

MEDICAL EXPENDITURE PANEL SURVEY

**HOUSEHOLD COMPONENT
MAIN STUDY**

SHOW CARDS

TO BE USED FOR PANELS 7, 8 AND 9

Spring 2004

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CARD RE-1B

RE-1B

Puerto Rican

Cuban/Cuban American

Dominican

Mexican

Mexican-American

Central or South America

CARD RE-2B

White

Black/African American

American Indian or Alaska Native

Asian

Native Hawaiian or Other Pacific Islander

RE-2B

CARD RE-2C

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

RE-2C

CARD RE-3A

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

	<u>Yearly</u>		<u>Monthly</u>
A.	less than \$9,600		less than \$800
B.	\$9,601 – \$14,300		\$801 – \$1,192
C.	\$14,301 – \$19,100		\$1,193 – \$1,592
D.	\$19,101 – \$28,700		\$1,593 – \$2,392
E.	more than \$28,700		more than \$2,392

RE-3A

CARD RE-3B

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$12,400	less than \$1,033
B. \$12,401 – \$18,500	\$1,034 – \$1,542
C. \$18,501 – \$24,700	\$1,543 – \$2,058
D. \$24,701 – \$37,100	\$2,059 – \$3,092
E. more than \$37,100	more than \$3,092

CARD RE-3C

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

	<u>Yearly</u>	<u>Monthly</u>
A.	less than \$8,700	less than \$725
B.	\$8,701 – \$13,100	\$726 – \$1,092
C.	\$13,101 – \$17,500	\$1,093 – \$1,458
D.	\$17,501 – \$26,200	\$1,459 – \$2,183
E.	more than \$26,200	more than \$2,183

CARD RE-3D

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

RE-3D

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$11,100	less than \$925
B. \$11,101 – \$16,700	\$926 – \$1,392
C. \$16,701 – \$22,200	\$1,393 – \$1,850
D. \$22,201 – \$33,300	\$1,851 – \$2,775
E. more than \$33,300	more than \$2,775

CARD RE-3E

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

RE-3E

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$14,700	less than \$1,225
B. \$14,701 – \$22,000	\$1,226 – \$1,833
C. \$22,001 – \$29,300	\$1,834 – \$2,442
D. \$29,301 – \$44,000	\$2,443 – \$3,667
E. more than \$44,000	more than \$3,667

CARD RE-3F

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

	<u>Yearly</u>		<u>Monthly</u>
A.	less than \$18,800		less than \$1,567
B.	\$18,801 – \$28,200		\$1,568 – \$2,350
C.	\$28,201 – \$37,600		\$2,351 – \$3,133
D.	\$37,601 – \$56,300		\$3,134 – \$4,692
E.	more than \$56,300		more than \$4,692

RE-3F

CARD RE-3G

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$22,200	less than \$1,850
B. \$22,201 – \$33,300	\$1,851 – \$2,775
C. \$33,301 – \$44,400	\$2,776 – \$3,700
D. \$44,401 – \$66,600	\$3,701 – \$5,550
E. more than \$66,600	more than \$5,550

CARD RE-3H

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$25,100	less than \$2,092
B. \$25,101 – \$37,700	\$2,093 – \$3,142
C. \$37,701 – \$50,200	\$3,143 – \$4,183
D. \$50,201 – \$75,300	\$4,184 – \$6,275
E. more than \$75,300	more than \$6,275

CARD RE-3I

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

RE-3I

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$28,500	less than \$2,375
B. \$28,501 – \$42,800	\$2,376 – \$3,567
C. \$42,801 – \$57,100	\$3,568 – \$4,758
D. \$57,101 – \$85,600	\$4,759 – \$7,133
E. more than \$85,600	more than \$7,133

CARD RE-3J

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$31,800	less than \$2,650
B. \$31,801 – \$47,700	\$2,651 – \$3,975
C. \$47,701 – \$63,500	\$3,976 – \$5,292
D. \$63,501 – \$95,300	\$5,293 – \$7,942
E. more than \$95,300	more than \$7,942

