



**Topline**

***Kaiser Family Foundation  
Survey of Non-Group Health Insurance Enrollees***

**May 2015**

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## METHODOLOGY

The Kaiser Family Foundation (KFF) *Survey of Non-Group Health Insurance Enrollees* is the second in a series of surveys examining the views and experiences of people who purchase their own health insurance, including those whose coverage was purchased through a state or federal Health Insurance Marketplace and those who bought coverage outside the Marketplaces. The survey was designed and analyzed by researchers at KFF. Social Science Research Solutions (SSRS) collaborated with KFF researchers on sample design and weighting, and supervised the fieldwork. KFF paid for all costs associated with the survey.

The survey was conducted by telephone from February 18 through April 5, 2015 among a random sample of 804 adult U.S. residents who purchase their own insurance. Computer-assisted telephone interviews conducted by landline (346) and cell phone (458, including 241 who had no landline telephone) were carried out in English and Spanish by SSRS. Respondents were considered eligible for the survey if they met the following criteria:

- Between the ages of 18-64
- Currently covered by health insurance that they purchase themselves or purchased insurance that would begin in the next month
- Not covered by health insurance through an employer, COBRA, Medicare, Medicaid, a parent's plan, or the U.S. military or VA
- If purchase insurance from a college or university, the insurance covers health services received both within and outside the university setting
- If a small business owner, the health insurance they purchase is only for themselves and/or their family, and does not cover non-related employees of their business
- If purchase from a trade association, respondent pays the entire premium themselves

Because the study targeted a low-incidence population, the sample was designed to increase efficiency in reaching this group, and consisted of three parts: (1) respondents reached through random digit dialing (RDD) landline and cell phone (N=151); (2) respondents reached by re-contacting those who indicated in a previous RDD survey that they either purchased their own insurance or were uninsured (N=247); (3) respondents reached as part of the SSRS Omnibus survey (N=406), a weekly, nationally representative RDD landline and cell phone survey. All RDD landline and cell phone samples were generated by Marketing Systems Group.

A multi-stage weighting process was applied to ensure an accurate representation of the national population of non-group enrollees ages 18-64. The first stage of weighting involved corrections for sample design, including accounting for the likelihood of non-response for the re-contact sample, number of eligible household members for those reached via landline, and a correction to account for the fact that respondents with both a landline and cell phone have a higher probability of selection. In the second weighting stage, demographic adjustments were applied to account for systematic non-response along known population parameters. No reliable administrative data were available for creating demographic weighting parameters for this group, since the most recent Census figures could not account for the changing demographics of non-group insurance enrollees brought about by the ACA. Therefore, demographic benchmarks were derived by compiling a sample of all respondents ages 18-64 interviewed on the SSRS Omnibus survey during the field period (N=6,519) and weighting this sample to match the national 18-64 year-old population based on the 2014 U.S. Census Current Population Survey March Supplement parameters for age, gender, education, race/ethnicity, region, population density, marital status, and phone use. This sample was then filtered to include respondents qualifying for the current survey, and the weighted demographics of this group were used as post-stratification weighting parameters for the standard RDD and omnibus samples (including gender, age, education, race/ethnicity, marital status, income, and population density). A final adjustment was made to the full sample to control for previous insurance status (estimated based on the combined RDD and omnibus samples), to address the possibility that the criteria used in selecting the prescreened sample could affect the estimates for previous insurance status.

Weighting adjustments had a minor impact on the overall demographic distribution of the sample, with the biggest adjustments being made based on age (this is common in all telephone surveys, as younger respondents are the most difficult to reach and convince to participate). Weighted and unweighted demographics of the final sample are shown in the table below.

		Unweighted % of total	Weighted % of total
Age	18-25	9%	15%
	26-34	13	18
	35-44	14	17
	45-54	25	22
	55-64	38	26
	Refused	2	2
Gender	Male	49	48
	Female	51	52
Education	Less than high school graduate	6	7
	High school graduate	26	31
	Some college	27	29
	Graduated college	27	21
	Graduate school or more	13	9
	Technical school/other	2	2
	Refused	-	-
Race/Ethnicity	White, non-Hispanic	73	69
	Black, non-Hispanic	10	11
	Hispanic	10	12
	Other/Mixed	6	6
	Refused	1	1
Self-reported health status	Excellent	24	26
	Very good	33	33
	Good	28	27
	Fair	12	10
	Poor	4	4
	Don't know/refused	*	*

All statistical tests of significance account for the effect of weighting. The margin of sampling error (MOSE) including the design effect is plus or minus 4 percentage points for results based on the total sample. Unweighted Ns and MOSE for key subgroups are shown in the table below. For other subgroups the margin of sampling error may be higher. Kaiser Family Foundation public opinion and survey research is a charter member of the [Transparency Initiative](#) of the American Association for Public Opinion Research.

Group	N (unweighted)	MOSE
Total non-group enrollees	804	±4 percentage points
ACA-compliant plans	667	±5 percentage points
Marketplace plans	494	±6 percentage points
Non-ACA-compliant plans	127	±11 percentage points

**KAISER FAMILY FOUNDATION SURVEY OF NON-GROUP HEALTH INSURANCE ENROLLEES**  
**Wave 2**

NOTES FOR READING THE TOPLINE:

- Percentages may not always add up to 100 percent due to rounding
- Values less than 0.5 percent are indicated by an asterisk (\*)
- "Vol." indicates a response was volunteered by the respondent, not offered as an explicit choice
- Questions are presented in the order asked; question numbers may not be sequential

**MAIN QUESTIONNAIRE:**

**(See pages 35–38 for exact screener questions asked)**

(ROTATE VERBIAGE IN PARENS)

NG-1. As you may know, a health reform bill, also known as the Affordable Care Act and sometimes referred to as Obamacare, was signed into law in 2010. Given what you know about the health reform law, do you have a generally (favorable) or generally (unfavorable) opinion of it? (GET ANSWER THEN ASK: Is that a very [favorable/unfavorable] or somewhat [favorable/unfavorable] opinion?)

	4/15	5/14
Very favorable	24	25
Somewhat favorable	27	22
Somewhat unfavorable	16	13
Very unfavorable	27	30
Don't know/refused	6	9

(ROTATE Q.NG-2 AND Q.NG-3 WITH Q.NG-4 AND Q.NG-5)

NG-2. So far, would you say you and your family have personally benefited from the health reform law, or not?

	4/15	5/14
Yes, have benefited	40	34
No, have not benefited	56	62
Don't know/refused	4	4

NG-3. What would you say is the **main** way you and your family have benefited from the health reform law? Has it made it possible for someone in your family to get health coverage, lowered your health care or insurance costs, made it easier for you to get the health care you need, or have you benefitted in some other way?

*Based on total who say they have benefitted from the health reform law; n = 325*

	4/15
Allowed someone in your family to get or keep health coverage	34
Lowered your health care insurance costs	32
Made it easier for you to the health care you need	29
Improved coverage, general (Vol.)	1
Preventive services benefit/free checkups/women's health/birth control (Vol.)	*
Health reform will help - general (Vol.)	*
Able to get coverage for preexisting condition (Vol.)	*
Medical loss ratio/insurance must give me a rebate or credit (Vol.)	*
Peace of mind/financial protection (Vol.)	*
Able to quit/change jobs/retire early (Vol.)	*
Have you benefitted in some other way	2
Don't know/refused	1

NG-2/NG-3. Combo Table based on total

	4/15
Have benefitted from the health reform law	40
Allowed someone in your family to get or keep health coverage	14
Lowered your health care insurance costs	13
Made it easier for you to the health care you need	11
Preventive services benefit/free checkups/women's health/birth control (Vol.)	*
Health reform will help, general (Vol.)	*
Able to get coverage for preexisting condition (Vol.)	*
Medical loss ratio/insurance must give me a rebate or credit (Vol.)	*
Improved coverage, general (Vol.)	*
Peace of mind/financial protection (Vol.)	*
Able to quit/change jobs/retire early (Vol.)	*
Have you benefitted in some other way	1
Don't know/refused	*
Have not benefitted from the health reform law	56
Don't know/refused	4

(ROTATE Q.2 AND Q.3 WITH Q.4 AND Q.5)

NG-4. So far, would you say you and your family have been negatively affected by the health reform law, or not?

