UnderStandingAmericaStudy

UAS 90: HYPOTHETICAL CHOICES FOR HEALTH INSURANCE PLANS



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1 INTRODUCTION

This UAS panel survey, titled "UAS90: Hypothetical choices for health insurance plans" asks respondents to make a series of hypothetical choices for health insurance plans. This survey was part of a Roybal Center for Health Decisionmaking and Financial Well Being in Old Age, awarded to Anya Samek and Justin Sydnor. Respondents were paid a base amount of \$7. Respondents in the incentivized treatment were additionally paid the amount that was calculated for them, as stored in the payment_amount variable in the data set. This survey is no longer in the field.

Detailed information about the data underlying the hypothetical choices is provided in a separate Excel file entitled "Background.xlsx" (available for download on the UAS Data Dissemination web site page for UAS 90).

1.1 Topics

This survey contains questions (among others) on the following topics: Health, Health Insurance, Risk Preferences, Time Preferences. A complete survey topic categorization for the UAS can be found here.

1.2 Experiments

This survey includes experiment(s) of the following type(s): Auxiliary Randomization, Hypothetical Scenarios Experiments. Please refer to explanatory comments in the Routing section for detailed information. A complete survey experiment categorization for the UAS can be found here.

1.3 Citation

Each publication, press release or other document that cites results from this survey must include an acknowledgment of UAS as the data source and a disclaimer such as, 'The project described in this paper relies on data from survey(s) administered by the Understanding America Study, which is maintained by the Center for Economic and Social Research (CESR) at the University of Southern California. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of USC or UAS.' For any questions or more information about the UAS, contact Tania Gutsche, Project and Panel Manager, Center for Economic and Social Research, University of Southern California, at tgutsche@usc.edu.

2 SURVEY RESPONSE AND DATA

2.1 Sample selection and response rate

The sample selection for this survey was:

A random selection of 970 active English speaking respondents who completed UAS1.

As such, this survey was made available to 970 UAS participants. Of those 970 participants, 723 completed the survey and are counted as respondents. Of those who are not counted as respondents, 20 started the survey without completing and 227 did not start the survey. The overall response rate was 74.54%.

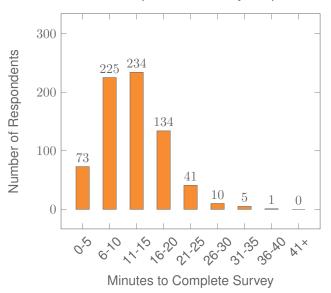
Note: We are unable to provide sample weights for a small number of UAS members (see the Sample weighting section below for details). If they completed the survey, these members are included in the data set with a weight of zero, but accounted for in the computation of total sample size and survey response rate.%.

The detailed survey response rate is as follows:

UAS90 - Response Overview	
Size of selected sample	970
Completed the survey	723
Started but did not complete the survey	20
Did not start the survey	227
Response rate	74.54%

2.2 Timings

The survey took respondents an average of 13 minutes, and the full distribution of survey response times is available in the figure below. Times per question are available upon request.



Distribution of Respondents' Survey Response Times

2.3 Sample & Weighting

Weights are included in the data set for this survey. This survey dataset may contain respondents with a weight of zero. These respondents belong to a small group of UAS members for whom sample weights cannot be computed due to non-probability recruitment for special projects. Hence, while they are accounted for in the total number of survey respondents, they do not contribute to any statistics using sample weights. For more details on the UAS weighing procedures please refer to the UAS Weighting Procedures V1. Please contact UAS staff with any questions.

3 STANDARD VARIABLES

Each Understanding America Study data contains a series of standard variables, consisting of individual, household and sample identifiers, language indicator, time stamps and a rating by the respondent of how much he or she liked the survey:

- uasid: the identifier of the respondent. This identifier is assigned to a respondent at recruitment and stays with the respondent throughout each and every survey he/she participates in. When analyzing data from multiple surveys, the 'uasid' can be used to merge data sets.
- **uashhid**: the household identifier of the respondent. Every member is assigned a household identifier, stored in the variable 'uashhid'. For the primary respondent this identifier equals his or her 'uasid'. All other eligible members of the primary respondent's household (everyone who is 18 or older in the household) who become UAS respondents receive the 'uasid' of the primary respondent as their household identifier. The identifier 'uashhid' remains constant over time for all respondents. Thus it is always possible to find the original UAS household of an UAS panel member (even after they, for example, have moved out to form another household).
- survhhid: uniquely identifies the household a UAS panel member belongs to in a given survey. For instance, if the primary respondent and his/her spouse are both UAS members at the time of a given survey, they both receive the same 'survhhid' identifier for that survey. If they subsequently split, they receive two different 'survhhid' in subsequent surveys. They, however, always share the same 'uashhid'. The identifier 'survhhid' is set to missing (.) if no other household members are UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart if the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, household members have different 'survhhid' reflecting different household compositions at the time they answered the survey. For instance, suppose that the primary respondent and his/her spouse are both UAS members. If the primary respondent answers the survey when he/she is living with the spouse, but the spouse answers the survey when the couple has split, they receive different 'survhhid'. Hence, the variable 'survhhid' identifies household membership of UAS panel members, at the time the respondent answers the survey. Note: in the My Household survey 'survhhid' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.
- **uasmembers**: is the number of other household members who are also UAS panel members at the time of the survey. Since individuals can answer the same survey at different points in time (which can be relatively far apart is the survey is kept in the field for a prolonged time), it may be possible that, within the same data set, the primary respondent of a household has a value of '0', whereas the second UAS household respondent has a value of '1'. Therefore 'uasmembers' should be interpreted as the

number of household and UAS panel members at the time the respondent answers the survey. Note: in the My Household survey 'uasmembers' is set to unknown (.u) for respondents who last participated in the My Household survey prior to January 21, 2015.

- sampleframe: indicates the sampling frame from which the household of the respondent was recruited. All UAS recruitment is done through address based sampling (ABS) in which samples are acquired based on postal records. Currently, the variable 'sampleframe' takes on four values reflecting four distinct sample frames used by the UAS over the year (in future data sets the number of sample frames used for recruitment may increase if additional specific populations are targeted in future recruitment batches):
 - 1. U.S. National Territory: recruited through ABS within the entire U.S.
 - 2. Areas high concentration Nat Ame: recruited through ABS in areas with a high concentration of Native Americans in the zip-code. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
 - 3. Los Angeles County: recruited through ABS within Los Angeles County.
 - 4. California: recruited through ABS within California.

