



Topline

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

May 2016

METHODOLOGY

The Kaiser Family Foundation (KFF) *Survey of Non-Group Health Insurance Enrollees* is the third 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 9 through March 26, 2016 among a random sample of 786 adult U.S. residents who purchase their own insurance. Computer-assisted telephone interviews conducted by landline (293) and cell phone (493 including 302 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 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

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=142); (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=234); (3) respondents reached as part of the SSRS Omnibus survey (N=410), 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=7,601) and weighting this sample to match the national 18-64 year-old population based on the 2015 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	18-24	7%	12%
	25-29	8	11
	30-39	13	16
	40-49	16	21
	50-64	56	40
	Refused	*	*
Gender	Male	48	49
	Female	52	51
Education	Less than high school graduate	4	6
	High school graduate	20	26
	Some college	27	28
	Graduated college	31	25
	Graduate school or more	16	13
	Technical school/other	1	1
	Refused	*	*
Race/Ethnicity	White, non-Hispanic	74	67
	Black, non-Hispanic	7	9
	Hispanic	8	11
	Other/Mixed	8	10
	Refused	3	3
Self-reported health status	Excellent	22	23
	Very good	32	32
	Good	29	27
	Fair	13	14
	Poor	4	5

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.

Group	N (unweighted)	MOSE
Total non-group enrollees	786	±4 percentage points
ACA-compliant plans	671	±5 percentage points
Marketplace plans	512	±5 percentage points

KAISER FAMILY FOUNDATION SURVEY OF NON-GROUP HEALTH INSURANCE ENROLLEES
Wave 3

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 32–34 for exact screener questions asked)

NG-1. How would you describe your household's financial situation? Would you say you...?

	03/16
Live comfortably	34
Meet your basic expenses with a little left over for extras	33
Just meet your basic expenses	24
Don't have enough to meet basic expenses	8
Don't know/Refused	1

NG-2. 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?) (ENTER ONE ONLY) (rotate items in parentheses)

	03/16	04/15	05/14
Very favorable	22	24	25
Somewhat favorable	24	27	22
Somewhat unfavorable	16	16	13
Very unfavorable	32	27	30
Don't know/Refused	7	6	9

NG-3. So far, would you say you and your family have personally benefited from the health reform law, or not? (rotate NG-3 and NG-4 with NG-5 and NG-6)

	03/16	04/15	05/14
Yes, have benefited	40	40	34
No, have not benefited	58	56	62
Don't know/Refused	3	4	4

- NG-4. 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? (rotate NG-3 and NG-4 with NG-5 and NG-6)

Based on total who say they have benefitted from the health reform law

	03/16 (n=329)	04/15 (n=325)
Allowed someone in your family to get or keep health coverage	31	34
Lowered your health care or insurance costs	22	32
Made it easier for you to get the health care you need	35	29
Don't know/Refused	4	1
Improved coverage, general (Vol.)	2	1
No further mention	2	--
Preventive services benefit/free checkups/women's health/birth control (Vol.)	1	*
Peace of mind/financial protection (Vol.)	1	*
Able to get coverage for preexisting condition (Vol.)	*	*
More choice/ability to choose between plans (Vol.)	*	--
Other insurance reforms (Vol.)	*	--
My insurance is good/no changes (includes family members) (Vol.)	*	--
Or, have you benefitted in some other way (SPECIFY)	2	2

NG-3/NG-4 Combo Table based on total

	03/16	04/15
Have benefitted from the health reform law	40	40
Made it easier for you to get the health care you need	14	11
Allowed someone in your family to get or keep health coverage	12	14
Lowered your health care or insurance costs	9	13
Improved coverage, general (Vol.)	1	*
Don't know/Refused	1	*
No further mention	1	--
Preventive services benefit/free checkups/women's health/birth control (Vol.)	*	*
Able to get coverage for preexisting condition (Vol.)	*	*
Peace of mind/financial protection (Vol.)	*	*
Other insurance reforms (Vol.)	*	--
My insurance is good/no changes (includes family members) (Vol.)	*	--
More choice/ability to choose between plans (Vol.)	*	--
Or, have you benefitted in some other way (SPECIFY)	1	1
Have not benefitted from the health reform law	58	56
Don't know/Refused	3	4

NG-5. So far, would you say you and your family have been negatively affected by the health reform law, or not?
(rotate NG-3 and NG-4 with NG-5 and NG-6)

	03/16	04/15	05/14
Yes, negatively affected	40	33	29
No, not negatively affected	58	64	66
Don't know/Refused	2	3	5

NG-6. 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? (rotate NG-3 and NG-4 with NG-5 and NG-6)

Based on total who say they have been negatively affected by the health reform law

	03/16 (n=314)	04/15 (n=278)
Caused someone in your family to lose their insurance	7	10
Increased your health care or insurance costs	68	64
Made it more difficult to get the health care you need	12	13
Opposed to individual mandate/fines/forced coverage (Vol.)	3	3
Lost job/hours cut/declining income/bad for business (Vol.)	3	1
Can't see the doctor I want/less choice of doctors (Vol.)	1	3
Taxes/having to pay for other people's coverage (Vol.)	1	1
Cut to benefits/less options/choices (general) (Vol.)	1	1
Insurance plan changed (general) (Vol.)	1	*
Don't know/Refused	1	*
Website/enrollment problems (Vol.)	*	--
No further mention	*	--
Or, have you been negatively affected in some other way (SPECIFY)	2	3