	4/15	5/14
Yes, negatively affected	33	29
No, not negatively affected	64	66
Don't know/refused	3	5

NG-5. What would you say is the **main** way you and your family have been negatively affected by the health reform law? Has it caused someone in your family to lose their insurance, increased your health care or insurance costs, made it more difficult for you to get the health care you need, or have you been negatively affected in some other way?

*Based on total who say they have been negatively affected by the health reform law; n = 278*

	4/15
Increased your health care or insurance costs	64
Made it more difficult to get the health care you need	13
Caused someone in your family to lose their insurance	10
Opposed to individual mandate/fines/forced coverage (Vol.)	3
Can't see the doctor I want/less choice of doctors (Vol.)	3
Taxes/having to pay for other people's coverage (Vol.)	1
Cut to benefits/less options/choices, general (Vol.)	1
Lost job/hours cut/declining income/bad for business (Vol.)	1
Insurance plan changed, general (Vol.)	*
Don't qualify for government help/haven't been helped by it (Vol.)	-
Privacy concerns (Vol.)	-
Website/enrollment problems (Vol.)	-
Have you been negatively affected in some other way	3
Don't know/refused	*

NG-4/NG-5. Combo Table based on total

	4/15
Have been negatively affected by the health reform law	33
Increased your health care or insurance costs	21
Made it more difficult to get the health care you need	4
Caused someone in your family to lose their health insurance	3
Opposed to individual mandate/fines/forced coverage (Vol.)	1
Can't see the doctor I want/less choice of doctors (Vol.)	1
Taxes/having to pay for other people's coverage (Vol.)	*
Cut to benefits/less options/choices (general) (Vol.)	*
Lost job/hours cut/declining income/bad for business (Vol.)	*
Insurance plan changed (general) (Vol.)	*
Don't qualify for government help/haven't been helped by it (Vol.)	-
Privacy concerns (Vol.)	-
Website/enrollment problems (Vol.)	-
Have been negatively affected in some other way	1
Don't know/refused why negatively affected	*
Have not been negatively affected by the health reform law	64
Don't know/refused	3

NG-9. How would you rate your overall health insurance coverage – excellent, good, not so good or poor?

	4/15	5/14
Excellent	18	23
Good	57	53
Not so good	13	10
Poor	7	8
Just got my plan/too soon to tell (vol.)	3	NA
Don't know/refused	2	6

NG-10. In general, do you feel well-protected by your health insurance plan, or do you feel vulnerable to high medical bills?

	4/15	5/14
Feel well-protected by your health insurance plan	58	60
Feel vulnerable to high medical bills	37	34
Just got my plan/too soon to tell (vol.)	2	NA
Don't know/refused	3	5

NG-11. Would you say your health insurance is an excellent value, good value, only a fair value or a poor value for what you pay for it? (INTERVIEWER NOTE: IF RESPONDENT SAYS IT'S A "FAIR VALUE" (NOT "ONLY FAIR"), REPEAT ANSWER CHOICES TO MAKE SURE THEY'VE HEARD THEM ALL)

	4/15	5/14
Excellent value	13	19
Good value	41	37
Only a fair value	25	23
Poor value	18	16
Don't pay directly/don't know how much it costs (vol.)	*	2
Just got my plan/too soon to tell (vol.)	1	NA
Don't know/refused	1	3

(SCRAMBLE ITEMS a-g)

NG-12. Thinking about your CURRENT health insurance plan, how satisfied are you with each of the following? What about (INSERT)? (READ 1<sup>ST</sup> TIME, THEN AS NECESSARY: Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?)<sup>1</sup> [INTERVIEWER NOTE: IF R SAYS “I HAVE NO COPAY” OR “THERE IS NO DEDUCTIBLE” ASK IF THEY ARE SATISFIED WITH THE FACT THAT THERE IS NO COPAY OR DEDUCTIBLE]

a. The premium you have to pay each month for your health insurance coverage

	4/15	5/14
Very satisfied	26	30
Somewhat satisfied	32	34
Somewhat dissatisfied	17	13
Very dissatisfied	21	19
Just got plan/too soon to tell (vol.)	1	NA
Don't know/refused	3	3

b. Your annual deductible, that is the amount you have to pay yourself before insurance will start paying any part of your medical bills

	4/15	5/14
Very satisfied	22	27
Somewhat satisfied	35	35
Somewhat dissatisfied	19	16
Very dissatisfied	20	17
Just got plan/too soon to tell (vol.)	1	NA
Don't know/refused	2	5

c. The copay, or amount you have to pay out of your own pocket when you visit a doctor

	4/15	5/14
Very satisfied	31	36
Somewhat satisfied	42	36
Somewhat dissatisfied	13	14
Very dissatisfied	10	10
Just got plan/too soon to tell (vol.)	3	NA
Don't know/refused	2	5

d. The amount you have to pay out of your own pocket when you fill a prescription

	4/15	5/14
Very satisfied	31	33
Somewhat satisfied	37	36
Somewhat dissatisfied	13	9
Very dissatisfied	11	14
Just got plan/too soon to tell (vol.)	5	NA
Don't know/refused	3	8

e. The choice of primary care doctors available under your plan

	4/15	5/14
Very satisfied	45	45
Somewhat satisfied	34	36
Somewhat dissatisfied	9	7
Very dissatisfied	7	7
Just got plan/too soon to tell (vol.)	3	NA
Don't know/refused	2	4

<sup>1</sup> 2014 trend wording was “Are you very satisfied, somewhat satisfied, somewhat unsatisfied, or very unsatisfied?”

f. The choice of hospitals available under your plan

	4/15	5/14
Very satisfied	42	43
Somewhat satisfied	35	37
Somewhat dissatisfied	8	7
Very dissatisfied	6	5
Just got plan/too soon to tell (vol.)	3	NA
Don't know/refused	6	7

g. The choice of specialists, such as cardiologists and orthopedists, available under your plan

	4/15	5/14
Very satisfied	31	35
Somewhat satisfied	34	35
Somewhat dissatisfied	9	8
Very dissatisfied	6	7
Just got plan/too soon to tell (vol.)	8	NA
Don't know/refused	12	15

(ROTATE 1-4/4-1)

NG-13. How easy or difficult is it for you to afford to pay the cost of your health insurance each month?

	4/15	5/14
Very easy	22	24
Somewhat easy	31	33
Somewhat difficult	31	28
Very difficult	14	12
Don't pay directly/cost is zero/haven't paid first premium yet (vol.)	1	2
Don't know/refused	1	2

NG-14. How well do you feel you understand what health care services your plan covers and what it doesn't? Would you say you understand it very well, somewhat well, not too well, or not well at all?

	4/15	5/14
Very well	28	35
Somewhat well	47	40
Not too well	16	15
Not well at all	7	8
Don't know/refused	1	1

NG-15. How well do you feel you understand how much you would have to pay when you visit a doctor or health care provider? Would you say you understand it very well, somewhat well, not too well, or not well at all?

	4/15	5/14
Very well	45	47
Somewhat well	38	36
Not too well	10	11
Not well at all	6	5
Don't know/refused	*	2



NG-16. How worried are you, if at all, that you won't be able to afford the health care services you need?