Note: prior to March 6, 2024 this variable was called sampletype and had the following value labels for the above list in UAS data sets:

- 1. Nationally Representative Sample: recruited through ABS within the entire U.S.
- Native Americans: recruited through ABS in areas with a high concentration of Native Americans. Within these batches, individuals who are not Native Americans are not invited to join the UAS.
- 3. LA County: recruited through ABS within Los Angeles County.
- 4. California: recruited through ABS within California.
- **batch**: indicates the batch from which the respondent was recruited. Currently, this variable takes the following values (in future data sets the number of batches may increase as new recruitment batches are added to the UAS):
 - 1. ASDE 2014/01
 - 2. ASDE 2014/01
 - 3. ASDE 2014/01
 - 4. Public records 2015/05
 - 5. MSG 2015/07
 - 6. MSG 2016/01
 - 7. MSG 2016/01
 - 8. MSG 2016/01
 - 9. MSG 2016/02

- 10. MSG 2016/03
- 11. MSG 2016/04
- 12. MSG 2016/05
- 13. MSG 2016/08
- 14. MSG 2017/03
- 15. MSG 2017/11
- 16. MSG 2018/02
- 17. MSG 2018/08
- 18. MSG 2019/04
- 19. MSG 2019/05
- 20. MSG 2019/11
- 21. MSG 2020/08
- 22. MSG 2020/10
- 23. MSG 2021/02
- 24. MSG 2021/08
- 25. MSG 2021/08
- 26. MSG 2022/02
- 27. MSG 2022/02
- 28. MSG 2022/08
- 29. MSG 2022/11
- 30. MSG 2022/11
- 31. MSG 2023/01
- 32. MSG 2023/06
- 33. MSG 2023/09
- 34. MSG 2023/10

Note: prior to March 6, 2024 this variable had the following value labels for the above list in UAS data sets:

- 1. ASDE 2014/01 Nat.Rep.
- 2. ASDE 2014/01 Native Am.
- 3. ASDE 2014/11 Native Am.
- 4. LA County 2015/05 List Sample
- 5. MSG 2015/07 Nat.Rep.
- 6. MSG 2016/01 Nat.Rep. Batch 2
- 7. MSG 2016/01 Nat.Rep. Batch 3

- 8. MSG 2016/01 Nat.Rep. Batch 4
- 9. MSG 2016/02 Nat.Rep. Batch 5
- 10. MSG 2016/03 Nat.Rep. Batch 6
- 11. MSG 2016/04 Nat.Rep. Batch 7
- 12. MSG 2016/05 Nat.Rep. Batch 8
- 13. MSG 2016/08 LA County Batch 2
- 14. MSG 2017/03 LA County Batch 3
- 15. MSG 2017/11 California Batch 1
- 16. MSG 2018/02 California Batch 2
- 17. MSG 2018/08 Nat.Rep. Batch 9
- 18. MSG 2019/04 LA County Batch 4
- 19. MSG 2019/05 LA County Batch 5
- 20. MSG 2019/11 Nat. Rep. Batch 10
- 21. MSG 2020/08 Nat. Rep. Batch 11
- 22. MSG 2020/10 Nat. Rep. Batch 12
- 23. MSG 2021/02 Nat. Rep. Batch 13
- 24. MSG 2021/08 Nat. Rep. Batch 15
- 25. MSG 2021/08 Nat. Rep. Batch 16
- 26. MSG 2022/02 Nat. Rep. Batch 17 (priority)
- 27. MSG 2022/02 Nat. Rep. Batch 17 (regular)
- 28. MSG 2022/08 Nat. Rep. Batch 18
- 29. MSG 2022/11 LA County Batch 6
- 30. MSG 2022/11 Nat. Rep. Batch 20
- 31. MSG 2023/01 Nat. Rep. Batch 21
- 32. MSG 2023/06 Nat. Rep. Batch 22
- 33. MSG 2023-09 Native Am. Batch 3
- 34. MSG 2023-10 Nat. Rep. Batch 23
- primary_respondent: indicates if the respondent was the first person within the household (i.e. to become a member or whether s/he was added as a subsequent member. A household in this regard is broadly defined as anyone living together with the primary respondent. That is, a household comprises individuals who live together, e.g. as part of a family relationship (like a spouse/child/parent) or in context of some other relationship (like a roommate or tenant).
- **hardware**: indicates whether the respondent ever received hardware or not. Note: this variable should not be used to determine whether a respondent received hardware at a given point in time and/or whether s/he used the hardware to participate in a survey. Rather, it indicates whether hardware was ever provided:

- 1. None
- 2. Tablet (includes Internet)
- **language**: the language in which the survey was conducted. This variable takes a value of 1 for English and a value of 2 for Spanish.
- **start_date (start_year, start_month, start_day, start_hour, start_min, start_sec)**: indicates the time at which the respondent started the survey.
- end_date (end_year, end_month, end_day, end_hour, end_min, end_sec): indicates the time at which the respondent completed the survey.
- **cs_001**: indicates how interesting the respondent found the survey.

4 BACKGROUND DEMOGRAPHICS

Every UAS survey data set includes demographic variables, which provide background information about the respondent and his/her household. Demographic information such as age, ethnicity, education, marital status, work status, state of residence, family structure is elicited every quarter through the "My Household" survey. The demographic variables provided with each survey are taken from the most recent 'MyHousehold' survey answered by the respondent. If at the time of a survey, the information in "My Household" is more than three months old, a respondent is required to check and update his or her information before being able to take the survey.

The following variables are available in each survey data set:

- gender: the gender of the respondent.
- **dateofbirth_year**: the year of birth of the respondent.
- age: the age of the respondent at the start of the survey.
- **agerange**: if the respondent's age cannot be calculate due to missing information, 'agerange' indicates the approximate age. Should a value for both the 'age' and 'agerange' be present, then 'age' takes precedence over 'agerange'.
- o citizenus: indicates whether the respondent is a U.S. citizen.
- **bornus**: indicates whether the respondent was born in the U.S.
- **stateborn**: indicates the state in which the respondent was born. This is set to missing (.) if the respondent was not born in the U.S.
- **countryborn**: indicates the country in which the respondent was born. This is set to missing (.) if the respondent was born in the U.S.
- countryborn_other: indicates the country of birth if that country is not on the drop down list of countries shown to the respondent'.
- **statereside**: the state in which the respondent is living.
- immigration_status: indicates whether the respondent is an immigrant. It takes one of the following values: 0 Non-immigrant, 1 First generation immigrant (immigrant who migrated to the U.S), 2 Second generation immigrant (U.S.-born children of at least one foreign-born parent), 3 Third generation immigrant (U.S.-born children of at least one U.S.-born parent, where at least one grandparent is foreign-born), or 4 Unknown immigrant status.
- maritalstatus: the marital status of the respondent.
- livewithpartner: indicates whether the respondent lives with a partner.

- education: the highest level of education attained by the respondent.
- hisplatino: indicates whether the respondent identifies him or herself as being Hispanic or Latino. This variable is asked separately from race.
- hisplatinogroup: indicates which Hispanic or Latino group a respondent identifies him or herself with. This is set to missing (.) if the respondent does not identify him or herself as being Hispanic or Latino.
- white: indicates whether the respondent identifies him or herself as white (Caucasian).
- **black**: indicates whether the respondent identifies him or herself as black (African-American).
- **nativeamer**: indicates whether the respondent identifies him or herself as Native American (American Indian or Alaska Native).
- **asian**: indicates whether the respondent identifies him or herself as Asian (Asian-American).
- pacific: indicates whether the respondent identifies him or herself as Native Hawaiian or Other Pacific Islander.
- **race**: indicates the race of the respondent as singular (e.g., '1 White' or '2 Black') or as mixed (in case the respondent identifies with two or more races). The value '6 Mixed' that the respondent answered 'Yes' to at least two of the single race categories. This variable is generated based on the values of the different race variables (white, black, nativeamer, asian, pacific). This composite measure is not conditional on hisplatino, so an individual may identify as Hispanic or Latino, and also as a member of one or more racial groups.
- working: indicates whether the respondent is working for pay.
- **sick_leave**: indicates whether the respondent is not working because sick or on leave.
- **unemp_layoff**: indicates whether the respondent is unemployed or on lay off.
- unemp_look: indicates whether the respondent is unemployed and looking for a job.
- retired: indicates whether the respondent is retired.
- o disabled: indicates whether the respondent has a disability.
- If_other: specifies other labor force status.
- Iaborstatus: indicates the labor force status of the respondent as singular (e.g., '1 Working for pay' or '2 On sick or other leave') or as mixed (in case the respondent selects two or more labor statuses). The value '8 Mixed' indicates that the respondent answered 'Yes' to at least two of the single labor force status variables. This variable is generated based on the values of the different labor status variables (working, sick_leave, unempl_layoff, unempl_look, retired, disabled, lf_other).