RE-3J

CARD RE-3K

Wages and Salaries	Social Security or Railroad Retirement
Interest or Dividends	Private, Military, or Government Pensions
Retirement Income or Annuities	Survivor Benefits
Public assistance/Welfare/TANF	Supplemental Security Income (SSI)
Disability Benefits	Child Support or Alimony
Farm or Business Income	Rental, Estate or Trust Income
Unemployment or Workers Compensation	Financial assistance from outside household

Income Categories:

<u>Yearly</u>	<u>Monthly</u>
A. less than \$37,700	less than \$3,142
B. \$37,701 – \$56,500	\$3,143 – \$4,708
C. \$56,501 – \$75,300	\$4,709 – \$6,275
D. \$75,301 – \$112,900	\$6,276 – \$9,408
E. more than \$112,900	more than \$9,408

RE-3K

CARD PG-1

- High Blood Pressure, Toxemia, Pre-Eclampsia, or Eclampsia
- Anemia
- Diabetes, Gestational Diabetes, or High Blood Sugar
- Low Lying Placenta (Placenta Previa)
- Vaginal Bleeding
- Premature Labor

CARD HE-1

HE-1

- No Difficulty
- Some Difficulty
- A Lot of Difficulty
- Completely Unable To Do It

CARD HE-2

0 _____ 4
NO PROBLEM A VERY BIG PROBLEM

HE-2

CARD HE-3

- Definitely False
- Mostly False
- Mostly True
- Definitely True

CARD CS-1

- 1 Definitely True
- 2 Mostly True
- 3 Don't Know
- 4 Mostly False
- 5 Definitely False

CARD CS-2

- 0 No Problem
- 1
- 2 Some Problem
- 3
- 4 A very Big Problem

CARD CS-3

CS-3

- Never
- Sometimes
- Usually
- Always

CARD CS-3A

None

1

2

3

4

5-9

10 or more

CS-3A

CARD CS-4

- A Big Problem
- A Small Problem
- Not A Problem

CARD CS-5

0 Worst Health Care Possible

1

2

3

4

5

6

7

8

9

10 Best Health Care Possible

CS-5

CARD PP-1

TYPES OF HEALTH CARE PROVIDERS AND FACILITIES

Medical Professionals and Practitioners:

Medical Doctor
Nurse or Nurse Practitioner
Paramedic
Health Aide
Physician's Assistant
Midwife/Nurse Midwife
Optometrist/Ophthalmologist
Podiatrist (Foot Doctor)
Chiropractor
Acupuncturist
Therapist - Physical, Speech,
Occupational
Audiologist
Physiatrist
Physical Therapy or Rehabilitation Services

Mental Health Professionals:

Psychiatrist
Psychologist
Psychiatric Social Worker
Mental Health Therapist

Medical Facility or Clinic:

Health Clinic
Walk-in Surgi-Clinic
Company or School Clinic
Infirmary
Neighborhood Health Clinic
Family Planning Center
Mental Health Facility

Dental Care:

Dentist
Dental or Oral Surgeon
Orthodontist
Dental Hygienist
Dental Technician
Dental Assistant

CARD PP-2

TYPES OF HOSPITAL SERVICES

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

TYPES OF LONG TERM CARE FACILITIES

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

Assisted Living Facilities

CARD PP-3

TYPES OF HOME CARE SERVICES

Skilled Medical Care

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

Personal Care

Home care services including bathing, dressing, help getting around the house, or help with getting medication, either paid or unpaid.

Household Chore Services

Help in the home with services like cooking or cleaning either paid or unpaid.

Companionship

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

Any Other Type of Home Care

CARD PP-4

TYPES OF OTHER MEDICAL SUPPLIES/EXPENSES

Eyeglasses or Contact Lenses ...

Bought

Replaced

Paid for Repairing

Diabetic Equipment or Supplies ...

