

**SECTION S**  
**COVERED SERVICES**

**07/28/95**

Sections L and P must be completed before Section S for all interview types.. 5/6/94

*This section is administered at the plan level for all interview types for all comprehensive and single service plans (PLANTYPE = 1,2,3,4,5,6,7,56,57,67,68)*

*Comprehensive plans (PLANTYPE = 1,2,3,4) are administered the entire section S, while the single service plans are administered only the following section S questions:*

*PLANTYPE = 5 (DENTAL) - S28*

*PLANTYPE = 6 (VISION) - S30*

*PLANTYPE = 7 (PRESCRIPTION DRUGS) - S8 - S10*

*PLANTYPE = 56 (DENTAL/VISION) - S28/S30*

*PLANTYPE = 57 (DENTAL/DRUGS) - S28/S8 - S10*

*PLANTYPE = 67 (VISION/DRUGS) - S30/S8 - S10*

*PLANTYPE = 68 (DENTAL/VISION/DRUGS) - S28/S30/S8 - S10*

**THIS SECTION IS SKIPPED ENTIRELY IF P1=4 or DK/REF (COVERS NEITHER IN- OR OUTPATIENT).**

**SEGMENT = CSER FOR SCREENS SGATE THROUGH S36. SCREENS SMGATE1, S11 THROUGH S26 AND S37/S37A ARE ON THE MSER SEGMENT.**

DISPLAY BOX SHOULD BE SHOWN AT THE BOTTOM OF EACH SCREEN IN SECTION S.

COMP\_ORG: GLOBAL DISPLAY - IF SOURCE = DMI(1),  
"company", ELSE,  
"organization"

PYEND: GLOBAL DISPLAY DEFINED IN SECTION D TO INDICATE HEALTH INSURANCE PLAN YEAR. IF D9=2 (plan year other than calendar year), "plan year", else "".

PLMONYR: GLOBAL DISPLAY DEFINED IN SECTION D TO INDICATE HEALTH INSURANCE PLAN YEAR. IF D9=2 "D10MONA, D10YEARA to D10MONB, D10YEARB", ELSE "January, 1993 to December, 1993".

[ASK TO SPEAK WITH R. WHEN R ON PHONE, READ INTRODUCTION.]

[  
My name is {INTERVIEWER NAME} and I am calling for the United States Department of Health and Human Services regarding a study about health benefits. This study collects information on the cost of providing health benefits to employees. Results will be used to develop estimates of health care spending and to evaluate health care reform.]

SGATE:

The (next/first) questions are about the services covered under this plan.

PLAN: {PLAN NAME}  
PLAN YEAR: {PLMONYR}

( 1 )

1. CONTINUE SECTION S WITH {RESPNAME} (SKIP)
3. GO TO QUESTIONNAIRE MANAGEMENT SCREEN (QMS)
- GT. GO TO RESULT
8. Not displayed - for dataprep purposes only. Indicates section was not asked and -9 was assigned to appropriate questions in this questionnaire section of partially complete plan
88. Not displayed - for dataprep purposes only. Indicates section was not asked, this questionnaire section of unstarted plan left empty (all -1).

*SKIP: IF FAMILY ^=1 OR 2 (FAMILY COVERAGE NOT DETERMINED) GO TO SFAMILY;  
ELSE IF SELF ^=1 OR 2 (SELF OR FULLY-INSURED NOT DETERMINED) GO TO SSELF;  
ELSE IF P1 ^=2 (NOT INPATIENT ONLY) GO TO SLISTA;  
ELSE GO TO S31*

1 = SGATE, SIZE=C2

IF SECPDONE=1, SET PDONE=1 (RECORD WHETHER SECTION P DONE BEFORE SECTION S - NOT NEEDED ANACHRONISM, SECTION P ALWAYS DONE BEFORE S WHEN APPLICABLE.



**ASK SFAMILY IF FAMILY ^= 1 OR 2 (FAMILY COVERAGE NOT DETERMINED)**

**SFAMILY:**

Does {PLANNAME} offer family coverage?

