



2020 California Health Coverage Survey ("Covered California Member Survey")

English Instrument

Updated 3/6/2020

BLACK text is presented to respondents.

RED text is for programming.

BLUE text is for annotations within the instrument.

PRE-LOAD VARIABLES:

- **ADMIN_CC2019** – admin data indicates respondent was enrolled in plan through Covered CA in 2019
- **ADMIN_CC2020** - admin data indicates respondent is enrolled in plan through Covered CA for 2020
- **EB20** – programming indicator of whether the early bird incentive of \$20 is actively on offer to the respondent [EB20 =1 actively on offer for R; EB20=0 not on offer]
- **EB400** – programming indicator of whether 400-600% FPL subsidized new members early bird incentive amount of \$20 is actively on offer to the respondent [EB400 = 1 actively on offer for R; EB400=0 not on offer]. Will offer up to 1000 completes for this group.
- **UNSUB** -- Admin flag for whether R should get 2019 FPL item: either enrolled and unsub (X7) in CY OR has ELIG FPL missing or weird (neg or zero) in admin data

Questions with asterisk (*) will get soft prompts to provide answers if skipped ONE TIME. If respondents skip again, they should be allowed to advance.

Q1.* SURVEY LANGUAGE / IDIOMA PARA TOMAR LA ENCUESTA

1. I prefer to complete the survey in English
 2. Prefiero completar la encuesta en español
99. REF [IF SKIPPED, PRESENT AGAIN. IF SKIPPED TWICE, PRESENT INSTRUMENT IN ENGLISH]

CONSENT

Welcome to the California Health Coverage Survey!

- Taking the survey is completely voluntary. You may choose not to answer any question or to end your participation at any time.

- All responses are confidential and your responses will be combined with others' responses to report summary results.
- NORC at the University of Chicago is conducting the survey on behalf of Covered California. Both organizations will use the data for research purposes only.
- Your responses to this survey will have no impact on your health coverage.
- The survey will ask you questions about your health care coverage, your experience shopping for and using health insurance, and your beliefs and attitudes about health insurance.

Let's get started! By clicking "Next" below, you agree to participate in this survey.

INSTRUCTIONS

- The survey will take about 18 minutes to complete on average. [IF EB20=1 OR EB400=1]: Please note that only respondents who complete the entire survey will receive the \$20 electronic gift card for Amazon.com. / [IF EB400=0 AND EB20=0]: Please note that we have given out all of the electronic gift cards available, but we sincerely hope that you will continue with the survey and participate in this important study.
- Please use the "Next" and "Back" buttons to navigate through the questions. Do not use your browser buttons.
- If you would like to exit the survey, please use the "Exit" button.
- If you need to stop and continue taking it at another time, please use the "Exit" button and then use your PIN to log in again so you can start where you left off.
- If you have any questions about the survey or experience any technical problems, please e-mail us at CAHCS2020@NORC.org or call us toll free at **866-795-6586**.

HEALTH COVERAGE IN 2019

To make sure we ask you the right questions in this survey, we first need to know about your recent health coverage. First we ask about your coverage in 2019 and then we ask about your current coverage.

Q3. For how many months in 2019 did you have health coverage? Your best guess is fine.

1. I never had it in 2019
2. Less than 1 month
3. 1 month
4. 2 months
5. 3 months
6. 4 months
7. 5 months
8. 6 months
9. 7 months

- 10. 8 months
- 11. 9 months
- 12. 10 months
- 13. 11 months
- 14. All 12 months
- 99. REF

HEALTH COVERAGE IN 2019

Q4. [IF Q3 NE 14] Here are some reasons someone **might not** have health coverage.

Which are reasons why you did not have health coverage when you were uninsured in 2019?

Select all that apply.

RANDOMIZE

- 1. It was too expensive
- 2. I (or a family member) lost job or changed jobs
- 3. I was no longer eligible for Medi-Cal (or Medicaid)
- 4. I had a gap in coverage when I switched health plans
- 5. I tried but was not able to sign up for insurance
- 6. I was healthy and did not need health insurance
- 7. I could get all of the care I needed without health insurance
- 8. I did not want health insurance
- 9. Other
- 99. REF

HEALTH COVERAGE IN 2019

Q5.* [IF Q3 NE 1 or 99] What was your main source of health coverage in 2019 [IF Q3<14: when you had it]?

If you changed health plans during 2019, please think about the last plan you had in 2019.

- 1. **A plan through a current or former employer or union** – of yours or a family member’s
(Includes COBRA plans. COBRA is a health insurance program that allows an eligible employee and dependents continued health insurance coverage in the case that an employee loses his or her job or experiences a reduction of work hours.)
[SPACE]
- 2. **A plan I bought on my own** – or a family member bought on their own
(Includes plans purchased through Covered California, an insurance company, an insurance agent, or a health insurance website)
[SPACE]
- 3. **Medi-Cal or Medicaid**
(Program that offers free or low-cost health coverage for children and adults with limited income and resources)

[SPACE]

4. **Medicare**

(Health insurance program for people 65 years and older or persons with certain disabilities)

[SPACE]

5. **TRICARE or other military health care**

(Includes VA health care)

[SPACE]

6. **A plan from another source** [specify]

[SPACE]

77. Not sure

99. REF

HEALTH COVERAGE IN 2019

Q6. [IF Q5=77, 99, 2, 6] Was your main source of health insurance in 2019 a health plan through Covered California? **This does not include Medi-Cal.**

As you may know, Covered California is a place where California residents can buy brand-name health plans and see if they qualify for financial help to lower monthly premium costs.

1. Yes, my main coverage in 2019 was a plan through Covered California

2. No, it was not

[SPACE]

77. Not sure

99. REF

HEALTH COVERAGE IN 2019

Q7. [IF Q6 NE 1] Did you have a health plan through Covered California at any time during 2019? **This does not include Medi-Cal.**

As you may know, Covered California is a place where California residents can buy brand-name health plans and see if they qualify for financial help to lower monthly premium costs.

1. Yes, I had a health plan through Covered California at some point in 2019

2. No, I did not

[SPACE]

77. Not sure

99. REF

CREATE FLAG "TEMP_CC_PY":

TEMP_CC_PY=1 IF Q6=1 OR Q7=1

TEMP_CC_PY=0 FOR ALL ELSE

HEALTH COVERAGE IN 2019

Q8.* [IF ADMIN_CC2019=1 AND TEMP_CC_PY=0] We want to make sure we have your health coverage for 2019 correct. Sometimes it can be difficult to know if you have a plan through Covered California. Here is some additional information.

In 2019, Covered California offered plans from the following health insurance companies:

[INCLUDE LOGOS FROM THESE PLANS:

Anthem Blue Cross of California

Blue Shield of California

Chinese Community Health Plan

Health Net

Kaiser Permanente

L.A. Care Health Plan

Molina Healthcare

Oscar Health Plan of California

Sharp Health Plan

Valley Health Plan

Western Health Advantage]

Plans through Covered California are often called bronze, silver, gold, platinum, or catastrophic plans. And people can enroll in these plans through Covered California directly or through insurance agents, health plan representatives, or enrollment counselors in the community.

To the best of your knowledge, did you have a health plan through Covered California at any time during 2019?

1. Yes, I had a health plan through Covered California at some point in 2019

2. No, I did not

[SPACE]

77. Not sure

99. REF

HEALTH COVERAGE IN 2019

QX8a.* [IF ADMIN_CC2019=0 AND TEMP_CC_PY=1] In a previous question, you indicated that you had a plan through Covered California for at least part of 2019. We want to make sure we have your health coverage for 2019 correct. Please read the information below.

In 2019, Covered California only offered plans from the following health insurance companies:

[INCLUDE LOGOS FROM THESE PLANS:

Anthem Blue Cross of California

Blue Shield of California

Chinese Community Health Plan

Health Net

Kaiser Permanente
L.A. Care Health Plan
Molina Healthcare
Oscar Health Plan of California
Sharp Health Plan
Valley Health Plan
Western Health Advantage]

Plans through Covered California are often called bronze, silver, gold, platinum, or catastrophic plans.

Plans bought through Covered California require paying a monthly premium and **do not include plans from Medi-Cal** (the program that offers free or low-cost health coverage for children and adults with limited income and resources.)

We know it can be difficult to be sure whether a plan was through Covered California or not. After reading this additional information, do you still think you had a health plan through Covered California at some point between January 1, 2019 and December 31, 2019?

1. I am sure I had a health plan through Covered California at some point in 2019
 2. I am sure that I did not have one of these plans in 2019
- [SPACE]
77. I am not sure if I had one of these plans in 2019
99. REF

CREATE FLAG "CC_PY":
CC_PY=1 IF (Q6=1 OR Q7=1 OR Q8=1) AND QX8a NE 2, 77
CC_PY=0 FOR ALL ELSE

CURRENT HEALTH COVERAGE

The next questions ask about your current health coverage.