NG-5/NG-6 Combo Table based on total

	03/16	04/15
Have been negatively affected by the health reform law	40	33
Increased your health care or insurance costs	27	21
Made it more difficult to get the health care you need	5	4
Caused someone in your family to lose their insurance	3	3
Opposed to individual mandate/fines/forced coverage (Vol.)	1	1
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	*
Can't see the doctor I want/less choice of doctors (Vol.)	*	1
Insurance plan changed (general) (Vol.)	*	*
Don't know/Refused	*	*
Website/enrollment problems (Vol.)	*	--
No further mention	*	--
Or, have you been negatively affected in some other way (SPECIFY)	1	1
Have not been negatively affected by the health reform law	58	64
Don't know/Refused	2	3

READ TO THOSE WHO PURCHASED COVERAGE THAT WILL START IN THE NEXT MONTH: The next set of questions are about your health insurance coverage. For these questions, please think about the plan that you have signed up for that will begin to cover you in the next month. If you feel you are unable to answer any of these questions, just let me know and we'll move on to the next one.

NG-10. How would you rate your overall health insurance coverage – excellent, good, not so good or poor?

	03/16	04/15	05/14
Excellent	15	18	23
Good	53	57	53
Not so good	17	13	10
Poor	13	7	8
Just got my plan/too soon to tell (Vol.)	1	3	NA
Don't know/Refused	1	2	6

NG-11. In general, do you feel well-protected by your health insurance plan, or do you feel vulnerable to high medical bills?

	03/16	04/15	05/14
Feel well-protected by your health insurance plan	52	58	60
Feel vulnerable to high medical bills	44	37	34
Just got my plan/too soon to tell (Vol.)	1	2	NA
Don't know/Refused	2	3	5

NG-12. 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)

	03/16	04/15	05/14
Excellent value	13	13	19
Good value	31	41	37
Only a fair value	28	25	23
Poor value	26	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	1	NA
Don't know/Refused	*	1	3

NG-13. Thinking about your CURRENT health insurance plan, how satisfied are you with each of the following?
 What about (INSERT)? (READ 1ST TIME, THEN AS NECESSARY: Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?) [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]
 (scramble items a-g)

	Very satisfied	Somewhat satisfied	Somewhat dissatisfied	Very dissatisfied	Just got my plan/too soon to tell (Vol.)	Don't know/Refused
a. The premium you have to pay each month for your health insurance coverage						
03/16	19	33	18	27	1	2
04/15	26	32	17	21	1	3
05/14	30	34	13	19	NA	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						
03/16	16	33	20	27	*	4
04/15	22	35	19	20	1	2
05/14	27	35	16	17	NA	5
c. The copay, or amount you have to pay out of your own pocket when you visit a doctor						
03/16	30	34	16	16	1	3
04/15	31	42	13	10	3	2
05/14	36	36	14	10	NA	5
d. The amount you have to pay out of your own pocket when you fill a prescription						
03/16	28	34	17	14	2	6
04/15	31	37	13	11	5	3
05/14	33	36	9	14	NA	8
e. The choice of primary care doctors available under your plan						
03/16	40	37	10	8	2	3
04/15	45	34	9	7	3	2
05/14	45	36	7	7	NA	4
f. The choice of hospitals available under your plan						
03/16	39	37	7	7	3	7
04/15	42	35	8	6	3	6
05/14	43	37	7	5	NA	7
g. The choice of specialists, such as cardiologists and orthopedists, available under your plan						
03/16	29	34	9	9	4	15
04/15	31	34	9	6	8	12
05/14	35	35	8	7	NA	15

- NG-14. In general, how easy or difficult is it for you to afford (INSERT 1ST ITEM)? Is it...?
 What about (INSERT NEXT ITEM)? (IF NECESSARY: Is it (READ LIST) for you to afford this? (READ LIST.
 ENTER ONE ONLY) (Always ask items a and b first, scramble items c-e) / (rotate response options 1-4/4-1)

	Very easy	Somewhat easy	Somewhat difficult	Very difficult	Don't pay/ haven't paid yet (Vol.)	Don't know/ Refused
a. The cost of your health insurance each month						
03/16	16	36	33	13	1	2
04/15	22	31	31	14	1	1
05/14	24	33	28	12	2	2
b. The out-of-pocket costs your insurance doesn't cover, like co-pays and deductible						
03/16	14	31	31	18	3	3
c. Basic necessities such as food, housing, or utilities						
03/16	25	40	26	6	1	2
d. Saving money for retirement, education, or other purposes						
03/16	8	19	31	39	3	1
e. Paying off debt, such as credit card bills, student loans, or other types of debt						
03/16	15	23	30	19	10	2

- NG-15. How worried are you, if at all, that you won't be able to afford the health care services you need?

	03/16	04/15	05/14
Very worried	23	19	30
Somewhat worried	37	37	28
Not too worried	27	28	21
Not at all worried	13	15	20
Don't know/Refused	1	*	*

- NG-16. 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?