( 1 )

1. YES
2. NO

*ALL RESPONSES INCLUDING DK/REF: IF SELF ^=1 OR 2 (SELF OR FULLY-INSURED NOT DETERMINED, GO TO SSELF, ELSE IF P1 ^=2 (NOT INPATIENT ONLY) GO TO SLISTA, ELSE GO TO S31*

1 = SFAMILY, SIZE=N2

SET PLAN.FAMILY=1 IF SFAMILY=1, ELSE PLAN.FAMILY=2

*ASK SSELF IF SELF ^=1,2 (SELF OR FULLY-INSURED NOT DETERMINED)*

**SSELF:**

Were you self-insured in {PYEND}, or were you fully insured by {PLANNAME}?

( 1 )

1. SELF-INSURED
2. FULLY-INSURED

*ALL RESPONSES INCLUDING DK/REF: IF P1 ^=2 (NOT INPATIENT ONLY) GO TO SLISTA,  
ELSE GO TO S31*

1 = SSELF, SIZE=N2

SET PLAN.SELF = 1 IF SSELF=1, ELSE PLAN.SELF=2

*ASKED IF P1 ^= 2 (DOESN\*T COVER INPATIENT ONLY)*

SLISTA & B include questions S1 to S7.

**SLISTA**

Did this plan cover . . .

YES=1, NO=2

adult routine physical examinations? ( 1 )

routine mammography screening? ( 2 )

routine pap smears? ( 3 )

*DK/REF GO TO NEXT FIELD*

*ALL RESPONSES: IF PLAN.FAMILY =1, GO TO SLISTB, ELSE GO TO S8*

1 = S2, SIZE=N2

2 = S1, SIZE=N2

3 = S3, SIZE=N2

**ASK SLISTB IF PLAN.FAMILY = 1 & P1 ^ = 2 (FAMILY COVERAGE OFFERED & DOESN \*T COVER INPATIENT ONLY), ELSE GO TO S8.**

**SLISTB**

**Did this plan cover well child care such as...**

**YES=1, NO=2**

**childhood immunizations? ( 4 )**

**well-baby care, or checkups  
for children under  
1 year old? ( 5 )**

**checkups for children 1 to 4  
years old? ( 6 )**

**checkups for children 5 to 13  
years old? ( 7 )**

**ALL RESPONSES: GO TO S8. DK/REF GO TO NEXT FIELD**

**4 = S4, SIZE=N2**

**5 = S5, SIZE=N2**

**6 = S6, SIZE=N2**

**7 = S7, SIZE=N2**



**ASKED IF**

***PLANTYPE = 7 (PRESCRIPTION DRUGS ONLY PLAN) OR P1 ^= 2 (NOT INPATIENT ONLY).***

**S8. In {PYEND}, did this plan cover outpatient prescription drugs?**

( 1 )

1. YES (S9A)
2. NO (S27)

***IF PLANTYPE = 7 AND S8 = 2, GO TO RESPONDENT'S NEXT SECTION. DK/REF GO TO S27***

**1 = S8, SIZE=N2**

**ASKED IF S8 = 1. (PLAN COVERED OUTPATIENT PRESCRIPTION DRUGS)**

**S9A. Was there a limit on how much the plan would pay in a year for outpatient prescription drugs?**

**( 1 )**

- 1. YES (S9AOV)**
- 2. NO (S10)**

**DK/REF GO TO S10**

**1 = S9A, SIZE=N2**

***S9AOV WILL BE SHOWN AS AN OVERLAY TO S9A WHEN S9A=1. (WAS LIMIT ON HOW MUCH PLAN WOULD PAY FOR OUTPATIENT DRUGS)***

S9AOV. What was the dollar limit for  
**outpatient prescription drug coverage?**

( 1 )