Q9. Do you have health coverage right now?

1. Yes
 2. No
- [SPACE]
77. Not sure
99. REF

CURRENT HEALTH COVERAGE

Q10.*: [IF Q9=1, 77, 99] What is your main source of health coverage right now?

1. **A plan through a current or former employer or union** – of yours or a family member's

(Includes COBRA plans. COBRA is a health insurance program that allows an eligible employee and dependents continued health insurance coverage in the case that an employee loses his or her job or experiences a reduction of work hours.)

2. **A plan I bought on my own** – or a family member bought on their own
(Includes plans purchased through Covered California, an insurance company, an insurance agent, or a health insurance website)
3. **Medi-Cal or Medicaid**
(Program that offers free or low-cost health coverage for children and adults with limited income and resources)
4. **Medicare**
(Health insurance program for people 65 years and older or persons with certain disabilities)
5. **TRICARE or other military health care**
(Includes VA health care)
6. **A plan from another source [specify]**
7. **I do not have any health coverage right now.**
[SPACE]
77. Not sure
99. REF

CURRENT HEALTH COVERAGE

Q11. [IF Q10=77, 99, 2, 6] Is your main source of health coverage right now a plan through Covered California? **This does not include Medi-Cal.**

As you may know, Covered California is a place where California residents can buy brand-name health plans and see if they qualify for financial help to lower monthly premium costs.

1. Yes, my main source of coverage right now is a plan through Covered California
 2. No, it is not
- [SPACE]
77. Not sure
99. REF

CREATE FLAG "TEMP_CC_CY":
TEMP_CC_CY=1 IF Q11=1
TEMP_CC_CY=0 FOR ALL ELSE

CURRENT HEALTH COVERAGE

Q12.* [IF ADMIN_CC2020=1 AND TEMP_CC_CY=0] We want to make sure we have your current health coverage correct. Sometimes it can be difficult to know if you have a plan through Covered California or not. Here is some additional information.

Covered California currently offers plans from the following health insurance companies:

[INCLUDE LOGOS FROM THESE PLANS:

Anthem Blue Cross of California

Blue Shield of California

Chinese Community Health Plan

Health Net

Kaiser Permanente

L.A. Care Health Plan

Molina Healthcare

Oscar Health Plan of California

Sharp Health Plan

Valley Health Plan

Western Health Advantage]

Also, plans through Covered California are often called bronze, silver, gold, platinum, or catastrophic plans. And people can enroll in these plans through Covered California directly or through insurance agents, health plan representatives, or enrollment counselors in the community.

To the best of your knowledge, do you have a health plan through Covered California right now?

1. Yes, I have a plan through Covered California right now

2. No, I do not

[SPACE]

77. Not sure

99. REF

QX12a.* [IF ADMIN_CC2020=0 AND TEMP_CC_CY=1] In a previous question, you indicated that you have a plan through Covered California right now. We want to make sure we have your health coverage correct. Please read the information below.

Covered California currently only offers plans from the following health insurance companies:

[INCLUDE LOGOS FROM THESE PLANS:

Anthem Blue Cross of California

Blue Shield of California

Chinese Community Health Plan

Health Net

Kaiser Permanente

L.A. Care Health Plan

Molina Healthcare
Oscar Health Plan of California
Sharp Health Plan
Valley Health Plan
Western Health Advantage]

Also, plans through Covered California are often called bronze, silver, gold, platinum, or catastrophic plans.

Plans purchased through Covered California require paying a monthly premium and **do not include plans from Medi-Cal** (the program that offers free or low-cost health coverage for children and adults with limited income and resources.)

We know it can be difficult to be sure whether a plan is through Covered California or not. After reading this additional information, do you still think you have a health plan through Covered California right now?

1. I am sure that I have a plan through Covered California right now
2. I am sure that I do not have one of these plans right now
[SPACE]
77. I am not sure if I have one of these plans right now
99. REF

CREATE FLAG "TEMP_TERM":

TEMP_TERM=1 IF CC_PY=1 AND (Q11 NE 1) AND (Q12 NE 1) AND (QX12a NE 1)

TEMP_TERM=0 FOR ALL ELSE

HEALTH COVERAGE AFTER COVERED CALIFORNIA

Q13. [IF TEMP_TERM=1] Earlier you said you had a health plan through Covered California at some point during 2019. What was your *last month of coverage* through that plan? Your best guess is fine.

1. January 2019
2. February 2019
- ...
12. December 2019
13. January 2020
14. February 2020
15. March 2020
19. Other [specify]
[SPACE]
16. I am still covered by that plan
17. I am not sure if I am still covered by that plan or not
18. I am not sure when my last month of coverage was

99. REF

CONFIRMING COVERAGE

QX13a. [IF Q13=16] You answered “I am still covered by that plan” in the previous question. We want to make sure we understand what coverage you have. Are you currently enrolled in a health plan through Covered California?

1. Yes
2. No

77. Not sure
99. REF

HEALTH COVERAGE AFTER COVERED CALIFORNIA

Q14.* [IF (TEMP_TERM=1 AND QX13a NE 1) OR [(TEMP_TERM=1 AND (Q13<12 OR Q13=18))]
After your health plan through Covered California in 2019 ended, what was your main source of health coverage?

20. I did not have any health coverage when my plan ended

1. **A plan through a current or former employer or union** – of yours or a family member’s (Includes COBRA plans. COBRA is a health insurance program that allows an eligible employee and dependents continued health insurance coverage in the case that an employee loses his or her job or experiences a reduction of work hours.)

[SPACE]

2. **A plan I bought on my own but not through Covered California** – or a family member bought on their own but not through Covered California

[SPACE]

3. **Medi-Cal or Medicaid**

(Program that offers free or low-cost health coverage for children and adults with limited income and resources)

[SPACE]

4. **Medicare**

(Health insurance program for people 65 years and older or persons with certain disabilities)

[SPACE]

5. **TRICARE or other military health care**

(Includes VA health care)

[SPACE]

6. **A plan from another source [specify]**

[SPACE]

21. I had health coverage, but I am not sure about the source

22. I am not sure if I had health coverage or not

99. REF

CREATE FLAG “TEMP2_CC_CY”:
TEMP2_CC_CY=1 IF [(Q11=1 OR Q12=1) AND (QX12a NE 2, 77)] OR QX13a=1
TEMP2_CC_CY=0 FOR ALL ELSE

FIRST MONTHLY PREMIUM PAYMENT FOR 2020

Q17. [IF TEMP2_CC_CY=1] Have you made the first monthly premium payment for the health plan you bought through Covered California for 2020?

The monthly premium is what you pay for your health plan every month.

1. **Yes**, I have paid
[SPACE]
 2. **No**, but I plan to pay so I can keep the health plan
 3. **No**, and I do not plan to pay because I do not want to keep the health plan
 4. **No**, and I have not decided if I will pay
[SPACE]
 5. **I am not sure**, but I plan to pay so I can keep the health plan
 6. **I am not sure**, but I do not plan to pay because I do not want to keep the health plan
99. REF

ALTERNATIVE SOURCE OF COVERAGE

Q17a. [IF Q17 = 2, 3, 4, 5, 6, 99] If you have not paid your first monthly premium, it is possible that you are not currently covered by the health plan you enrolled in or renewed through Covered California for 2020.

Do you have any other source of health coverage right now in the case that you are not currently covered by the plan you chose through Covered California? If yes, please select the source below.

7. **I do not have any other health insurance or coverage**
1. **A plan through a current or former employer or union** – of yours or a family member’s
(Includes COBRA plans)
2. **A plan I bought on my own but not through Covered California** – or a family member bought on their own but not through Covered California
3. **Medi-Cal or Medicaid**
(Program that offers free or low-cost health coverage for children and adults with limited income and resources)
4. **Medicare**
(Health insurance program for people 65 years and older or persons with certain disabilities)

5. TRICARE or other military health care
(Includes VA health care)

6. A plan from another source [specify]

[SPACE]

[SPACE]

77. Not sure

99. REF

FIRST MONTHLY PREMIUM PAYMENT FOR 2020

Q20. [IF Q17=1] How did you make your first payment?

RANDOMIZE

1. I used the "Pay Now" button on Covered California's website, www.CoveredCA.com

2. I submitted my payment to my insurance agent or broker

3. I submitted my payment to my health insurance company directly

4. Other [specify]

[SPACE]

77. Not sure

99. REF

FIRST MONTHLY PREMIUM PAYMENT FOR 2020

Q21. [IF Q17=1] As far as you can remember, how easy or difficult was the process of submitting your first premium payment?