- **employmenttype**: indicates the employment type of the respondent (employed by the government, by a private company, a nonprofit organization, or self-employed). This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **workfullpart**: indicates whether the respondent works full or part-time. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- **hourswork**: indicates the number of hours the respondent works per week. This is set to missing (.) if the respondent is not currently working or currently on sick or other leave.
- hhincome: is the total combined income of all members of the respondent's household (living in their household) during the past 12 months.
- **anyhhmember**: indicates whether there were any members in the respondent's household at the time he/she answered the survey as reported by the respondent.
- **hhmembernumber**: indicates the number of household members in the respondent's household at the time of the survey as reported by the respondent. It may be that 'anyhhmember' is 'Yes', but 'hhmembernumber' is missing if the respondent did not provide the number of household members at the time of the survey.
- hhmemberin_#: indicates whether a household member is currently in the household as reported by the respondent. Household members are never removed from the stored household roster and their information is always included in survey data sets. The order of the roster is the same order in which household members were specified by the respondent in the 'MyHousehold' survey. The order is identified by the suffix _# (e.g., _1 indicates the first household member, _2 the second household member, etc.).

As an example, if the first household member is in the household at the time of the survey, 'hhmemberin_1' is set to '1 HH Member 1 is in the HH'; if he/she has moved out, 'hhmemberin_1' is set to '0 HH member 1 is no longer in the HH'. Since information of other household members (stored in the variables listed below) is always included in survey data sets, information about 'hhmemberin_1' is available whether this person is still in the household or has moved out.

- hhmembergen_#: indicates the gender of another household member as reported by the respondent.
- **hhmemberage**_#: indicates the age of another household member. The age is derived from the month and year of birth of the household member as reported by the respondent.
- hhmemberrel_#: indicates the relationship of the respondent to the other household member as reported by the respondent.

- hhmemberuasid_#: is the 'uasid' of the other household member if this person is also a UAS panel member. It is set to missing (.) if this person is not a UAS panel member at the time of the survey. Since this identifier is directly reported by the respondent (chosen from a preloaded list), it may differ from the actual (correct) 'uasid' of the UAS member it refers to because of reporting error. Also, this variable should not be used to identify UAS members in a given household at the time of the survey. This is because the variables 'hhmemberuasid_#' are taken from the most recent 'My Household' and changes in household composition involving UAS members may have occurred between the time of the respondent answered 'My Household' and the time the respondent answers the survey. To follow UAS members of a given household, it is advised to use the identifiers 'uashhid' and 'survhhid'.
- **lastmyhh_date**: the date on which the demographics variables were collected through the 'My Household' survey.

5 MISSING DATA CONVENTIONS

Data files provide so-called clean data, that is, answers given to questions that are not applicable anymore at survey completion (for example because a respondent went back in the survey and skipped over a previously answered question) are treated as if the questions were never asked. In the data files all questions that were asked, but not answered by the respondent are marked with (.e). All questions never seen by the respondent (or any dirty data) are marked with (.a). The latter may mean that a respondent did not view the question because s/he skipped over it; or alternatively that s/he never reached that question due to a break off. If a respondent did not complete a survey, the variables representing survey end date and time are marked with (.c). Household member variables are marked with (.m) if the respondent has less household members (e.g. if the number of household members is 2, any variables for household member 3 and up are marked with (.m).

UAS provides data in STATA and CSV format. Stata data sets come with include variable labels that are not available in the CSV files. Value labels are provided for singleresponse answer option. In STATA these labels will include the labels 'Not asked' and 'Not answered' for (.a) and (.e), and will show in tabulations such as 'tab q1, missing'. For multiple-response questions a binary variable is created for each answer option indicating whether the option was selected or not. A summary variable is also provided in string format reflecting which options were selected and in which order. For example, if a question asked about favorite animals with options cat, dog, and horse, then if a respondent selected horse and then cat, the binary variables for horse and cat will be set to yes, while the overall variable would have a string value of '3-1'. If no answer was given, all binary variables and the summary variable will be marked with '.e'.

Questions that are asked multiple times are often implemented as so-called array questions. Supposing the name of such question was Q1 and it was asked in 6 different instances, your data set would contain the variables $Q1_1_$ to $Q1_6_$. To illustrate, if a survey asked the names of all children, then child_1_ would contain the name of the first child the respondent named and so on.

More information about the UAS data in general can be found on the UAS Data Pages web site.

6 ROUTING SYNTAX

The survey with routing presented in the next section includes all of the questions that make up this survey, the question answers when choices were provided, and the question routing. The routing includes descriptions of when questions are grouped, conditional logic that determines when questions are presented to the respondent, randomization of questions and answers, and fills of answers from one question to another.

If you are unfamiliar with conditional logic statements, they are typically formatted so that *if* the respondent fulfills some condition (e.g. they have a cellphone or a checking account), *then* they are presented with some other question or the value of some variable is changed. If the respondent does not fulfill the condition (e.g. they are not a cellphone adopter or they do not have a checking account), something *else* happens such as skipping the next question or changing the variable to some other value. Some of the logic involved in the randomization of questions or answers being presented to the respondent is quite complex, and in these instances there is documentation to clarify the process being represented by the routing.

Because logic syntax standards vary, here is a brief introduction to our syntax standards. The syntax used in the conditional statements is as follows: '=' is equal to, '<' is less than, '>' is greater than, and '!=' is used for does not equal. When a variable is set to some number N, the statement looks like 'variable := N'.

The formatting of the questions and routing are designed to make it easier to interpret what is occurring at any given point in the survey. Question ID is the bold text at the top of a question block, followed by the question text and the answer selections. When a question or variable has associated data, the name links to the appropriate data page, so you can easily get directly to the data. Text color is used to indicate the routing: red is conditional logic, gold is question grouping, green is looping, and orange is used to document randomization and other complex conditional logic processes. The routing is written for a computer to parse rather than a human to read, so when the routing diverges significantly from what is displayed to the respondent, a screenshot of what the respondent saw is included.

The name of the randomization variables are defined in proximity to where they are put into play, and like the question ID the names of the randomization variables can be used to link directly to the associated data page.

7 SURVEY WITH ROUTING

Start of section Practice

intro2 (Section Practice)

Thank you for participating in our survey. In this survey we will ask you to make decisions about health insurance.

intro1 (intro in section Base) Before we start, familiarize yourself with the two types of health care expenses below.

Premium: This is the amount of money a person pays for sure for the year for health coverage. For people who get their insurance through an employer, which is the case we will consider today, these payments are made by equal automatic paycheck withdrawals over the course of the year.

Out-of-pocket costs: People with health insurance generally still have to pay for part of the medical costs they generate when they go to the doctor. These payments are made only if a person needs to get medical care, and come from insurance features such as co-pays and deductibles.

For the purpose of this exercise, **all plans will have the same access to doctors/hospitals** so the quality of care will be the same for all the plans. This means that the only differences between plans are their costs. All costs will be described as yearly amounts. Some plans may be better values than others.