	4/15	5/14
Very worried	19	30
Somewhat worried	37	28
Not too worried	28	21
Not at all worried	15	20
Don't know/refused	*	*

NG-17. Suppose you had an unexpected medical bill, and the amount NOT covered by your insurance came to \$500. Based on your current financial situation, how would you pay the bill? Would you...?

	4/15
Pay the bill right away by cash or check	30
Put it on a credit card and pay it off in full at the next statement	14
Put it on a credit card and pay it off over time	26
Borrow money from a bank, a payday lender, or friends or family to pay the bill	8
Would not be able to pay the bill at all	13
Arrange a payment plan with provider/monthly installments (Vol.)	6
Something else (Vol.)	1
Don't know/refused	3

NG-18. Now suppose you had an unexpected medical bill, and the amount not covered by your insurance came to \$1500. Based on your current financial situation, would you...? (READ LIST IN ORDER)

*Based on total who would be able to pay an unexpected medical bill of \$500 or dk/ref; n = 696*

	4/15
Pay the bill right away by cash or check	19
Put it on a credit card and pay it off in full at the next statement	11
Put it on a credit card and pay it off over time	36
Borrow money from a bank, a payday lender, or friends or family to pay the bill	11
Would not be able to pay the bill at all	12
Arrange a payment plan with provider/monthly installments (Vol.)	7
Something else (Vol.)	1
Don't know/refused	3

NG17/NG-18. Combo table based on total

	4/15
Would pay \$1500 bill right away by cash or check	16
Would pay \$1500 bill by putting it on a credit card and paying in full at the next statement	10
Would pay \$1500 bill by putting it on a credit card and paying it off over time	32
Would pay \$1500 bill by borrowing money	9
Would arrange a payment plan with provider/monthly installments (Vol.)	6
Would pay \$1500 bill some other way (Vol.)	1
Would not be able to pay bill at all (NET)	23
Would not be able to pay unexpected medical bill of \$500 at all	13
Would not be able to pay unexpected medical bill of \$1500 at all	10
Don't know/Refused	3

NG-19. Did you purchase your current health insurance plan directly from an insurance company, from the marketplace known as healthcare.gov (or [INSERT STATE-SPECIFIC MARKETPLACE NAME]), or through an insurance agent or broker?

	4/15	5/14
Directly from an insurance company	23	28
From healthcare.gov (or STATE SPECIFIC MARKETPLACE NAME)	46	43
Through an insurance agent or broker	27	29
Somewhere else (Vol.)	2	NA
Don't know/refused	2	--

NG-20. Regardless of how you purchased your plan, do you know if it is a marketplace or [healthcare.gov/INSERT STATE SPECIFIC MARKETPLACE NAME] plan, is it NOT a marketplace or [healthcare.gov/INSERT STATE SPECIFIC MARKETPLACE NAME] plan, or are you not sure?

*Based on total who did not buy current plan through marketplace; n = 430*

	4/15
Marketplace plan	25
Non-marketplace plan	26
Not sure	47
Don't know/refused	3

NG-19/NG-20. Combo Table based on total

	4/15
Marketplace plan	59
Non-marketplace plan	14
Not sure if marketplace plan/Don't know/refused	27

NG-21. How long have you been covered by your CURRENT health insurance plan? Is this a new plan that started in 2015, or a plan that you had for all or part of 2014 and renewed in 2015?

*Based on total who are currently covered; n = 775*

	4/15
New as of 2015	40
Had plan for all or part of 2014 and renewed	59
Don't know/refused	1

NG-21a. Did you have this same insurance plan for all twelve months of 2014, or did your coverage under this plan begin some time after January 2014?

*Based on total who have a renewed 2014 plan; n = 459*

	4/15
Had same plan for all 12 months of 2014	61
Coverage under this plan began some time after January 2014	38
Don't know/refused	1

NG-21b. Do you happen to remember in which month of 2014 your current coverage began?

*Based on total who did not have plan for all 12 months of 2014; n = 186*

	4/15
January	9
February	7
March	15
April	9
May	13
June	6
July	2
August	7
September	5
October	5
November	2
December	4
Don't know/refused	16

NG-21/21a/21b. Combo table based on total

	4/15
Have a renewed 2014 plan	56
Had same plan for all 12 months of 2014	34
Coverage under this plan began some time after January 2014/dk/ref	22
Began in January	2
Began in February	2
Began in March	3
Began in April	2
Began in May	3
Began in June	1
Began in July	*
Began in August	1
Began in September	1
Began in October	1
Began in November	1
Began in December	1
Don't know/refused when began	4
Plan is new as of 2015	39
New plan – coverage hasn't started yet	4
Don't know/refused	1

NG-21c. Did you also have this same insurance plan for all or part of 2013, or did your coverage under this plan first begin in January 2014?

*Based on total who had plan for all 12 months of 2014 and plan is not Marketplace plan; n = 148*

	4/15
Had current plan for all or part of 2013	86
Coverage under current plan first began in January 2014	12
Don't know/refused	1

Insurance combo table based on total

	4/15
ACA compliant, new plan as of 2015	43
ACA compliant, renewed 2014 plan	40
Non-ACA compliant, pre 2014 plan	16
Undetermined	1

NG-22. What kind of health coverage, if any, did you have immediately before you signed up for your current plan? Were you covered by a DIFFERENT plan you purchased yourself, were you covered by an employer, by COBRA, did you have Medicaid or other public coverage, or were you uninsured? [IF NECESSARY: We're asking about your insurance status immediately before you began coverage under your current plan.]

*Based on total who had new plan as of 2015 or had plan only part of 2014; n = 494*

	4/15
Covered by a different plan you purchased yourself	27
Covered by an employer	15
Covered by COBRA	4
Had Medicaid or other public coverage	4
Was uninsured	46
Covered through/by a family member (Vol.)	2
Had coverage from some other source (Vol.)	1
Don't know/refused	1

NG-23. Did you purchase your 2014 health insurance plan directly from an insurance company, from the marketplace known as healthcare.gov (or [INSERT STATE-SPECIFIC MARKETPLACE NAME]), or through an insurance agent or broker? (ENTER ONE ONLY)

*Based on total who had new plan as of 2015 and were previously covered by non-group plan; n = 117*

	4/15
Directly from an insurance company	34
From healthcare.gov (or [INSERT STATE SPECIFIC MARKETPLACE])	31
Through an insurance agent or broker	26
Somewhere else (Vol.)	3
Don't know/refused	5

NG-24. Regardless of how you purchased your plan in 2014, do you know if it was a marketplace or [healthcare.gov/INSERT STATE SPECIFIC MARKETPLACE NAME] plan, was it NOT a marketplace or [healthcare.gov/INSERT STATE SPECIFIC MARKETPLACE NAME] plan , or are you not sure?

*Asked of total who were covered by a different non-group plan in 2014 and did not buy previous plan through marketplace (sample size insufficient to report)*

NG-25. Thinking about your PREVIOUS plan, did your coverage under that plan take effect BEFORE January 1, 2014 or did it take effect ON or AFTER January 1, 2014?

*Asked of total who were previously covered by a non-group plan that was not purchased through a marketplace (sample size insufficient to report)*

(RANDOMIZE, ALWAYS ASK ITEM A FIRST; IF ITEM a = YES, SKIP ITEMS b THROUGH f)

NG-27. I'm going to read you some reasons people give for changing health plans. For each, please tell me if this is a reason why you switched to a different health plan this year, or not. (First/next), (READ ITEM).

*Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117*

a. The plan you had last year was cancelled

	4/15
Yes, reason	47
No, not a reason	53
Don't know/refused	1

*Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117*

b. You wanted to be eligible for government financial help

	4/15
Yes, reason	6
No, not a reason	11
Not asked (answered yes to "The plan you had last year was cancelled")	47
Not asked (did not switch from non-Marketplace to Marketplace plan)	37

*Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117*

c. Your or your family's health needs changed

	4/15
Yes, reason	4
No, not a reason	49
Not asked (answered yes to "The plan you had last year was cancelled")	47

Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117

d. You wanted a plan with more choice of providers or one that covered a specific provider	4/15
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Yes, reason	8
No, not a reason	45
Don't know/refused	*
Not asked (answered yes to "The plan you had last year was cancelled")	47

Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117

e. You found a plan with a lower monthly premium than what you would have paid to renew your previous plan	4/15
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Yes, reason	37
No, not a reason	16
Not asked (answered yes to "The plan you had last year was cancelled")	47

Based on total who were covered by a non-group plan in 2014 and switched to a new plan in 2015; n = 117

f. You wanted a plan with a lower annual deductible	4/15
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Yes, reason	22
No, not a reason	31
Not asked (answered yes to "The plan you had last year was cancelled")	47

NG-28. Is there another reason I haven't mentioned why you switched to a different health plan this year?

Based on total covered by non-group plan in 2014 and switched to new plan in 2015; n = 117

	4/15
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Cost/financial reasons	9
Better coverage	5
Moved out of state/personal/family reasons	*
Other reason	3
No other reason	35
Don't know/refused	1
Not asked (answered yes to "The plan you had last year was cancelled")	47

(ROTATE WORDING IN PARENS)

NG-29. Do you think your current plan offers you (more) choice or (less) choice of doctors and hospitals than the plan you had last year, or is it about the same?

Based on total covered by non-group plan in 2014 and switched to new plan in 2015; n = 117

	4/15
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More choice	9
Less choice	24
About the same amount of choice	60
Don't know/refused	7

NG-30. Do you think you will have to change any of the doctors you see as a result of switching health plans, or not?

*Based on total covered by non-group plan in 2014 and switched to new plan in 2015; n = 117*

	4/15
Yes, will have to change doctors	31
No, will not have to change doctors	63
Don't know/refused	6

NG-31. Was your coverage automatically renewed for 2015 or did you take action to re-enroll in the same plan?

*Based on total who renewed 2014 plan; n = 459*

	4/15
Automatically renewed	59
Took action to re-enroll	39
Don't know/refused	2

(ROTATE 1-4/4-1)

NG-32. How easy or difficult was it for you to renew your health plan? Was it very easy, somewhat easy, somewhat difficult, or very difficult?

*Based on total who renewed 2014 plan; n = 459*

	4/15
Very easy	61
Somewhat easy	23
Somewhat difficult	9
Very difficult	5
Don't know/refused	2

NG-33. When you renewed your health plan this year, did you shop around or look at other options first, or did you decide to renew your current plan without shopping around?

*Based on total who renewed 2014 plan; n = 459*

	4/15
Shopped around	29
Did not shop around	70
Don't know/refused	1

(ROTATE WORDING IN PARENTHESES)

NG-39. When shopping for a health plan this year, do you think you had (too many) or (too few) plans to choose from, or was the number of choices about right?

*Based on total who have a new plan as of 2015 or who have a renewed plan and shopped around before renewing; n = 493*

	4/15
Too many	10
Too few	28
About right	59
Don't know/refused	3

NG-33a. What is the **main** reason you did not shop around before renewing your current health plan? (OPEN END)

*Based on total who renewed 2014 plan and did not shop around before renewing; n = 307*

	4/15
No computer/not internet access	1
Convenience of staying with plan/did not want to shop	13
Satisfaction with existing plan/no reason to change	37
Have preexisting conditions/health problems	1
Don't think you could afford other plans/like cost of current plan	8
Too busy/did not have time	8
No other options/limited options	2
Shopped around before/made a good decision last time/haven't had plan that long	6
Didn't want to have to change doctors/providers	2
Too confusing/complicated	3
Other	9
No reason	9
Don't know/refused	2

NG-34. What is the main reason you decided to renew with your current plan after shopping or looking at other options? (OPEN END)

*Based on total who renewed 2014 plan and did shop around before renewing; n = 148*

	4/15
Plan I had was good/couldn't find anything better (general)	38
Low cost (general)/premium	32
No/few other options	6
Convenience/ease of staying with the same plan	5
Didn't want to change doctors/providers	4
Age/specific health needs/issues covered	3
Low deductible	2
Other	9
No reason	-
Don't know/refused	1

NG-35. Did someone help you [enroll in health insurance/renew your health plan for 2015] or did you complete the [enrollment/renewal] process on your own?<sup>2</sup>

	4/15	5/14
Someone helped you (enroll/renew)	41	49
Completed the (enrollment/renewal) process on your own	52	49
Auto-renewed (vol.)	6	NA
Don't know/refused	1	1

<sup>2</sup> 2014 question wording was "Did someone help you enroll in health insurance or did you complete the enrollment process on your own?"



NG-36. Who was that person? Was it a family member or friend, a representative from (the federal health insurance exchange/[INSERT STATE EXCHANGE NAME]), a health insurance broker or agent, a community or county health worker, a health plan representative, or someone else?

Based on total who had someone help them (enroll in/renew) health insurance; n = 319

	4/15	5/14
A health insurance broker or agent	33	34
Family member or friend	29	22
A representative from (the federal health insurance exchange/STATE SPECIFIC NAME)	19	26
A health plan representative	12	NA
A community or county health worker	3	9
Someone else	3	8
Don't know/refused	2	1

Note: Total may add up to more than 100% because multiple responses accepted

NG-35/NG-36. Combo table based on total

	4/15	5/14
Someone helped you (enroll in/renew) health insurance	41	49
A health insurance broker/agent	13	17
Family member/friend	12	11
A representative from the federal health insurance exchange	8	13
A health plan representative	5	NA
A community/county health worker	1	5
Someone else	1	4
Don't know/Refused	1	--
Completed the (enrollment/renewal) process on your own	52	49
Auto-renewed	6	
Don't know/refused	1	1

(ROTATE 1-4/4-1)

NG-38. Thinking about when you signed up for your current health plan, how easy or difficult was it for you to (INSERT)?

Items a, b, & d based on total who do not have a pre-2014 plan; n = 677

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not applicable (VOL)	Don't know/refused
a. Compare the copays and deductibles you would have to pay when you use health services						
4/15	30	36	21	8	3	2
5/14	32	37	18	9	2	2
b. Compare the monthly premium you would have to pay for coverage						
4/15	39	35	17	7	2	1
5/14	38	35	16	7	2	2
d. Compare the doctors, hospitals, and other health care providers you could see under each plan						
4/15	27	31	23	12	4	3
5/14	28	36	21	9	3	3

Items c & e based on total who have a Marketplace plan; n = 494

		Very easy	Somewhat easy	Somewhat difficult	Very difficult	Not applicable (VOL)	Don't know/ refused
c. Figure out if your income qualifies you for financial assistance							
	4/15	33	34	19	7	4	3
	5/14	33	31	16	13	4	4
e. Set up an account with the health insurance marketplace (healthcare.gov/STATE MARKETPLACE NAME)							
	4/15	30	29	23	12	5	2
	5/14	32	27	19	14	3	5

(SCRAMBLE ITEMS a-e)

NG-40. Please tell me how important each of the following factors was in choosing your current health plan over the other choices available. What about (INSERT)? [READ FIRST TIME, THEN AS NECESSARY: Was this extremely important, very important, somewhat important, or not too important in your choice of plans?]

