```
    --------------------------------------------------------
    | 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          |
    --------------------------------------------------------
```

BOX_01
======

```
     -------------------------------------------------
     | 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 OE01 - END_LP01.                  |
  -------------------------------------------------------


  -------------------------------------------------------
  | LOOP DEFINITION:                                    |
  |                                                     |
  | LOOP_01 COLLECTS INFORMATION ABOUT THE              |
  | CONTINUATION OF INSURANCE COVERAGE THROUGH A        |
  | 'CURRENT MAIN' OR 'CURRENT MISCELLANEOUS' JOB THAT  |
  | WAS COLLECTED IN THE PREVIOUS ROUND.  THIS LOOP     |
  | CYCLES ON ESTABLISHMENT-PERSON-PAIRS THAT MEET THE  |
  | FOLLOWING CONDITIONS:                               |
  |                                                     |
  | - RJ01 OR RJ06 WAS CODED '1' (YES) DURING THIS      |
  |   ROUND FOR THIS PAIR, AND                          |
  | - PERSON IS A JOBHOLDER AT ESTABLISHMENT, AND       |
  | - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS     |
  |   INSURANCE, AND                                    |
  | - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING       |
  |   THE PREVIOUS ROUND AS 'PROVIDES HEALTH            |
  |   INSURANCE' AND,                                   |
  | - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT    |
  |   COVERED PERSON ON THE DATE OF THE PREVIOUS        |
  |   ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE      |
  |   TIME) OR HQ02 WAS CODED '1' (YES) IN THE          |
  |   PREVIOUS ROUND), AND                              |
  | - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-     |
  |   EMPLOYED' WITH A FIRM-SIZE-1                      |
  -------------------------------------------------------
```

OE01
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

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

```
     ----------------------------------------------------
    |  DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY      |
    |  '(Was/Were)' IF ROUND 5.                         |
    |                                                   |
    |  DISPLAY 'today,' IF NOT ROUND 5.  OTHERWISE, USE A|
    |  NULL DISPLAY.                                     |
     ----------------------------------------------------
```

OE02
====

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

On what date did (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

{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 (POLICYHOLDER) 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 |
        |  THE PREVIOUS ROUND'S INTERVIEW DATE BY THE        |
        |  INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
        |  AUTOMATICALLY CODE OE03 AS '1' (YES) AND GO TO    |
        |  BOX_03                                            |
        -----------------------------------------------------


        -----------------------------------------------------
        |  OTHERWISE, CONTINUE WITH OE03                     |
        -----------------------------------------------------
```

OE03
====

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

            During the last interview, we recorded that (READ NAMES BELOW)
            (were/was) covered by (POLICYHOLDER)'s health insurance
            through (ESTABLISHMENT).

            {Are/Were} they all covered by this health insurance {until
            {{OE02 DATE}/it ended}/on (END 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 (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 OE05 - END_LP02.            |
-------------------------------------------------------

-------------------------------------------------------
| LOOP DEFINITION:  LOOP_02 COLLECTS THE DATE ON     |
| WHICH THE INSURANCE COVERAGE THROUGH THIS          |
| ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |
| WHOSE COVERAGE ENDED EITHER PRIOR TO THE REFERENCE |
| PERIOD END DATE OR THE DATE REPORTED IN OE02.      |
| THIS LOOP CYCLES ON PERSONS SELECTED AT OE04.      |
-------------------------------------------------------
```

OE05
====

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

-------------------------------------------------------
|  OTHERWISE, GO TO BOX_04                           |
-------------------------------------------------------
```

OE05OV
======

        Can you just tell me if (PERSON) 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                            |
        --------------------------------------------------
```

OE06
====

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

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

```
        YES .................................... 1 {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.                                          |
        --------------------------------------------------
```

176

OE07
====

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

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

            PROBE:  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
=======

```
--------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-      |
| PERS-TRPLS-ROSTER, ASK OE08 - END_LP03.              |
--------------------------------------------------------


--------------------------------------------------------
| LOOP DEFINITION:  LOOP_03 COLLECTS THE COVERAGE      |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING      |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS      |
| ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON      |
| PERSONS SELECTED AT OE07.                            |
--------------------------------------------------------
```

OE08
====

```
        {PERSON'S FIRST MIDDLE AND LAST NAME}    {NAME OF
        ESTABLISHMENT}    {STR-DT}
        {END-DT}

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

             [Enter Month-2, Day-2, Year-4] .........
             REF ................................... -7 {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 (PERSON) 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.                              |
        ----------------------------------------------------
```

BOX_06
======

```
    ------------------------------------------------------
   | IF FAMILY STILL HAS INSURANCE THROUGH THIS          |
   | ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '1'        |
   | (YES)), FLAG INSURANCE FOR THIS PERSON AS           |
   | 'CONTINUOUS COVERAGE' FROM DATE RECORDED AT OE08    |
   | UNTIL THE REFERENCE PERIOD END DATE.                |
    ------------------------------------------------------


    ------------------------------------------------------
   | IF FAMILY DOES NOT STILL HAVE INSURANCE THROUGH     |
   | ESTABLISHMENT-PERSON-PAIR (OE01 IS CODED '2' (NO))  |
   | FLAG INSURANCE FOR THIS PERSON AS 'CONTINUOUS       |
   | COVERAGE' FROM DATE RECORDED AT OE08 UNTIL DATE     |
   | RECORDED AT OE02.                                   |
    ------------------------------------------------------
```

END_LP03
========

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


    ------------------------------------------------------
   | IF NO OTHER PERSONS MEET THE STATED CONDITIONS,     |
   | END LOOP_03 AND GO TO BOX_07                        |
    ------------------------------------------------------
```

OE08A
=====

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

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