1. DOLLAR LIMIT ( 2 ) (\$10)
2. NO DOLLAR LIMIT (\$10)

***DK/REF GO TO S10***

**1 = S9AOV, SIZE=N2**

**2 = S9AOVAMT, SIZE=N5, HR: 1 TO 99,999, SR: 100 TO 10,000**

**ASKED IF S8=1 (PLAN COVERED OUTPATIENT PRESCRIPTION DRUGS).**

**S10. Did this plan require that generic drugs be purchased if available?**

( 1 )

1. YES
2. NO
3. NO REQUIREMENT, BUT EMPLOYEES PAY LESS FOR GENERIC

**IF PLANTYPE = 7, GO TO RESPONDENT'S NEXT SECTION ELSE, ALL RESPONSES INCLUDING DK/REF GO TO S27**

**1 = S10, SIZE=N2**

*ASKED IF P1 ^= 2 (NOT INPATIENT ONLY) OR PLANTYPE = 5 (DENTAL).*

S27. (In {PYEND},) did this plan cover routine dental care?

[PROBE: Including such things as cleanings, checkups and fillings.]

( 1 )

1. YES [INCLUDE "LIMITED"] (S28)
2. NO (S29)

*DK/REF GO TO S29*

**1 = S27, SIZE=N2**

**ASKED IF S27=1 (PLAN COVERED ROUTINE DENTAL CARE)**

S28. (In {PYEND},) did this plan cover orthodontic care other than that required by accident or injury?

( 1 )

1. YES [INCLUDE "LIMITED"] (S29)
2. NO (S29)

**DK/REF GO TO S29. IF PLANTYPE = 5(DENTAL), GO TO RESPONDENT'S NEXT SECTION**

**1 = S28, SIZE=N2**

**ASKED IF**

***P1 ^ = 2 (NOT INPATIENT ONLY)***

**S29. (In {PYEND}), did this plan cover routine eye examinations?**

( 1 )

1. YES [INCLUDE "LIMITED"] (S30)
2. NO (S31)

***DK/REF GO TO S31***

**1 = S29, SIZE=N2**

**ASKED IF S29=1 (PLAN COVERED ROUTINE EYE EXAMS) OR PLANTYPE = 6 (VISION)**

**S30. Were eyeglasses and contact lenses covered?**

( 1 )

1. YES [INCLUDE "LIMITED"] (S31)
2. NO (S31)

**DK/REF GO TO S31. IF PLANTYPE = 6, GO TO RESPONDENT'S NEXT SECTION.**

**1 = S30, SIZE=N2**



***ASK S31 FOR ALL COMPREHENSIVE PLANS***

S31. (In {PYEND},) was care in a nursing home covered under this plan?

( 1 )

1. YES (S32)
2. NO (S34a)

***DK/REF GO TO S34a***

**1 = S31, SIZE=N2**

**ASKED IF S31=1 (PLAN COVERED NURSING HOME CARE)**

S32. Was there a limit on the number of days or total dollar amount that would be covered for care received in a nursing home?

[PROBE: Is that a day limit, a dollar limit, or both?]

( 1 )

1. DAY LIMIT (S33OV1)
2. TOTAL ANNUAL DOLLAR LIMIT (S33OV2)
3. DOLLAR LIMIT PER DAY (PER DIEM RATE (S33OV3)
4. BOTH DAY AND DOLLAR LIMIT PER DAY (S33OV4)
5. NO LIMIT (S34A)

**DK/REF GO TO S34A**

**1 = S32, SIZE=N2**

**S33 WILL BE SHOWN AS AN OVERLAY TO S32 WHEN S32 = 1, 2, 3, OR 4. (WAS DAY OR DOLLAR LIMIT FOR NURSING HOME CARE COVERAGE)**

DISPLAY1

"was the day limit" IF S32 = 1, ELSE  
"was the total annual dollar limit" if S32=2, ELSE,  
"was the dollar limit per day" if S32=3, ELSE  
"was the day and dollar limit per day" if S32=4.

