SECTION FD: HEALTH INSURANCE

The next set of questions are about health insurance.

FD1. Are you yourself currently covered by Medicaid, Medicare or any other government health insurance?

1. YES → NEXT PAGE, FD6

5. NO

FD2. Are you currently covered by any health insurance plan through your current employer, <u>former</u> employer, or union?

1. YES → NEXT PAGE, FD6

5. NO

FD3. Are you currently covered by any other health plans, including any plans through someone else, military health plans, or plans you have bought on your own directly through a health insurance agency?

1. YES → NEXT PAGE, FD6

5. NO

FD4. What is the <u>main reason</u> you are without health care coverage?

01. LOST MEDICAID OR MEDICAL ASSISTANCE ELIGIBILITY	02. COULD NOT AFFORD TO PAY THE PREMIUMS	03. INSURANCE COMPANY REFUSED COVERAGE
04. CURRENT EMPLOYER DOESN'T OFFER HEALTH PLANS	05. NOT ELIGIBLE FOR HEALTH PLAN AT WORK PLACE	06. LOST JOB OR CHANGED JOBS
07. HEALTHY, DON'T NEED A HEALTH PLAN	97. OTHER (SPECIFY) _____	

FD5. In what month and year did you last have a health insurance plan for yourself?

_____ / _____
MONTH YEAR

96/9996. NEVER

FD6 INTERVIEWER CHECKPOINT

SEE COVERSHEET: P. 3, ITEM 15

☐ **1. ANY OWN OR CAREGIVEN CHILDREN UNDER 18 IN THE HH?**

☐ **2. ALL OTHERS → TURN TO P. 92, SECTION GA**

FD7. (Is your child/Are any of your children) currently covered by Medicaid or Medicare?

1. YES
TURN TO P. 92, SECTION GA

5. NO

FD8. The State of Michigan offers programs called "Healthy Kids" and "MIChild" that provide health insurance to children who are presently uninsured. (Is your child/Are any of your children) currently covered by Healthy Kids or MIChild?

1. YES
TURN TO P. 92, SECTION GA

5. NO

FD8a. Have you ever applied for MIChild for coverage for your (child/children)?

1. YES
NEXT PAGE, FD9

5. NO

FD8b. What was the main reason you didn't apply?

1. DIDN'T KNOW ABOUT IT
2. HAVE HEALTH COVERAGE THROUGH A DIFFERENT SOURCE
3. WAS NOT ELIGIBLE
4. TOO MUCH HASSLE
5. CURRENTLY PLANNING TO APPLY
6. CHILDREN HEALTHY – DIDN'T THINK NEEDED IT
7. OTHER (SPECIFY) _____
_____

FD9. (Is your child/Are any of your children) currently covered by a plan through your current employer, past employer, or union?

1. YES	5. NO
NEXT PAGE, SECTION GA	

FD10. (Is your child/Are any of your children) currently covered by any other health insurance, including any plans through someone else, military health plans, or plans you have bought on your own directly through a health insurance agency?

1. YES	5. NO
NEXT PAGE, SECTION GA	

FD11. What is the <u>main reason</u> your (child is/children are) without health care coverage?

01. LOST MI CHILD OR MEDICAL ASSISTANCE ELIGIBILITY	02. COULD NOT AFFORD TO PAY THE PREMIUMS	03. INSURANCE COMPANY REFUSED COVERAGE
04. CURRENT EMPLOYER DOESN'T OFFER HEALTH PLANS OR PLANS COVERING DEPENDENTS	05. NOT ELIGIBLE FOR HEALTH PLAN AT WORK PLACE	06. LOST JOB OR CHANGED JOBS
07. CHILD(REN) ARE HEALTHY; DON'T NEED HEALTH PLAN	08. SPOUSE LOST OR CHANGED JOBS	97. OTHER (SPECIFY) _____

FD12. In what month and year did you last have a health insurance plan for your (child/children)?

_____ / _____ 96/9996. NEVER

MONTH YEAR