```
        YES ..................................... 1 {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 {OE09AAA}
        REF .................................... -7 {OE09}
        DK ..................................... -8 {OE09}
```

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

OE09AA
======

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

          How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
          coverage?

              [Enter Amount in Dollars] ....
              REF .... -7 {BOX_08A}
              DK .... -8 {BOX_08A}

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

         | CONTINUE WITH OE09AAOV1 |

09AAOV1
=======

          UNIT OF COVERAGE:

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

              PER YEAR .... 1 {BOX_08A}
              QUARTERLY/EVERY 3 MONTHS .... 2 {BOX_08A}
              BIMONTHLY/EVERY 2 MONTHS .... 3 {BOX_08A}
              PER MONTH .... 4 {BOX_08A}
              PER WEEK .... 5 {BOX_08A}
              BIWEEKLY/EVERY 2 WEEKS .... 6 {BOX_08A}
              SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_08A}
              SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_08A}
              OTHER .... 91 {OE09AAOV2}
              REF .... -7 {BOX_08A}
              DK .... -8 {BOX_08A}

                         [Code One]

183

09AAOV2
=======

                OTHER:

                        [Enter Other Specify] .... {BOX_08A}
                        REF .... -7 {BOX_08A}
                        DK .... -8 {BOX_08A}

BOX_08A
=======

                        | IF OE09A IS CODED '1' (YES, PAY ALL OF PREMIUM/ |
                        | COST), GO TO OE09 |

                        | OTHERWISE, CONTINUE WITH OE09AAA |

OE09AAA
=======

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

                Who {else} pays {some of/for} the premium or cost
                of this insurance?

                                CHECK ALL THAT APPLY.

                        FEDERAL GOVERNMENT 1
                        STATE GOVERNMENT 2
                        LOCAL GOVERNMENT 3
                        SOME GOVERNMENT 4
                        EMPLOYER 5
                        UNION 6
                        OTHER .... 91 {OE09AAAOV}
                        REF .... -7 {OE09}
                        DK .... -8 {OE09}

                                [Code All That Apply]

                                      184

```
------------------------------------------------------
| DISPLAY 'else' IF OE09A IS CODED '2' (YES, PAY      |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW   |
| IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,    |
| USE A NULL DISPLAY                                  |
|                                                     |
| DISPLAY 'some of' IF OE09A IS CODED '2' (YES, PAY   |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW   |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'  |
| IF OE09A IS CODED '4' (NO, DO NOT PAY).             |
------------------------------------------------------


------------------------------------------------------
| 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 CODE, CONTINUE WITH OE09AAAOV        |
------------------------------------------------------


------------------------------------------------------
| OTHERWISE, GO TO OE09                               |
------------------------------------------------------
```

09AAAOV
=======

OTHER:

```
    [Enter Other Specify] ..................  {OE09}
    REF ................................... -7 {OE09}
    DK .................................... -8 {OE09}
```

OE09
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME BELOW).}

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

  {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

      YES .... 1 {OE10}
      NO .... 2 {END_LP01}
      REF .... -7 {END_LP01}
      DK .... -8 {END_LP01}

      | DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF |
      | THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON- |
      | PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP |
      | OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING |
      | THE PREVIOUS ROUND. |

      | DISPLAY 'Since (START DATE), has there been' AND |
      | 'has' IF NOT ROUND 5. DISPLAY 'Between (START |
      | DATE) and (END DATE), was there' AND 'had' IF |
      | ROUND 5. |

      | IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
      | KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT |
      | ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON- |
      | PAIR. |

      | ROSTER DETAILS: |
      | TITLE: RU_ESTB_PERS_INSURER_TRPLS_1 |
      | |
      | COL # 1 HEADER: INSURER |
      | INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME |
      | (ESTB.ESTBNAME) |

OE10
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

                     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 'on (END DATE)' IF ROUND 5.  OTHERWISE,   |
| USE A NULL DISPLAY.                               |
-----------------------------------------------------
```

```
          -------------------------------------------------------
          | 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                             |
          -------------------------------------------------------
```

OE10OV
======

          OTHER:

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

            HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORIES.

BOX_08
======

```
          -------------------------------------------------------
          | 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 END_LP01                           |
          -------------------------------------------------------
```

OE11
====

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

What is the new plan name for (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) which provides the {hospital
and physician benefits/Medicare Supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT HMO.

        NAME OF INSURER: [Enter Insurer]

        TYPE:

        INSURANCE COMPANY 1
        HMO 2
        SELF-INSURED COMPANY 3
        REF .... -7
        DK .... -8

                    [Code One]

    HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

        | 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. |

```
-----------------------------------------------------
| FLAG INSURER(S) COLLECTED AT OE11 AS CURRENT       |
| ROUND'S INSURER(S) FOR THIS ESTABLISHMENT-PERSON-  |
| PAIR.                                              |
-----------------------------------------------------
```

```
-----------------------------------------------------
| IF OE10 IS CODED '5' (MEDICARE SUPPLEMENT/MEDIGAP) |
| FLAG INSURANCE CO./HMO AS 'SUPPLYING MEDICARE      |
| SUPPLEMENT/MEDIGAP BENEFITS (WHICH INCLUDES        |
| HOSPITAL/PHYSICIAN BENEFITS)' FOR THE CURRENT      |
| ROUND.                                             |
-----------------------------------------------------
```

```
-----------------------------------------------------
| IF OE10 IS CODED '1' (HOSPITAL AND PHYSICIAN       |
| BENEFITS), BUT NOT '5' (MEDICARE SUPPLEMENT/       |
| MEDIGAP), FLAG INSURANCE CO./HMO AS 'SUPPLYING     |
| HOSPITAL/PHYSICIAN BENEFITS' FOR THE CURRENT       |
| ROUND.                                             |
-----------------------------------------------------
```

LOOP_04
=======

```
-----------------------------------------------------
| FOR EACH ELEMENT ON THE RU-ESTAB-PERSON-INSURER-   |
| TRIPLES-ROSTER, ASK OE11A - END_LP04.              |
-----------------------------------------------------
```

```
-----------------------------------------------------
| LOOP DEFINITION:  LOOP_04 COLLECTS OTHER POLICY    |
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS    |
| COLLECTED AT OE11. THIS LOOP CYCLES ON TRIPLES     |
| THAT MEET THE FOLLOWING CONDITIONS:                |
|                                                    |
| - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE |
|   BEING ASKED ABOUT                                |
| - INSURER IS ENTERED AT OE11                       |
-----------------------------------------------------
```

190

OE11A
=====

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

        Is there any other name for the {INSURANCE COMPANY OR HMO
        NAME} policy, such as Option A, $100 Deductible Plan, 90/80
        Plan, Gold Plan, or High Option Plan?