	03/16	04/15	05/14
Directly from an insurance company	25	23	28
From healthcare.gov (or [INSERT STATE SPECIFIC MARKETPLACE NAME])	44	46	43
Through an insurance agent or broker	25	27	29
Somewhere else (SPECIFY) (Vol.)	1	2	NA
Don't know/Refused	5	2	--

- NG-17. 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 purchase a plan through marketplace

	03/16 (n=429)	04/15 (n=430)
Marketplace plan	28	25
Non-marketplace plan	27	26
Not sure	39	47
Don't know/Refused	6	3

- NG-18. 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 in marketplace plans and those who don't know if plan is in marketplace or not (n=662)

	03/16
Yes, getting financial assistance	40
No, not getting financial assistance	56
Don't know/Refused	4

- NG-19. As far as you know, is the amount you pay for your health plan reduced based on your income, or is it not reduced based on your income?

Based on total in marketplace plan or don't know if in marketplace plan and who are not getting financial assistance, don't know, or refused to say (n=363)

	03/16
Yes, reduced based on income	21
No, not reduced based on income	67
Don't know/Refused	12

Plan Marketplace Status Table based on total

	03/16
Likely marketplace plan (purchased from marketplace, plan is a marketplace plan, getting premium tax credit or premium is reduced based on income)	64
Not likely marketplace plan	32
Unknown	4

- NG-7. How long have you been covered by your CURRENT health insurance plan? Is this a new plan that started in 2016, (or) a plan that you had for all or part of 2015 and renewed in 2016? If you kept the same insurance company but changed plans, please count this as a new plan.

Based on total who are currently covered (n=767)

	03/16
New as of 2016	45
Had plan for all or part of 2015 and renewed	53
Don't know/Refused	2

- NG-8a. Did your coverage under this health plan first begin in 2015, or in 2014? [Interviewer note: If Respondent says they have the same insurance company but have changed plans, read “We’re interested in how long you’ve had this specific plan, not how long you’ve had a plan from this insurance company.”]

Based on total who renewed a 2015 plan and current plan is likely a marketplace plan (n=228)

	03/16
Coverage began in 2015	50
Coverage began in 2014	43
Coverage began in 2013 or earlier (Vol.)	5
Don’t know/Refused	2

- NG-8b. When did your coverage under this health plan FIRST begin? Was it in 2015, in 2014, or have you had this same plan since 2013 or earlier? [Interviewer note: If Respondent says they have the same insurance company but have changed plans, read “We’re interested in how long you’ve had this specific plan, not how long you’ve had a plan from this insurance company.”]

Based on total who renewed a 2015 plan and current plan is not likely a marketplace plan or unknown (n=194)

	03/16
Coverage began in 2015	25
Coverage began in 2014	12
Have had same plan since 2013 or earlier	57
Don’t know/Refused	5

- NG-8c. Just to confirm, did your COVERAGE under this plan begin (*read if marketplace plan: before the health insurance marketplace opened in 2013/ read if likely marketplace plan or unknown: in 2013 or earlier*), or did you sign up for coverage in 2013 that began in January 2014?

Based on total who say they’ve had their plan since 2013 or earlier (n=124)

	03/16
Coverage began (before the health insurance marketplace opened in 2013/in 2013 or earlier)	82
Signed up for coverage in 2013 that began in January 2014	8
Don’t know/Refused	10

NG-8a/NG-8b/NG-8c Combo Table based on total

	03/16
ACA- compliant plan (NET)	85
Coverage under current plan began in 2016	47
Coverage began in 2015	20
Coverage began in 2014	16
Don’t know/Refused when coverage began	1
Non-compliant plan (have had same non-marketplace plan since 2013 or earlier)	12
Unknown if plan is ACA-compliant	4

NG-9. Did your coverage begin before or after (INSERT INTERVIEW MONTH) 2015?

Based on total whose coverage began in 2015 (n=158)

	03/16
Before (INTERVIEW MONTH) 2015	34
After (INTERVIEW MONTH) 2015	50
During (INTERVIEW MONTH) 2015 (Vol.)	3
Don't know/Refused	13

NG-20. 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 whose plan is new as of 2016 (n=338)

	03/16
Covered by a different plan you purchased yourself	48
Covered by an employer	11
Covered by COBRA	1
Had Medicaid or other public coverage	6
Was uninsured	28
Had coverage from some other source (Vol.)	*
Covered through/by a family member	4
Don't know/Refused	1

NG-21. Thinking back to the plan you had last year, did your coverage under that plan begin before or after (INSERT INTERVIEW MONTH) 2015?

Based on total who switched non-group plans in 2016 (n=174)

	03/16
Before (INTERVIEW MONTH) 2015	83
After (INTERVIEW MONTH) 2015	13
During (INTERVIEW MONTH) 2015 (vol.)	1
Don't know/Refused	3

NG-22. Still thinking about the plan you had last year, did you purchase last year's health plan from the marketplace known as healthcare.gov (or [INSERT STATE-SPECIFIC MARKETPLACE NAME]), or some other way?

Based on total who switched non-group plans in 2016 and purchased current plan from marketplace (sample size insufficient to report)

- NG-23. Still thinking about the plan you had last year, 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?

Based on total who switched non-group plans in 2016 and purchased current marketplace plan some way other than from marketplace (sample size insufficient to report)

- NG-24. Still thinking about the plan you had last year, as far as you know, did you get financial help from the government, such as a premium tax credit or premium assistance, to help pay your monthly premium for health insurance in 2015, or not?

Based on total who switched non-group plans in 2016 and currently not sure if enrolled in marketplace plan and currently getting financial assistance (sample size insufficient to report)

- NG-25. Still thinking about the plan you had last year, was the amount you paid for your 2015 health plan reduced based on your income, or not?

