFERENT PLAN 5
WORK OR JOB NO LONGER
OFFERS THAT HEALTH INSURANCE 6
OTHER REASON..... 7

IF D6 <> 5 AND D6 = ASKED, GO TO D23

D7. I want to ask you about your primary private insurance plan, that is, the plan that pays most of the cost of your hospital or doctor bills. Do you have something like an ID card or bill with the name of your primary private insurance plan on it?

YES..... 1 (G05D07)
NO 2

IF D7 = REF, GO TO D10

HCSUS 2nd Follow-up
5. Insurance

D8. RECORD NAME FROM CARD OR ASK:

What is the complete name of this plan?

PLAN NAME: _____

D9. RECORD PLAN NUMBER FROM CARD OR ASK:

What is the number of this plan?

PLAN NUMBER: _____

IF D5 = 1, GO TO D23

D10. Is your primary private insurance plan an HMO or Health Maintenance Organization?

YES..... 1 (G05D10)
NO 2

D11. Does your primary private insurance plan allow you to go to any doctor you want, or does it require you to choose from a group or list of doctors?

CHOOSE ANY DOCTOR..... 1 (G05D11)
CHOOSE FROM A LIST 2

D12. Does your primary private insurance plan require you to obtain authorization before seeing a specialist for medical care?

YES..... 1 (G05D12)
NO 2

HCSUS 2nd Follow-up
5. Insurance

D13. IF HAS MORE THAN 1 PRIVATE INSURANCE SAY:
Does your primary private insurance plan have an individual or family deductible?

OTHERWISE SAY:
Does your private insurance plan have an individual or family deductible?

YES..... 1 (G05D13)
NO 2

D14. IF HAS MORE THAN 1 PRIVATE INSURANCE SAY:
Does your primary private insurance plan require you to make a copayment?

OTHERWISE SAY:
Does your private insurance plan require you to make a copayment?

YES..... 1 (G05D14)
NO 2

D15. IF HAS MORE THAN 1 PRIVATE INSURANCE PLAN SAY:
Does your primary private insurance plan limit your annual out-of-pocket costs?

OTHERWISE SAY:
Does your private insurance plan limit your annual out-of-pocket costs?

YES..... 1 (G05D15)
NO 2

D16. IF HAS MORE THAN 1 PRIVATE INSURANCE SAY:
Does your primary private insurance plan have a lifetime cap?

OTHERWISE SAY:
Does your private insurance plan have a lifetime cap?

YES..... 1 (G05D16)
NO 2

HCSUS 2nd Follow-up

5. Insurance

D17. IF HAS MORE THAN 1 PRIVATE INSURANCE SAY:

Does your primary private insurance plan cover any part of the cost of visits for mental health care or emotional counseling?

OTHERWISE SAY:

Does your private insurance plan cover any part of the cost of visits for mental health care or emotional counseling?

YES..... 1 (G05D17)
NO 2

D18. In what month and year were you first covered by this plan?

MONTH: ,, YEAR: ,, (G05D18M)
Valid Values: 1-12 Valid Values: 60-98 (G05D18Y)

D19. What is your relationship to the policyholder(s) of this plan?

(A policyholder is the person in whose name the insurance is carried.)

SELF..... 1 (G05D19)
SPOUSE..... 2
PARTNER 3
PARENT 4
OTHER RELATIVE 5
FRIEND 6
OTHER 7

IF D19 <> 1 AND D19 = ASKED, GO TO D22

HCSUS 2nd Follow-up 5. Insurance

D20. (HAND CARD #26)

How do you get this coverage?

- THROUGH A CURRENT/FORMER EMPLOYER OR UNION 1 (G05D20)
- THROUGH A PROFESSIONAL OR BUSINESS ASSOCIATION 2
- PURCHASED DIRECTLY FROM
AN INSURANCE COMPANY OR AGENT 3
- PURCHASED DIRECTLY FROM AN HMO 4
- OTHER 5

IF D20 <> 1 AND D20 = ASKED, GO TO D22

D21. Does your employer or union pay all, most, some, or none of the cost of your insurance premiums?

- ALL 1 (G05D21)
- MOST 2
- SOME 3
- NONE 4

IF D21 = 1, GO TO D23

D22. IF HAS MORE THAN 1 PRIVATE INSURANCE SAY:

How much do you, your family or friends pay in premiums for your primary

OTHERWISE SAY:

How much do you, your family or friends pay in premiums for your plan? (That is, the amount you pay when you visit a doctor or anyone else for medical care.) Please do not include the cost of any co-payments or deductibles.

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- (G05D22)
- PER: MONTH..... 1 (G05D22U)
- QUARTER 2
- YEAR 3
- NO AMOUNT PAID 4

Valid Values: 0-99999
Soft Check: 10000-24000

D23. Do you have private insurance that covers prescription medications?

HCSUS 2nd Follow-up 5. Insurance

YES..... 1 (G05D23)
NO 2

IF A1 = 1 OR A5 = 1 OR B1 = 1 OR B3 = 1 OR D2 = 1 OR D5 = 1, GO TO SECTION E

D24. I have recorded that you are not currently covered by any type of private or public health insurance. Is that correct?

YES..... 1 (G05D24)
NO 2

IF D24 <> 2 AND D24 = ASKED, GO TO SECTION E

D25. What kind of health insurance are you covered by?

MEDICAID 1 (G05D25)
MEDICARE..... 2
PRIVATE INSURANCE..... 3

IF D25 = 1, GO TO A4
IF D25 = 2, GO TO B1
IF D25 = 3, GO TO D1