            YES, ANOTHER NAME .... 1 {OE11AOV}
            NO OTHER NAME .... 2 {BOX_09A}
            REF .... -7 {BOX_09A}
            DK .... -8 {BOX_09A}

       HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

                 [Code One]

```
        ----------------------------------------------------
        |  DISPLAY THE NAME OF THE INSURANCE CO/HMO        |
        |  RECORDED IN OE11 WHICH IS BEING LOOPED ON FOR   |
        |  'INSURANCE...NAME'.                             |
        ----------------------------------------------------
```

OE11AOV
=======

        OTHER NAME:

            [Enter Policy Name] .... {BOX_09A}
            REF .... -7 {BOX_09A}
            DK .... -8 {BOX_09A}

       HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX_09A
=======

```
        -------------------------------------------------
        | IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN  |
        | OE11, CONTINUE WITH OE11B                         |
        -------------------------------------------------


        -------------------------------------------------
        | OTHERWISE, GO TO BOX_09                           |
        -------------------------------------------------
```

OE11B
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of
visits to doctors who are **not** part of (POLICYHOLDER)'s
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

```
    YES ..................................... 1 {END_LP04}
    NO ...................................... 2 {END_LP04}
    REF .................................... -7 {END_LP04}
    DK ..................................... -8 {END_LP04}
```

BOX_09
======

```
        -------------------------------------------------
        | ASK THE MANAGED CARE (MC) SECTION FOR THIS INSURER|
        |                                                   |
        | AT COMPLETION OF MANAGED CARE (MC) SECTION,       |
        | CONTINUE WITH END_LP04                            |
        -------------------------------------------------
```

END_LP04
========

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


-----------------------------------------------------
| IF NO OTHER INSURERS MEET THE STATED CONDITIONS,  |
| END LOOP_04 AND CONTINUE WITH END_LP01            |
-----------------------------------------------------
```

END_LP01
========

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


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

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 OE12-END_LP05.                     |
    --------------------------------------------------------


    --------------------------------------------------------
    | LOOP DEFINITION:                                     |
    |                                                      |
    | LOOP_05 COLLECTS INFORMATION ABOUT THE               |
    | CONTINUATION OF INSURANCE COVERAGE THROUGH A         |
    | NO LONGER HELD 'CURRENT MAIN' OR 'CURRENT            |
    | MISCELLANEOUS' JOB THAT WAS COLLECTED IN THE         |
    | PREVIOUS ROUND.  THIS LOOP CYCLES ON                 |
    | ESTABLISHMENT-PERSON-PAIRS THAT MEET THE             |
    | FOLLOWING CONDITIONS:                                |
    |                                                      |
    | - RJ01 OR RJ06 WAS CODED '2' (NO), '-7' (REFUSED),   |
    |   '-8' (DON'T KNOW) DURING THIS ROUND FOR THIS       |
    |   PAIR, AND                                          |
    | - PERSON WAS A JOBHOLDER AT ESTABLISHMENT, AND       |
    | - PERSON IS FLAGGED AS THE POLICYHOLDER OF THIS      |
    |   INSURANCE, AND                                     |
    | - ESTABLISHMENT IS AN EMPLOYER FLAGGED DURING        |
    |   THE PREVIOUS ROUND AS 'PROVIDES HEALTH             |
    |   INSURANCE' AND,                                    |
    | - THE HEALTH INSURANCE PROVIDED BY ESTABLISHMENT     |
    |   COVERED PERSON ON THE DATE OF THE PREVIOUS         |
    |   ROUND'S INTERVIEW (HQ01 WAS CODED '1' (WHOLE       |
    |   TIME) OR HQ02 WAS CODED '1' (YES) IN THE           |
    |   PREVIOUS ROUND), AND                               |
    | - JOB AT ESTABLISHMENT IS NOT FLAGGED AS 'SELF-      |
    |   EMPLOYED' WITH A FIRM-SIZE-1.                      |
    --------------------------------------------------------
```

OE12
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

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

```
    -----------------------------------------------------
    | DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY       |
    | '(Was/Were)' IF ROUND 5.                          |
    |                                                   |
    | DISPLAY 'today,' IF NOT ROUND 5.  OTHERWISE, USE A|
    | NULL DISPLAY.                                     |
    -----------------------------------------------------
```

OE13
====

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

Did the health insurance (POLICYHOLDER) had through
(ESTABLISHMENT) continue for any period of time after
(POLICYHOLDER) stopped working at (ESTABLISHMENT)?

```
    YES .................................. 1 {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 (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) end?

{IF INSURANCE ENDED ATER 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 (POLICYHOLDER) was covered under that
insurance the whole month or part of the month?

```
WHOLE MONTH ............................  1 {BOX_11}
PART OF THE MONTH .....................  2 {BOX_11}
REF ................................... -7 {BOX_11}
DK .................................... -8 {BOX_11}
```

[Code One]

OE16
====

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

Is (POLICYHOLDER)'s health insurance through (ESTABLISHMENT)
now extended through COBRA?

```
YES ...................................  1 {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}

During the last interview, we recorded that (READ NAMES BELOW)
(were/was) covered by (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT).

{Are/Were} they **all** covered by this health insurance {until
{{OE15 DATE}/it ended}/on (END 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 MBMBER                            |
--------------------------------------------------------
```

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 (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 MBMBER                          |
--------------------------------------------------------
```

LOOP_06
=======

```
--------------------------------------------------------
|   FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
|   PERS-TRPLS-ROSTER, ASK OE19 - END_LP06.            |
--------------------------------------------------------


--------------------------------------------------------
|   LOOP DEFINITION:  LOOP_06 COLLECTS THE DATE ON     |
|   WHICH THE INSURANCE COVERAGE THROUGH THIS          |
|   ESTABLISHMENT-PERSON-PAIR ENDED FOR EACH RU MEMBER |
|   WHOSE COVERAGE ENDED PRIOR TO THE REFERENCE PERIOD |
|   END DATE OR THE DATE REPORTED IN OE15.  THIS LOOP  |
|   CYCLES ON PERSONS SELECTED AT OE18.                |
--------------------------------------------------------
```

OE19
====

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

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

          [Enter Month-2, Day-2, Year-4] ....
          REF .... -7 {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 (PERSON) 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      |
|  OE19OV.                                             |
 ------------------------------------------------------
```

END_LP06
========

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

          -------------------------------------------------
          |  IF NO OTHER PERSONS MEET THE STATED CONDITIONS, |
          |  END LOOP_06 AND CONTINUE WITH BOX_14           |
          -------------------------------------------------
```