Based on total who switched non-group plans in 2016 and not sure if currently enrolled in marketplace plan and say current plan premium is reduced based on income (sample size insufficient to report)

- NG-26. 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). [READ AFTER 1ST ITEM, THEN AS NECESSARY: Is this a reason why you changed health plans, or not?] (randomize list, always ask item a first; do not ask items b-e if "yes" to item a)

Based on total who switched non-group plans

	Yes, a reason	No, not a reason	Don't know/Refused	Not asked (answered yes to item a)
a. The plan you had last year was cancelled				
03/16 (n=174)	46	52	2	NA
04/15 (n=117)	47	53	1	--
b. Your or your family's health needs changed				
03/16 (n=174)	6	46	2	46
04/15 (n=117)	4	49	--	47
c. You wanted a plan with more choice of providers or one that covered a specific provider				
03/16 (n=174)	11	43	*	46
04/15 (n=117)	8	45	*	47
d. You found a plan with a lower monthly premium than what you would have paid to renew your previous plan				
03/16 (n=174)	35	19	*	46
04/15 (n=117)	37	16	--	47
e. You wanted a plan with a lower annual deductible				
03/16 (n=174)	16	37	1	46
04/15 (n=117)	22	31	--	47

- NG-27. Compared to the plan you had last year, would you say your current plan is mostly (better), mostly (worse), or (better) in some ways and (worse) in others? (rotate items in parentheses)

Based on total who switched non-group plans (n=174)

	03/16
Mostly better	25
Mostly worse	28
Better in some ways and worse in others	35
Don't know/Refused	13

- NG-28. Compared with the health plan you had last year, do you think your current plan offers you (more) financial protection, (less) financial protection or about the same level of financial protection if you need health care? (rotate items in parentheses in the same order as NG-27)

Based on total who switched non-group plans (n=174)

	03/16
More financial protection	16
Less financial protection	34
About the same level of financial protection	47
Don't know/Refused	3

- NG-29. Compared with the health plan you had last year, do you think your current plan is a (better) or (worse) value for the money, or is it about the same? (rotate items in parentheses in the same order as NG-27)

Based on total who switched non-group plans (n=174)

	03/16
Better value	27
Worse value	37
About the same value	33
Don't know/Refused	4

- NG-30. 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? (rotate items in parentheses in the same order as NG-27)

Based on total who switched non-group plans

	03/16 (n=174)	04/15 (n=117)
More choice	13	9
Less choice	23	24
About the same amount of choice	55	60
Don't know/Refused	9	7

- NG-31. 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 who switched non-group plans

	03/16 (n=174)	04/15 (n=117)
Yes, will change doctors	24	31
No, will not change doctors	72	63
Don't know/Refused	3	6

- 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? (rotate response options 1-4/4-1)

Based on total who renewed an ACA-compliant plan

	03/16 (n=311)	04/15 (n=327)
Very easy	49	56
Somewhat easy	34	23
Somewhat difficult	10	12
Very difficult	4	6
Don't know/Refused	2	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 an ACA-compliant plan

	03/16 (n=311)	04/15 (n=327)
Shopped around	40	30
Did not shop	57	69
Don't know/Refused	3	*

- NG-34. 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? (rotate items in parentheses)

Based on total who have ACA-compliant plans and who have changed plans or shopped around

	03/16 (n=492)	04/15 (n=449)
Too many	7	11
Too few	34	27
About right	56	58
Don't know/Refused	3	4

- NG-35. When shopping for a health plan this year, did you check the plans' provider networks to see which doctors and hospitals were covered, or is this not something you looked at?

Based on total who have ACA-compliant plans and who have changed plans or shopped around (n=492)

	03/16
Yes, checked provider networks	54
No, did not check provider networks	44
Don't know/Refused	2

- NG-36. What is the **main** reason you did not shop around before renewing your current health plan? Was it because (you were satisfied with your current plan), because (you didn't have time), because (you didn't want to bother with the hassle of shopping), because (you didn't think you'd be able to find another affordable plan), or was there some other reason you didn't shop around? (rotate items in parentheses)

Based on total who renewed compliant 2015 plan and did not shop around before renewing (n=167)

	03/16
Satisfied with current plan	44
Didn't have time	12
Didn't want to bother with the hassle of shopping	21
Didn't think you'd be able to find another affordable plan	14
Some other reason	1
Wanted to keep current doctors (Vol.)	6
Don't know/Refused	2

- NG-37. Did someone help you [read if new plan in 2016: enroll in health insurance/read if renewed 2015 plan: renew your health plan for 2016] or did you complete the [enrollment/renewal] process on your own?

Based on total with ACA- compliant plans

	03/16 (n=671)	04/15 (n=667)	05/14 ¹ (n=488)
Someone helped you (enroll/renew)	39	44	50
Completed the (enrollment/renewal) process on your own	57	51	49
Auto-renewed (Vol.)	2	4	NA
Don't know/Refused	2	1	1

- NG-38. Who was that person? Was it a family member or friend, a navigator or other enrollment assistance program certified by (the federal health insurance exchange/[INSERT STATE EXCHANGE NAME])², a health insurance broker or agent, a community or county health worker, a health plan representative, or someone else? (ENTER ALL THAT APPLY)

Based on total with ACA-compliant plans who had help with enrollment/renewal

	03/16 (n=268)	04/15 (n=292)	05/14 (n=247)
Family member or friend	18	28	17
A navigator or other enrollment assistance program certified by (the federal health insurance exchange/[INSERT STATE SPECIFIC NAME])	20	NA	NA
A representative from (the federal health insurance exchange/[INSERT STATE SPECIFIC NAME])	NA	21	36
A health insurance broker or agent	39	32	27
A community or county health worker	3	3	12
A health plan representative	15	12	NA
Someone else	7	3	8
Don't know/Refused	*	2	1

¹ Modified question text in 05/14- "Did someone help you enroll in health insurance or did you complete the enrollment process on your own?"