	Extremely important	Very important	Somewhat important	Not too important at all	Not important at all (VOL)	Don't know/ refused
a. The monthly premium costs	37	44	13	4	*	1
b. The deductibles and copays you have to pay when you use services	31	43	20	5	*	1
c. The choice of doctors and hospitals available	27	35	26	10	1	1
d. The range of benefits or a specific benefit covered	24	38	26	11	*	2
e. Recommendations from friends or family	8	14	22	51	3	2

NG-41. To the best of your knowledge, is your current health plan a bronze, silver, gold or platinum plan?

Based on total who do not have pre-2014 plans; n = 677

	4/15	5/14 <sup>3</sup>
Bronze	23	21
Silver	36	29
Gold	9	7
Platinum	6	7
Catastrophic (vol)	-	--
None of these (vol)	3	4
Don't know/refused	24	31

NG-42. And do you happen to remember if the plan you had LAST year was a bronze, silver, gold, or platinum plan?

Asked of total who were covered by a different Marketplace plan in 2014 (sample size insufficient to report)

<sup>3</sup> 2014 question was asked of those with Marketplace plans only.

NG-43. Thinking about your CURRENT health plan, approximately how much do you pay per month for your health insurance premium, that is the amount you pay to be covered by health insurance?

(INTERVIEWER NOTES: IF RESPONDENT SAYS THEY'RE GETTING A GOVERNMENT SUBSIDY OR TAX CREDIT, SAY "We're interested in knowing the amount of the premium you are responsible for paying yourself, even if that doesn't represent the total cost of coverage." IF RESPONDENT ASKS IF WE WANT TO KNOW THEIR TOTAL HEALTH CARE COSTS, SAY "We're interested in knowing just the amount you pay for your insurance, not including the health care costs you pay directly out of your own pocket when you get health care or pay a prescription." IF RESPONDENT IS UNABLE TO GIVE A MONTHLY AMOUNT BUT CAN PROVIDE A YEARLY OR QUARTERLY AMOUNT, ENTER MONTHLY OR YEARLY)

(ASK IF Q.NG-43=\$0 OR Q.NG-43>\$2,000/MONTH OR Q.NG-43>\$6,000/QUARTER OR Q.NG-43>\$24,000/YEAR): Just to confirm, you said your health plan premium, that is the amount you pay for your health insurance coverage is (INSERT AMOUNT FROM Q.NG-43) per (month/quarter/year). Is that correct?

	4/15	5/14
\$1-\$200	40	36
\$201-\$500	27	21
\$501+	19	15
Less than \$1 per month	4	6
Don't know/refused	10	22

NG-45. Is the amount you pay for coverage just for yourself, or does it also include coverage for other members of your family?

	4/15	5/14
Just for self	57	58
Other members of your family	42	40
Don't know/refused	1	1

NG-46. How many people, including yourself, are covered by this health care plan?

*Based on total who say amount paid for coverage includes other family members; n = 314*

	4/15	5/14
2	58	46
3	19	22
4	14	24
5	6	3
6	2	2
7	1	--
8+	*	1
Don't know/refused	*	3

NG-47. How many of those people are children under age 19?

Based on total who say amount paid for coverage includes other family members; n = 314

	4/15	5/14
None	58	50
1	23	28
2	13	20
3	4	1
4	2	--
5	*	--
6	*	1
7	-	--
8+	-	--
Don't know/refused	*	*

NG-48. As far as you know, are you personally getting financial help from the government, such as a premium tax credit or premium assistance, to help pay your monthly premium for health insurance, or not?

Based on total with Marketplace plans; n = 494

	4/15	5/14 <sup>4</sup>
Yes, getting financial assistance	59	46
No, not getting financial assistance	37	48
Don't know/refused	4	4

NG-49. As far as you know, is the amount you pay for your health plan based on your income, or is it not based on your income?

Based on total with Marketplace plans who say they are not getting financial assistance or dk/ref; n = 207

	4/15
Yes, based on income	53
No, not based on income	39
Don't know/refused	8

NG-48/NG-49. Combo table based on total with Marketplace plans; n = 494

	4/15
Getting financial assistance or premium based on income	81
Getting financial assistance	59
Amount you pay is based on income	22
Not getting financial assistance/not based on income	16
Don't know/refused	3

<sup>4</sup> 2014 question was asked of all respondents; 2014 percentage shown in table is based on Marketplace enrollees only.

NG-50. Have you received a form, known as form 1095-A or the Health Insurance Marketplace Statement that contains information about your health insurance coverage needed to file your 2014 taxes, have you not received this form, or are you not sure?

*Based on total with Marketplace plans in 2014; n = 303*

	4/15
Yes	50
No	22
Not sure	25
Don't know/refused	2

NG-50a. Did this form show that you received a premium tax credit or that the government paid a portion of your health insurance costs in 2014, or not?

*Based on total with Marketplace coverage in 2014 and received form 1095-A; n = 156*

	4/15
Yes	71
No	16
Don't know/refused	13

NG-50/NG-50a. Combo table based on total who had Marketplace coverage in 2014; n = 303

	4/15
Received form 1095-A	50
Showed that you received premium tax credit	36
Did not show that you received premium tax credit	8
Don't know/refused	6
Did not receive from 1095-A	22
Not sure if received form	25
Don't know/refused	2

NG-51. Have you filed your federal income taxes yet for 2014?

	4/15
Yes	41
No	56
Don't file/not required to file taxes (vol.)	2
Don't know/refused	1

NG-52. [Do you plan to/Did you] file your taxes yourself, either on paper or using computer software, or [do you plan to/did you] use a professional tax preparer to complete your tax forms?

*Based on total except those who say they do not file/are not required to file taxes; n = 787*

	4/15
File yourself	31
File by professional tax preparer	66
Don't file/not required to file taxes (vol.)	2
Don't know/refused	2

NG-51/NG-52. Combo table based on total

	4/15
File/required to file income taxes	98
Filed/plan to file taxes yourself	30
Filed/plan to file taxes by professional tax preparer	64
Did not file/not required to file taxes (vol.)	2
Don't know/refused	2
Don't file/not required to file taxes (vol.)	2

NG-53. Did your monthly income increase or decrease at any point in 2014, or was your income pretty much the same each month in 2014? (INTERVIEWER NOTE: If R says "changes every month" ASK FOLLOW-UP) (FOLLOW-UP: Was that a big change or just a small change?)

*Based on total who had Marketplace coverage in 2014 or 2015; n = 497*

	4/15
Big change in monthly income	20
Small change in monthly income	19
Income was pretty much the same each month	56
Don't know/refused	5

NG-53a. In 2014, did you have a change in your family status, like a marriage, divorce, new child, or a change in the number of tax dependents, or did your family status stay the same throughout the year?

*Based on total who had Marketplace coverage in 2014 or 2015; n = 497*

	4/15
Changed	8
Stayed the same	92
Don't know/refused	*

NG-54. Did you inform the health insurance marketplace (healthcare.gov/INSERT STATE-SPECIFIC NAME) of any changes to your income or family status in 2014?

*Based on total who had Marketplace coverage in 2014 and experience a change in income or family status; n = 136*

	4/15
Yes	52
No	45
Don't know/refused	4

NG-53/NG-53a/NG-54. Combo table based on total who had Marketplace coverage in 2014 or 2015

	4/15
Experienced a change in income or family status in 2014	44
Informed health insurance marketplace of changes	13
Did not inform health insurance marketplace of changes	11
Don't know/refused	1
Did not experience a change in income or family status in 2014/dk/ref	56

NG-55. As far as you know, when someone gets financial help from the government to pay their health insurance premium, is it possible they would end up owing money to the government if their income or family size changes during the year, or not?