DISPLAY input field 1 if S32 = 1, DISPLAY input field 2 if S32 = 2. DISPLAY input field 1 and input field 3 at the same time if S32 = 4. DISPLAY input field 3 if S32=3.

S33OV.           What {DISPLAY1} for care received in a nursing home?

S33OV1           ( 1 ) DAYS (S34A)

S33OV2           \$ ( 2 ) DOLLARS PER YEAR (S34A)

S33OV3           \$ ( 3 ) DOLLARS PER DAY (S34A)

S33OV4           ( 1 ) DAYS                   \$( 3 ) DOLLARS PER DAY

*DK/REF ALLOWED FOR BOTH DOLLARS AND DOLLARS PER DAY FIELDS,  
GO TO S34A*

1 = S33DAY, SIZE=N3, HR: 1 TO 365, SR: 14 TO 120  
2 = S33AMT, SIZE=N5, HR: 1 TO 99,999, SR: 1000 TO 25,000  
3 = S33, SIZE=N4, HR: 1 TO 9,999, SR: 100 TO 500

*ASK S34A FOR ALL COMPREHENSIVE PLANS*

S34A. (In {PYEND}), were personal care services in the home covered under this plan?

[PROBE: Personal care services in the home refers to help a person may receive at home with activities of daily living, such as bathing, eating, and dressing. Such help may be provided by nurse's aides or other paid professionals.]

( 1 ) (S34)

1. YES
2. NO

*DK/REF GO TO S34*

1 = S34A, SIZE=N2

*ASK S34 FOR ALL COMPREHENSIVE PLANS.*

S34. (In {PYEND},) was home health care covered under this plan?

[PROBE: Home health care includes care by a registered nurse (R.N.), licensed practical nurse (L.P.N.), home health aides, and various kinds of therapists given to a person in his or her home.]

( 1 )

1. YES (S35)
2. NO (SMGATE1)

*DK/REF GO TO SMGATE1*

1 = S34, SIZE=N2

*ASKED IF S34 = 1 (PLAN COVERED HOME HEALTH CARE)*

S35. Was there a limit on the number of visits or total dollar amount that would be covered for home health care?

[PROBE: Is that a visit limit, a dollar limit, or both?]

( 1 )

1. VISIT LIMIT (S36OV1)
2. DOLLAR LIMIT (S36OV2)
3. BOTH VISIT AND DOLLAR LIMIT (S36OV3)
4. NO LIMIT (SMGATE1)

*DK/REF GO TO SMGATE1*

**1 = S35, SIZE=N2**

**S36 WILL BE SHOWN AS AN OVERLAY TO S35 WHEN S35 = 1, 2, OR 3. (WAS VISIT OR DOLLAR LIMIT FOR HOME CARE COVERAGE)**

**DISPLAY1**

"was the limit" IF S35 = 1,

"was the dollar limit" IF S35 = 2, ELSE "were the visit and dollar limits" IF S35 = 3.

**DISPLAY input field 1 if S35 = 1, DISPLAY input field 2 if S35 = 2. DISPLAY input field 1 and 2 at same time if S35 = 3.**

What {DISPLAY1} for home health care?

S36OV1            ( 1 ) VISITS

S36OV2            \$ ( 2 ) DOLLARS

S36OV3            ( 1 ) VISITS                    \$( 2 ) DOLLARS

**DK/REF ALLOWED FOR BOTH DAYS AND DOLLARS FIELDS,  
GO TO SMGATE1**

**1 = S36DAY, SIZE=N3, HR: 1 TO 365, SR: 5 TO 100**

**2 = S36AMT, SIZE=N5, HR: 1 TO 99,999, SR: 500 TO 25,000**

ASKED OF PLANTYPES 1, 2, 3, AND 4 ONLY.

[ASK TO SPEAK WITH R. WHEN R ON PHONE, READ INTRODUCTION.]