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

CARD PP-4A

AMBULANCE SERVICES

ORTHOPEDIC ITEMS

- Corrective shoes or inserts
- Braces
- Crutches
- Canes
- Walkers
- Wheelchairs
- Scooters

HEARING DEVICES

- Hearing aids
- Amplifiers for a telephone
- Adaptive speech equipment
- Speech synthesizer

PROSTHESES

- Artificial limbs

BATHROOM AIDS

- Portable commodes
- Raised toilet seats
- Portable tub seats
- Handrails
- Other bathing equipment

MEDICAL EQUIPMENT

- Hospital beds
- Lifts
- Monitors
- Special chairs
- Oxygen
- Bed pans
- Adaptive feeding equipment
- Vaporizer or nebulizer
- Blood pressure monitor

DISPOSABLE SUPPLIES

- Ostomy supplies
- Bandages
- Dressings
- Tape
- Diapers
- Catheters
- Syringes not prescribed by a physician
- IV supplies

ALTERATIONS/MODIFICATIONS

- Ramps
- Handrails
- Elevators
- Automobile modifications

OTHER

CARD PP-5

TYPES OF DENTAL CARE PROVIDERS

Dentist

Dental or Oral Surgeon

Orthodontist

Dental Hygienist

Dental Technician

Dental Assistant

TYPES OF MEDICAL PROVIDERS

Medical Professionals:

Medical Doctor

Physician's Assistant

Nurse

Optometrist/Ophthalmologist

Nurse Practitioner

Podiatrist (Foot Doctor)

Midwife/Nurse Midwife

Chiropractor

Physiatrist

Acupuncturist

Paramedic

Audiologist

Health Aide

Physical Therapy or Rehabilitation Services

Therapist-Physical, Speech, Occupational

Mental Health Professionals:

Psychiatrist

Psychologist

Psychiatric Social Worker

Mental Health Therapist

CARD PP-7

TYPES OF HOSPITAL SERVICES

Overnight Stay (1 or more nights)

Emergency Room Visit

Outpatient Department Visit

PP-7

CARD PP-8

TYPES OF OTHER MEDICAL PROVIDERS

Medical Professionals and Practitioners:

- Paramedic
- Health Aide
- Physician's Assistant
- Midwife
- Optometrist/Ophthalmologist
- Podiatrist (Foot Doctor)
- Chiropractor
- Acupuncturist
- Therapist - Physical, Speech, Occupational
- Audiologist
- Physical Therapy or Rehabilitation Services

Medical Facility or Clinic:

- Health Clinic
- Walk-in Surgi-Clinic
- Company or School Clinic
- Infirmery
- Neighborhood Health Clinic
- Family Planning Center
- Mental Health Facility

Mental Health Professionals:

- Psychiatric Social Worker
- Mental Health Therapist

CARD PP-9

TYPES OF HOME CARE SERVICES

Skilled Medical Care

Home care from a nurse, any type of therapist, a doctor, a social worker, or anyone else providing nursing or medical care.

Personal Care

Home care services including bathing, dressing, help getting around the house, or help with getting medication, either paid or unpaid.

Household Chore Services

Help in the home with services like cooking or cleaning either paid or unpaid.

Companionship

Services such as reading, talking, or going for a walk, a drive, or to a restaurant either paid or unpaid.

Any Other Type of Home Care

CARD PP-10

TYPES OF LONG TERM CARE FACILITIES

Convalescent Home

Nursing Home

Nursing Home Unit of a Hospital

Intermediate Care Facilities

Board and Care Homes

Residential Psychiatric Institution

Facility for the Mentally Retarded

Group Homes

Long Term Place that Provides Hospice Care

Long Term Place that Provides Respite Care

Assisted Living Facilities

**TYPES OF OTHER MEDICAL
SUPPLIES/EXPENSES**

Eyeglasses or Contact Lenses ...

Bought

Replaced

Paid for Repairing

Diabetic Equipment or Supplies ...