1. Very easy

2. Somewhat easy

3. Neither easy nor difficult

4. Somewhat difficult

5. Very difficult

[SPACE]

88. Not applicable – I did not try to submit a payment

99. REF

CREATE FLAG "NO_PAY":

NO_PAY=1 IF TEMP2_CC_CY=1 AND Q17=3,6

NO_PAY=0 FOR ALL ELSE

CREATE FLAG "CC_CY":

CC_CY=1 IF TEMP2_CC_CY=1 AND NO_PAY=0

CC_CY=0 FOR ALL ELSE

CREATE FLAG "UNINSURED":
UNINSURED=1 IF (Q9=2 OR Q10=7) AND CC_CY=0
UNINSURED=0 FOR ALL ELSE

CREATE FLAG "NONGROUP"
NONGROUP=1 IF CC_CY=1 OR Q10=2
NONGROUP= 0 FOR ALL ELSE

EXPECTED LENGTH OF COVERAGE

QX_EXP. [IF **NONGROUP=1**] How long do you expect to stay enrolled in your current health plan?

It's OK if you are not sure. Please provide your best guess.

1. Less than 6 months
2. 6 months to less than 1 year
3. 1 to 2 years
4. More than 2 years
99. REF

MEDI-CAL

Q15. [IF **Q10 NE 3**] Medi-Cal (also sometimes called Medicaid) is a program that offers free or low-cost health coverage for children and adults with limited income and resources.

Have you had health coverage through Medi-Cal at any point since September 1, 2019 – even if only for a short period of time?

1. Yes
2. No
- [SPACE]
77. Not sure
99. REF

2020 COVERED CALIFORNIA ELIGIBILITY

LIKELIHOOD TO RECOMMEND COVERED CALIFORNIA (Net Promoter Score)

Please answer the following question based on your knowledge of Covered California.

As you may know, Covered California is a place where California residents can buy brand-name health plans and see if they qualify for financial help to lower monthly premium costs.

QX_NPS. How likely is it that you would recommend Covered California to a friend or colleague?

[Response scale: 0 – 10 buttons displayed to **respondent** horizontally with 0 labeled as “Not at all likely” and 10 as “Extremely likely”

NOTE: for coding/programming purposes, code response scale as 0/“Not at all likely”=1; 10/“Extremely likely”=11]

ADDITIONAL FINANCIAL HELP FOR 2020

QX_SS-1. **NEW:** As you may know, many people have been able to get financial help through Covered California to lower the cost of health insurance for the past several years.

Did you know that there was additional financial help this year for many people through Covered California to help lower the cost of plans for 2020 that was not available in previous years?

1. Yes, I knew there was additional financial help for many people this year
2. No, I did not know there was additional financial help for many people this year
77. Not sure
99. REF

ADDITIONAL FINANCIAL HELP FOR 2020

QX_SS-2. **NEW:** **[IF YES]** How did you hear about the additional financial help available through Covered California for 2020 health plans?

Select all that apply. **ALLOW MULTIPLE RESPONSE**

RANDOMIZE

1. From an advertisement on TV or radio
2. From a news story on TV, in the paper, or online
3. From a family member or friend
4. From my health insurance agent or broker
5. From a doctor, nurse, or someone else who works where I get care
6. Through a letter or email from Covered California
7. Other (please specify)
8. None of the above **[EXCLUSIVE]**
77. Not sure **[EXCLUSIVE]**
99. REF

2020 ENROLLMENT PERIOD

QX_SS-12. **NEW:** There is a time of year called Open Enrollment when people can enroll in or renew health plans through Covered California. The most recent Open Enrollment period started October 15, 2019 and ended January 31, 2020.

[SUGGESTION TO ADD A SPACE HERE]

Due to special circumstances for this year, Covered California has created a special enrollment period to allow people to continue enrolling in or renewing health plans through April 30, 2020.

Did you know that people can enroll in or renew health plans through Covered California through April 30 of this year?

- 1. Yes, I knew about this
- 2. No, I did not know about this
- 77. Not sure
- 99. REF

2020 ENROLLMENT PERIOD

(INTRO TO ENROLLMENT TIMEFRAME)

The next set of questions focus on the timeframe for enrolling in health plans through Covered California in 2020. This includes the time between the start of Open Enrollment on October 15, 2019 and the end of the Special Enrollment period on April 30, 2020.

[SPACE]

Please keep this entire 2020 enrollment period (October 15, 2019 – April 30, 2020) in mind and answer the following questions based on your experience up until today.

QX_SS-11. NEW. During the 2020 enrollment period, did you ever check to see how much financial help for 2020 health plans through Covered California you might qualify for?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

2020 ENROLLMENT PERIOD

Q26.* [IF TEMP2_CC_CY=0]

[SPACE]

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

- a. Did you explore options for buying a health plan on your own for 2020?
- b. Did you consider the idea of buying a health plan for 2020 through Covered California?
- c. Did you look for information or talk to someone about buying a health plan through Covered California for 2020?

- d. Did you fill out or update a Covered California application for 2020?
[NEW LINE] (This application asks for information like social security number, household size, address, and income)
- e. Did you look into or compare any of the health plans available through Covered California for 2020?
- f. Did you enroll in or renew a health plan through Covered California for 2020 (even if you changed your mind later)?

2020 ENROLLMENT PERIOD

Q27. [IF TEMP2_CC_CY=0 AND (Q26d=2,77,99) AND (Q26f=2,77,99)] Did someone else fill out a Covered California application for you with your permission or at your request?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

2020 ENROLLMENT PERIOD

QX46a: [IF (CC_PY=1 AND CC_CY=0) OR (CC_PY=1 AND CC_CY=1 AND NO_PAY=1)] During enrollment periods, some people with recent experience with plans through Covered California shop and compare plans to see their options before deciding if they will enroll again. Others decide if they are going to enroll again without shopping and comparing to see their options.

Did you shop and compare plans through Covered California during the 2020 enrollment period before deciding if you would enroll for 2020?

- 1. Yes, I shopped and compared plans through Covered California
- 2. No, I did not shop and compare plans through Covered California
- 99. REF

CREATE FLAG "ENGAGED":

ENGAGED=1 IF CC_CY=0 AND (Q26c=1 OR Q26d=1 OR Q26e=1 OR Q26f=1 OR Q27=1 OR QX46a=1 OR TEMP2_CC_CY=1)
ENGAGED=0 FOR ALL ELSE

2020 ENROLLMENT PERIOD

Q24. MOVED. [IF CC_PY=0]

What first made you think to look into Covered California for a health plan for 2020?

Reminder: Covered California does not include Medi-Cal.

Select all that apply.

RANDOMIZE; ALLOW MULTIPLE RESPONSE

1. A commercial or other advertisement made me think I should look into it
2. Someone I spoke to at a Medi-Cal or county government office said I should look into it
8. A health insurance agent or broker said I should look into it
3. I received something in the mail saying I should look into it
4. A family member or friend said I should look into it
5. A doctor, nurse, or someone else who works where I get care said I should look into it
6. I already knew about it and looked into Covered California on my own
7. Other [specify]
[SPACE]
77. Not sure [EXCLUSIVE]
[SPACE]
99. REF

2020 ENROLLMENT PERIOD

Q28a. [IF ENGAGED=1] Did you find out how much your monthly premium would be for a health plan through Covered California for 2020?

The monthly premium is what you would pay for your health plan every month.

1. Yes
2. No
- [SPACE]
77. Not sure
99. REF

2020 ENROLLMENT PERIOD

QX_SS-3. NEW: [IF CC_CY=1 OR ENGAGED=1] When looking for a health plan for 2020, did you only look at plans available through Covered California or did you look into plans available through other sources as well?

1. Only looked at plans through Covered California
2. Looked into plans from other sources as well
- [SPACE]
77. Not sure [EXCLUSIVE]
[SPACE]
99. REF

2020 ENROLLMENT PERIOD

QX_SS-4. NEW [IF SS-3=2,77 OR (CC_CY=0 & ENGAGED=0)] When shopping for a health plan, did you look into plans from any of the following sources?

Select all that apply. ALLOW MULTIPLE RESPONSE

RANDOMIZE

1. Plans that you can buy directly from health insurance companies such as Blue Shield or Anthem
2. Plans offered on websites where you can look at different plans like ehealthinsurance.com, healthforcalifornia.com, or healthplans.com .
3. Plans available through COBRA
4. Plans outside of Covered California identified by your insurance broker or agent
5. Plans offered through your job
6. Plans offered through a family member's job
7. Other (please specify)
8. None of the above [EXCLUSIVE]
[SPACE]
77. Not sure [EXCLUSIVE]
[SPACE]
99. REF

REASONS FOR NOT ENROLLING IN 2020

Q29. [IF (CC_PY=1 AND CC_CY=0) OR (ENGAGED=1) OR (TEMP2_CC_CY=1 AND NO_PAY=1)]

[IF (CC_PY=1 AND CC_CY=0) OR ENGAGED=1] Earlier in this survey, you said that you do not currently have a plan through Covered California.