² Modified question text in 04/15 & 05/14- "A representative from (the federal health insurance exchange/STATE SPECIFIC NAME)"

NG-37/NG-38 Combo Table based on total with ACA-compliant plans

	03/16 (n=671)	04/15 (n=667)	05/14 (n=488)
Someone helped you (enroll in/renew) health insurance	39	44	50
Family member/friend	7	12	8
A navigator or other enrollment assistance program certified by the federal health insurance exchange	8	NA	NA
A representative from (the federal health insurance exchange/[INSERT STATE SPECIFIC NAME])	NA	9	18
A health insurance broker or agent	15	14	13
A community/county health worker	1	1	6
A health plan representative	6	5	NA
Someone else	3	2	4
Don't know/Refused	*	1	*
Completed the (enrollment/renewal) process on your own	57	51	49
Auto-renewed (Vol.)	2	4	NA
Don't know/Refused	2	1	1

NG-39. Thinking about when you signed up for your current health plan, how easy or difficult was it for you to (INSERT)? (scramble items) / (rotate response options 1-4/4-1)

Items a, b, d, f- based on total with ACA-compliant plans

Items c & d- based on total with likely marketplace plans

	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						
03/16 (n=671)	28	42	20	6	1	4
04/15 (n=667)	30	36	21	8	3	2
05/14 (n=488)	27	38	19	11	2	3
b. Compare the monthly premium you would have to pay for coverage						
03/16 (n=671)	35	40	16	6	2	2
04/15 (n=667)	39	34	17	7	2	1
05/14 (n=488)	34	35	18	9	2	2
c. Figure out if your income qualifies you for financial assistance						
03/16 (n=512)	31	36	18	8	3	4
04/15 (n=494)	33	34	19	7	4	3
05/14 (n=340)	33	31	16	13	4	4
d. Compare the doctors, hospitals, and other health care providers you could see under each plan						
03/16 (n=671)	26	36	19	10	4	6
04/15 (n=667)	26	31	23	12	4	3
05/14 (n=488)	26	34	22	12	4	3
e. Set up an account with the health insurance marketplace (healthcare.gov/[insert state marketplace name])						
03/16 (n=512)	29	40	16	9	3	3
04/15 (n=494)	30	29	23	12	5	2
05/14 (n=340)	32	27	19	14	3	5
f. Find a policy to meet your needs						
03/16 (n=671)	26	33	25	13	1	3

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 TWO TIMES, THEN AS NECESSARY: Was this extremely important, very important, somewhat important, or not too important in your choice of plans?] (scramble items a-e)

Based on total with ACA-compliant plans³

	Extremely important	Very important	Somewhat important	Not too important	Not important at all (Vol.)	Don't know/Refused
a. The monthly premium costs						
03/16 (n=671)	36	43	15	4	*	2
04/15 (n=667)	38	44	12	4	*	1
05/14 (n=377)	34	46	16	3	--	2
b. The deductibles and copays you have to pay when you use services						
03/16 (n=671)	28	38	25	5	*	3
04/15 (n=667)	32	43	20	4	*	1
05/14 (n=377)	28	44	20	4	--	4
c. The choice of doctors and hospitals available						
03/16 (n=671)	19	40	27	12	*	2
04/15 (n=667)	25	35	26	11	*	1
05/14 (n=377)	24	39	25	9	*	3
d. The range of benefits or a specific benefit covered						
03/16 (n=671)	22	38	30	8	*	2
04/15 (n=667)	23	38	26	11	*	2
05/14 (n=377)	23	40	25	9	--	3
e. Recommendations from friends or family						
03/16 (n=671)	5	13	19	55	6	2
04/15 (n=667)	6	14	21	53	4	2
05/14 (n=377)	6	18	24	44	6	2

³ Modified base in 05/14- Based on total with ACA-compliant plans who considered more than one plan or didn't say how many plans they considered.

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

Based on total with ACA-compliant plans

	03/16 (n=671)	04/15 (n=667)	05/14 (n=488) ⁴
Bronze	22	23	21
Silver	37	37	29
Gold	9	9	7
Platinum	4	6	7
Catastrophic (Vol.)	*	--	--
None of these (Vol.)	2	3	4
Don't know	25	23	30
Refused	--	--	1

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

Based on total who switched non-group plans in 2016 (n=174)

	03/16
Bronze	22
Silver	32
Gold	11
Platinum	6
None of these (Vol.)	3
Don't know	26
Refused	--

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 YEARLY OR QUARTERLY AMOUNT)

NG-44. (ASK IF RESPONDENT SAYS PREMIUM IS \$0 OR IF PREMIUM IS > \$2,000 A MONTH/\$6,000 A QUARTER/\$24,000 A 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 NG-43) per (month/quarter/year). Is that correct?

