



The Centers for Medicare & Medicaid Services is conducting this survey to ask about your recent experiences receiving health care and should take about 15 minutes to complete.

Your participation is voluntary, and there is no loss of benefits or penalty of any kind for deciding not to participate. You may skip any questions that you do not feel comfortable answering. Your participation in this research is private, and we will not share your name or any other identifying information with any outside organization. Please contact Thoroughbred Research Group toll-free at 1-844-859-7862 with questions about this research.

Your password is located in the middle of the page of the notification letter or survey booklet you received.

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When ready click START to proceed.

START

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1300**. The time required to complete this information collection is estimated to average **15 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

If you have any questions, or problems, please contact us by e-mail at survey@torinc.net.

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OMB Control Number: 0938-1300
Expiration Date: TBD

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The State of Indiana currently runs an insurance program called the Healthy Indiana Plan (also called HIP 2.0) for Hoosiers ages 19 to 64.

1. Are you currently enrolled in the "Healthy Indiana Plan 2.0" (also called "HIP 2.0")?

- Yes
- No
- Not sure/Don't know

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2. Have you ever been enrolled in HIP 2.0?

- Yes
- No
- Not sure/Don't know

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3. Were you enrolled in HIP 2.0 within the last 12 months?

- Yes
- No

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4. With which HIP 2.0 health plan were you enrolled?

- Anthem
- MDwise
- MHS - Managed Health Services
- Not sure/Don't know

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The following questions are about your understanding and experiences **since you left HIP.**

5. Do you have **any** health insurance coverage right now?

- Yes
- No
- Not sure/Don't know

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6. How long have you had your current health insurance coverage?

- Less than one month
- Between 1 and 6 months
- More than 6 months

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7. After you were no longer enrolled in HIP 2.0, how long did it take you to get your current health insurance coverage?

- Less than one month
- Between 1 and 6 months
- More than 6 months

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8. After you were no longer enrolled in HIP 2.0, was there any time when you needed health care but did not get it because you could not pay for transportation or could not get transportation?

- Yes
- No
- Not sure/Don't know

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9. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?

<i>Please mark one answer in each row.</i>	Could not pay for transportation	Could not get transportation	No trouble with transportation for this type of care	N/A
A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care for a non-emergency condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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10. After you were no longer enrolled in HIP 2.0, was there any time you needed health care but did not get it because of costs **other than transportation**?

- Yes
- No
- Not sure/Don't know

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11. After you were no longer enrolled in HIP 2.0, what types of health care were you unable to get because of costs **other than transportation**?

<i>Please mark one answer in each row.</i>	Yes	No	N/A
A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, cholesterol or cancer screenings)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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12. Why did you leave HIP 2.0? Please mark one answer in each row.

I left HIP 2.0 because ...	Yes	No	Not Sure
I got an increase in my income and was no longer eligible for HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had other health insurance available to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not finish my paperwork and return it in time to stay in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not pay my contribution (for example: forgot, was too late, did not have money)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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13. Would you try to re-enroll in HIP 2.0 if you became eligible for the program again?

- Yes
- No
- Not sure/Don't know

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The following questions are about your understanding and experiences with HIP contributions and POWER accounts **while you were in HIP 2.0.**

14. While you were in HIP 2.0, did you have a POWER account? POWER accounts are health savings accounts called Personal Wellness and Responsibility Accounts.

- Yes
- No
- Not sure/Don't know

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15. While you were in HIP 2.0, did you know how much money was in your POWER account?

- Yes, I knew exactly how much
- Yes, I had a pretty good idea
- No, I did not really know at all

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16. While you were in HIP 2.0, were you **required** to make a contribution(s)?

- Yes
- No
- Not sure/Don't know

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17. While you were in HIP 2.0, how was that contribution(s) paid?

- I paid it
- Someone paid the full amount for me
- I paid part and someone else paid part
- The contribution has not been paid
- Not sure/Don't know

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18. While you were in HIP 2.0, would you say the amount you were required to contribute was:

- More than I could afford
- An amount I could afford
- Less than I could afford
- Not sure/Don't know

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19. While you were in HIP 2.0, how worried were you about not having enough money to pay your contribution(s)?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

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20. After you were no longer enrolled in HIP 2.0, was any part of your contribution(s) returned to you or refunded?

- Yes
- No
- Account had zero balance
- Not sure/Don't know

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21. Why did you not contribute?

<i>Please mark one answer in each row.</i>	Yes	No	Not Sure
I did not have to contribute	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not afford to make the contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not understand how to contribute/too confusing to understand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did not think contributing helped me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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22. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs. While you were in HIP 2.0, would you say the amount you were required to pay in copays was:

- More than I could afford
- An amount that I could afford
- Less than I could afford
- Not sure/Don't know

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23. While you were in HIP 2.0, how worried were you about not having enough money to pay your copays?