[IF TEMP2_CC_CY=1 AND NO_PAY=1] Earlier in this survey, you said that you have not paid or do not plan to pay for the health plan you selected or renewed through Covered California during the 2020 enrollment period.

Here is a list of reasons someone might give for why they do not have or do not want a plan through Covered California for 2020. For each one, please indicate whether it is a reason for you personally.

1. Reason for me
2. Not a reason for me
99. REF

RANDOMIZE

- a. I have or expect to have health coverage from another source soon
- b. The monthly premium costs are too high
- c. The deductible and copay amounts for using health care services are too high
- d. The annual out-of-pocket limit for using health care services is too high
- e. I was not satisfied with the choice of doctors or hospitals available

- f. I was not satisfied with the customer service from Covered California
- g. I do not think the plans offered are worth the cost

REASONS FOR NOT ENROLLING IN 2020

Q29b. [IF (CC_PY=1 AND CC_CY=0) OR (ENGAGED=1) OR (TEMP2_CC_CY=1 AND NO_PAY=1)]

Here are some additional reasons why someone might not have or want a plan through Covered California for 2020.

Again, for each one, please indicate whether it is a reason for you personally.

- 1. Reason for me
- 2. Not a reason for me

99. REF

RANDOMIZE

- h. I found a better deal or the same deal somewhere else
- i. I had problems using the website
- j. I could not get the information or help I needed to apply or enroll in a plan
- k. I missed the deadline to enroll
- l. I could not afford to pay for it
- m. I do not want a plan through Covered California for political or philosophical reasons
- n. It was too complicated to enroll
- o. I was healthy and did not need health insurance
- p. I could get all the care I needed without health insurance
- q. Other [specify]

REASONS FOR NOT ENROLLING IN 2020

Q30. [IF SAID YES (=1) TO MORE THAN 1 ACROSS Q29/Q29b] Here are the reasons you chose.

Which would you say is the main reason you do not have or do not want a health plan through Covered California for 2020?

[POPULATE WITH SELECTIONS FROM Q29/Q29b IN SAME ORDER

99. REF

EXPERIENCE DURING THE 2020 ENROLLMENT PERIOD

[FILTER FOR ENTIRE SECTION: IF CC_CY=1 OR ENGAGED=1]

The next set of questions asks about your experience with Covered California during the 2020 enrollment period (October 15, 2019 – April 30, 2020).

You might not remember all the details and that's fine. Please answer the questions to the best of your ability.

Q31. How easy or difficult was it to fill out or update the Covered California application for 2020?

As a reminder, the Covered California application asks for information like social security number, household size, address, and income.

- 1. Very easy
- 2. Somewhat easy
- 3. Neither easy nor difficult
- 4. Somewhat difficult
- 5. Very difficult
- [SPACE]
- 88. Not applicable – I did not try to fill out or update an application
- 99. REF

EXPERIENCE DURING THE 2020 ENROLLMENT PERIOD

Q56. How easy or difficult was it to find out how much your monthly premium would be for a plan through Covered California for 2020?

- 1. Very easy
- 2. Somewhat easy
- 3. Neither easy nor difficult
- 4. Somewhat difficult
- 5. Very difficult
- [SPACE]
- 88. Not applicable – I did not try to find out
- 99. REF

COVERED CALIFORNIA WEBSITE [FILTER FOR ENTIRE SECTION: IF CC_CY=1 OR ENGAGED=1]

Q32. During the 2020 enrollment period, did you ever personally visit Covered California's website, www.CoveredCA.com?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

COVERED CALIFORNIA WEBSITE

Q33. [IF Q32=1] Overall, how easy or difficult was it to use Covered California's website?

1. Very easy
 2. Somewhat easy
 3. Neither easy nor difficult
 4. Somewhat difficult
 5. Very difficult
- [SPACE]
88. Not applicable – I did not try to use the website
99. REF

COVERED CALIFORNIA WEBSITE

Q36. [IF Q32=1 AND CC_CY=1 AND CC_PY=0] Enrolling in a plan through Covered California involves several steps, including filling out the application, comparing plans, and choosing a plan.

How much of the enrollment process did you complete through Covered California's website?

1. All of it
 2. Most of it
 3. Some of it
 4. None of it
- [SPACE]
77. Not sure
99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

[FILTER FOR ENTIRE SECTION: IF CC_CY=1 OR ENGAGED=1]

Q37. Think about when you looked into Covered California or tried to enroll in or renew a plan for 2020. Did you ever feel like you needed help or additional information during this process?

1. Yes
 2. No
77. Not sure
99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q37b. [IF Q37=1] How much of the help or additional information that you needed were you able to get?

1. All of it
2. Most of it

- 3. Some of it
- 4. None of it

- 77. Not sure
- 99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q38. Did you get help or information from any of the following during the 2020 enrollment period?

- 1. Yes
- 2. No
- 99. REF

RANDOMIZE

- a. A customer service representative from Covered California's call center by phone
- b. A customer service representative from Covered California through online chat on Covered California's website
- c. A licensed insurance agent or broker
- d. An enrollment counselor who works for a local clinic, hospital, church, or community organization
- e. A health plan representative
- f. Someone at a county or government office where you can enroll in social services
- g. A family member or friend
- h. Internet search
- i. A doctor, nurse, or someone else who works where you go for care
- j. Someone else [specify]

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q40. Here are some types of help or information someone might need. Did you personally want or need any of the ones listed here?

- 1. Yes
- 2. No
- 99. REF

RANDOMIZE

- a. Help understanding if I could enroll in Medi-Cal for 2020
- b. Help understanding if I was eligible for financial help to buy a plan for 2020
- c. Help understanding how much I would have to pay for a health plan
- d. Help understanding which doctors or hospitals were covered by plans
- e. Help understanding the deductibles or copays for plans

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q40_2. Here are some additional types of help or information someone might need. Did you personally want or need any of the ones listed here?

RANDOMIZE

- f. Help filling out the application
- g. Help choosing a plan
- h. [IF CC_PY=1] Help understanding how to renew my plan
- i. [IF CC_PY=1] Help understanding how to switch plans
- j. Help understanding if or how changes to the health care law affect me
- k. Help logging into my Covered California account or resetting my password
- l. Other information or help [specify]

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q41. In general, how easy or difficult was it to get the help or information you needed during the 2020 enrollment period?

- 1. Very easy
- 2. Somewhat easy
- 3. Neither easy nor difficult
- 4. Somewhat difficult
- 5. Very difficult
- [SPACE]
- 88. Not applicable – I did not try to get help or information
- 99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q42a. [IF Q38(a) NE 1] Did you try calling Covered California's call center for help or information during the 2020 enrollment period?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q42. [IF Q38a=1 OR Q42a=1] Think back to the most recent time you tried calling Covered California's call center.

How easy or difficult was it to reach a customer service representative?

1. Very easy
2. Somewhat easy
3. Neither easy nor difficult
4. Somewhat difficult
5. Very difficult

[SPACE]

88. Not applicable – I did not try to reach a customer service representative

99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q43. [IF Q38a=1 OR Q42a=1] Regardless of how easy or difficult it was to reach a representative, how helpful was the customer service representative when you spoke with them?

If you spoke with more than one representative, think about the last person you spoke with.

1. Very helpful
2. Somewhat helpful
3. Not too helpful
4. Not at all helpful

[SPACE]

88. Not applicable – I did not speak with a representative

99. REF

HELP & INFO DURING 2020 ENROLLMENT PERIOD

Q25. Did you know that Covered California has local, certified representatives in your area that can provide free, confidential, in-person help to find and enroll in a health plan?

1. Yes
2. No

[SPACE]

77. Not sure

99. REF

WHAT MATTERED WHEN LOOKING AT PLANS

Q45a. [IF CC_CY=1 OR NONGROUP=1] When deciding which health plan you would enroll in or renew for 2020, how important was the plan's monthly premium amount to you?

1. Very important
2. Somewhat important
3. Not too important
4. Not important at all

77. Not sure
99. REF

WHAT MATTERED WHEN LOOKING AT PLANS

QX45a. [IF ENGAGED=1 AND NONGROUP=0] When looking at health plans for 2020, how important were the plans' monthly premium amounts to you?

1. Very important
2. Somewhat important
3. Not too important
4. Not important at all

77. Not sure
99. REF

WHAT MATTERED WHEN LOOKING AT PLANS

Q45. [IF CC_CY=1 OR NONGROUP=1] Thinking about factors other than the monthly premium amount, what was the most important factor in your decision to enroll in or renew the plan you have for 2020?