*Based on total who had Marketplace coverage in 2014 or 2015; n = 497*

	4/15
Yes	54
No	19
Don't know/refused	27

NG-56. Thinking about your CURRENT insurance plan, I'd like to ask about your annual deductible for medical care, that is the amount you have to pay yourself before your insurance plan will start paying any of your medical bills. Is your annual deductible LESS than \$1,500 a year, or is it \$1,500 a year or more? (IF NECESSARY: If your plan has separate deductibles for services received from providers inside and outside the plan's network, please answer based on the in-network deductible.) [IF NECESSARY: If your plan has separate deductibles for different types of services, please think about the deductible that applies to most services.]

	4/15
Less than \$1500	36
\$1500 or more	47
\$0/No deductible	3
Don't know/refused	13

NG-57. Is that a FAMILY deductible, meaning you must spend that amount on your entire family's medical care before the insurance company begins to pay, or is it a PER PERSON deductible, meaning that you must spend that amount on care for any one person before the insurance company will begin to pay for that person's care?

*Based on total who pay an annual deductible and say amount paid for coverage includes other family members; n = 277*

	4/15
Family deductible	49
Per person deductible	40
Don't know/refused	11

NG-58. Still thinking about your CURRENT insurance plan, is your annual deductible LESS than \$3,000 a year, or is it \$3,000 a year or more? (IF NECESSARY: If your plan has separate deductibles for services received from providers inside and outside the plan's network, please answer based on the in-network deductible.) [IF NECESSARY: If your plan has separate deductibles for different types of services, please think about the deductible that applies to most services.]

*Asked of total who pay a family deductible and deductible is \$1500 or more (sample size insufficient to report)*

Deductible combo table based on total

	4/15
High-deductible (\$1500 or more individual/\$3000 or more family)	40
Not high-deductible (less than \$1500 individual/less than \$3000 family)	43
Undetermined	17

NG-59. Was there a time over the past twelve months when you [or another family member covered by your plan] needed medical care, but did not get it because of the cost, or not?

	4/15
Yes, there was	17
No, there was not	81
Don't know/refused	2

NG-60. Was there a time over the past twelve months, when you [or another family member covered by your plan] DID NOT fill a prescription for a medicine because of the cost, or not?

	4/15
Yes, there was	20
No, there was not	79
Don't know/refused	1

(SCRAMBLE a-e)

NG-61. I'm going to read you a list of problems some people experience with their health insurance plan. Please tell me if you have had any of these problems in the past twelve months, or not. How about (INSERT)?

	Yes, have	No, have not	Not applicable/ haven't used services yet (VOL)	Don't know/ refused
a. You were surprised to find out that your plan would not pay anything for care you (or a family member) received, that you thought was covered	18	76	4	1
b. Your plan paid less than you expected for a bill you received from a doctor, hospital, or lab	26	67	5	2
c. You reached the limit on the number of visits or services your insurance company would pay for treatment of a specific illness or injury	6	87	5	2
d. A particular doctor you wanted to see was not covered by your plan	19	76	4	1
e. A particular hospital you wanted to visit was not covered by your plan	8	86	5	1

(IF COVERED BY A DIFFERENT PLAN FOR AT LEAST PART OF 2014, ASK IMMEDIATELY AFTER EACH YES TO ANY OF THE ABOVE): Was that under your CURRENT health plan or a previous health plan?



NG-61a/62a. You were surprised to find out that your plan would not pay anything for care you (or a family member) received, that you thought was covered

Combo table based on total

	4/15
Yes had a problem	18
Current plan (including those who've had same plan for >12 months)	15
Previous plan	3
Both (Vol.)	*
Don't know/refused if current/previous plan	*
Did not have a problem	76
Not applicable/haven't used services yet	4
Don't know/refused	1

NG-61b/62b. Your plan paid less than you expected for a bill you received from a doctor, hospital, or lab

Combo table based on total

	4/15
Yes had a problem	26
Current plan (including those who've had same plan for >12 months)	21
Previous plan	4
Both (Vol.)	1
Don't know/refused if current/previous plan	*
Did not have a problem	67
Not applicable/haven't used services yet	5
Don't know/refused	2

NG-61c/62c. You reached the limit on the number of visits or services your insurance company would pay for treatment of a specific illness or injury

Combo table based on total

	4/15
Yes had a problem	6
Current plan (including those who've had same plan for >12 months)	5
Previous plan	1
Both (Vol.)	*
Don't know/refused if current/previous plan	*
Did not have a problem	87
Not applicable/haven't used services yet	5
Don't know/refused	2

NG-61d/62d. A particular doctor you wanted to see was not covered by your plan

Combo table based on total

	4/15
Yes had a problem	19
Current plan (including those who've had same plan for >12 months)	17
Previous plan	2
Both (Vol.)	1
Don't know/refused if current/previous plan	-
Did not have a problem	76
Not applicable/haven't used services yet	4
Don't know/refused	1

NG-61e/62e. A particular hospital you wanted to visit was not covered by your plan

Combo table based on total

	4/15
Yes had a problem	8
Current plan (including those who've had same plan for >12 months)	7
Previous plan	1
Both (Vol.)	*
Don't know/refused if current/previous plan	*
Did not have a problem	86
Not applicable/haven't used services yet	5
Don't know/refused	1

NG-63. In the past 12 months, have you [or another family member covered by your plan] had any problems paying medical bills, or not?

	4/15
Yes, have	19
No, have not	79
Not applicable/haven't used services yet	1
Don't know/refused	1

**DEMOGRAPHICS:**

S14. Interviewer: record gender. If unclear ask: What is your gender?

	4/15	5/14
Male	48	50
Female	52	50

Z-7. What is your age?

Z-7a. Could you please tell me if you are ...?

	4/15	5/14
18-29	25	29
30-49	38	35
50-64	37	35
Refused	-	*

D1. In general, would you say your health is excellent, very good, good, fair, or poor?

	4/15	5/14
Excellent	26	24
Very good	33	31
Good	27	30
Fair	10	11
Poor	4	3
Don't know/refused	*	1

D2. Does any disability, handicap, or chronic disease keep you from participating fully in work, school, housework, or other activities?

	4/15	5/14
Yes	14	14
No	85	85
Don't know/refused	*	1

Z-2. Are you: (READ LIST)

	4/15	5/14
Single, that is never married	27	34
Single, living with a partner	8	9
Married	48	40
Separated	2	2
Widowed	3	3
Divorced	11	11
Refused	*	1

Z-4. Currently, are you yourself employed full-time, part-time, or not at all? (INTERVIEWER NOTE: If respondent asks to define "full-time" please define as 30 or more hours per week)

	4/15	5/14
Full-time	48	46
Part-time	22	23
Not employed	29	31
Retired	7	7
A homemaker	8	6
A student	6	7
Temporarily unemployed	6	9
Disabled/handicapped	2	2
Other	1	1
Refused	*	--

D6. Are you self-employed, or do you work for someone else? (IF R SAYS THEY HAVE MULTIPLE JOBS: "Thinking about the job you spend the most time at...")

*Based on total who are employed; n = 554*

	4/15	5/14
Self-employed	40	35
Work for someone else	59	64
Don't know/refused	1	1

Z-4/D6. Combo table based on total

	3/29/30	5/14
Employed	70	69
Self-employed	28	24
Work for someone else	42	44
Not employed	29	31
Refused	*	--

D6a. Does your employer or union offer a health plan to at least some of its employees? (IF NECESSARY: Does the employer offer to pay all or some of employees' health insurance costs?)