End of section Practice

Start of section Initialization

/* In this survey respondents are offered information about health insurance plans. In order to personalize this information the following respondent characteristics are preloaded (or asked if not available): self-reported overall health from the Health and Retirement Study A-D in UAS 20, gender, and age. Based on these three characteristics respondents are assigned to a particular group (per the group tab in the Excel file named background.xls). These groups are then used to provide a distribution about their expected health expenses (per the medical cost tab in the Excel file named background.xls).

After this respondents are asked to choose in ten scenarios between two hypothetical plans. The details of each plan are described in the plans tab in the Excel file named background.xls and are selected based on the group assigned to respondents. The manner in which the plan information is presented is randomly assigned per variable hypothetical_treatment taking a respondent's overall health, gender and age into account. With a value of 1 the choices are presented in tabular form, with a value of 2 the choices are pre-

sented in tabular and graphical form, and with a value of 3 the choices are presented in tabular form but with the additional information of the expected total cost of a health insurance plan.

The scenarios are presented in random order with random names and colors. The order is captured in the variables hyp_scenario_table_order (hypothetical_treatment equals 1), hyp_scenario_tablegraph_order (hypothetical_treatment equals 2) and hyp_scenario_exp_order ((hypothetical_treatment equals 3). Within each scenario the two plans are presented in random order per hypothetical_table_order with the same order for the answer options. This order has no visual effect for the graphical representation of the plans (hypothetical_treatment equals 2), but is visible in the tabular presentation. */

C001 := getHrsPreload(1, 'C001')

IF C001 = 1 THEN group_health := 5 ELSEIF C001 = 2 THEN group_health := 4 ELSEIF C001 = 3 THEN group_health := 3 ELSEIF C001 = 4 THEN group_health := 2 ELSEIF C001 = 5 THEN group_health := 1 END OF IF

group_gender := gender

IF group_gender = EMPTY THEN

group_gender (gender in section Initialization) What is your gender? 1 Male 2 Female

IF group_gender = EMPTY THEN group_gender := 1 END OF IF END OF IF

group_age := calcAge(dateofbirth_year, dateofbirth_month, dateofbirth_day)

IF group_age = EMPTY THEN

group_age (age in section Initialization) What is your age? RANGE 18..120

IF group_age = EMPTY THEN group_age := 45 END OF IF END OF IF

 $^{\prime *}$ This survey comprises two variants. In this administering of the survey only the hypothetical scenario variant is asked. $^{*\prime}$

IF main_treatment = EMPTY THEN

 $main_sub := mt_rand(0,100)$

IF main_sub < 68 THEN | main_treatment := 1 ELSE | main_treatment := 1 END OF IF END OF IF

IF main_treatment = 2 THEN /* Incentive variant was not administered. */

ELSE

IF sizeof(hypothetical_colors) = 0 THEN

LOOP FROM 1 TO 10

 $\label{eq:loss} \begin{array}{l} \mbox{hypothetical_colors(cnt)} := \mbox{shuffleArray}(\mbox{array}(1 \rightarrow 1, 2 \rightarrow 2)) \\ \mbox{hypothetical_shapes(cnt)} := \mbox{shuffleArray}(\mbox{array}(1 \rightarrow 1, 2 \rightarrow 2)) \\ \mbox{hypothetical_table_order(cnt)} := \mbox{shuffleArray}(\mbox{array}(1 \rightarrow 1, 2 \rightarrow 2)) \\ \mbox{hypothetical_response_order(cnt)} := \mbox{shuffleArray}(\mbox{array}(1 \rightarrow 1, 2 \rightarrow 2)) \\ \end{array}$

END OF LOOP

END OF IF

IF sizeof(hyp_scenario_table_order) = 0 THEN

hyp_scenario_table_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5, 6 \rightarrow 6, 7 \rightarrow 7, 8 \rightarrow 8, 9 \rightarrow 9, 10 \rightarrow 10)) END OF IF IF sizeof(hyp_scenario_tablegraph_order) = 0 THEN

hyp_scenario_tablegraph_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5, 6 \rightarrow 6, 7 \rightarrow 7, 8 \rightarrow 8, 9 \rightarrow 9, 10 \rightarrow 10)) END OF IF

IF sizeof(hyp_scenario_exp_order) = 0 THEN

hyp_scenario_exp_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5, 6 \rightarrow 6, 7 \rightarrow 7, 8 \rightarrow 8, 9 \rightarrow 9, 10 \rightarrow 10))

END OF IF

Fill code of question FLName executed Fill code of question FL_Young executed Fill code of question FLGender executed Fill code of question FLAge executed

End of section Initialization

IF main_treatment = 1 THEN

Start of section Hypothetical_section

hyp_intro (Section Hypothetical_section) Making Hypothetical Health Plan Choices for Yourself Now, you will make a series of hypothetical health insurance decisions for yourself. Assume that you have a new job that comes with health insurance benefits, and you have a choice of health plan options.

We know that many people have family coverage for their insurance. For this study, though, we want you to think about a health plan that would just cover you and suppose that any other members of your family have their own good coverage.

Fill code of question FL_Young executed Fill code of question FLGender executed Fill code of question FLAge executed hyp_001 := group_health

hyp_001 (age in section Hypothetical_section)

The Medical Spending (Doctor and Hospital Bills) You Might Have for the Year To make decisions for yourself, it is helpful to know something about your possible health care needs. We have collected data on recent annual (yearly) medical expenses for people with a similar background as yours - (women/men/people) between (18-29/30-39/40-49/50-59/60-64) years old.

Please answer the next question so we can provide a more accurate projection of

your health care needs in the next year.

In general, compared to other people of your age, would you say that your health is excellent, very good, good, fair or poor? 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor

group_health := hyp_001 groupid := getGroup(group_gender, group_age, group_health) FLHealth := group_health dummy := setMedicalCostYou()

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyp_002_intro (Section Hypothetical_section)

The Medical Spending (Doctor and Hospital Bills) You Might Have for the Year We have collected data on recent annual (yearly) medical expenses for people like you:(women/men/people) between (18-29/30-39/40-49/50-59/60-64), with (women/men/people) self-reported health status. This amount includes both charges that get covered by insurance and those that have to be paid out of pocket. However, insurance premiums are not included in this amount.

The graph below shows the annual medical expenses for this sample of people like you sorted from lowest spending to highest spending. We have grouped people into 10 equal-sized groups, so each group has 10% of the people. Each orange bar shows the average medical expenses for people in that group.

hyp_002_intro3 (Section Hypothetical_section)

For example, the graph tells us that 1 out of 10 people like you will have good health luck this year and end up in the lowest spending group (1st group). These people would on average have (()) medical bills for the year. On the other hand, 1 out of 10 people like you will have bad health luck and end up in the highest spending group (10th group), with an average of (()) medical bills for the year.

hyp_002 (Section Hypothetical_section) If someone from the 9th group were randomly selected, we would expect their medical expenses for the year to be around: NUMBER (NO DECIMALS ALLOWED)

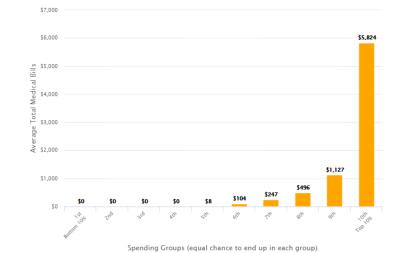
Figure 1: Example graph for medical spending

The Medical Spending (Doctor and Hospital Bills) You Might Have for the Year

We have collected data on recent annual (yearly) medical expenses for people like you: men between 30-39, with excellent self-reported health status. This amount includes both charges that get covered by insurance and those that have to be paid out of pocket. However, insurance premiums are not included in this amount.