RANDOMIZE

- 1. Annual deductible amount**
(what you have to pay before your health plan will start paying your medical bills)
- 2. Copay amounts or coinsurance rates for using services – not including prescriptions**
(what you have to pay out of pocket when you use a health care service)
- 3. Copay amounts or coinsurance rates for prescriptions**
(what you have to pay out of pocket when you fill a prescription)
- 4. Choice of doctors or hospitals**
- 5. Having a plan with a specific health insurance company**
- 6. The range of benefits covered or having a specific benefit covered**
- 7. Keeping the same plan as I had before**

8. Other [specify]

99. REF

WHAT MATTERED WHEN LOOKING AT PLANS

QX45. [IF ENGAGED=1 AND NONGROUP=0] Thinking about factors other than the monthly premium amount, what was the most important aspect of plans you considered when you looked at plans for 2020?

RANDOMIZE

1. Annual deductible amount

(what you have to pay before your health plan will start paying your medical bills)

2. Copay amounts or coinsurance rates for using services – not including prescriptions

(what you have to pay out of pocket when you use a health care service)

3. Copay amounts or coinsurance rates for prescriptions

(what you have to pay out of pocket when you fill a prescription)

4. Choice of doctors or hospitals

5. Having a plan with a specific health insurance company

6. The range of benefits covered or having a specific benefit covered

7. Keeping the same plan as I had before

8. Other [specify]

99. REF

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q46.* [IF CC_PY=1 AND CC_CY=1] During enrollment periods, some people shop and compare plans. Others automatically renew the plan they had the year before or choose a new plan without shopping and comparing.

Did you shop and compare plans during the 2020 enrollment period before renewing or enrolling in your current health plan for 2020?

1. Yes, I shopped and compared

2. No, I did not shop and compare

99. REF

CREATE FLAG 'SHOP':

**SHOP=1 IF Q46=1 OR Q26e=1 OR QX46a=1 OR (CC_CY=1 AND CC_PY=0) OR (Q26f=1 AND CC_PY=0)
SHOP=0 FOR ALL ELSE**

[FOR REST OF SECTION, APPLYING THE OLD FILTER – REQUIRING THAT RESPONDENTS BE CC_CY=1 OR ENGAGED=1; I HAVE MANUALLY ADDED TO THIS EACH QUESTION TO AVOID CONFUSION]

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q47. [IF (CC_PY=1 AND SHOP=1) AND (CC_CY=1)] What is the main reason you shopped and compared plans during the 2020 enrollment period?

RANDOMIZE

1. My previous plan was no longer available
2. I was unsatisfied with my previous plan in general
3. I wanted to check out my options
4. I wanted to look for a plan with a lower monthly premium
5. I wanted to look for a plan with more services or benefits covered
6. My previous plan did not cover a doctor or hospital I wanted to use
7. I wanted to look for a plan with lower copay amounts or lower coinsurance rates
8. I wanted to look for a plan with a lower annual deductible
9. I was eligible for more financial help and wanted to see my new options
10. Other [specify]
99. REF

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q48. [IF (CC_PY=1 AND SHOP=0) AND (CC_CY=1)] What is the main reason you did not shop and compare plans during the 2020 enrollment period?

RANDOMIZE

1. It was easier to keep my old plan
2. The plan I had last year works for me
3. I have always had a plan from this insurance company and I don't want to change
4. I did not have time to do it
5. I had problems logging into my Covered California account
6. I did not think I could find anything better
7. I did not realize it was time for enrolling in plans again
8. I did not know how to do it
9. Other [specify]
99. REF

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q49. [IF SHOP=1 AND (CC_CY=1 OR ENGAGED=1)] Continue thinking about when you looked into health plans for 2020 through Covered California during the 2020 enrollment period and answer the questions below.

1. Yes
 2. No
- [SPACE]
77. Not sure
 99. REF

RANDOMIZE

- a. Did you understand what you would have to pay for specialist visits under different plans?
- b. Did you understand what you would have to pay for prescription drugs under different plans?
- c. Did you find out if you would have to meet a deductible for health care services under different plans?
- d. Did you look to see which doctors and hospitals would be covered in different plans?

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q50. [IF Q49d=1] How easy or difficult was it to find out if a doctor or hospital was covered by a plan?

1. Very easy
 2. Somewhat easy
 3. Neither easy nor difficult
 4. Somewhat difficult
 5. Very difficult
- [SPACE]
88. Not applicable – I did not try to find out
 99. REF

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q51. [IF SHOP=1 AND (CC_CY=1 OR ENGAGED=1)] Here are some aspects of plans someone might compare when deciding which plan to choose.

When you looked into health plans for 2020 through Covered California, which aspects of plans did you compare?

1. Compared
 2. Did not compare
- [SPACE]

77. Not sure

99. REF

RANDOMIZE

Monthly premium amount

(what you would have to pay for your health plan every month)

Annual deductible amount

(the amount you have to pay before your health plan will start paying your medical bills)

Copay amounts or coinsurance rates

(what you have to pay out of pocket when you use health care services)

Quality ratings

(these rate health plans on medical care and enrollees' experiences)

Total expense estimate

(includes the monthly premium and your estimated "out of pocket" costs such as what you will pay for the deductible and copays from using health care services)

Health care services included in and excluded from the deductible

(when a service is excluded, the health plan will pay for it before you meet the deductible amount)

Doctors, hospitals, and other medical providers that are covered

(a provider is covered or "in network" if a health plan has contracted with them to provide health care services to its plan holders)

Other [specify]

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q52. [IF SHOP=1 AND (CC_CY=1 OR ENGAGED=1)] Overall, how easy or difficult was it to shop and compare health plans through Covered California?

1. Very easy
2. Somewhat easy
3. Neither easy nor difficult
4. Somewhat difficult
5. Very difficult

[SPACE]

88. Not applicable – I did not try to shop and compare

99. REF

SHOPPING & COMPARING DURING 2020 ENROLLMENT PERIOD

Q54. [IF SHOP=1 AND (CC_CY=1 OR ENGAGED=1)] Overall, how easy or difficult was it to understand your total expense estimate for plans through Covered California?

Your total expense estimate for a plan reflects the monthly premium and your estimated “out of pocket” costs such as the deductible and copays from using health care services.

1. Very easy
2. Somewhat easy
3. Neither easy nor difficult
4. Somewhat difficult
5. Very difficult

[SPACE]

88. Not applicable – I did not try to understand the total expense estimates for plans

99. REF

YOUR DOCTOR & HEALTH PLANS

Q74. [IF CC_PY=0] Did you have a personal doctor or medical provider who was your main provider before you looked into or enrolled in a health plan for 2020?

This could be a general doctor, a specialist doctor, a physician assistant, a nurse, or other health provider.

1. Yes, I had one
 2. No, I did not have one
99. REF

YOUR DOCTOR & HEALTH PLANS

QX74b. [IF CC_PY=0 AND Q74=1] When you looked into health plans for 2020, how important was it to you to find a plan that covered the same personal doctor or main provider that you had before?

1. Very important
 2. Somewhat important
 3. Not too important
 4. Not at all important
99. REF

YOUR DOCTOR & HEALTH PLANS

QX74c. [IF CC_PY=0 AND CC_CY=1 AND Q74=1] As far as you know, does your current plan cover the same personal doctor or main provider that you had before?

1. Yes, it does
2. No, it does not

77. Not sure
99. REF

YOUR DOCTOR & HEALTH PLANS

QX74d. [IF (CC_PY=0 AND CC_CY=1 AND Q74=1 AND QX74c=2,77,99) OR (CC_PY=0 AND CC_CY=0 AND Q74=1)] When you were looking into health plans, did you try to find out if there were any plans available through Covered California for 2020 that covered the same personal doctor or main provider that you had before?

1. Yes, I tried to find out
2. No, I did not try to find out

99. REF

YOUR DOCTOR & HEALTH PLANS

QX74z. [IF QX74d=1] As far as you can remember, was there at least one plan available through Covered California for 2020 that covered the same personal doctor or main provider that you had before (even if you did not choose this plan)?

1. Yes, there was at least one plan that covered my provider
2. No, there no plans that covered my provider

77. Not sure
99. REF

FINANCIAL HELP FOR HEALTH INSURANCE

Q55. [IF CC_CY=1] As far as you know, are you personally getting financial help from the government to help pay the monthly premium for your current health plan?

This financial help might be called federal premium assistance, a tax credit, or the California Premium Subsidy.

1. Yes, getting financial help
2. No, not getting financial help

[SPACE]

77. Not sure
99. REF

FINANCIAL HELP FOR HEALTH INSURANCE

Q55b. [IF CC_CY=0] As far as you know, were you eligible to get financial help from the government to help pay the monthly premium for a plan through Covered California for 2020?