- Not at all worried
- A little worried
- Somewhat worried
- Very worried
- Extremely worried

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24. While you were in HIP 2.0, what did you think would happen, if anything, if a person's contribution was not made on time?

- Nothing would change
- Their HIP 2.0 coverage would end
- They would automatically get moved to HIP Basic
- Not sure/Don't know

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25. How long did you think a person would need to wait to re-enroll in HIP 2.0?

- No wait time
- 3 months
- 6 months
- 12 months
- Not sure/Don't know

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26. How easy or hard was it to understand how to use a POWER account?

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard

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27. For each of the following statements about POWER accounts, please tell us whether you agree, disagree, or are not sure.

<i>Please mark one answer in each row.</i>	Agree	Disagree	Not Sure
The State of Indiana contributes to POWER accounts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIP 2.0 contribution(s) go to POWER accounts	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
POWER accounts help people pay for the health care services they need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POWER accounts help people understand the cost of their health care services	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
POWER accounts make people feel comfortable about paying for their health care services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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28. How easy or hard was it to understand what happened to any leftover money in a POWER account at the end of the year?

- Very easy
- Somewhat easy
- Neither easy nor hard
- Somewhat hard
- Very hard

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Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems. The following questions ask about preventive services and POWER accounts **in HIP 2.0.**

29. Is the cost of preventive services paid from the POWER account?

- Yes
- No
- Not sure/Don't know

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Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems.

30. If someone gets **all or some** of their recommended preventive services, would some of the remaining money in a POWER account get rolled over to next year?

- Yes
- No
- Not sure/Don't know

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Preventive services are routine health care services that include getting a flu shot, annual checkups, blood pressure checks, family planning services, prenatal services, cholesterol screenings, or cancer screenings to prevent illness, disease, and other health-related problems.

31. Please tell us whether you agree, disagree, or are not sure about with the following statement: POWER accounts make it more likely for someone to try and get **all or some** of their recommended preventive services.

- Agree
- Disagree
- Not sure/Don't know

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For the following questions please think about your health care experience **since you left HIP.**

32. After you were no longer enrolled in HIP 2.0, did you go to a doctor, nurse, or any other health professional or get prescription drugs?

- Yes
- No
- Not sure/Don't know

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33. After you were no longer enrolled in HIP 2.0, were you asked to pay a copay at your most recent visit? Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.

- Yes
- No
- No, I was asked to pay the whole bill
- Not sure/Don't know

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34. How was that copay paid, if at all?

- I paid it
- Someone paid it for me
- The co-payment was not paid
- Not sure/Don't know

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35. After you were no longer enrolled in HIP 2.0, were any of your health care visits for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

- Yes
- No
- Not sure/Don't know

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36. Thinking about your overall experience with HIP 2.0, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/ Don't know

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37. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below.

<i>Please mark one answer in each row.</i>	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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38. Are you currently in HIP Basic?

- Yes
- No
- Not sure/Don't know

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39. Thinking about your current HIP Basic coverage, how does it compare to HIP Plus? Is it better, about the same, or worse?

- Better than HIP Plus coverage
- About the same as HIP Plus coverage
- Worse than HIP Plus coverage
- Not sure/Don't know

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40. Why do you think your current HIP Basic coverage is better? *Mark one or more.*

- I like the benefits in HIP Basic better than HIP Plus
- I think HIP Basic is cheaper than HIP Plus
- Other reason

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41. Why do you think your current HIP Basic coverage is worse? *Mark one or more.*

- I liked the benefits in HIP Plus better than HIP Basic
- I think HIP Plus is cheaper than HIP Basic
- Other reason

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42. Would you try to re-apply for HIP Plus if you became eligible for HIP Plus again?

- Yes
- No
- Not sure/Don't know

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43. While you were in HIP Plus, what did you think would happen, if anything, if your contribution(s) were not made on time?

- Nothing would change
- My HIP 2.0 coverage would end
- They would automatically get moved to HIP Basic
- Not sure/Don't know

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44. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because you could not pay for transportation or could not get transportation?

- Yes
- No
- Not sure/Don't know

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45. What types of health care were you unable to get because you could not pay for transportation or could not get transportation?

<i>Please mark one answer in each row.</i>	Could not pay for transportation	Could not get transportation	No trouble with transportation for this type of care	N/A
A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, or cholesterol or cancer screenings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care for a non-emergency condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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46. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, was there any time you needed health care but did not get it because of costs **other than transportation?**

- Yes
- No
- Not sure/Don't know

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47. Since your HIP 2.0 coverage changed from HIP Plus to HIP Basic, what types of health care were you unable to get because of costs **other than transportation**?