BOX_14
======

```
          -------------------------------------------------
          |  IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY  |
          |  THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
          |  (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
          |  MEMBERS NOT COVERED BY THIS INSURANCE ON THE      |
          |  PREVIOUS ROUND'S INTERVIEW DATE, 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 (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 (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) {since (START DATE)/between (START DATE)
and (END DATE)} that we have not yet mentioned?

PROBE: Any 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
=======

```
-------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-     |
| PERS-TRPLS-ROSTER, ASK OE22 - END_LP07.             |
 -------------------------------------------------------


-------------------------------------------------------
| LOOP DEFINITION:  LOOP_07 COLLECTS THE COVERAGE     |
| START DATE FOR ALL PERSONS NEWLY COVERED DURING     |
| THE CURRENT ROUND BY THE INSURANCE THROUGH THIS     |
| ESTABLISHMENT-PERSON-PAIR.  THIS LOOP CYCLES ON     |
| PERSONS SELECTED AT OE21.                           |
 -------------------------------------------------------
```

OE22
====

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

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

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

                     | IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
                     | KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
                     | OR '-8' (DON'T KNOW), CONTINUE WITH OE22OV |

                     | OTHERWISE, GO TO BOX_15 |

OE22OV
======

                Can you just tell me if (PERSON) 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} (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 {OE23AAA}
        REF .................................... -7 {OE23}
        DK ..................................... -8 {OE23}
```

[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) (POLICYHOLDER) pay for the (ESTABLISHMENT)
                coverage?

                    [Enter Amount in Dollars] ....   {OE23AAOV1}
                    REF .... -7 {BOX_17A}
                    DK .... -8 {BOX_17A}

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

23AAOV1
=======

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

                UNIT OF COVERAGE:

                    PER YEAR .... 1 {BOX_17A}
                    QUARTERLY/EVERY 3 MONTHS .... 2 {BOX_17A}
                    BIMONTHLY/EVERY 2 MONTHS .... 3 {BOX_17A}
                    PER MONTH .... 4 {BOX_17A}
                    PER WEEK .... 5 {BOX_17A}
                    BIWEEKLY/EVERY 2 WEEKS .... 6 {BOX_17A}
                    SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_17A}
                    SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_17A}
                    OTHER .... 91 {OE23AAOV2}
                    REF .... -7 {BOX_17A}
                    DK .... -8 {BOX_17A}

                            [Code One]

23AAOV2
=======

OTHER:

          [Enter Other Specify] .... {BOX_17A}
          REF .... -7 {BOX_17A}
          DK .... -8 {BOX_17A}

BOX_17A
=======

          | IF OE23A IS CODED '1' (YES, PAY ALL OF PREMIUM/ |
          | COST), GO TO OE23 |

          | OTHERWISE, CONTINUE WITH OE23AAA |

OE23AAA
=======

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

          Who {else} pays {some of/for} the premium or cost
          of this insurance?

                         CHECK ALL THAT APPLY.

          FEDERAL GOVERNMENT 1
          STATE GOVERNMENT 2
          LOCAL GOVERNMENT 3
          SOME GOVERNMENT 4
          EMPLOYER 5
          UNION 6
          OTHER 91
          REF .... -7 {OE23}
          DK .... -8 {OE23}

                         [Code All That Apply]

```
       --------------------------------------------------
       | DISPLAY 'else' IF OE23A IS CODED '2' (YES, PAY   |
       | SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
       | IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,  |
       | USE A NULL DISPLAY.                               |
       |                                                   |
       | DISPLAY 'some of' IF OE23A IS CODED '2' (YES, PAY |
       | SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
       | IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'|
       | IF OE23A IS CODED '4' (NO, DO NOT PAY).           |
       --------------------------------------------------


       --------------------------------------------------
       | FOR SPECIFICATIONS PURPOSES ONLY: CAPI DOES NOT   |
       | ALLOW -7 OR -8 IN COMBINATION WITH ANY OTHER CODE.|
       --------------------------------------------------


       --------------------------------------------------
       | IF CODED '91' (OTHER), ALONE OR IN COMBINATION    |
       | WITH ANY OTHER CODE, CONTINUE WITH OE23AAAOV      |
       --------------------------------------------------


       --------------------------------------------------
       | OTHERWISE, GO TO OE23                             |
       --------------------------------------------------
```

23AAAOV
=======

        OTHER:

            [Enter Other Specify] .... {OE23}
            REF .... -7 {OE23}
            DK .... -8 {OE23}
```

OE23
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME BELOW).}

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

　　{INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

　　　YES .................................. 1 {OE24}
　　　NO ................................... 2 {END_LP05}
　　　REF .................................. -7 {END_LP05}
　　　DK ................................... -8 {END_LP05}

```
 -------------------------------------------------------
| DISPLAY FIRST PARAGRAPH AND THE INSURER NAME IF      |
| THE INSURANCE THROUGH THIS ESTABLISHMENT-PERSON-     |
| PAIR HAD ANY INSURERS FLAGGED AS PROVIDING MEDIGAP|
| OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME DURING |
| THE PREVIOUS ROUND.                                  |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| DISPLAY 'Since (START DATE), has there been' AND    |
| 'has' IF NOT ROUND 5.  DISPLAY 'Between (START      |
| DATE) and (END DATE), 'was there' AND 'had' IF      |
| ROUND 5.                                             |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
| KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT     |
| ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON-      |
| PAIR.                                                |
 -------------------------------------------------------
```

```
 -------------------------------------------------------
| ROSTER DETAILS:                                      |
| TITLE: RU_ESTB_PERS_INSURER_TRPLS_1                 |
|                                                      |
| COL # 1 HEADER: INSURER                              |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME            |
| (ESTB.ESTBNAME)                                      |
 -------------------------------------------------------
```

OE24
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

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.]

```
     ----------------------------------------------------
     | DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'|
     | IF ROUND 5.                                       |
     |                                                   |
     | DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A   |
     | NULL DISPLAY.                                     |
     |                                                   |
     | DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE,   |
     | USE A NULL DISPLAY.                               |
     ----------------------------------------------------
```

```
       -------------------------------------------------
       |  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
======

        OTHER:

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

            HELP AVAILABLE FOR DEFINITION OF ANSWER CATEGORES.