The graph below shows the annual medical expenses for this sample of people like you sorted from lowest spending to highest spending. We have grouped people into 10 equalsized groups, so each group has 10% of the people. Each orange bar shows the average medical expenses for people in that group.

The Medical Spending (Doctor and Hospital Bills) You Might Have for the Year



For example, the graph tells us that 1 out of 10 people like you will have good health luck this year and end up in the lowest spending group (1st group). These people would on average have \$0 medical bills for the year. On the other hand, 1 out of 10 people like you will have bad health luck and end up in the highest spending group (10th group), with an average of \$5,824 medical bills for the year.

If someone from the 9th group were randomly selected, we would expect their medical expenses for the year to be around:

END OF GROUP

Fill code of question FLHypCorrect executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyp_002_correct (Section Hypothetical_section)

The Medical Spending (Doctor and Hospital Bills) You Might Have for the YearYour Possible Medical Spending

(That's right./Not quite.) We would expect someone from group 9 to have () in medical expenses for the year.

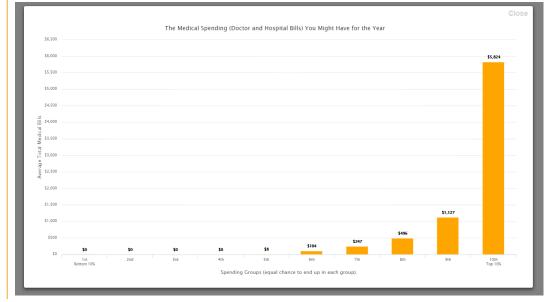
A copy of the graph will be available via the link in the top right for you to refer to throughout the study. You can try clicking it now. The link is called: Your Possible Medical Spending.

hyp_002_graph (Section Hypothetical_section)

hyp_002_link (Section Hypothetical_section)

NUMBER (NO DECIMALS ALLOWED)

Figure 2: Example of pop up graph of medical spending



END OF GROUP

```
IF hypothetical_treatment = EMPTY THEN
hypothetical_treatment := getHypotheticalTreatment(groupid)
END OF IF
```

IF hypothetical_treatment = 1 THEN Start of section Hypothetical_table

FLColors := getColorNamesTable()

IF (sizeof(hyp_check_001_order) = 0) THEN

hyp_check_001_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) hyp_check_001_order(3) := 3

END OF IF

IF (sizeof(hyp_check_002_order) = 0) THEN

hyp_check_002_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) $hyp_check_002_order(3) := 3$ END OF IF

IF (sizeof(hyp_check_003_order) = 0) THEN

hyp_check_003_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) $hyp_check_003_order(3) := 3$

END OF IF

IF (sizeof(hyp_check_004_order) = 0) THEN

hyp_check_004_order := shuffleArray(array($1 \rightarrow 1, 2 \rightarrow 2$)) hyp_check_004_order(3) := 3 END OF IF

hyp_check_questions := array(1 \rightarrow "hyp_check_001", 2 \rightarrow "hyp_check_002", 3 \rightarrow "hyp_check_003", 4 \rightarrow "hyp_check_004")

IF sizeof(hyp_check_order) = 0 THEN

hyp_check_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4)) END OF IF

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyp_check_table_intro (Section Hypothetical_table) Understanding Your Health Plan Options The table below shows two health plans available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals.

hyp_check_intro (Section Hypothetical_table) Before we ask you to choose plans, let's make sure you understand the information in the table.

LOOP FROM 1 TO 4

Value of question hyp_check_questions(hyp_check_order(cnt)) asked as question

END OF LOOP

Figure 3: Questions to check understanding of the table information

Plan Name ≑	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pock (This includes the deduct and shows the total amo you could pay in the year of-pocket for medical bil
Plan Black	\$408	\$1,750	20%	\$3,000
Plan Red	\$1,176	\$750	15%	\$2,000
	maximum amount you could pay in o	ut-of-pocket costs?		
Which plan has the lowest	maximum amount you could pay in o	ut-of-pocket costs?		
Black				
Red More than one plan with	h the same lowest level			
n which plan is the amoun	it of medical bills you have to pay out	t-of-pocket before insurance begins	to pay lowest?	
Red				
Black				
More than one plan with	h the same lowest level			
Which plan has the lowest	share of medical bills after your total	spending has hit the deductible?		
Black				
Red				

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyp_check_table_intro_answers (Section Hypothetical_table) Understanding Your Health Plan Options

hyp_check_table_intro_confirm (Section Hypothetical_table)

Figure 4: Results of understanding of the table information

Understanding Your Health Plan Options

Yes, Plan Black has the lowest annual premium. Find the lowest number in the column called "Annual Premium".

20 Not quite, Plan Red has the lowest total amount you could pay in out-of-pocket costs. Find the lowest number in the column called "Maximum Out Of Pocket."

Yes, Plan Red has the lowest amount of medical expenses you have to pay during the year before insurance begins to pay. Find the lowest number in the column called "Annual Deductible".

😮 Not quite, Plan Red has the lowest share of medical bills after your total spending has hit the deductible. Find the lowest number in the column called "Coinsurance."

Plan Name	Annual Premium (Your cost for insurance. You	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocket (This includes the deductible and shows the total amount you could pay in the year out- of-pocket for medical bills)
Plan Black	\$408	\$1,750	20%	\$3,000
Plan Red	\$1,176	\$750	15%	\$2,000

END OF GROUP

hyp_003_intro (Section Hypothetical_section)

Making Your Health Plan Choices

Now we will ask you to make several health plan choices. Each of the following screens will show you information about two health plan options. Please select the one you would want if this were a real choice for you. Some of the plans may be better value for you than others.

LOOP FROM 1 TO 10

Fill code of question FLhyp001 executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyp001 (hypothetical plan choice in section Hypothetical_table) Making Your Health Plan Choices

Your Possible Medical Spending

(The table below shows **two health plans** available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals./The table below shows **two different health plans**.)

hyp001_sorting (sorting hypothetical plan choice in section Hypothetical_table) STRING

hyp001_link (Section Hypothetical_table)

NUMBER (NO DECIMALS ALLOWED)

	Figure 5: Choice	e between health i	nsurance plans	
	Makin	ng Your Health Pla	an Choices	
			Your F	Possible Medical Spendi
The table below show hospitals.	rs two health plans available to you. Wh	hile these plans have different costs a	and features, they all offer you the sa	ame access to good doctors and
Plan Name	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocket (The maximum costs you could have to pay for medical bills in addition to the premium. These include deductibles and coinsurance payments.)
Plan Black	\$408	\$1,750	20%	\$3,000
Plan Red	\$1,176	\$750	15%	\$2,000
(sizeof(hyp002	2_order) = 0) THEN	(4 4 . 0 0 . 0		
ND OF IF ND of section H	= shuffleArray(array(ypothetical_table		3, 4 →4, 5 →5))	
(sizeof(hyp002 yp002_order := ID OF IF id of section H EIF hypothetic	= shuffleArray(array(IEN	3, 4 →4, 5 →5))	
(sizeof(hyp002 yp002_order := ND OF IF ad of section H SEIF hypothetic art of section I	= shuffleArray(array(ypothetical_table cal_treatment = 2 TH	IEN	3, 4 →4, 5 →5))	
(sizeof(hyp002 yp002_order := ND OF IF d of section H EIF hypothetic art of section F Colors := getC (sizeof(hyg_ch	= shuffleArray(array(ypothetical_table cal_treatment = 2 TH typothetical_graph ColorNamesTableGra eck_001_order) = 0) _order := shuffleArra	IEN aph() THEN		