Insulin

Syringes

Test Paper

Other Diabetic Equipment or Supplies

CARD PP-12

AMBULANCE SERVICES

ORTHOPEDIC ITEMS

- Corrective shoes or inserts
- Braces
- Crutches
- Canes
- Walkers
- Wheelchairs
- Scooters

HEARING DEVICES

- Hearing aids
- Amplifiers for a telephone
- Adaptive speech equipment
- Speech synthesizer

PROSTHESES

- Artificial limbs

BATHROOM AIDS

- Portable commodes
- Raised toilet seats
- Portable tub seats
- Handrails
- Other bathing equipment

MEDICAL EQUIPMENT

- Hospital beds
- Lifts
- Monitors
- Special chairs
- Oxygen
- Bed pans
- Adaptive feeding equipment
- Vaporizer or nebulizer
- Blood pressure monitor

DISPOSABLE SUPPLIES

- Ostomy supplies
- Bandages
- Dressings
- Tape
- Diapers
- Catheters
- Syringes not prescribed by a physician
- IV supplies

ALTERATIONS/MODIFICATIONS

- Ramps
- Handrails
- Elevators
- Automobile modifications

OTHER

CARD HS-1

- Operation or Surgical Procedure
- Treatment or Therapy, Not Including Surgery
- Diagnostic Tests Only
- Give Birth To a Baby - Normal or Caesarean Section (Mother)
- To Be Born (Baby)

HS-1

CARD ER-1

- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health
Counseling
- Follow-up or Post-Operative Visit
- Immunization or Shots
- Maternity Care (Pre/Postnatal)

CARD ER-2

- Laboratory Tests
- Sonogram or Ultrasound
- X-Rays
- Mammogram
- MRI or CAT Scan
- EKG or ECG
- EEG
- Vaccination
- Anesthesia

CARD OP-1

OP-1

- General Checkup
- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Maternity Care (Pre/Postnatal)
- Well Child Exam

CARD OP-2

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chemotherapy
- Radiation Therapy
- Kidney Dialysis
- IV Therapy
- Drug or Alcohol Treatment
- Allergy Shot
- Psychotherapy/Counseling

CARD OP-3

- Laboratory Tests
- Sonogram or Ultrasound
- X-Rays
- Mammogram
- MRI or CAT Scan
- EKG or ECG
- EEG
- Vaccination
- Anesthesia

CARD MV-1

- General Checkup
- Diagnosis or Treatment
- Emergency (e.g., Accident or Injury)
- Psychotherapy or Mental Health Counseling
- Follow-up or Post-Operative Visit
- Immunizations or Shots
- Vision Exam
- Maternity Care (Pre/Postnatal)
- Well Child Exam

CARD MV-2

- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Chemotherapy
- Radiation Therapy
- Kidney Dialysis
- IV Therapy
- Drug or Alcohol Treatment
- Allergy Shot
- Psychotherapy/Counseling

CARD MV-3

- Laboratory Tests
- Sonogram or Ultrasound
- X-Rays
- Mammogram
- MRI or CAT Scan
- EKG or ECG
- EEG
- Vaccination
- Anesthesia
- Other Diagnostic Test

CARD DN-1

- * **DIAGNOSTIC OR PREVENTATIVE**
 - General Exam, Checkup or Consultation
 - Cleaning, Prophylaxis, or Polishing
 - X-Rays, Radiographs, or Bitewings
 - Fluoride Treatment
 - Sealant (Plastic Coatings on Back Teeth)

- * **RESTORATIVE OR ENDODONTIC**
 - Fillings
 - Inlays
 - Crowns or Caps
 - Root Canal

- * **PERIODONTIC (GUM TREATMENT)**
 - Periodontal Scaling, Root Planing, or Gum Surgery
 - Periodontal Recall Visit (Periodic or Regular)

- * **ORAL SURGERY**
 - Extraction, Tooth Pulled
 - Implants
 - Abscess or Infection Treatment
 - Other Oral Surgery

- * **PROSTHETICS**
 - Fixed Bridges
 - Dentures or Removable Partial Dentures
 - Relining or Repair of Bridges or Dentures