            [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 (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]

    TYPE:

    INSURANCE COMPANY .... 1 {LOOP_08}
    HMO .... 2 {LOOP_08}
    SELF-INSURED COMPANY .... 3 {LOOP_08}

                      [Code One]

    HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
             --------------------------------------------------------
             | 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 OE25AA - END_LP08.              |
-------------------------------------------------------


-------------------------------------------------------
| LOOP DEFINITION:  LOOP_08 COLLECTS OTHER POLICY     |
| NAMES AND MANAGED CARE INFORMATION FOR INSURERS     |
| COLLECTED AT OE25.  THIS LOOP CYCLES ON TRIPLES     |
| THAT MEET THE FOLLOWING CONDITIONS:                 |
|                                                     |
| - ESTABLISH-PERSON-PAIR PROVIDES THE INSURANCE      |
|   BEING ASKED ABOUT                                 |
| - INSURER IS ENTERED AT OE25                        |
-------------------------------------------------------
```

OE25AA
======

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

        Is there any other name for the {INSURANCE COMPANY OR HMO
        NAME} policy, such as Option A, $100 Deductible Plan, 90/80
        Plan, Gold Plan, or High Option Plan?

            YES, ANOTHER NAME .... 1 {OE25AAOV}
            NO OTHER NAME .... 2 {BOX_18A}
            REF .... -7 {BOX_18A}
            DK .... -8 {BOX_18A}

       HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

                  [Code One]

```
       -------------------------------------------------
       |  DISPLAY THE NAME OF THE INSURANCE CO/HMO       |
       |  RECORDED IN OE25 WHICH IS BEING LOOPED ON FOR  |
       |  'INSURANCE...NAME'.                            |
       -------------------------------------------------
```

OE25AAOV
========

        OTHER NAME:

           [Enter Policy Name] .... {BOX_18A}
           REF .... -7 {BOX_18A}
           DK .... -8 {BOX_18A}

       HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX_18A
=======

```
       -------------------------------------------------
       |  IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN |
       |  OE25, CONTINUE WITH OE25B                        |
       -------------------------------------------------
```

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

OE25B
=====

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

INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

Will (POLICYHOLDER)'s plan pay for any of the costs of
visits to doctors who are **not** part of (POLICYHOLDER)'s
HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

```
    YES .................................... 1 {END_LP08}
    NO ..................................... 2 {END_LP08}
    REF .................................... -7 {END_LP08}
    DK ..................................... -8 {END_LP08}
```

BOX_18
======

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

END_LP08
========

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

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

END_LP05
========

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


         -----------------------------------------------------
        | IF NO OTHER PAIRS MEET THE STATED CONDITIONS,     |
        | END LOOP_05 AND CONTINUE WITH BOX_19             |
         -----------------------------------------------------
```

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.                              |
-------------------------------------------------------
```

```
-------------------------------------------------------
| 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_09.                                           |
-------------------------------------------------------
```

```
-------------------------------------------------------
| NOTE:  FOR DIRECT PURCHASE AND SELF-EMPLOYED-FIRM-|
| SIZE-1, THE CONTEXT HEADER SHOULD DISPLAY THE NAME|
| OF THE SOURCE PROVIDING THE INSURANCE RATHER THAN |
| THE NAME OF THE DIRECT PURCHASE CATEGORY OR THE   |
| SELF-EMPLOYED-FIRM-SIZE-1 EMPLOYER NAME OR TYPE OF|
| PURCHASE CATEGORY.  FOR EMPLOYERS WHICH ARE NOT   |
| SELF-EMPLOYED WITH FIRM-SIZE-1, USE THE JOBHOLDER |
| NAME AND EMPLOYER NAME IN THE CONTEXT HEADER.     |
-------------------------------------------------------
```

LOOP_09
=======

```
-------------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON-  |
| PAIRS-ROSTER, ASK BOX_19A - 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)                                            |
-----------------------------------------------------
```

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.                                 |
             --------------------------------------------------
```

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

OE26
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance. {(Are/Is)/(Were/Was)} (POLICYHOLDER) or anyone in
the family covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

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

```
-----------------------------------------------------
| DISPLAY '(Are/Is)' IF NOT ROUND 5.  DISPLAY       |
| '(Was/Were)' 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 (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 (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 OE28OV |

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

OE28OV
======

Can you just tell me if (POLICYHOLDER) 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]

BOX_20
======

```
         -----------------------------------------------------
         |  IF THE POLICYHOLDER IS THE ONLY PERSON COVERED AT |
         |  THE PREVIOUS ROUND'S INTERVIEW DATE BY THE        |
         |  INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,    |
         |  AUTOMATICALLY CODE OE29 AS '1' (YES) AND GO TO    |
         |  BOX_21                                            |
         -----------------------------------------------------


         -----------------------------------------------------
         |  OTHERWISE, CONTINUE WITH OE29                     |
         -----------------------------------------------------
```

OE29
====

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

            During the last interview, we recorded that (READ NAMES BELOW)
            (were/was) covered by (POLICYHOLDER)'s health insurance
            through (ESTABLISHMENT).

            {Are/Were} they all covered by this health insurance {until
            {{OE28 DATE}/it ended}/on (END 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 (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 MBMBER                         |
      -----------------------------------------------------
```

LOOP_10
=======

```
         -----------------------------------------------------
         | FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
         | PERS-TRPLS-ROSTER, ASK OE31 - 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.     |
         -----------------------------------------------------
```

OE31
====

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

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

```
    [Enter Month-2, Day-2, Year-4] .........   {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 (PERSON) 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]

BOX_22
======

```
-----------------------------------------------------
| FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
| THROUGH THE COMPLETE DATE RECORDED AT OE31 AND     |
| OE31OV.                                            |
-----------------------------------------------------
```

END_LP10
========

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

```
-----------------------------------------------------
| IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
| END LOOP_10 AND CONTINUE WITH BOX_23               |
-----------------------------------------------------
```

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                            |
         --------------------------------------------------
```

OE32
====

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

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

```
        YES .................................... 1 {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 (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 OE34 - 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.                         |
 -------------------------------------------------------
```

OE34
====

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

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

        [Enter Month-2, Day-2, Year-4] ....
        REF .... -7 {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
======

On what date did the health insurance through (ESTABLISHMENT)

Can you just tell me if (PERSON) 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. |