END OF IF

IF (sizeof(hyg_check_003_order) = 0) THEN

 $\label{eq:linear} \begin{array}{l} hyg_check_003_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) \\ hyg_check_003_order(3) := 3 \end{array}$

END OF IF

IF (sizeof(hyg_check_004_order) = 0) THEN

hyg_check_004_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) hyg_check_004_order(3) := 3

END OF IF

hyg_check_questions := array(1 \rightarrow "hyg_check_001", 2 \rightarrow "hyg_check_002", 3 \rightarrow "hyg_check_003", 4 \rightarrow "hyg_check_004")

IF sizeof(hyg_check_order) = 0 THEN

hyg_check_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4)) END OF IF

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyg_check_table_intro (Section Hypothetical_graph) Understanding Your Health Plan Options The table below shows two health plans available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals.

hyp_check_intro (Section Hypothetical_table) Before we ask you to choose plans, let's make sure you understand the information in the table.

LOOP FROM 1 TO 4

Value of question hyg_check_questions(hyg_check_order(cnt)) asked as question

END OF LOOP

Figure 6: Questions to check understanding of the tabular information

Plan Name	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocl (This includes the deduct and shows the total amo you could pay in the year of-pocket for medical bi
Plan Black	\$408	\$1,750	20%	\$3,000
Plan Red	\$1,176	\$750	15%	\$2,000
Which plan has the lowest	maximum amount you could pay in o	out-of-pocket costs?		
	maximum amount you could pay in o	out-of-pocket costs?		
Red				
More than one plan with	n the same lowest level			
n which plan is the amoun	t of medical bills you have to pay out	t-of-pocket before insurance begins	to pay lowest?	
Red				
Black				
More than one plan with	n the same lowest level			
Which plan has the lowest	share of medical bills after your total	I spending has hit the deductible?		
Black				
Red				
	n the same lowest level			

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyg_check_table_intro_answers (Section Hypothetical_graph) Understanding Your Health Plan Options

hyg_check_table_intro_confirm (Section Hypothetical_graph)

Figure 7: Results of understanding of the table information

Understanding Your Health Plan Options

Yes, Plan Black has the lowest annual premium. Find the lowest number in the column called "Annual Premium".

3 Not quite, Plan Red has the lowest total amount you could pay in out-of-pocket costs. Find the lowest number in the column called "Maximum Out Of Pocket."

Yes, Plan Red has the lowest amount of medical expenses you have to pay during the year before insurance begins to pay. Find the lowest number in the column called "Annual Deductible".

20 Not quite, Plan Red has the lowest share of medical bills after your total spending has hit the deductible. Find the lowest number in the column called "Coinsurance."

Plan Name	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocket (This includes the deductible and shows the total amount you could pay in the year out- of-pocket for medical bills)
Plan Black	\$408	\$1,750	20%	\$3,000
Plan Red	\$1,176	\$750	15%	\$2,000

END OF GROUP

 $\label{eq:IF} \begin{array}{l} \mbox{IF (sizeof(hyg_check_005_order) = 0) THEN} \\ \mbox{hyg_check_005_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2))} \\ \mbox{END OF IF} \end{array}$

 $\label{eq:IF} \begin{array}{l} \mbox{IF (sizeof(hyg_check_006_order) = 0) THEN} \\ \mbox{hyg_check_006_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2))} \\ \mbox{END OF IF} \end{array}$

IF (sizeof(hyg_check_007_order) = 0) THEN

hyg_check_007_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) END OF IF

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyg_check_table_intro2 (Section Hypothetical_graph) Understanding Your Health Plan Options

hyg_check_graph_intro (Section Hypothetical_graph) The graph below provides additional information about the two health plans available to you.

What the graph shows:

Premium for the plan. This is the first dot in the graph for each plan and is the minimum possible total health spending you could have for the year if you choose that plan for you.**Expected total spending (premium + out of pocket)** you would

have for each of the 10 equally-likely spending groups you could end up for the year. **Maximum possible spending**. This is the most you could possibly have to pay in the worst-case scenario (premium + maximum possible out-of-pocket spending) with that plan.

hyg_check_005 (lowest spending 1st group in section Hypothetical_graph) Which plan has the lowest total health spending if you end up in the 1st spending group?

1 ((1))

2 ((2))

3 More than one plan with the same lowest level

hyg_check_006 (lowest spending 5th group in section Hypothetical_graph) Which plan has the lowest total health spending if you end up in the 5th spending group?

1 ((1))

2 ((2))

3 More than one plan with the same lowest level

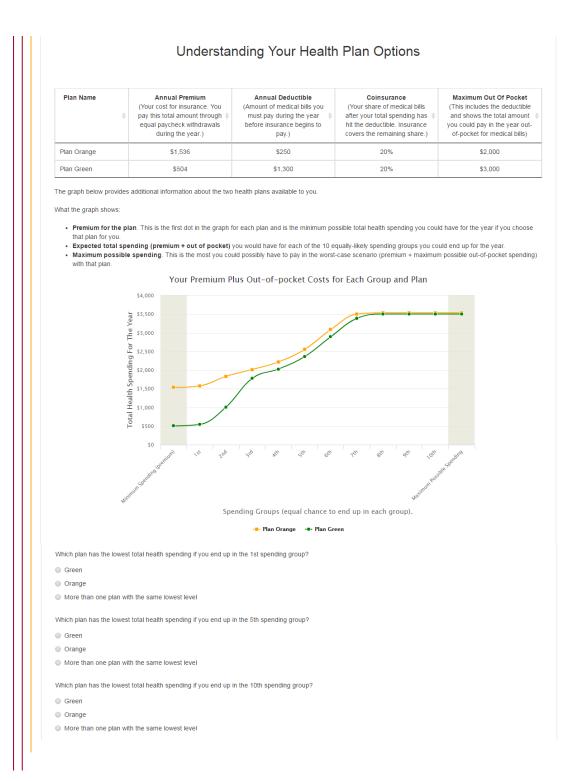
hyg_check_007 (lowest spending 10th group in section Hypothetical_graph) Which plan has the lowest total health spending if you end up in the 10th spending group?

1 ((1))

2 ((2))

3 More than one plan with the same lowest level

Figure 8: Questions to check understanding of the graphical information



END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyg_check_graph_intro_answers (Section Hypothetical_graph) Understanding Your Health Plan Options

hyg_check_graph_intro_confirm (Section Hypothetical_graph)

Figure 9: Results of understanding of the graphical information Understanding Your Health Plan Options

8 Not quite.

First look at the x-axis for the 1st spending group and roll your mouse over the graph above it. The 1st spending group will light up. You will see that the total health spending for Plan Green is lower than Plan Orange for this group.

Next continue moving your mouse to the right until you are over the 5th spending group, which will light up. You will see that the total health spending for Plan Green is lower than Plan Orange for this group.

Finally, continue moving your mouse to the right until you are over the 10th spending group, which will light up. You will see that the total health spending for Plan Green is lower than Plan Orange for this group.