NG-43/NG-44Combo Table *based on total with ACA- compliant plans (n=671)*

	03/16
\$1-\$200	35
\$201-\$500	28
\$501+	19
Less than \$1 per month	4
Don't know/Refused	13

⁴ Modified base in 05/14-Based on total in ACA compliant plans brought through state/federal marketplace, recently signed up but coverage hasn't started yet, or coverage took effect on or after Jan 1, 2014

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

Based on total with ACA-compliant plans (n=671)

	03/16
Just for self	66
Other members of your family	33
Don't know/Refused	1

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

Based on total with ACA-compliant plans who say amount paid for coverage includes other family members (n=214)

	03/16
2	63
3	10
4	16
5	8
6	3
7	*
8+	--
Don't know/Refused	--

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

Based on total with ACA-compliant plans who say amount paid for coverage includes other family members (n=214)

	03/16
None	62
1	13
2	16
3	7
4	2
5	*
6	--
7	--
8+	--
Don't know/Refused	--

- NG-48. 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.]

Based on total with ACA-compliant plans (n=671)

	03/16
Less than \$1500	30
\$1500 or more	53
\$0/No deductible	3
Don't know/Refused	15

- NG-49. 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 with ACA-compliant plans who pay an annual deductible and have a family plan (n=180)

	03/16
Family deductible	37
Per person deductible	53
Don't know/Refused	10

- NG-50. 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.]

Based on total with ACA-compliant plans and who pay a family deductible and deductible is \$1500 or more (sample size insufficient to report)

Deductible Combo Table based on total with ACA-compliant plans

	03/16 (n=671)	04/15 (n=667)
High-deductible (\$1500 or more individual/\$3000 or more family)	49	36
Not high-deductible (less than \$1500 individual/less than \$3000 family)	35	46
Undetermined	16	18

- NG-51. In the past 12 months, approximately how many times have you (and the other family members covered by your plan) used your insurance, such as to see a doctor or fill a prescription? Would you say (READ CATEGORIES)? (IF NECESSARY: Your best guess is fine.) [INTERVIEWER NOTE: If respondent asks if we're only referring to the plan they have now, read "We're interested in how many times you've used ANY health insurance plan in the past 12 months, whether it was the plan you have now or the plan you had last year."] [INTERVIEWER NOTE: If respondent asks what counts as using their plan, read "We're looking for an estimate of the number of times you've done things like filled a prescription or visited a doctor or hospital." (IF NECESSARY: Each time you fill a prescription would count as one use.)]

Based on total with ACA compliant plans who've had non-group coverage for at least 12 months (n=357)

	03/16
Not at all	13
Between 1 and 10 times	54
Between 11 and 20 times	20
More than 20 times	13
Don't know/Refused	*

- NG-52. 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?

Based on total with ACA-compliant plans who've had non-group coverage for at least 12 months (n=357)

	03/16
Yes, there was	20
No, there was not	79
Don't know/Refused	*

- NG-53. 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?

Based on total with ACA-compliant plans who've had non-group coverage for at least 12 months (n=357)

	03/16
Yes, there was	16
No, there was not	84
Don't know/Refused	*

NG-54. 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)? (scramble items a-f)

Based on total with ACA-compliant plans who've had non-group coverage for at least 12 months (n=357)

	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 03/16	21	77	1	1
b. Your plan paid less than you expected for a bill you received from a doctor, hospital, or lab 03/16	36	62	2	1
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 03/16	4	92	2	1
d. A particular doctor you wanted to see was not covered by your plan 03/16	20	77	2	*
e. A particular hospital you wanted to visit was not covered by your plan 03/16	10	86	3	1
f. Your plan would not cover a prescription drug or required a very expensive copay for a drug that a doctor prescribed 03/16	26	71	1	2

NG-55. You said there was a doctor you wanted to see that was not covered by your plan. Was that a primary care doctor, or a specialist, such as a cardiologist or orthopedist? [IF SPECIALIST, PROBE: What type of specialist was that?]

Based on total with ACA-compliant plans who said doctor they wanted to see was not covered by their plan (sample size insufficient to report)

NG-54d/NG-55 Combo Table based on total compliant and had coverage for 12+ months (n=357)

	03/16
A particular doctor you wanted to see was not covered by your plan	20
Primary care doctor	9
Cardiologist	*
Dermatologist	1
Endocrinologist	*
ENT/ear nose throat specialist	*
Eye specialist (ophthalmologist/optometrist)	1
Gynecologist/OBGYN	1
Neurologist	1
Orthopedist	2
Urologist	1
Other specialist	2
Both primary care and specialist (Vol.)	1
Don't know/Refused	*
Did not experience a particular doctor you wanted to see not being covered by your plan	80

NG-56. As far as you know, under your health plan, do you have to pay any out-of-pocket costs, such as a copay or deductible, for preventive services like vaccinations and blood pressure screenings, or are preventive services paid for completely by the plan?

Based on total with ACA- compliant plans (n=671)

	03/16
Have to pay out-of-pocket costs for preventive services	33
Preventive services are paid for completely by the plan	47
Don't know/Refused	20

NG-57. In the past 12 months, have you [*read if family plan:* or another family member covered by your plan] had any problems paying medical bills, such as bills for doctors, hospitals, medications, or other health care services, or not?