                            239

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} (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                             |
     --------------------------------------------------------
```

BOX_25
======

```
     --------------------------------------------------------
     |  IF ONE OR MORE RU MEMBERS ARE STILL COVERED BY THE|
     |  INSURANCE THROUGH THE ESTABLISHMENT-PERSON-PAIR ON|
     |  THE CURRENT ROUND'S INTERVIEW DATE, THAT IS, OE26 |
     |  IS CODED '1'(YES), CONTINUE WITH BOX_25A          |
     --------------------------------------------------------
```

```
     --------------------------------------------------------
     |  OTHERWISE, GO TO END_LP09                         |
     --------------------------------------------------------
```

BOX_25A
=======

```
         -----------------------------------------------------
        | IF ROUND 3, CONTINUE WITH OE35A                     |
         -----------------------------------------------------


         -----------------------------------------------------
        | OTHERWISE, GO TO OE35                               |
         -----------------------------------------------------
```

OE35A
=====

{POLICYHOLDER'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 {OE35AA}
        YES, PAY SOME OF PREMIUM/COST .......... 2 {OE35AA}
        YES, BUT DON'T KNOW IF PAY ALL OR SOME
        OF PREMIUM/COST ........................ 3 {OE35AA}
        NO, DO NOT PAY ......................... 4 {OE35AAA}
        REF .................................... -7 {OE35}
        DK ..................................... -8 {OE35}
```

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

OE35AA
======

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

        How much (do/does) (POLICYHOLDER) pay for the (ESTABLISHMENT)
        coverage?

           [Enter Amount in Dollars] ....   {OE35AAOV1}
           REF .... -7 {BOX_26A}
           DK .... -8 {BOX_26A}

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

35AAOV1
=======

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

        UNIT OF COVERAGE:

           PER YEAR .... 1 {BOX_26A}
           QUARTERLY/EVERY 3 MONTHS .... 2 {BOX_26A}
           BIMONTHLY/EVERY 2 MONTHS .... 3 {BOX_26A}
           PER MONTH .... 4 {BOX_26A}
           PER WEEK .... 5 {BOX_26A}
           BIWEEKLY/EVERY 2 WEEKS .... 6 {BOX_26A}
           SEMI-ANNUALLY/2 TIMES PER YEAR .... 7 {BOX_26A}
           SEMI-MONTHLY/2 TIMES PER MONTH .... 8 {BOX_26A}
           OTHER .... 91 {OE35AAOV2}
           REF .... -7 {BOX_26A}
           DK .... -8 {BOX_26A}

                         [Code One]

35AAOV2
=======

          OTHER:

               [Enter Other Specify] .... {BOX_26A}
               REF .... -7 {BOX_26A}
               DK .... -8 {BOX_26A}

BOX_26A
=======

               | IF OE35A IS CODED '1' (YES, PAY ALL OF PREMIUM/ |
               | COST), GO TO OE35 |

               | OTHERWISE, CONTINUE WITH OE35AAA |

OE35AAA
=======

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

          Who {else} pays {some of/for} the premium or cost
          of this insurance?

                         CHECK ALL THAT APPLY.

               FEDERAL GOVERNMENT 1
               STATE GOVERNMENT 2
               LOCAL GOVERNMENT 3
               SOME GOVERNMENT 4
               EMPLOYER 5
               UNION 6
               OTHER .... 91 {OE35AAAOV}
               REF .... -7 {OE35}
               DK .... -8 {OE35}

                         [Code All That Apply]

```
--------------------------------------------------
| DISPLAY 'else' IF OE35A IS CODED '2' (YES, PAY   |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST).  OTHERWISE,  |
| USE A NULL DISPLAY                                |
|                                                   |
| DISPLAY 'some of' IF OE35A IS CODED '2' (YES, PAY |
| SOME OF PREMIUM/COST) OR '3' (YES, BUT DON'T KNOW |
| IF PAY ALL OR SOME OF PREMIUM/COST). DISPLAY 'for'|
| IF OE35A IS CODED '4' (NO, DO NOT PAY).           |
--------------------------------------------------
```

```
--------------------------------------------------
| 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 CODE, CONTINUE WITH OE35AAAOV      |
--------------------------------------------------
```

```
--------------------------------------------------
| OTHERWISE, GO TO OE35                            |
--------------------------------------------------
```

35AAAOV
=======

OTHER:

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

OE35
====

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

{Last time we recorded that (POLICYHOLDER) (were/was) covered
by (READ INSURER NAME BELOW).}

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

   {INSURER OF ESTAB-PERS-INSURER TRIPLE ON PREV RD INT DT}

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

     | DISPLAY FIRST PARAGRAPH AND THE ROSTER OF INSURER |
     | NAMES IF THE INSURANCE THROUGH THIS ESTABLISHMENT-|
     | PERSON-PAIR HAD ANY INSURERS FLAGGED AS PROVIDING |
     | MEDIGAP OR HOSPITAL/PHYSICIAN BENEFITS AT ANY TIME|
     | DURING THE PREVIOUS ROUND. |

     | DISPLAY 'Since (START DATE), has there been' AND |
     | 'has' IF NOT ROUND 5. DISPLAY 'Between (START |
     | DATE) and (END DATE), was there' AND 'had' IF |
     | ROUND 5. |

     | IF CODED '2' (NO), '-7' (REFUSED), OR '-8' (DON'T |
     | KNOW), FLAG PREVIOUS ROUND'S INSURER AS CURRENT |
     | ROUND'S INSURER FOR THIS ESTABLISHMENT-PERSON- |
     | PAIR. |

     | IF CODED '1' (YES) AND ESTABLISHMENT IS FLAGGED AS|
     | AN INSURANCE CO. OR HMO, CONTINUE WITH OE36 |

```
--------------------------------------------------------
| IF CODED '1' (YES) AND ESTABLISHMENT IS NOT          |
| FLAGGED AS AN INSURANCE CO. OR HMO, GO TO OE37       |
--------------------------------------------------------
```

```
--------------------------------------------------------
| ROSTER DETAILS:                                      |
| TITLE: RU_ESTB_PERS_INSURER_TRPLS_1                  |
|                                                      |
| COL # 1 HEADER: INSURER                              |
| INSTRUCTIONS: DISPLAY ESTABLISHMENT NAME             |
| (ESTB.ESTBNAME)                                      |
--------------------------------------------------------
```

```
--------------------------------------------------------
| ROSTER DEFINITION:                                   |
| THIS ITEM DISPLAYS INSURERS IN THE RU-ESTB-PERS-     |
| INSURER-TRPLS-ROSTER FOR DISPLAY.                    |
--------------------------------------------------------
```

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

```
--------------------------------------------------------
| ROSTER FILTER:                                       |
| 1. FLAGGED AS 'SUPPLYING HOSPITAL AND PHYSICIAN      |
|    BENEFITS' AND/OR 'SUPPLYING MEDICARE SUPPLEMENT   |
|    /MEDIGAP BENEFITS' AND                            |
| 2. ARE ASSOCIATED WITH THE INSURANCE THROUGH THIS    |
|    ESTABLISHMENT-PERSON-PAIR.                        |
--------------------------------------------------------
```

OE36
====

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

What is the new plan name of (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT)?