[My name is {INTERVIEWER NAME} and I am calling for the United States Department of Health and Human Services regarding a study about health benefits. This study collects information on the cost of providing health benefits to employees. Results will be used to develop estimates of health care spending and to evaluate health care reform.]

SMGATE1:

The (next/first) questions will ask about coverage of mental health and substance abuse treatment.

PLAN: {PLAN NAME}  
PLAN YEAR: {PLMONYR }

( 1 )

1. CONTINUE SECTION SM WITH {RESPNAME} (SKIP)
2. SKIP SECTION SM, GO TO {RESPNAME'S} NEXT APPROPRIATE SECTION (SMGATE2)
3. GO TO QUESTIONNAIRE MANAGEMENT SCREEN (QMS)
- GT. GO TO RESULT
8. (NOT DISPLAYED - FOR DATAPREP PURPOSES ONLY.

ASSIGNED TO APPROPRIATE QUESTIONS IN THIS QUESTIONNAIRE SECTION OF PARTIALLY COMPLETED PLAN.)

88. (NOT DISPLAYED - FOR DATAPREP PURPOSES ONLY. INDICATES SECTION WAS NOT ASKED, THIS SECTION OF UNSTARTED PLAN WAS LEFT

QUESTIONNAIRE  
EMPTY (ALL -1\*S.)

SKIP: IF P1 ^= 3 (NOT OUTPATIENT ONLY) GO TO S11, ELSE GO TO S15

1 = SMGATE1, SIZE=C2



*SMGATE2 IS ASKED WHEN SMGATE1=2 (SKIP SECTION SM FOR NOW)*

**SMGATE2:**

[ARE YOU SKIPPING SECTION SM BECAUSE {RESPNAME} IS ...]

( 1 )

1. NOT APPROPRIATE FOR SECTION SM, OR,
2. {RESPNAME} CAN ANSWER QUESTIONS LATER?

*GO TO RESPONDENT'S NEXT SECTION*

1=SMGATE2, SIZE=N2

ASKED IF P1 ^ = 3 (NOT OUTPATIENT ONLY)

S11. (In {PYEND},) did this plan cover inpatient mental health services?

( 1 )

1. YES [INCLUDE "LIMITED"] (S12)

2. NO (BOX S1)

DK/REF GO TO BOX S1

1 = S11, SIZE=N2

*ASKED IF S11 = 1 (PLAN COVERED INPATIENT MENTAL HEALTH SERVICES)*

S12. Was there a limit on the number of days or the total dollar amount that would be covered for inpatient mental health services?

[PROBE: Is that a day limit, dollar limit, or both?]

( 1 )

1. YES, DAY LIMIT (S130V)
2. YES, DOLLAR LIMIT (S130V)
3. BOTH DAY AND DOLLAR LIMITS (S130V)
4. NO DAY OR DOLLAR LIMITS (BOX S1)

*DK/REF GO TO BOX S1*

**1 = S12, SIZE=N2**

***S13 WILL BE SHOWN AS AN OVERLAY TO S12 WHEN S12=1, 2, OR 3. (WAS DAY OR DOLLAR LIMIT ON INPATIENT COVERAGE)***

S13OV.      Was that limit...      [1=YES, 2=NO]  
  
per stay,      ( 1 )  
per year, or      ( 3 )  
for an individual's lifetime?      ( 4 )

*IF DK/REF AT ANY FIELD, GO TO NEXT APPROPRIATE FIELD - WHEN ALL HAVE BEEN ASKED, GO TO S14 IF NOT ALL MISSING, ELSE GO TO BOX S1*

1 = S13STAY, SIZE=N2  
3 = S13YEAR, SIZE=N2  
4 = S13LIFE, SIZE=N2

REPEAT S14 for each period coded in S13. COLLECT up to 6 different variables based on responses in S12 & S13, e.g. dollar amount for stay, days per stay.

DISPLAY1  
"were the limits" if S12=3, else  
"was the limit".