- * **ORTHODONTICS**
 - Orthodontia, Braces, or Retainers

- * **ADDITIONAL PROCEDURES**
 - Bonding, Whitening, or Bleaching
 - Treatment for TMD or TMJ

CARD HH-1

- Certified Nursing Assistant (CNA)
- Companion
- Dietitian/Nutritionist
- Home Health/Home Care Aide
- Hospice Worker
- Homemaker
- I.V. or Infusion Therapist
- Medical Doctor
- Nurse/Nurse Practitioner
- Nurse's Aide
- Occupational Therapist
- Personal Care Attendant
- Physical Therapist
- Respiratory Therapist
- Social Worker
- Speech Therapist

CARD HH-2

Medical Treatments

Changing bandages, wound care, giving medication, taking blood pressure, giving shots or injections, any type of therapy, other medical treatments

Help Using Medical Equipment or Assistive Device (Examples)

Oxygen tank, wheelchair, walker, hospital bed, tub seat, special railing, special commode, other medical equipment or assistive device

Help With Daily Activities or Personal Care (Examples)

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD HH-3

Help With Daily Activities or Personal Care (Examples)

Using the telephone, paying bills, shopping, driving, housework, preparing meals, bathing, dressing, using the toilet, getting in or out of a bed or chair, walking, eating, other daily activities or personal care

CARD CP-1

- Paid At Time Of Visit
- Made A Copayment
- Bill Sent Directly To Other Source
- Bill Has Not Arrived
- **No Bill Sent:**
 - HMO Plan
 - VA
 - Military Facility
 - Welfare/Medicaid
 - Worker's Compensation
 - School, Employer, or Other Private Health Center/Clinic
 - Public Clinic/Health Center or Private Charity (Include Community and Migrant Health Center, Federally Qualified Health Center, Indian Health Services)
- No Charge: Telephone Call
- Free From Provider
(Professional Courtesy/Free Sample)
- Government-Financed Research And Clinical Trials

CARD CN-1

- A Motor Vehicle
- A Gun
- Weapon Other Than a Gun
- A Poison or Something That Can Poison
(Like Gasoline or a Cleaning Fluid or
Chemical)
- A Fire or Something Hot That Would Cause
a Burn
- A Drowning or Near-Drowning
- A Sports Injury
- A Fall (Exclude Falls Related to Sports)

CN-1

CARD PC-2

Within the last 7 days

More than 7 days ago, but within last 30 days

More than 30 days ago

CARD AP-1

- Less than 79 pounds
- 80 to 99 pounds
- 100 to 119 pounds
- 120 to 139 pounds
- 140 to 159 pounds
- 160 to 179 pounds
- 180 to 199 pounds
- 200 to 219 pounds
- 220 to 239 pounds
- 240 to 259 pounds
- 260 to 279 pounds
- 280 to 299 pounds
- 300 to 319 pounds
- 320 to 339 pounds
- 340 to 359 pounds
- 360 to 379 pounds
- 380 to 399 pounds
- More than 400 pounds

CARD AC-1

- Very Difficult
- Somewhat Difficult
- Not Too Difficult
- Not At All Difficult

CARD AC-2

AC-2

- White
- Black/African American
- Asian
- Indian/Native American Alaska Native
- Other Pacific Islander
- Some Other Race

CARD AC-3

- Never
- Sometimes
- Usually
- Always

CARD AC-4

- Couldn't Afford Care
- Insurance Company Wouldn't Approve, Cover Or Pay For Care
- Doctor Refused To Accept Family's Insurance Plan
- Problems Getting to Doctor's Office
- Different Language
- Couldn't Get Time Off Work
- Didn't Know Where To Go To Get Care
- Was Refused Services
- Couldn't Get Child Care
- Didn't Have Time Or Took Too Long