     [Enter Plan Name/Establishment Name] .... {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 OR INSURANCE COMPANY, THE    |
| ESTABLISHMENT NAME IS THE SAME AS THE INSURER      |
| NAME.  THEREFORE, ANY CHANGE IN PLAN NAME          |
| AUTOMATICALLY DICTATES A CHANGE IN THE             |
| ESTABLISHMENT NAME.                                |
-----------------------------------------------------
```

OE37
====

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

SHOW CARD OE-1.

What type of health insurance {(do/does)/did} (POLICYHOLDER)
{now} have through (ESTABLISHMENT)'s new plan {on (END DATE)}?

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.]

```
    ------------------------------------------------
    | DISPLAY '(do/does)' IF NOT ROUND 5.  DISPLAY 'did'|
    | IF ROUND 5.                                    |
    |                                                |
    | DISPLAY 'now' IF NOT ROUND 5.  OTHERWISE, USE A  |
    | NULL DISPLAY.                                   |
    |                                                |
    | DISPLAY 'on (END DATE)' IF ROUND 5.  OTHERWISE,  |
    | USE A NULL DISPLAY.                             |
    ------------------------------------------------
```

```
        -------------------------------------------------------
        |  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
======

        OTHER:

```
            [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                           |
        -------------------------------------------------------
```

BOX_27
======

```
        -----------------------------------------------
        |  IF ESTABLISHMENT ALREADY FLAGGED AS 'INSURANCE   |
        |  CO'. OR 'HMO', AUTOMATICALLY CODE OE38 WITH      |
        |  APPROPRIATE RESPONSES AND GO TO LOOP_12          |
        -----------------------------------------------


        -----------------------------------------------
        |  OTHERWISE, CONTINUE WITH OE38                |
        -----------------------------------------------
```

OE38
====

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

What is the new plan name for (POLICYHOLDER)'s health insurance
through (ESTABLISHMENT) which provides the {hospital and
physician benefits/Medicare supplement or Medigap benefits}?

IF MORE THAN ONE NAME, PROBE: What is the main new plan name?

RECORD THE NAME OF THE MAIN INSURER THAT PROVIDES THE {HOSPITAL
AND PHYSICIAN/MEDIGAP} BENEFITS FOR THIS PAIR.

IF RESPONDENT SAYS BOTH INSURANCE COMPANY AND HMO, SELECT 'HMO'.

        NAME OF INSURER: [Enter Insurer]

        TYPE:

        INSURANCE COMPANY .... 1 {LOOP_12}
        HMO .... 2 {LOOP_12}
        SELF-INSURED COMPANY .... 3 {LOOP_12}

                          [Code One]

        HELP AVAILABLE FOR DEFINITION OF INSURANCE CO/HMO/SELF-INSURED CO.

```
--------------------------------------------------------
| 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 OE38A - END_LP12.         |
       -----------------------------------------------


       -----------------------------------------------
       | LOOP DEFINITION:  LOOP_12 COLLECTS OTHER POLICY   |
       | NAMES AND MANAGED CARE INFORMATION FOR INSURERS   |
       | COLLECTED AT OE38.  THIS LOOP CYCLES ON TRIPLES   |
       | THAT MEET THE FOLLOWING CONDITIONS:           |
       |                                               |
       | - ESTABLISHMENT-PERSON-PAIR PROVIDES THE INSURANCE|
       |   BEING ASKED ABOUT                           |
       | - INSURER IS ENTERED AT OE38                  |
       -----------------------------------------------
```

OE38A
=====

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

Is there any other name for the {INSURANCE COMPANY OR HMO
NAME} policy, such as Option A, $100 Deductible Plan, 90/80
Plan, Gold Plan, or High Option Plan?

```
    YES, ANOTHER NAME ...................... 1 {OE38AOV}
    NO OTHER NAME ......................... 2 {BOX_28A}
    REF .................................. -7 {BOX_28A}
    DK ................................... -8 {BOX_28A}
```

   HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

                  [Code One]


```
       -----------------------------------------------
       | DISPLAY THE NAME OF THE INSURANCE CO/HMO      |
       | RECORDED IN OE38 WHICH IS BEING LOOPED ON     |
       | FOR 'INSURANCE...NAME'.                       |
       -----------------------------------------------
```

OE38AOV
=======

        OTHER NAME:

            [Enter Policy Name] .... {BOX_28A}
            REF .... -7 {BOX_28A}
            DK .... -8 {BOX_28A}

         HELP AVAILABLE FOR DEFINITION OF LOW OPTION/HIGH OPTION.