DISPLAY/COLLECT "\_\_\_\_\_ days" if S12=1. DISPLAY/COLLECT \$(ATM FIELD TO \$99,999) if S12=2. DISPLAY both at the same time if S12=3.

DISPLAY2:  
"per stay" if S13=1,  
"per year" if S13=3, else {  
per lifetime }.

(OVERLAY SCREENS: S14DAY, S14AMT, S14BOTH)

S14. What {DISPLAY1} {DISPLAY2} for inpatient mental health services?

( 1 ) DAYS PER STAY  
\$ ( 2 ) DOLLARS PER STAY

( 5 ) DAYS PER YEAR  
\$ ( 6 ) DOLLARS PER YEAR

( 7 ) DAYS PER LIFETIME  
\$ ( 8 ) DOLLARS PER LIFETIME

*ALL RESPONSES, INCLUDING DK/REF GO TO BOX S1 (DK/REF ALLOWED FOR ALL RESPONSE FIELDS - IF DK/REF AT ONE RESPONSE FIELD, CONTINUE TO NEXT RESPONSE FIELD UNTIL ALL ARE ANSWERED THEN GO TO BOX S1.)*

1 = S14DAYST, SIZE=N4, HR: 0 TO 9,999, SR: 10 TO 90  
2 = S14AMTST, SIZE=N5, HR: 0 TO 99,999, SR: 100 TO 10,000  
3\* = S14DAYEP, SIZE=N4, HR: 0 TO 9,999, SR: 10 TO 90  
4\* = S14AMTEP, SIZE=N5, HR: 0 TO 99,999, SR: 100 TO 10,000  
5 = S14DAYYR, SIZE=N4, HR: 0 TO 9,999, SR: 30 TO 180  
6 = S14AMTYR, SIZE=N5, HR: 0 TO 99,999, SR: 1,000 TO 25,000  
7 = S14DAYLI, SIZE=N4, HR: 0 TO 9,999, SR: 30 TO 180  
8 = S14AMTLI, SIZE=N5, HR: 0 TO 99,999, SR: 5,000 TO 50,000

<b>BOX S1</b>	<b>IF P1 ^=2 (NOT INPATIENT ONLY) GO TO S15, ELSE GO TO S18</b>
-------------------	---

*ASKED IF P1 ^= 2 (NOT INPATIENT ONLY)*

S15. (In {PYEND},) did this plan cover outpatient mental health services?

( 1 )

1. YES [INCLUDE "LIMITED"] (S16)
2. NO (S18)

*DK/REF GO TO S18*

1 = S15, SIZE=N2

*ASKED IF S15 = 1 (PLAN COVERED OUTPATIENT MENTAL HEALTH SERVICES)*

*Only display response category 4 if S14^=missing.*

S16. Was there a limit on the number of visits or the total dollar amount that would be covered for outpatient mental health services in a year?

[PROBE: Is that a visit limit, a dollar limit, or both?]

( 1 )

1. YES, VISIT LIMIT (S17VIS)
2. YES, DOLLAR LIMIT (S17AMT)
3. BOTH VISIT AND DOLLAR LIMITS (S17VISAM)
- {4. INCLUDED IN INPATIENT MENTAL HEALTH LIMITS (S18)}
5. NO LIMIT (S18)

*DK AND REF GO TO S18*

1 = S16, SIZE=N2

*S17 WILL BE SHOWN AS AN OVERLAY TO S16 WHEN S16=1, 2, OR 3.. (WERE LIMITS ON OUTPATIENT COVERAGE)*

DISPLAY1:

"was the visit limit" IF S16 = 1. DISPLAY

"was the dollar limit" IF S16 = 2 & DISPLAY ATM FIELD \$99,999. ELSE, DISPLAY

"were the visit and dollar limits" & DISPLAY BOTH FIELDS AT SAME TIME IF S16 = 3.

S17VIS, S17AMT, S17VISAM. What {DISPLAY1}?