This financial help might be called federal premium assistance, a tax credit, or the California Premium Subsidy.

1. Yes, I was eligible for financial help
 2. No, I was not eligible for financial help
- [SPACE]
77. Not sure
99. REF

FINANCIAL HELP FOR HEALTH INSURANCE

QX_SS-5. NEW: [IF Q55 = 1] In the previous question, you indicated that you are personally getting financial help to help pay the monthly premium for your current health plan.

How important is this financial help in your ability to afford health insurance?

1. Very important: I would not be able to afford health insurance without financial help
2. Somewhat important: I might be able to afford health insurance without financial help, but it would be very difficult.
3. Not too important: I would probably be able to afford health insurance without financial help, but it would require some sacrifices.
4. Not at all important: I would be able to afford health insurance without financial help.

- [SPACE]
77. Not sure
99. REF

YOUR VIEW ON CURRENT PLAN'S VALUE

QX_ValueCY. [CC_CY=1] Would you say your current health plan is an excellent value, good value, only a fair value, or a poor value for what you pay for it?

1. Excellent
 2. Good
 3. Fair
 4. Poor
99. REF

COMPARING YOUR 2019 COVERAGE WITH YOUR CURRENT PLAN

FILTER SECTION: [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)]

Q2020_SS_PYPLANNAME

[IF CC_CY=1 AND CC_PY=0 AND Q5 NE 3 AND Q3 NE 1,2, 99] The next set of items ask you to compare your main health coverage in 2019 with your current health plan for 2020 in several areas.

Take a moment to remember your main coverage in 2019. Please type the name of that plan or health insurance company in the box below.

[SPACE]

If you had more than one plan through Covered California during 2019, please think about the last one you had before December 31, 2019.

[(IF CC_PY=1 AND CC_CY=1) OR (CC_PY=1 AND CC_CY=0 AND Q10 NE 3)]The next set of items ask you to compare the plan you had through Covered California in 2019 with your current health plan for 2020 in several areas.

Take a moment to remember the plan you had through Covered California in 2019. Please type the name of that plan or health insurance company in the box below.

[SPACE]

If you had more than one plan through Covered California during 2019, please think about the last one you had before December 31, 2019.

[OPEN END - TEXT BOX]

ALLOW RESPONDENT TO LEAVE BLANK

Please do not include any identifying information (such as your member ID, contact details etc.)

99. REF

COMPARE: COVERAGE AND BENEFITS

FOR ITEMS SS-6 THROUGH SS-10, PLEASE:

- ROTATE THE POSITIONS OF RESPONSE OPTIONS 1 AND 3 ACROSS RESPONDENTS
- MATCH ORDER IN STEM QUESTION TO ORDER IN RESPONSE OPTIONS
- KEEP ORDER CONSISTENT FOR A GIVEN RESPONDENT ACROSS ALL ITEMS IN THIS SERIES

QX_SS-6. NEW: Compared to your [Covered California plan [(IF CC_PY=1 AND CC_CY=1) OR (CC_PY=1 AND CC_CY=0 AND Q10 NE 3)]/ main coverage [IF CC_CY=1 AND CC_PY=0 AND Q5 NE 3 AND Q3 NE 1,2, 99] in 2019, does your current plan for 2020 give you better [ROTATE], worse [ROTATE], or about the same coverage and benefits?

1. Current 2020 plan has **better** coverage and benefits than previous 2019 plan [ROTATE]
 2. About the same
 3. Current 2020 plan has **worse** coverage and benefits than previous 2019 plan [ROTATE]
- [SPACE]

- 77. Not sure
- 99. REF

COMPARE: AFFORDABILITY

QX_SS-7. NEW: Compared to your [Covered California plan [(IF CC_PY=1 AND CC_CY=1) OR (CC_PY=1 AND CC_CY=0 AND Q10 NE 3) / main coverage [IF CC_CY=1 AND CC_PY=0 AND Q5 NE 3 AND Q3 NE 1,2, 99] in 2019, is your current plan for 2020 more affordable [ROTATE], less affordable [ROTATE], or about the same?

1. Current 2020 plan is **more affordable** than previous 2019 plan [ROTATE]
 2. About the same
 3. Current 2020 plan is **less affordable** than previous 2019 plan [ROTATE]
- [SPACE]
- 77. Not sure
 - 99. REF

COMPARE: GETTING NEEDED CARE

QX_SS-9. NEW: Compared to your [Covered California plan [(IF CC_PY=1 AND CC_CY=1) OR (CC_PY=1 AND CC_CY=0 AND Q10 NE 3) / main coverage [IF CC_CY=1 AND CC_PY=0 AND Q5 NE 3 AND Q3 NE 1,2, 99] in 2019, do you think it will be easier[ROTATE], more difficult[ROTATE], or about the same to get the care you need under your current plan for 2020?

1. **Easier** to get needed care under current 2020 plan [ROTATE]
 2. About the same
 3. **More difficult** to get needed care under current 2020 plan [ROTATE]
- [SPACE]
- 77. Not sure
 - 99. REF

COMPARE: OVERALL VALUE

QX_SS-10. NEW. Compared to your [Covered California plan [(IF CC_PY=1 AND CC_CY=1) OR (CC_PY=1 AND CC_CY=0 AND Q10 NE 3) / main coverage [IF CC_CY=1 AND CC_PY=0 AND Q5 NE 3 AND Q3 NE 1,2, 99] in 2019, would you say your current plan for 2020 is a better value [ROTATE], a worse value [ROTATE], or about the same value for what you pay for it?

1. Current 2020 plan is a **better value** [ROTATE]
 2. About the same
 3. Current 2020 plan is a **worse value** [ROTATE]
- [SPACE]
- 77. Not sure
 - 99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Now we are going to switch gears and ask you about your health care experience in 2019 when you had a health plan through Covered California. For these questions, it is important that you keep the period you were enrolled in a plan through Covered California in 2019 in mind.

ACCESS2. What was the first month of coverage with your plan through Covered California in 2019? Your best guess is fine.

1. Before January 2019
2. January 2019
3. February 2019

...

13. December 2019

[SPACE]

77. Not sure

99. REF

[SAME SCREEN AS PREVIOUS Q]

ACCESS2b. What was the last month of coverage with that plan? Your best guess is fine.

1. January 2019
2. February 2019

...

12. December 2019

13. January 2020

14. February 2020

15. March 2020

[SPACE]

16. I still have coverage with this plan

[SPACE]

77. Not sure

99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

[NEW SCREEN] Please keep in mind the period that you were covered by a health plan through Covered California in 2019 and answer the following questions to the best of your ability.

[SAME SCREEN]

Q61. While enrolled in your plan through Covered California in 2019, did you have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?

1. Yes
2. No
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q62. [IF Q61=1] While enrolled in your plan through Covered California in 2019, when you needed care right away, how often did you get care as soon as you needed?

1. Never
2. Sometimes
3. Usually
4. Always
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q63. While enrolled in your plan through Covered California in 2019, not counting the times you needed care right away, did you make any appointments for a check-up or routine care at a doctor's office or clinic?

1. Yes
2. No
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q64. [IF Q63=1] While enrolled in your plan through Covered California in 2019, not counting the times you needed care right away, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

1. Never
2. Sometimes
3. Usually
4. Always
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

QX65. While enrolled in your plan through Covered California in 2019, not counting the times you went to an emergency room, how many times did you go to a doctor's office or clinic to get health care for yourself?

1. None
2. 1
3. 2
4. 3
5. 4
6. 5 to 9
7. 10 or more
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

QX69a. While enrolled in your plan through Covered California in 2019, did you or a doctor believe you needed any care, tests, or treatment?

1. Yes
2. No
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q69. [IF QX69a=1] While enrolled in your plan through Covered California in 2019, how often was it easy to get the care, tests, or treatment you or a doctor believed necessary?

1. Never
2. Sometimes
3. Usually
4. Always
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q67. While enrolled in your plan through Covered California in 2019, how often did you delay visiting or not visit a doctor because you were worried about the cost?

Do not include dental care.

1. Never
2. Sometimes
3. Usually
4. Always
99. REF

HEALTH CARE EXPERIENCE LAST YEAR (2019) [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q68. While enrolled in your plan through Covered California in 2019, how often did you delay filling or not fill a prescription because you were worried about the cost?

1. Never
2. Sometimes
3. Usually
4. Always
99. REF

RATING YOUR HEALTH CARE IN 2019 [FILTER FOR ENTIRE SECTION: IF CC_PY=1]

Q66. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care while enrolled in your plan through Covered California in 2019?

[VERTICAL SCALE 0 TO 10 – WITH 0 LABELED “Worst health care possible” AND 10 LABELED “Best health care possible”]

NOTE: for coding/programming purposes, code response scale as 0/“Worst health care possible”=1; 10/“Best health care possible”=11]

99. REF

Q70. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your health plan while enrolled in your plan through Covered California in 2019?