Please mark one answer in each row.

	Yes	No	N/A
A visit to the doctor when you were sick	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventive care (such as blood pressure check, flu shot, family planning services, prenatal services, or cholesterol or cancer screenings)	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
A follow up visit to get tests or care recommended by your doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental care	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vision (eye) care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency room care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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48. Thinking about your experience in **HIP Basic**, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/ Don't know

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49. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in **HIP Basic**.

<i>Please mark one answer in each row.</i>	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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50. Thinking about your previous experience in **HIP Plus**, would you say you are:

- Very Satisfied
- Somewhat Satisfied
- Neither Satisfied nor Dissatisfied
- Somewhat Dissatisfied
- Very Dissatisfied
- Not sure/ Don't know

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51. Please tell us how satisfied or dissatisfied you are with each HIP 2.0 item below in **HIP Plus**.

<i>Please mark one answer in each row.</i>	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied
Length of time for coverage to begin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to see my doctors with HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Choice of doctors in HIP 2.0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coverage of health care services that I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Understanding how POWER accounts work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost of contribution(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
HIP 2.0 enrollment process	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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We are studying ways to meet people's health care needs, and would like your thoughts about what you would like in your benefits package.

People pay for their health care services in different ways. Some people pay monthly contributions, some people pay copays, and some people pay both. Copays are payments you make at the time you visit your doctor's office, go to the hospital, or get prescription drugs.

52. If you could choose **how to pay** for your health care services, what would you choose?

- I would choose to pay copays at my health care visits
- I would choose to make monthly contributions
- It does not matter to me

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53. How important are each of the following factors when thinking about enrolling in a benefits package?

<i>Please mark one answer in each row.</i>	Very important	Somewhat important	Not at all important
The cost of monthly contributions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for doctor visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for non-emergency visits to the emergency room	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The cost of copays for prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The length of time with no coverage if I miss a monthly contribution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If I lose coverage, being able to pay a missed contribution to get my coverage back	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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54. Would you say that in general your health is:

- Excellent
- Very good
- Good
- Fair
- Poor

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55. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

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56. What best describes your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- A homemaker
- A full-time student
- Unable to work for health reasons
- Unemployed

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57. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

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58. Are you male or female?

- Male
- Female

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59. Are you of Hispanic, Latino/a, or Spanish origin? One or more categories may be selected.

- No, not of Hispanic, Latino/a, or Spanish origin
- Yes, Mexican, Mexican American, Chicano/a
- Yes, Puerto Rican
- Yes, Cuban
- Yes, another Hispanic, Latino/a, or Spanish origin

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60. What is your race? *Mark one or more.*

- White
- Black or African-American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Some other race

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61a. Including yourself, how many people in your family live in your household?

- One person
- Two people
- Three people
- Four people
- Five people
- Six people
- Seven people
- Eight people
- Nine people
- Ten or more people

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$6,000
- Above \$6,000 and less than \$12,000
- At or above \$12,000 and less than \$16,000
- At or above \$16,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$8,000
- Above \$8,000 and less than \$16,000
- At or above \$16,000 and less than \$22,000
- At or above \$22,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$10,000
- Above \$10,000 and less than \$20,000
- At or above \$20,000 and less than \$28,000
- At or above \$28,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$12,000
- Above \$12,000 and less than \$24,000
- At or above \$24,000 and less than \$33,000
- At or above \$33,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$14,000
- Above \$14,000 and less than \$28,000
- At or above \$28,000 and less than \$39,000
- At or above \$39,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$16,000
- Above \$16,000 and less than \$33,000
- At or above \$33,000 and less than \$45,000
- At or above \$45,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$18,000
- Above \$18,000 and less than \$37,000
- At or above \$37,000 and less than \$51,000
- At or above \$51,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$20,000
- Above \$20,000 and less than \$41,000
- At or above \$41,000 and less than \$56,000
- At or above \$56,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$23,000
- Above \$23,000 and less than \$45,000
- At or above \$45,000 and less than \$62,000
- At or above \$62,000

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61. Please mark the category that best describes your family's total income over the last year before taxes and other deductions. Your best estimate is fine.

- At or below \$25,000
- Above \$25,000 and less than \$49,000
- At or above \$49,000 and less than \$68,000
- At or above \$68,000

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62. Did someone help you complete this survey?

- Yes
- No

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63. How did that person help you? *Mark one or more.*

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language

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Thank you for your participation.

That concludes our survey. Thank you for taking the time to share your opinions today.

You may now close this window, your responses have been successfully recorded.

Thanks again, and have a great day.

Questions? Email us at survey@torinc.net
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