Based on total with ACA-compliant plans (n=671)

	03/16
Yes, have	25
No, have not	75
Don't know/Refused	1

DEMOGRAPHICS:

READ TO ALL: Finally, I have just a few questions we will use to describe the people who took part in our survey...

Z-7 What is your age?

Z-7a Could you please tell me if you are ...? (READ LIST)

	03/16	04/15	05/14
18-29	23	25	29
30-49	37	38	35
50-64	40	37	35
Refused	*	--	*

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

	03/16	04/15	05/14
Excellent	23	26	24
Very good	32	33	31
Good	27	27	30
Fair	14	10	11
Poor	5	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?

	03/16	04/15	05/14
Yes	15	14	14
No	85	85	85
Don't know/Refused	*	*	1

D3. Do you (or any other family member covered by your plan) have an ongoing or serious health problem like heart disease, arthritis, or a mental health condition that requires frequent medical care such as regular doctor visits, or that has resulted in hospitalization in the past year?

	03/16
Yes	20
No	79
Don't know/Refused	*

Z-2. Are you: (READ LIST)

	03/16	04/15	05/14
Single, that is never married	25	27	34
Single, living with a partner	9	8	9
Married	51	48	40
Separated	2	2	2
Widowed	2	3	3
Divorced	10	11	11
Refused	1	*	1

- L1. Thinking about your telephone use, does anyone in your household, including yourself, have a working cell phone?

Based on total Landline respondents (n=293)

	03/16
Yes, respondent or someone in household has cell phone	85
No	15
Don't know/Refused	--

- C1. Now thinking about your telephone use, is there at least one telephone INSIDE your home that is currently working and is not a cell phone?

Based on total Cell phone respondents (n=493)

	03/16
Yes, has a home telephone	25
No	75
Don't know/Refused	1

L1/C1 Combo Table based on total

	03/16
Landline only	5
Both Landline and cell phone	45
Cell phone only	50
Don't know/ Refused	*

- Z-4/Z-5 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)

	03/16	04/15	05/14
Full-time	50	48	46
Part-time	22	22	23
Not employed	28	29	31
Retired	9	7	7
A homemaker	5	8	6
A student	5	6	7
Temporarily unemployed	7	6	9
Disabled/handicapped (Vol.)	1	2	2
Other (Vol.)	1	1	1
Don't know/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

	03/16 (n=540)	04/15 (n=554)	05/14 (n=501)
Self-employed	43	40	35
Work for someone else	56	59	64
Don't know/Refused	*	1	1

Z-4/D6. Combo Table based on total

	03/16	04/15	05/14
Employed	72	70	69
Self employed	31	28	24
Work for someone else	40	42	44
Don't know/Refused	*	--	--
Not employed	28	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 and work for someone else (n=281)

	03/16
Yes	44
No	53
Don't know/Refused	3

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

Based on total who are employed for someone else and employer offers coverage (n=126)

	03/16
You're not eligible to participate	29
You're not currently eligible, but will be after a waiting period	8
It's less expensive to buy your own coverage than to pay your portion for your employer's plan	34
You're not happy with the plan your employer offers	19
Some other reason I haven't mentioned	5
Don't know/Refused	3

- 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? (rotate 1-2)

	03/16	04/15	05/14
A Republican	21	23	17
A Democrat	30	30	34
An independent	39	40	40
Other (specify) (Vol.)	1	1	1
None/no affiliation	1	*	*
Don't know/Refused	8	6	7

- D10. Do you LEAN more towards the (Republican Party) or the (Democratic Party)? (rotate items in parentheses)

Based on total who do not consider themselves Republicans or Democrats

	03/16 (n=360)	04/15 (n=353)	05/14 (n=348)
Republican	25	21	21
Democratic	32	30	30
Independent/don't lean to either party	26	30	23
Other party (Vol.)	*	2	1
Don't know/Refused	16	17	12

Z-11a/D10. Combo Table based on total

	03/16	04/15	05/14
Republican	21	23	17
Lean Republican	12	10	10
Independent/Don't lean	13	14	12
Lean Democrat	15	14	15
Democrat	30	30	34
Other (Vol.)	*	1	7
Don't know/Refused	8	8	6

D4. Generally speaking, would you describe your political views as...? (rotate 1-5/5-1)

	03/16	04/15	05/14
Very conservative	14	15	13
Somewhat conservative	22	25	21
Moderate	25	25	27
Somewhat liberal	22	17	20
Very liberal	10	11	13
Don't know/Refused	7	7	6

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

	03/16	04/15	05/14
Less than high school graduate	6	7	8
High school graduate	26	31	32
Some college (including Associate's degree)	28	29	25
Graduated college (4 year/Bachelor's degree)	25	21	20
Graduate school or more	13	9	11
Technical school/Other	1	2	3
Refused	*	-	1

Z-10 Are you of Hispanic origin or background?