BOX_28A
=======

```
------------------------------------------------------
|  IF INSURER BEING LOOPED ON IS CODED '2' (HMO) IN  |
|  OE38, CONTINUE WITH OE38B                         |
 ------------------------------------------------------

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


OE38B
=====

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

        INSURER NAME: {NAME OF INSURER BEING LOOPED ON}

        Will (POLICYHOLDER)'s plan pay for any of the costs of
        visits to doctors who are **not** part of (POLICYHOLDER)'s
        HMO, even if (POLICYHOLDER) (do/does) **not** have a referral?

            YES .... 1 {END_LP12}
            NO .... 2 {END_LP12}
            REF .... -7 {END_LP12}
            DK .... -8 {END_LP12}

BOX_28
======

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

END_LP12
========

```
        -------------------------------------------------------
        |  CYCLE ON NEXT INSURER IN THE RU-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 END_LP09             |
        -------------------------------------------------------
```

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
======

```
        -------------------------------------------------
        | IF ONE OR MORE RU MEMBERS WAS A COVERED PERSON BY |
        | AN ESTABLISHMENT-PERSON-PAIR ON THE PREVIOUS      |
        | ROUND'S INTERVIEW DATE WHERE THE ESTABLISHMENT IS |
        | A PRIVATE SOURCE OF INSURANCE AND THE POLICYHOLDER|
        | IS FLAGGED AS 'POLICYHOLDER/DEPENDENT IN DIFFERENT|
        | RUS' AT THE CURRENT ROUND'S INTERVIEW DATE,       |
        | CONTINUE WITH LOOP_13                             |
        -------------------------------------------------


        -------------------------------------------------
        | OTHERWISE, GO TO BOX_33                          |
        -------------------------------------------------


        -------------------------------------------------
        | 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        |
        | 'POLICYHOLDER DECEASED'.                         |
        -------------------------------------------------
```

LOOP_13
=======

```
--------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTABLISHMENT-PERSON- |
| PAIRS-ROSTER, ASK OE39 - END_LP13.               |
--------------------------------------------------


--------------------------------------------------
| 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        |
--------------------------------------------------
```

OE39
====

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

During the last interview, we recorded that someone in the
family was covered by (POLICYHOLDER)'s (ESTABLISHMENT) health
insurance. {Is/Was} anyone in the family, living here {now},
covered by (POLICYHOLDER)'s health insurance through
(ESTABLISHMENT) as of {today,} (END DATE)?

IF RESPONDENT VOLUNTEERS THAT THIS INSURANCE HAS ALREADY BEEN
DISCUSSED, 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 |

OE40OV
======

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

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

                        [Code One]

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

        | OTHERWISE, CONTINUE WITH OE41 |

OE41
====

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

        During the last interview, we recorded that (READ NAMES BELOW)
        (were/was) covered by (POLICYHOLDER)'s health insurance
        through (ESTABLISHMENT).

        {Are/Were} they **all** covered by this health insurance {until
        {{OE40 DATE}/it ended}/on (END DATE)}?

         TO SCROLL, USE ARROW KEYS.
         TO LEAVE BOX AND GO TO ENTRY FIELD, PRESS ESC.

        {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
        {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}
        {PERSON WITH ESTAB-PERSON-PAIR INSURANCE ON PREV RD INTV DT}

            YES 1
            NO 2
            REF .... -7
            DK .... -8

```
------------------------------------------------------
| 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 MBMBER                        |
     -----------------------------------------------------
```

OE42
====

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

Who {is/was} no longer covered by (POLICYHOLDER)'s health
insurance through (ESTABLISHMENT) {until {{OE40 DATE}/it ended}/on
(END 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.                  |
-----------------------------------------------------
```

```
      ---------------------------------------------------
      | 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                    |
      |    AND                                          |
      | 2. PERSON IS AN RU MBMBER                       |
      ---------------------------------------------------
```

LOOP_14
=======

```
      ---------------------------------------------------
      |  FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD- |
      |  PERS-TRPLS-ROSTER, ASK OE43 - 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.   |
      ---------------------------------------------------
```

OE43
====

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

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

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

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

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

OE43OV
======

       Can you just tell me if (PERSON) 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]

BOX_30
======

```
---------------------------------------------------
|   FLAG INSURANCE FOR PERSON AS 'CONTINUOUS COVERAGE'|
|   THROUGH THE COMPLETE DATE RECORDED AT OE43 AND    |
|   OE43OV.                                           |
---------------------------------------------------
```

END_LP14
========

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

```
---------------------------------------------------
|   IF NO OTHER PERSONS MEET THE STATED CONDITIONS,   |
|   END LOOP_14 AND CONTINUE WITH BOX_31              |
---------------------------------------------------
```

BOX_31
======

```
             -------------------------------------------------
             | IF AT LEAST ONE CURRENT RU MEMBER NOT COVERED BY  |
             | THE INSURANCE FROM THIS ESTABLISHMENT-PERSON-PAIR,|
             | (THIS INCLUDES ALL NEW RU MEMBERS AND PREVIOUS RU |
             | MEMBERS NOT COVERED BY THIS INSURANCE ON THE      |
             | PREVIOUS ROUND'S INTERVIEW DATE, BUT EXCLUDES RU  |
             | MEMBERS JUST MARKED AS NO LONGER COVERED IN OE42),|
             | CONTINUE WITH OE44                               |
             -------------------------------------------------


             -------------------------------------------------
             | OTHERWISE, GO TO OE47                           |
             -------------------------------------------------
```

OE44
====

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

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

             YES ................................... 1 {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 (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
=======

```
-----------------------------------------------------
| FOR EACH ELEMENT IN THE RU-ESTB-PLCYHLDR-COVRD-    |
| PERS-TRPLS-ROSTER, ASK OE46 - 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.                          |
-----------------------------------------------------
```

OE46
====

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

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

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

```
---------------------------------------------------
| IF DAY FIELD IS CODED '-7' (REFUSED) OR '-8' (DON'T|
|  KNOW) AND MONTH FIELD IS NOT CODED '-7' (REFUSED) |
|  OR '-8' (DON'T KNOW), CONTINUE WITH OE46OV        |
---------------------------------------------------
```

```
---------------------------------------------------
|  OTHERWISE, GO TO BOX_32                          |
---------------------------------------------------
```

OE46OV
======

Can you just tell me if (PERSON) 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.                        |
---------------------------------------------------
```

BOX_32
======

```
---------------------------------------------------
|  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.             |
---------------------------------------------------
```

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```
--------------------------------------------------------
|  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.                            |
--------------------------------------------------------
```

```
--------------------------------------------------------
|  IF NO OTHER PERSONS MEET THE STATED CONDITIONS,    |
|  END LOOP_15 AND GO TO END_LP13                     |
--------------------------------------------------------
```

OE47
====

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

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

```
        YES ..................................... 1 {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.     |
--------------------------------------------------------
```

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```
--------------------------------------------------------
| 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.                                  |
--------------------------------------------------------
```

```
--------------------------------------------------------
| IF NO OTHER PAIRS MEET THE STATED CONDITIONS, END     |
| LOOP_13 AND CONTINUE WITH BOX_33                      |
--------------------------------------------------------
```

BOX_33
======

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