[VERTICAL SCALE 0 TO 10 – WITH 0 LABELED “Worst health plan possible” AND 10 LABELED “Best health plan possible”]

NOTE: for coding/programming purposes, code response scale as 0/“Worst health plan possible”=1; 10/“Best health plan possible”=11]

99. REF

YOUR VIEW ON 2019 PLAN'S VALUE

QX_ValuePY. [IF CC_PY=1] Would you say the health plan you had through Covered California in 2019 was an excellent value, good value, only a fair value, or a poor value for what you paid for it?

1. Excellent
 2. Good
 3. Fair
 4. Poor
99. REF

YOUR DOCTOR IN 2019

QX_PYDOCa. [IF CC_PY=1] Did you have a personal doctor or medical provider who was your main provider while enrolled in your plan through Covered California in 2019?

This could have been a general doctor, primary care physician, a specialist doctor, a physician assistant, a nurse, or other health provider.

1. Yes
 2. No
99. REF

YOUR DOCTOR IN 2019

QX_PYDOCb. [IF CC_PY=1 AND QX_PYDOCa=1] Did you find that personal doctor or main provider on your own or did your 2019 health plan through Covered California match you with one?

1. Found one on my own
 2. My health plan matched me with one
 3. Other [specify]
- [SPACE]
77. Not sure
99. REF

YOUR VIEWS ON HEALTH INSURANCE

QX3. How much do you agree or disagree with the following statements?

1. Strongly disagree
 2. Somewhat disagree
 3. Neither agree nor disagree
 4. Somewhat agree
 5. Strongly agree
99. REF

RANDOMIZE

- c. Health insurance is only needed for major health issues
- d. Even people with healthy lifestyles can unexpectedly need health insurance
- e. I am in good health so I don't need health insurance
- f. [IF UNINSURED=0] Without health insurance, I would worry about having big medical costs I could not pay
- g. [if UNINSURED=1] Without health insurance, I worry about having big medical costs I could not pay

YOUR VIEWS ON HEALTH INSURANCE

QX8. How important is it to you personally to have health insurance?

1. Very important
 2. Somewhat important
 3. Not too important
 4. Not at all important
99. REF

HEALTH INSURANCE AND TAX PENALTIES IN 2019

There has been a lot of discussion in recent years about fines for people who do not have health insurance. These fines are often called tax penalties. We want to ask you a few questions about this.

(Last Year)

QX21. Think back to **last year (2019)**. As far as you know, was it required by law for most people to have health insurance in 2019 or else pay a fine?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX4. NEW: Now, think about **this year (2020)**. As far as you know, is it required by law for most people to have health insurance in 2020 or else pay a fine?

- 1. Yes
- 2. No
- [SPACE]
- 77. Not sure
- 99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX4_AA. NEW: [IF QX4=1] How did you learn that it is required by law for most people to have health insurance or else pay a fine in **2020**?

(Select all that apply; randomize order)

- 1. Heard it on the radio
- 2. Saw it on TV/TV news
- 3. Through social media
- 4. Through the internet(not social media)
- 5. Read it in the newspaper/ print publication
- 6. Through a family member/ friend
- 7. Through my personal tax preparer or accountant
- 8. Through the Franchise Tax Board (FTB)
- 9. A health insurance agent or broker
- 10. From Covered California

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX4_AB. NEW: [IF QX4=1] As far as you can remember, did you ever look for specific information to try to estimate how much the fine would be for you personally if you did not have health insurance in 2020?

- 1. Yes
- 2. No

[SPACE]

77. Not sure

99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX25. [IF QX4=1] In a previous question, you indicated that it is required by law to have health insurance in 2020 or else pay a fine.

To the best of your knowledge, how much do you estimate the fine would be for you as an individual if you do not have health insurance in 2020?

Please use the box below to enter your answer. Your best guess is fine.

[TEXT BOX ALLOWING UP TO 6 NUMERIC CHARACTERS]

[SPACE]

77. Not sure

99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX26. [IF QX4=1 AND QX25=77, 99]

You did not provide an estimate in the previous question.

Please use the ranges below to give your best guess of how much the fine would be for you as an individual if you do not have health insurance coverage in 2020.

Your best guess is fine.

1. \$0 – I think I would be exempt from paying a fine
2. \$1 to \$99
3. \$100 to \$299
4. \$300 to \$499
5. \$500 to \$999
6. \$1,000 to \$1,999
7. \$2,000 to \$2,999
8. \$3,000 to \$3,999
9. \$4,000 to \$4,999
10. \$5,000 or more

[SPACE]

99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX5. [IF QX4=1 & UNINSURED=0] In a previous question, you indicated that it is required by law to have health insurance in 2020 or else pay a fine.

Would you have [IF NONGROUP=1: purchased] health insurance this year if there were no fine?

1. Yes
2. No
99. REF

HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX6. [IF QX4=2 & UNINSURED=1] In a previous question, you indicated that it is not required by law to have health insurance in 2020 or else pay a fine.

Imagine there were a fine for not having insurance this year. Would you have purchased health insurance this year if there were a fine?

1. Yes
2. No
99. REF

CLARIFICATION ON HEALTH INSURANCE AND TAX PENALTIES THIS YEAR (2020)

QX4a. MOVED AND MODIFIED:

Laws about requirements to have health insurance have changed recently and we want to make sure you have up-to-date information. Please read the information below and then answer the question that follows.

California recently passed a law requiring most state residents to have health insurance through an employer, government health program, or a health plan they purchase themselves starting in 2020. Most adults who do not have health insurance in 2020 will have to pay a penalty or fine.

Does knowing that you would likely have to pay a penalty for not having health insurance make you any more or less likely to [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance] in the future?

1. It makes me much more likely to [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance]
2. It makes me somewhat more likely [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance]
3. It has no effect on whether I [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance]
4. It makes me somewhat less likely [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance]
5. It makes me much less likely [IF UNINSURED=0: stay insured / IF UNINSURED=1: get health insurance]

YOUR CURRENT HEALTH AND HEALTH CARE

The next set of questions ask about your current health and where you get care.

Q71. [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)] Is there a place you usually go to when you are sick or need advice about your health?

1. Yes
2. No
99. REF

YOUR CURRENT HEALTH AND HEALTH CARE

Q72. [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)] What kind of place do you go to most often when you are sick or need advice about your health?

1. A doctor's office
2. A clinic, hospital clinic, or health center
3. Urgent care clinic
4. An emergency room
5. Some other place [specify]
99. REF

YOUR CURRENT HEALTH AND HEALTH CARE

QX_Health. [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)] In general, would you say your health status is:

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
99. REF

YOUR CURRENT HEALTH AND HEALTH CARE

DEMO11. [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)] Do you currently have a health condition that has lasted for a year or more or is expected to last for a year or more?

This could be a physical health condition (such as arthritis, asthma, cancer, dementia, diabetes, heart disease, high cholesterol, hypertension or stroke), a behavioral health or mental health condition, or a developmental disability.

- 1. Yes
- 2. No
- 99. REF

EXPECTED DOCTOR VISITS THIS YEAR

QX_DEMO12a. [IF (CC_CY=1) OR (CC_CY=0 & Q10 NE 3)] How many times do you expect to go to a doctor's office or clinic to get health care for yourself this year? Think about the entire year (January 1 to December 31, 2020).

- 1. None
- 2. 1
- 3. 2
- 4. 3
- 5. 4
- 6. 5 to 9
- 7. 10 or more
- 99. REF

HEALTH SAVINGS ACCOUNT

QX_HSA. Do you currently have any money saved in a Health Savings Account (HSA) or similar type of savings account that allows you to set aside money on a pre-tax basis to pay for medical expenses such as deductibles, copays, and other qualified medical expenses?

- 1. Yes
- 2. No
- 77. Not sure
- 99. REF

EMPLOYER CONTRIBUTIONS

QX1. [IF NONGROUP=1] Does an employer give you any additional pay or benefits to help pay your health insurance premium? This could be your employer or a family member's employer.

- 1. Yes
- 2. No
- 77. Not sure
- 99. REF

EMPLOYER CONTRIBUTIONS

QX2. [IF UNINSURED=1] Does an employer offer you any additional pay or benefits to help pay for health insurance? This could be your employer or a family member's employer.

1. Yes
 2. No
77. Not sure
99. REF

ADDITIONAL INFORMATION ABOUT YOU

You are almost done. We have some final questions about your background.

DEMO1. Are you of Hispanic, Latino, or Spanish origin?

1. Yes
 2. No
99. REF

DEMO3. What is your race? Select all that apply.