Your Premium Plus Out-of-pocket Costs for Each Group and Plan

END OF GROUP

hyp_003_intro (Section Hypothetical_section)

Making Your Health Plan Choices

Now we will ask you to make several health plan choices. Each of the following screens will show you information about two health plan options. Please select the one you would want if this were a real choice for you. Some of the plans may be better value for you than others.

LOOP FROM 1 TO 10

Fill code of question FLhyg001 executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyg001 (hypothetical plan choice in section Hypothetical_graph) Making Your Health Plan Choices Your Possible Medical Spending

(The table and graph below show **two health plans** available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals./The table and graph below show **two different health plans**./

What the graph shows:

Premium for the plan. This is the first dot in the graph for each plan and is the minimum possible total health spending you could have for the year if you choose that plan for you. **Expected total spending (premium + out of pocket)** you would have for each of the 10 equally-likely spending groups you could end up for the year. **Maximum possible spending**. This is the most you could possibly have to pay in the worst-case scenario (premium + maximum possible out-of-pocket spending) with that plan.)

hyg001_sorting (sorting hypothetical plan choice in section Hypothetical_graph) STRING

hyg001_**link** (Section Hypothetical_graph)

NUMBER (NO DECIMALS ALLOWED)

hyp_002_graph (Section Hypothetical_section)

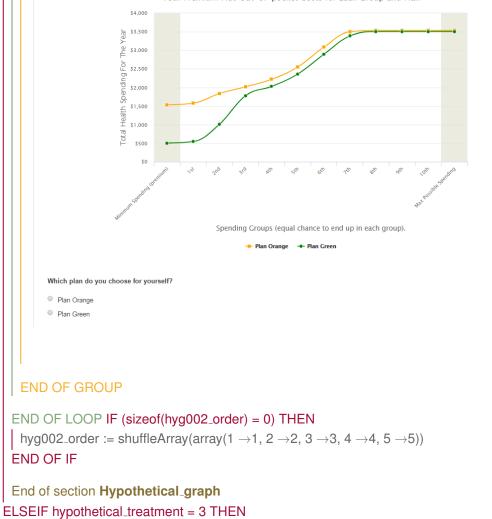
Figure 10: Choice between health insurance plans

Making Your Health Plan Choices

Your Possible Medical Spending

The table and graph below show two health plans available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals.

Plan Name	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocket (This includes the deductible and shows the total amount you could pay in the year out- of-pocket for medical bills)
Plan Orange	\$1,536	\$250	20%	\$2,000
Plan Green	\$504	\$1,300	20%	\$3,000



Your Premium Plus Out-of-pocket Costs for Each Group and Plan

Start of section Hypothetical_exp

FLColors := getColorNamesTableExp()

IF (sizeof(hyx_check_001_order) = 0) THEN

hyx_check_001_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) $hyx_check_001_order(3) := 3$

END OF IF

IF (sizeof(hyx_check_002_order) = 0) THEN

hyx_check_002_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) $hyx_check_002_order(3) := 3$ END OF IF

IF (sizeof(hyx_check_003_order) = 0) THEN

hvx_check_003_order := shuffleArray(array($1 \rightarrow 1, 2 \rightarrow 2$)) hyx_check_003_order(3) := 3

END OF IF

IF (sizeof(hyx_check_004_order) = 0) THEN

hyx_check_004_order := shuffleArray(array($1 \rightarrow 1, 2 \rightarrow 2$)) $hyx_check_004_order(3) := 3$ END OF IF

IF (sizeof(hyx_check_005_order) = 0) THEN

hyx_check_005_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2)) $hyx_check_005_order(3) := 3$

END OF IF

hyx_check_questions := array(1 \rightarrow "hyx_check_001", 2 \rightarrow "hyx_check_002", 3 \rightarrow "hyx_check_003", 4 \rightarrow "hyx_check_004", 5 \rightarrow "hyx_check_005")

IF sizeof(hyx_check_order) = 0 THEN

hyx_check_order := shuffleArray(array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5)) END OF IF

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyx_check_table_intro (Section Hypothetical_exp) Understanding Your Health Plan Options The table below shows two health plans available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals.

hyp_check_intro (Section Hypothetical_table) Before we ask you to choose plans, let's make sure you understand the information in the table.

LOOP FROM 1 TO 5

Value of question hyx_check_questions(hyx_check_order(cnt)) asked as question

END OF LOOP

Figure 11: Questions to check understanding of the tabular information

Understanding Your Health Plan Options

The table below shows two health plans available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals.

Plan Name	Annual Premium (Your cost for insurance. You pay this total amount through equal paycheck withdrawals during the year.)	Annual Deductible (Amount of medical bills you must pay during the year before insurance begins to pay.)	Coinsurance (Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining share.)	Maximum Out Of Pocket (This includes the deductible and shows the total amount you could pay in the year out-of-pocket for medical bills)	Expected Total Cost (This is an estimate of the average total spending for the year - - premium plus out of pocket costs - a person like you can expect to have with this plan)
Plan Blue	\$516	\$2,500	5%	\$3,500	\$954
Plan Red	\$1,944	\$1,000	15%	\$2,500	\$2,276

Before we ask you to choose plans, let's make sure you understand the information in the table.

Which plan has the lowest maximum amount you could pay in out-of-pocket costs?

Red

BlueMore than one plan with the same lowest level

Which plan has the lowest share of medical bills after your total spending has hit the deductible?

Red

Blue

 $\hfill \bigcirc$ More than one plan with the same lowest level

Which plan has the lowest annual premium - you pay part of this cost with each paycheck throughout the year?

Blue

More than one plan with the same lowest level

Which plan has the lowest expected total cost for you, including premium and out-of-pocket costs?

RedBlue

Red

More than one plan with the same lowest total cost

In which plan is the amount of medical bills you have to pay out-of-pocket before insurance begins to pay lowest?

Blue

RedMore than one plan with the same lowest level

END OF GROUP

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyx_check_table_intro_answers (Section Hypothetical_exp) Understanding Your Health Plan Options

hyx_check_table_intro_confirm (Section Hypothetical_exp)

Yes, Plan Blue has the	lowest share of medical bills a	after your total spending has	hit the deductible. Find the lo	west number in the column c	alled "Coinsurance."
	as the lowest annual premium.				n called ""Expected Total
Not quite, Plan Red ha alled "Annual Deductible" Plan Name		al expenses you have to pay			owest number in the colun
Flan Name	Annual Premium (Your cost for insurance. You pay this total amount	(Amount of medical bills you must pay	Coinsurance (Your share of medical bills after your total spending has hit the	Maximum Out Of Pocket (This includes the deductible and shows	the average total
Pian Name	(Your cost for insurance. You pay	(Amount of medical	(Your share of medical	Pocket (This includes the	(This is an estimate of the average total spending for the year
	(Your cost for insurance. You pay this total amount through equal paycheck withdrawals	(Amount of medical bills you must pay during the year before insurance begins to ∳	(Your share of medical bills after your total spending has hit the deductible. Insurance covers the remaining	Pocket (This includes the deductible and shows the total amount you could pay in the year out-of-pocket for	(This is an estimate of the average total spending for the year - premium plus out of pocket costs a person like you can expect to have with

Figure 12: Results of understanding of the tabular information

Understanding Your Health Plan Options

END OF GROUP

hyp_003_intro (Section Hypothetical_section)

Making Your Health Plan Choices

Now we will ask you to make several health plan choices. Each of the following screens will show you information about two health plan options. Please select the one you would want if this were a real choice for you. Some of the plans may be better value for you than others.