*Based on total who are employed full-time and work for someone else; n = 189*

	4/15
Yes	39
No	60
Don't know/refused	1

Z-4/D6/D6a. Combo table based on total

	4/15
Employed full-time for someone else	26
Employer offers a health to at least some of its employees	10
Employer does not offer a health plan	15
Don't know/refused	*
Employed part-time for someone else	16
Self-employed	28
Not employed	29
Don't know/refused employment status	1

D6b. Which of the following is the main reason why you don't participate in this health plan? Is it because... (READ IN ORDER)

*Asked of total who are employed for someone else and employer offers coverage (sample size insufficient to report)*

D6a/D6b. Combo table based on total who are employed full-time for someone else

	4/15
Employer offers a health plan to at least some of its employees	39
You are not eligible to participate	6
You're not currently eligible, but will be after a waiting period	5
It's less expensive to buy your own coverage than to pay your portion for your employer's plan	16
You're not happy with the plan your employer offers	9
Some other reason I haven't mentioned	2
Don't know/refused	2
Employer does not offer a health plan	60
Don't know/refused	1

D4d. Including all its locations and worksites, about how many people are employed by the company or organization you work for? Just stop me when I get to the right category. Are there fewer than 50 employees, 50 to 100 employees, or more than 100 employees? [IF NECESSARY: Just your best guess.]

*Based on total who are employed full-time for someone else; n = 189*

	4/15
Fewer than 50 employees	53
50 to 100 employees	8
More than 100 employees	35
Don't know/refused	3

D6b/D4d. Combo table based on total

	4/15
Employed full-time for someone else	26
Company has fewer than 50 employees	14
Company has 50 to 100 employees	2
Company has more than 100 employees	9
Don't know/refused	1
Employed part-time for someone else	16
Self-employed	28
Not employed	29
Don't know/refused employment status	1

Z-11a. Generally speaking, do you usually think of yourself as: NOTE: If respondent gives answer such as: "conservative, liberal, vote for best man" Probe: Would that be Republican, Democrat, or independent?

	4/15	5/14
A Republican	23	17
A Democrat	30	34
An independent	40	40
Other	1	1
None/no affiliation	*	*
Don't know/refused	6	7

(PN: ROTATE ITEMS IN PARENS IN SAME ORDER AS D8)

D10. Do you LEAN more towards the (Republican Party) or the (Democratic Party)?

*Based on total who are do not consider themselves Republicans or Democrats; n = 353*

	4/15	5/14
Republican	21	21
Democratic	30	30
Independent/don't lean to either party	30	23
Other party	2	1
Don't know/refused	17	12

Z-11a/D10. Leaned Party Table based on total

	4/15	5/14
Republican	23	17
Lean Republican	10	10
Independent/don't lean	14	12
Lean Democrat	14	15
Democrat	30	34
Other	1	7
Don't know/refused	8	6

(ROTATE 1-5/5-1)

D4. Generally speaking, would you describe your political views as...?

	4/15	5/14
Very conservative	15	13
Somewhat conservative	25	21
Moderate	25	27
Somewhat liberal	17	20
Very liberal	11	13
Don't know/refused	7	6

Z-8 What is the last grade of school you completed? (DO NOT READ LIST)

	4/15	5/14
Less than high school graduate	7	8
High school graduate	31	32
Some college	29	25
Graduated college	21	20
Graduate school or more	9	11
Technical school/other	2	3
Refused	-	1

Z-10. Are you of Hispanic origin or background?

	4/15	5/14
Yes	12	13
No	88	87
Don't know/refused	*	*

CO-1. Were you born in the United States, the island of Puerto Rico, or in another country?

*Asked of total Hispanics (sample size insufficient to report)*

Z-10/CO-1 Combo Table based on total

	4/15	5/14
Hispanic	12	13
Born in the United States	6	8
Born in Puerto Rico	1	--
Born in another country	4	5
Non-Hispanic	88	87
Don't know/refused	*	*

Z-11. Do you consider yourself white, black or African American, Asian, Native American, Pacific Islander, mixed race or some other race? (IF RESPONDENT SAYS HISPANIC ASK: Do you consider yourself a white Hispanic or a black Hispanic?) (INTERVIEWER NOTE: CODE AS WHITE (1) OR BLACK (2). IF RESPONDENTS REFUSED TO PICK WHITE OR BLACK HISPANIC, RECORD HISPANIC AS "OTHER,"

	4/15	5/14
White	75	70
Black or African American	12	15
Asian/Chinese/Japanese	3	4
Native American/American Indian/Alaska Native	1	1
Native Hawaiian and Other Pacific Islander	-	*
Mixed	4	5
Hispanic/Latino	1	3
Other	1	1
Don't know/refused	2	2

Race Summary Table based on total

	4/15	5/14
White non-Hispanic	69	63
Black non-Hispanic	11	13
Hispanic	12	13
Asian	3	4
Native American	1	1
Native Hawaiian	-	*
Mixed	2	4
Other	*	*
Don't know/refused	1	2

D17. How many dependent children do you have, if any? [INTERVIEWER NOTE: If respondent asks to clarify what "dependent children" means, say "Any child who is dependent on you for support, or who you claim as a dependent on your tax return"]

	4/15	5/14
1	16	15
2	13	13
3	5	3
4	2	1
5	1	*
6	*	*
7	*	*
8+	64	65
Don't know/refused	*	1

If family size could not be calculated from previous questions, the following questions were asked:

D18. Besides yourself, how many people are in your family, meaning your spouse and any dependent children? [INTERVIEWER NOTE: If respondent asks to clarify what "dependent children" means, say "Any child who is dependent on you for support, or who you claim as a dependent on your tax return"]

D19. Does anyone else, such as a parent, claim you as a dependent on their tax return?

D20. Is the parent or person who claims you as a dependent married, or not? (INTERVIEWER NOTE: If R says their parents are married but not to each other, code as "1: Married") (INTERVIEWER NOTE: If the R is not claimed by their parent, ask about the person claiming them as a dependent)

D21. Besides yourself, how many other dependent children (do/does) your (parents/parent) have? (INTERVIEWER NOTE: If the R is not claimed by their parent, ask about the person claiming them as a dependent)



**FAMILY SIZE VARIABLE CALCULATED AS FOLLOWS:**

IF Q.Z-2=3: FamilySize= {2+D17}

IF Q.Z-2=1-2 OR 4-6: FamilySize= {1+ D17}

IF Q.D18=(0-16): FamilySize = {1 +D18}

IF Q.D18=D,R: FamilySize = {2}

IF Q.D19=1: FamilySize = {1+ ("2" IF Q.D20=1 OR "1" IF Q.D20=2, D, R) +(Q.D21 OR "0" IF Q.D21=DD OR RR)}

IF Q.D19=2: FamilySize = {1}

IF Q.D19=D, R: FamilySize = {2}

	100%	AMT1 (138%)	AMT2 (250%)	AMT3 (400%)
FamilySize	Poverty guideline			
1	\$11,670	\$16,000	\$29,000	\$47,000
2	\$15,730	\$22,000	\$39,000	\$63,000
3	\$19,790	\$27,000	\$49,000	\$79,000
4	\$23,850	\$33,000	\$60,000	\$95,000
5	\$27,910	\$39,000	\$70,000	\$112,000
6	\$31,970	\$44,000	\$80,000	\$128,000
7	\$36,030	\$50,000	\$90,000	\$144,000
8	\$40,090	\$55,000	\$100,000	\$160,000
9	\$44,150	\$61,000	\$110,000	\$177,000
10	\$48,210	\$67,000	\$121,000	\$193,000
11	\$52,270	\$72,000	\$131,000	\$209,000
12	\$56,330	\$78,000	\$141,000	\$225,000