	03/16	04/15	05/14
Yes	11	12	13
No	87	88	87
Don't know/Refused	2	*	*

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

	03/16	04/15	05/14
Hispanic	11	12	13
Born in the U.S.	5	6	8
Born in Puerto Rico	1	1	--
Born in another country	5	4	5
Non-Hispanic	87	88	87
Don't know/Refused	2	*	*

- 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")

Race Summary Table based on total

	03/16	04/15	05/14
White non-Hispanic	67	69	63
Black non-Hispanic	9	11	13
Hispanic	11	12	13
Asian	4	3	4
Native American	1	1	1
Native Hawaiian	--	--	*
Mixed race	4	2	4
Other	*	*	*
Don't know/Refused	3	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"]

	03/16	04/15	05/14
1	12	16	15
2	11	13	13
3	4	5	3
4	1	2	1
5	*	1	*
6	--	*	*
7	--	*	*
8+	*	64	65
None	69	NA	NA
Don't know/Refused	1	*	1

(ASK Q.D18 IF Q.Z-2 = 9 OR Q.D17 = DD,RR)

- 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"]

(ASK Q.D19 IF (Q.Z-7 = <30 OR Q.Z-7a = 1, or 5) AND Q.Z-2 = 1, 2, 4, 5, 6, OR 9 AND Q.D17 = NN AND Q.Z-4 = 3 OR 9)

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

(ASK Q.D20 IF Q.D19 = 1)

- 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)

(ASK Q.D21 IF Q.D19 = 1)

- 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)

PN: CALCULATE FAMILYSIZE VARIABLE AS FOLLOWING:

Update the following to new question numbers:

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}

(PN: QUESTION D22 REFERS TO THE TABLE BELOW)

	100%	AMT1 (138%)	AMT2 (250%)	AMT3 (400%)
FamilySize	Poverty guideline			
1	\$11,770	\$16,000	\$29,000	\$47,000
2	\$15,930	\$22,000	\$40,000	\$64,000
3	\$20,090	\$28,000	\$50,000	\$80,000
4	\$24,250	\$33,000	\$61,000	\$97,000
5	\$28,410	\$39,000	\$71,000	\$114,000
6	\$32,570	\$45,000	\$81,000	\$130,000
7	\$36,730	\$51,000	\$92,000	\$147,000
8	\$40,890	\$56,000	\$102,000	\$164,000
9	\$45,050	\$62,000	\$113,000	\$180,000
10	\$49,210	\$68,000	\$123,000	\$197,000
11	\$53,370	\$74,000	\$133,000	\$213,000
12	\$57,530	\$79,000	\$144,000	\$230,000

(N1008 QD22; N1124 QD22)

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 2015 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)

	03/16	04/15	05/14
Less than 138% FPL	21	29	32
At least 138% but less than 400% FPL	41	42	37
At least 138%, but less than 250% FPL	22	23	21
At least 250% but less than 400% FPL	17	17	15
More than 138% FPL (unspecified)	1	1	1
400% FPL or more	29	22	20
Undetermined	10	8	11

REGION

	03/16	04/15	05/14
Northeast	20	12	17
North Central	22	20	24
South	36	44	34
West	22	24	26

METRO STATUS

	03/16	04/15	05/14
Urban	36	36	26
Suburban	42	45	53
Rural	18	19	21

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

	03/16
Male	49
Female	51

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, THEN 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. Medicaid, which may also be called [State Medicaid Plan Name] (IF NECESSARY, READ: Medicaid is the government health insurance and long-term care program for certain low-income adults and children)
- c. Medicare (IF NECESSARY, READ: Medicare is the government health insurance program for seniors and some younger adults with long-term disabilities)
- 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 TS1]

[IF S1e=1 GO TO S11]

[ASK Q.S2a IF ALL ITEMS Q.S1a THROUGH Q.S1g=2,D,R] OR [Q.S1a-e = 2, D, R TO ALL AND Q.S1f IS BLANK]

S2a. Just to confirm, you are not covered by any form of health insurance right now. Is that correct?

- 1 Correct, not covered by health insurance right now
- 2 Incorrect, have some form of health coverage now
- 3 (DO NOT READ) Have signed up for coverage but it hasn’t started yet
- D (DO NOT READ) Don’t know
- R (DO NOT READ) Refused

(IF S2a=1 GO TO S2)

(IF S2a=2 GO TO S3)

(IF S2a=3 GO TO S2b)

(IF S2a=D OR R, TERMINATE)

[ASK Q.S2 IF Q.S2a = 1 OR IF ANY ITEM Q.S1a THRU Q.S1g=3]

S2. Have you signed up for or purchased health insurance coverage that will begin in the next month, or not?
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 S2b)

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

(ASK Q.S2b IF Q.S2a = 3 OR Q.S2 = 1)

S2b. Is that a plan through an employer or union, a plan you purchased yourself either from an insurance company, broker, or a state or federal marketplace like healthcare.gov or [IF STATE MARKETPLACE: INSERT STATE-SPECIFIC NAME], Medicare, Medicaid or [INSERT STATE-SPECIFIC MEDICAID NAME]), or some other type of health plan? [IF NECESSARY: I'm asking about the plan that you signed up for that will begin covering you in the next month.]

- 1 Plan through an employer or union
- 2 Plan you purchased yourself from an insurance company, broker, or state or federal marketplace
- 3 Medicare
- 4 Medicaid or [STATE MEDICAID NAME]
- 5 Some other type of health plan
- D (DO NOT READ) Don't know
- R (DO NOT READ) Refused

(IF S2b=2 GO TO S11)

(IF S2b=1, 3, 4, 5, D, OR R, TERMINATE)

[ASK S3 IF S1g=1 OR S2a = 2]:

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

(IF Q.S3 = 2 OR D OR R, TERMINATE)

(ASK Q.S11 IF Q.S1e = 1 OR Q.S2 = 1 OR Q.S2b = 2 OR Q.S3=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

(IF Q.S11=D, R TERMINATE)

(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 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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