( 1 ) VISITS

\$ ( 2 ) DOLLARS

*ALL RESPONSES, INCLUDING DK/REF GO TO S18 (DK/REF ALLOWED IN BOTH RESPONSE FIELDS)*

COLLECTS BOTH FIELDS REGARDLESS IF ONE OR THE OTHER IS DK/REF.

1 = S17VIS, SIZE=N3, HR: 1 TO 365

2 = S17AMT, SIZE=N5, HR: 1 TO 99,999, SR: 500 TO 25,000



**ALWAYS ASK S18.**

S18. (In {PYEND},) did this plan cover substance abuse treatment (including either alcohol or drug abuse treatment or both?)

[ENTER YES IF ANY SUBSTANCE ABUSE TREATMENT IS COVERED]

( 1 )

1. YES (SKIP)
2. NO (GO TO S37A)

**DK/REF GO TO S37A**

**SKIP: IF P1 ^= 3 (NOT OUTPATIENT ONLY) GO TO S19, ELSE GO TO S24**

**1 = S18, SIZE=N2**

**ASKED IF S18=1 AND P1^=3. (PLAN COVERED SUBSTANCE ABUSE TREATMENT AND NOT OUTPATIENT ONLY)**

S19. Was inpatient treatment for substance abuse covered?

( 1 )

1. YES (S20)
2. NO (SKIP)

**DK/REF GO TO SKIP**

**SKIP: GO TO S24 IF P1 ^=2 (NOT OUTPATIENT ONLY), ELSE GO TO S37A**

**1 = S19, SIZE=N2**

**ASKED IF S19=1 (INPATIENT SUBSTANCE ABUSE TREATMENT COVERED)**

**RESPONSE CATEGORY 5 IS DISPLAYED ONLY IF S14^=MISSING.**

S20. Was there a limit on the number of days or the total dollar amount that would be covered for inpatient substance abuse treatment?

[PROBE: Is that a day limit, a dollar limit, or both?]

( 1 )

1. YES, DAY LIMIT (S21OV1)
2. YES, DOLLAR LIMIT (S21OV2)
3. BOTH DAY AND DOLLAR LIMITS (S21OV3)
4. INPATIENT SUBSTANCE ABUSE NOT COVERED (SKIP)
- {5. INCLUDED IN MENTAL HEALTH LIMITS (SKIP)}
6. NO (SKIP)

**DK AND REF GO TO SKIP**

**SKIP: GO TO S24 IF P2 ^= 2 (NOT INPATIENT ONLY), ELSE GO TO S37A**

**1 = S20, SIZE=N2**

***S21\* WILL BE SHOWN AS AN OVERLAY TO S20, WHEN S20=1, 2, OR 3. (WERE LIMITS ON INPATIENT COVERAGE)***

**DISPLAY1:**

**"was the day limit" IF S20 = 1. DISPLAY**

**"was the dollar limit" IF S20 = 2 & DISPLAY ATM FIELD \$99,999. ELSE, DISPLAY**

**"were the day and dollar limits" & DISPLAY BOTH FIELDS AT SAME TIME IF S20 = 3.**

**S21OV1, S21OV2, S21OV3. What {DISPLAY1}?**

**( 1 ) DAYS (S24)**

**\$ ( 2 ) DOLLARS (S24)**

***DK/REF ARE ALLOWED IN BOTH DAYS AND DOLLARS FIELDS, (SKIP). SKIP: GO TO S24 IF P2 ^ = 2 (NOT INPATIENT ONLY), ELSE GO TO S37A***

**1 = S21DAY, SIZE=N4, HR: 1 TO 9,999, SR: 5 TO 180**

**2 = S21AMT, SIZE=N5, HR: 1 TO 99,999, SR: 1,000 TO 50,000**

**ASKED IF P1 ^= 2 (NOT INPATIENT ONLY)**

**S24. Was outpatient substance abuse treatment covered?**

( 1 )

1. YES (S25)
2. NO (S37A)

**DK/REF GO TO S37A**

**1 = S24, SIZE=N2**

*ASKED IF S24 = 1 (PLAN COVERED OUTPATIENT SUBSTANCE ABUSE TREATMENT)*

*DISPLAY RESPONSE CATEGORY 4 IF S20 = 1, 2 OR 3 (WERE INPATIENT LIMITS)*

S25. Was there a limit on the number of visits or the total dollar amount that would be covered for outpatient substance abuse treatment?