LOOP FROM 1 TO 10

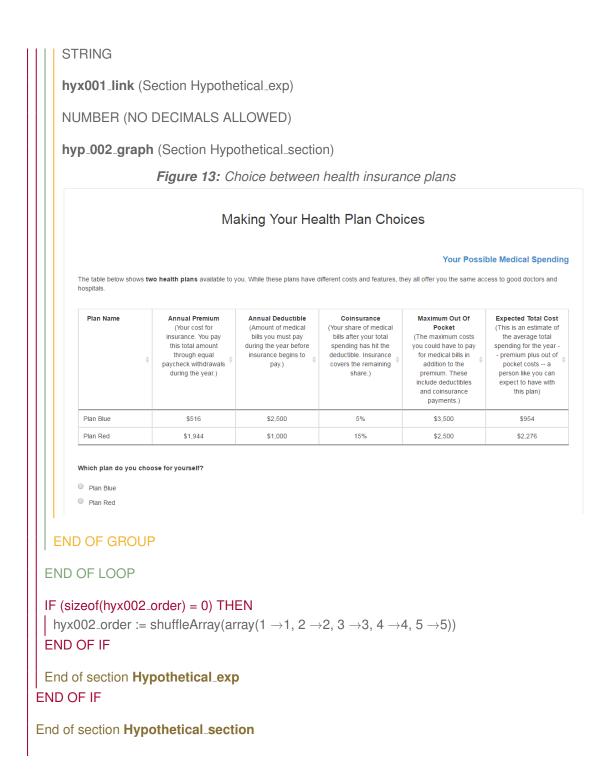
Fill code of question FLhyx001 executed

GROUP OF QUESTIONS PRESENTED ON THE SAME SCREEN

hyx001 (hypothetical plan choice in section Hypothetical_exp) Making Your Health Plan Choices Your Possible Medical Spending

(The table below shows **two health plans** available to you. While these plans have different costs and features, they all offer you the same access to good doctors and hospitals./The table below shows **two different health plans**.)

hyx001_**sorting** (sorting hypothetical plan choice in section Hypothetical_exp)



/* Incentive variant was not administered. */

END OF IF

Start of section Finalquestions

IF main_treatment = 1 AND hypothetical_treatment = 2 THEN

/* The answer options in fq_005 are presented in random order per fq_005_randomizer from 'Much more attention to graphs' to 'Much more attention to tables' (fq_005_randomizer equals 1) or the reverse (fq_005_randomizer equals 2). */

IF fq_005_randomizer = EMPTY THEN

fq_005_randomizer := mt_rand(1,2)

END OF IF

IF fq_005_randomizer = 1 THEN

fq_005_options := array(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5) ELSE

fq_005_options := array(1 \rightarrow 5, 2 \rightarrow 4, 3 \rightarrow 3, 4 \rightarrow 2, 5 \rightarrow 1)

END OF IF

fq_005 (paid more attention to what in section Finalquestions) Some Additional Questions

When you were making plan choices today which did you pay more attention to: the information in the tables or the graphs?

1 Much more attention to graphs

2 Somewhat more attention to graphs

3 About equal attention to graphs and tables

4 Somewhat more attention to tables

5 Much more attention to tables

ELSEIF main_treatment = 2 THEN

/* The incentive treatment was not administered */ END OF IF

fq_001 (most willing to pay in section Finalquestions) Some Additional Questions

Suppose you have a car that is worth \$10,000 and is no longer covered by warranty. You find out that it has a design flaw that in 1 out of 10 cases will cause an engine problem, which will cost \$3,000 to fix. You have the choice to do a repair that will fix the flaw and avoid the risk of the \$3,000 engine damage. What is the most you would be willing to pay for that repair?

RANGE 0..3000

/* The answer options in fq_002 are presented in random order per fq_002_randomizer from 'Strongly prefer many options' to 'Strongly prefer few options' (fq_002_randomizer equals 1) or the reverse (fq_002_randomizer equals 2). */

IF fq_002_randomizer = EMPTY THEN

fq_002_randomizer := mt_rand(1,2) END OF IF

IF fq_002_randomizer = 1 THEN

```
fq_002_options := array(1 \rightarrow1, 2 \rightarrow2, 3 \rightarrow3, 4 \rightarrow4, 5 \rightarrow5)
ELSE
fq_002_options := array(1 \rightarrow5, 2 \rightarrow4, 3 \rightarrow3, 4 \rightarrow2, 5 \rightarrow1)
END OF IF
```

fq_002 (people should have choices in section Finalquestions)

Some Additional Questions

Some people think that it is best for people to have many options for their health insurance coverage, while others think it is better for there to be a limited number of choices about health insurance. Which best describes your feelings?

1 Strongly prefer many options

- 2 Somewhat prefer many options
- 3 Feel similar about either

4 Somewhat prefer few options

5 Strongly prefer few options

/* The answer options in fq_003 are presented in random order per fq_003_randomizer from 'Strongly prefer to pay full amount at time of procedure' to 'Strongly prefer to have the cost withdrawn from paychecks' (fq_002_randomizer equals 1) or the reverse (fq_003_randomizer equals 2). */

IF fq_003_randomizer = EMPTY THEN

fq_003_randomizer := mt_rand(1,2) END OF IF

IF fq_003_randomizer = 1 THEN

```
 \begin{array}{l} \mathsf{fq\_003\_options} \coloneqq \mathsf{array}(1 \rightarrow 1, 2 \rightarrow 2, 3 \rightarrow 3, 4 \rightarrow 4, 5 \rightarrow 5) \\ \\ \mathsf{ELSE} \\ \\ \mathsf{fq\_003\_options} \coloneqq \mathsf{array}(1 \rightarrow 5, 2 \rightarrow 4, 3 \rightarrow 3, 4 \rightarrow 2, 5 \rightarrow 1) \\ \\ \\ \\ \mathsf{END OF IF} \end{array}
```

fq_003 (pay in one go or spread out in section Finalquestions)

Some Additional Questions

Suppose you knew you would need a medical procedure at the end of the year that would cost you \$500. You could either pay that \$500 at the time of the procedure or you have an option to have the total amount withdrawn from your paycheck automatically in equal amounts during the year to cover the cost. Which best describes your feeling about these two options?

1 Strongly prefer to pay full amount at time of procedure

2 Somewhat prefer to pay the full amount at the time of procedure

3 Feel similar about both options

4 Somewhat prefer to have the cost withdrawn from paychecks

5 Strongly prefer to have the cost withdrawn from paychecks

IF fq_003 IN (1,2) THEN

ELSE

END OF IF

End of section Finalquestions

IF main_treatment = 2 THEN

/* The incentive treatment was not administered */
ELSE
dummy := completedHypotheticalTreatment()
dummy := doPayout(7)

END OF IF

Start of section Closing

CS_001 (HOW PLEASANT INTERVIEW in section Closing)

Could you tell us how interesting or uninteresting you found the questions in this interview? 1 Very interesting

2 Interesting

3 Neither interesting nor uninteresting

4 Uninteresting

5 Very uninteresting

CS_003 (comments in section Closing)

Do you have any other comments on the interview? For example, did you have any problems viewing the tables and graphs? Please type these in the box below. (If you have no comments, please click next to complete this survey.) STRING

End of section Closing

/* Please note that although question CS_003 is listed in the routing, the answers are not included in the microdata in the event identifiable information is captured. Cleaned responses are available by request. */