MULTIPLE RESPONSE

1. American Indian or Alaska Native
2. Asian Indian
3. Black or African American
4. Cambodian
5. Chinese
6. Filipino
7. Guamanian or Chamorro
8. Hmong
9. Japanese
10. Korean
11. Laotian
12. Native Hawaiian
13. Samoan
14. Vietnamese
15. White
16. Other [specify]
99. REF

DEMO6. Do you speak a language other than [IF Q1 NE 2: English / IF Q1=2: Spanish] at home?

1. [IF Q1=1] Yes
2. [IF Q1=1] No
3. [IF Q1=2] Sí
4. [IF Q1=2] No
99. REF

DEMO7. [IF DEMO6=1, 3] Check which ones: [KEEP THIS Q ON SAME PAGE AS PREVIOUS Q IF POSSIBLE]

MULTIPLE RESPONSE

13. [IF Q1=2] English
1. [IF Q1 NE 2] Spanish
2. Traditional Chinese
3. Vietnamese
4. Korean
5. Tagalog
6. Hmong
7. Russian
8. Armenian
9. Farsi
10. Khmer
11. Arabic
12. Other [specify]
99. REF

DEMO9. [IF DEMO6=1 OR Q1=2]

[IF DEMO6=1] Since you speak a language other than English at home, we are interested in your opinion of how well you speak English.

[IF Q1=2] We are interested in your opinion of how well you speak English.

Would you say you speak English...

1. Very well
2. Well
3. Not well
4. Not at all
99. REF

DEMO10. Which statement best describes your current employment status?

1. Working – as a paid employee part time
2. Working – as a paid employee full time
- [SPACE]
3. Working – self-employed part time

- 4. Working – self-employed full time
[SPACE]
- 5. Working – self-employed and paid employee
[SPACE]
- 6. Not working – on temporary layoff from a job
- 7. Not working – looking for work
- 8. Not working – retired
- 9. Not working – disabled
- 10. Not working – other
- 99. REF

DEMO10a. [IF DEMO10= 1, 2, 3, 4, 99]. What kind of work do you do?

- 1. Management Occupations
- 2. Business, Financial Operations Occupations
- 3. Computer, Mathematical Occupations
- 4. Architecture, Engineering Occupations
- 5. Life, Physical, Social Science Occupations
- 6. Community, Social Services Occupations
- 7. Legal Occupations
- 8. Education, Training, Library Occupations
- 9. Arts, Design, Entertainment, Sports, Media Occupations
- 10. Healthcare Practitioner, Technical Occupations
- 11. Healthcare Support Occupations
- 12. Protective Service Occupations
- 13. Food Preparation and Serving Related Occupations
- 14. Building & Grounds Cleaning, Maintenance Occupations
- 15. Personal Care and Service Occupations
- 16. Sales & Related Occupations
- 17. Office, Administrative Support Occupations
- 18. Farming, Fishing, Forestry Occupations
- 19. Construction, Extraction Occupations
- 20. Installation, Maintenance, Repair Occupations
- 21. Production Occupations
- 22. Transportation and Material Moving Occupations
- 23. Armed Forces
- 24. Other [specify]
- 99. REF

DEMO13. What is the highest grade or level of school you have completed?

- 1. Did not complete high school
- 2. Graduated high school
- 3. Attended some college, but no degree
- 4. Graduated two-year college with Associate's degree
- 5. Graduated four-year college with Bachelor's degree
- 6. Obtained Master's, PhD, or other professional degree

99. REF

DEMO14. Are you:

1. Married
 2. Widowed
 3. Divorced
 4. Separated
 5. Never married / Single
 6. Living with partner
99. REF

DEPEND_19. [IF UNSUB=1] When filing your federal income tax return for 2020, how many people will you claim as part of your household?

This includes you, your spouse (if married), and any dependent children. Your best guess is fine.

[Drop down]

1. 1
 2. 2
 3. 3
 4. 4
 5. 5+
99. REF

DEPEND_19 (Household size)	Amount 1 (0-138% FPL)	Amount 2 (139-200% FPL)	Amount 3 (201-400% FPL)	Amount 4 (401-600% FPL)
1	\$17,237	\$24,980	\$49,960	\$74,940
2	\$23,336	\$33,820	\$67,640	\$101,460
3	\$29,436	\$42,660	\$85,320	\$127,980
4	\$35,535	\$51,500	\$103,000	\$154,500
5+	\$41,635	\$60,340	\$120,680	\$181,020

HHINCOME_19. [IF UNSUB=1 AND DEPEND_19 NE 99] Please estimate your total annual household income for 2020 before taxes.

Household income includes income from you, your spouse, or from any dependent children. Income can be pay for work or any other money coming in. Your best guess is fine.

1. Less than [Amount1]
2. Between [Amount1] and [Amount2]
3. Between [Amount2] and [Amount3]
4. Between [Amount3] and [Amount4]

- 5. More than [Amount4]
- 77. Not sure
- 99. REF

END OF SURVEY

PERMISSION TO CONTACT FOR FOLLOW-UP RESEARCH

FOLLOW-UP. You have answered all the questions we have. Thank you for participating in this important survey and contributing to efforts to improve health coverage in California.

NORC at the University of Chicago might want to contact you again to learn more about your experiences. Someone from our research team may reach out over the next year to ask if you want to **participate in a follow-up interview, group discussion, or short survey**. You would be provided with additional monetary incentives in the form of cash or gift cards for participating.

Please provide the best contact information if you would like to be reached for these follow-up research opportunities. You can always refuse to participate if contacted. If you do not wish to be contacted for these follow-up research opportunities, please check the box below.

FNAME.

LNAME.

PHONE.

ADDRESS 1.

ADDRESS 2.

CITY.

STATE.

ZIP.

EMAIL.

NO_CONTACT.

Please do not re-contact me for any follow-up.

TAX_PENALTY_DEBRIEF.

CLARIFICATION ON TAX PENALTY AND HEALTH INSURANCE (NEW)

Earlier in this survey, we asked you several questions about laws requiring most people to have health insurance and potential fines or tax penalties for people who do not. Policies about this issue have changed recently and we want to make sure you have up-to-date information. Please see the information below from Covered California's website.

Tax Penalty Details and Exemptions

Beginning in 2020, most California residents are required to have health insurance through an employer, a government health program or a health plan they purchase themselves. Those who do not have health insurance in 2020 will pay a tax penalty. Some people qualify for an exemption from this requirement, and they do not have to obtain health insurance or pay a tax penalty.

The annual penalty is the greater of:

- \$695 for each adult and \$347.50 for each child, up to \$2,085 per family.
- 2.5 percent of the tax filer’s annual household income minus [the federal tax filing threshold](#).

Exemptions From the Tax Penalty for 2020

Covered California and the State of California process exemptions from the requirement. There are some exemptions you must apply for through Covered California. Other exemptions do not require an application – instead, you can claim them when you file state taxes. For more information and links to the application, visit <https://www.coveredca.com/individuals-and-families/getting-covered/penalty-and-exemptions/>

New Financial Help

Starting Jan. 1, 2020, Californians will get new financial help from the state of California in addition to the financial help they may be eligible to receive from the federal government to help them obtain health insurance. The amount of financial help consumers receive will vary depending on their age, their annual household income and the cost of health care in their region. The program will limit how much eligible Californians will pay for their premium as a percentage of their income.

FEEDBACK. (Optional) Please use the box below to provide any additional feedback you would like to share about your experience with health coverage in California.

[INSERT OPTIONAL TEXT BOX]

[IF EB400=0 AND EB20=0] [CENTER ON PAGE]

Please click “Next” to submit your responses to this survey.

Thank you again for participating in the California Health Coverage Survey!

[IF EB20=1 OR EB400=1] [CENTER ON PAGE PLEASE]

Please click “Next” to learn how to receive the \$20 thank you gift.

EARLY BIRD INCENTIVE. REVISED [IF EB20=1 OR EB400=1]

[IF EB20=1 OR EB400=1]: To thank you for participating in this survey, the research team at NORC at the University of Chicago will send you a \$20 electronic gift card for Amazon.com.] Please enter your name and e-mail address below so we can send it to you.

We will not use the information you provide on this page for any purpose other than to send you this electronic gift card.

FNAME. First Name [TEXT BOX]

LNAME. Last Name [TEXT BOX]

EMAIL. E-mail Address [TEXT BOX]

EMAIL2. Please re-enter your e-mail address [TEXT BOX – VERIFY MATCH WITH EMAIL OR PROMPT TO RE-ENTER]

The electronic gift card will be sent to you via e-mail within 5-7 days.

If you have any questions, you can email us at CAHCS2020@norc.org or call us toll free at **866-795-6586**.

Please click “Next” to submit your responses to this survey.

Thank you again for participating in the California Health Coverage Survey!