CARD AC-5

- A Big Problem
- A Small Problem
- Not A Problem

CARD OE-1

- Hospital and Physician Benefits, Including Coverage Through an HMO
- Dental
- Prescription Drugs
- Vision
- Medicare Supplement or Medigap
- Long-Term Care in a Nursing Home
- Extra Cash for Hospital Stays
- Serious Disease or Dread Disease

CARD PR-1

PR-1

Medicare HMO'S
[State Name Here]

(One for Each State)

CARD PR-2

**Plan Names
[State Name Here]**

(One for Each State)

PR-2

CARD PR-3


- TANF (Temporary Aid for Needy Families)
- SSI (Supplemental Security Income)
- WIC (Women, Infants and Children)
- IHS (Indian Health Service)
- Public Health Clinic
- VA (Veterans Administration)

CARD HX-1

- From a Professional Association
- From a Small Business Group
- From a Union
- From a Health Insurance Purchasing Alliance
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- From a Previous Employer
- From a Previous Employer (COBRA)

CARD HX-2

Sample Medicare Card

MEDICARE			HEALTH INSURANCE	
SOCIAL SECURITY ACT				
NAME OF BENEFICIARY				
JOHN D. DOE				
MEDICARE CLAIM NUMBER			SEX	
123-45-6789A			MALE	
IS ENTITLED TO			EFFECTIVE DATE	
HOSPITAL INSURANCE (PART A)			1/1/95	
MEDICAL INSURANCE (PART B)				
SIGN HERE		➔ _____		

CARD HX-3

HX-3

**Sample Medicaid Card
[State Name Here]**

(One for Each State)

CARD HX-4

- From a Group or Association
- From a Health Insurance Purchasing Alliance
- Directly Through a School
- Directly From an Insurance Agent
- Directly From Insurance Company
- Directly From an HMO
- From a Union
- From Anyone's Previous Employer (COBRA)
- From Anyone's Previous Employer
(Not COBRA)
- From Spouse's/Deceased Spouse's Previous
Employer
- From Some Other Employer
- Under Plan of Someone Not Living Here

CARD HX-5

**Medicare HMO'S
[State Name Here]**

(One for Each State)

HX-5

CARD HX-6

State-Specific Plan Names
[State Name Here]

(One for Each State)

HX-6

CARD HX-7

- Hospital and Physician Benefits, Including Coverage Through an HMO
- Dental
- Prescription Drugs
- Vision
- Medicare Supplement or Medigap
- Long-Term Care in a Nursing Home
- Extra Cash for Hospital Stays
- Serious Disease or Dread Disease

CARD HX-8

PLAN NAME (FOR FEDERAL CIVILIAN EMPLOYEES)

(STATE NAME HERE)

CARD SP-1

- A Big Problem
- A Small Problem
- Not a Problem

SP-1

CARD SP-2

0 Worst Health Plan Possible

1

2

3

4

5

6

7

8

9

10 Best Health Plan Possible

SP-2

CARD IN-1

- 1 - 2,500
- 2,501 - 5,000
- 5,001 - 10,000
- 10,001 - 20,000
- 20,001 - 30,000
- 30,001 - 40,000
- 40,001 - 50,000
- 50,001 - 75,000
- 75,001 - 100,000
- 100,001 or more

CARD IN-2

- 1 - 250
- 251 - 500
- 501 - 750
- 751 - 1,000
- 1,001 or more

CARD IN-2A

IN-2A

**State-Specific TANF Program
[State Name Here]**

(One for Each State)

CARD IN-3

- Wages and salary
- Farm income (or loss)
- Business income (or loss)
- Social Security/Railroad Retirement
- Private, military, or government pensions
- Interest
- Dividends
- Rental income (or loss)
- Other source

CARD AS-1

- 0 - 500
- 501 - 1,000
- 1,001 - 5,000
- 5,001 - 10,000
- 10,001 - 25,000
- 25,001 - 50,000
- 50,001 - 100,000
- 100,001 - 250,000
- 250,001 - 500,000
- 500,001 - 1,000,000
- 1,000,001 or more

AS-1