[PROBE: Is that a visit limit, a dollar limit, or both?]

( 1 )

1. YES, VISIT LIMIT (S26OV1)
2. YES, DOLLAR LIMIT (S26OV2)
3. BOTH VISIT AND DOLLAR LIMITS (S26OV3)
- {4. INCLUDED IN PREVIOUSLY RECORDED LIMITS (GO TO S37A)}
5. NO (GO TO S37A)

*DK/REF GO TO S37A*

**1 = S25, SIZE=N2**

**QUESTION S26\* WILL BE SHOWN AS AN OVERLAY TO S25 WHEN S25= 1, 2, OR 3.  
(WERE OUTPATIENT LIMITS)**

**DISPLAY1:**

**"was the visit limit" IF S25 = 1. DISPLAY**

**"was the dollar limit" IF S25 = 2 & DISPLAY ATM FIELD \$99,999. ELSE, DISPLAY**

**"were the visit and dollar limits" & DISPLAY BOTH FIELDS AT SAME TIME IF S25 = 3.**

S26OV1, S26OV2, S26OV3. What {DISPLAY1}?

( 1 ) VISITS

\$ ( 2 ) DOLLARS

**ALL RESPONSES, INCLUDING DK/REF GO TO S37A. (DK/REF ALLOWED IN BOTH VISITS  
AND DOLLARS FIELDS)**

**S26VIS, SIZE=N3, HR: 1 TO 365**

**S26AMT, SIZE=N5, HR: 1 TO 99,999, SR: 500 TO 25,000**

**ALWAYS ASK S37A**

**S37A. Where you referring to a plan brochure or other printed information to answer these questions about covered services and coverage for mental health and substance abuse?**

**( 1 )**

- 1. YES [INCLUDE FOR SOME ITEMS]**
- 2. NO**

***ALL RESPONSES, INCLUDING DK/REF GO TO RESPONDENT\*S NEXT SECTION***

**1 = S37A, SIZE = N2**



**SECTION S APPENDIX**

**CSER.S1 Does the plan cover routine mammography screening?**

*S1 was coded "Yes" when comments indicated that any mammography screening was covered, regardless of the limits or circumstances, such as "only for women over 45".*

**CSER.S2 Does the plan cover adult routine physical examinations?**

*S2 was coded "Yes" when comments indicated that any routine physicals were covered, regardless of the limits or circumstances.*

**CSER.S3 Does the plan cover routine pap smears?**

*S3 was coded "Yes" when comments indicated that any pap smears were covered regardless of any limits or circumstances, such as "only as required by law".*

**CSER.S4 Does the plan cover childhood immunizations?**

*S4 was coded "Yes" when comments indicated that any immunizations were covered regardless of any limits or circumstances, such as "only as required by law".*

**CSER.S5 Does the plan cover well baby care or checkups for children under 1 year old?**

*S5 was coded "Yes" when comments indicated that any infant checkups were covered regardless of any limits or circumstances.*

**CSER.S6 Does the plan cover well child care or checkups for children 1 to 4 years old?**

*S6 was coded "Yes" when comments indicated that any checkups for children who were any age between 1 and 4 were covered regardless of any limits or circumstances.*

**CSER.S7 Does the plan cover well child care or checkups for children 5 to 13 years old?**

*S7 was coded "Yes" when comments indicated that any checkups for children who were any age between 5 and 13 were covered regardless of any limits or circumstances.*

**Any comments not related to the following questions were disregarded;**

**CSER.S1 - CSER.S10 and CSER.S27 - CSER.S30. No updates were made to any MSER variables.**