(IF FAMILYSIZE=1, INSERT FIRST VERBIAGE IN PARENS "PERSONAL" AND DO NOT INSERT BRACKETS)  
 (IF MARRIED OR HAS CHILDREN OR IS A DEPENDENT (Z-2=3 OR D17=1+ OR D18=1+ OR D17=1), INSERT SECOND VERIBIAGE IN PARENS "FAMILY" AND INSERT BRACKETS)  
 (IN BRACKETS: INSERT "AND your spouse" IF married [Q.Z-2=3], INSERT "and your dependent children" if any dependent children [Q.D17=1+], INSERT "AND your spouse and/or any dependent children" [Q.D18=1-17, R], [PN: INSERT "AND your {parents/parent}" if claimed [D19=1], INSERT "AND any other dependent children of your {parents/parent}" if parents have other children [D21=1+], INSERT "AND your {parents/parent} AND/OR any other dependent children of your {parents/parent}" IF don't know [D21=D, R OR D21=D, R] (INSERT FIRST VERBIAGE IN "{}" IF D20=1; INSERT SECOND VERBIAGE IN "{}" IF D20=2, D, R )

D22. To help us describe the people who took part in our study, it would be helpful to know which category best describes your (personal/family) income last year before taxes. [Family income only includes income from you yourself, (AND your spouse), (and your dependent children) (AND your spouse and/or any dependent children), (AND your {parents/parent}), (AND any other dependent children of your {parents/parent}), (AND/OR any other dependent children of your {parents/parent})]. Was your total (personal/family) income in 2014 from all sources, and before taxes, less than (AMOUNT 1), at least (AMOUNT 1) but less than (AMOUNT 3) or (AMOUNT 3) or more?  
 [INTERVIEWER: IF RESPONDENT REFUSES: Your responses are strictly confidential and are not attached to any identifying information. It is important for us to know this information to help us describe people who took part in our study.] [INTERVIEWER: IF RESPONDENT SAYS THEY ARE NOT SURE, PROBE: Can you estimate?]  
 D22a. Is that less than (AMOUNT 2) or (AMOUNT 2) or more? (INTERVIEWER NOTE: PLEASE READ NUMBER AMOUNTS SLOWLY AND CAREFULLY)<sup>5</sup>

	4/15	5/14
Less than (138%)	29	32
At least (138%) but less than (400%)	42	37
Less than (250%)	23	21
(250%) or more	17	15
More than 138% (unspecified)	1	1
(400%) or more	22	20
Don't know/refused	8	11

REGION

	4/15	5/14
Northeast	12	17
North Central	20	24
South	44	34
West	24	26

<sup>5</sup> In order to group people according to income as a percentage of the federal poverty level (FPL), which is tied to an individual's income as well as the size of their family, respondents were first asked a series of questions to determine their family size. These results were then used to plug different dollar values into a question about last year's family income. Self-reported income on the survey was lower than we expected for this group. Research has shown that respondents tend to under-report their income in surveys (see, for example, Moore et. al "Income Measurement Error in Surveys: A Review," available at <http://beta.census.gov/srd/papers/pdf/sm97-05.pdf>). The fact that respondents were asked about their income in the previous year may also be a factor in the lower-than-expected self-reported values. Since this group includes many people who are self-employed or own a small business, their incomes are likely to fluctuate more than people with employer coverage, so prior year's income may not necessarily match up with current income.

**SCREENER**

HH3. Confirm ages 18-64

S1. (Thinking about how you get your health insurance/And just to confirm): I am going to read a few common types of health insurance. For each one, please tell me “yes” if you currently have it and “no” if you don’t. How about [INSERT]?

[PN: DO NOT SCRAMBLE. ONCE RESPONDENT SAYS YES TO ANY ITEM FOLLOW THE INSTRUCTIONS BELOW]

[INTERVIEWER: IF AT ANY POINT RESPONDENT SAYS “I DON’T HAVE ANY HEALTH INSURANCE”: CONFIRM “DO YOU MEAN YOU HAVE NO HEALTH INSURANCE AT ALL?” IF YES, THAN ENTER CODE 3]

- 1 Yes, currently have it
  - 2 No, do not have it
  - 3 You do not have any kind of health insurance
  - D (DO NOT READ) Don’t know
  - R (DO NOT READ) Refused/prefer not to answer
- 
- a. A health plan you get through an employer or union, or through a family member’s employer or union
  - b. [State Medicaid Plan Name], also called Medicaid
  - c. Medicare
  - d. A military health care plan, such as TRI-CARE, CHAMPUS, or CHAMP-VA
  - e. A plan you purchased yourself either from an insurance company or a state or federal marketplace like healthcare.gov or [IF STATE MARKETPLACE: INSERT STATE-SPECIFIC NAME ]
  - f. (IF 18-25) A plan through one of your parents
  - g. Some other kind of insurance I haven’t already mentioned (SPECIFY):\_\_\_\_\_

[IF S1a OR S1b OR S1c OR S1d=1 OR S1f = 1 TERM AS T.S1]

[IF S1e=1 GO TO S10]

[ASK S2 IF ALL ITEM S1a THROUGH S1g = 2,D,R OR IF ANY ITEM S1a THRU S1g=3]

S2. Have you signed up for or purchased health insurance coverage that will begin in the next month, either through an insurance company or a state or federal marketplace like healthcare.gov or [IF STATE MARKETPLACE: INSERT STATE-SPECIFIC NAME]?  
INTERVIEWER NOTE: IF RESPONDENT SAYS THEY STARTED THE PROCESS OF SIGNING UP BUT HAVEN'T COMPLETED IT, CODE AS 2. IF THEY SAY THEY HAVE SIGNED UP FOR COVERAGE BUT HAVEN'T PAID THEIR FIRST PREMIUM YET, CODE AS 1.]

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF S2=1 GO TO S11)

(IF S2=2, D, OR R, TERMINATE)

[ASK S3 IF S1g=1]:

S3. Is that a plan you purchased directly from an insurance company, through a health insurance broker, or from a state or federal health insurance marketplace like healthcare.gov or [IF STATE MARKETPLACE: INSERT STATE-SPECIFIC NAME], or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK S4 IF S3 = 2 or D or R)

S4. Is it a plan purchased through a trade association, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.S4 = 2 OR D OR R, TERMINATE)

(ASK Q.S5 IF Q.S4 = 1)

S5. Do you pay the entire premium yourself, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.S5 = 2 OR D OR R, TERMINATE)

(ASK Q.S10 IF Q.S1e = 1 OR Q.S3 = 1 OR Q.S5 = 1)

S10. Do you purchase your health insurance coverage from a college or university where you or your spouse are enrolled as a student?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

[ASK Q.S10a IF Q.S10=1]

S10a. Does your insurance cover health services received outside the university setting, or is it only good for services received on the college or university campus?

- 1 Covers health services received outside the university setting
- 2 Only good for services received on the college or university campus
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.S10a = 2 OR D OR R, TERMINATE AS TQS10a)

(IF Q.S10a = 1, GO TO Q.S14)

(ASK Q.S11 IF Q.S2 = 1 OR Q.S10 = 2, D, OR R OR Q.S10a = 1)

S11. Are you or your spouse a small business owner, or not?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(ASK Q.S11a IF Q.S11 = 1)

S11a. Is the health insurance that you purchase for yourself part of a plan that also covers non-related employees of your business, or is the plan just for yourself and your family?

- 1 Also covers non-related employees of your business
- 2 Just for yourself and your family
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.S11a = 1 OR D OR R, TERMINATE)

(ASK Q.S12 IF Q.S11 = 2, D, OR R OR Q.S11a = 2)

S12. Is the health insurance that you purchase yourself an extension of coverage that you previously got through an employer, commonly called COBRA?

- 1 Yes
- 2 No
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF Q.S12 = 1 OR D OR R, TERMINATE)



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This publication (#8732-T) is available on the  
Kaiser Family Foundation website at [www.kff.org](http://www.kff.org).

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