

# Health Insurance Coverage for the Self-Employed With No Employees

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics



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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics

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# Health Insurance Coverage for the Self-Employed With No Employees

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## Abstract

Self-employed individuals with no employees (SENE's) represent a small but important segment of the workforce. According to the National Employer Health Insurance Survey (NEHIS) they account for almost one-half of all businesses nationally yet are usually excluded from employer surveys. In order to provide baseline data for evaluating the effects of health care reform, the sample design of NEHIS included a sample of SENE's. The purpose of this report is to describe the health insurance coverage of this population in relation to its socioeconomic and demographic characteristics that until now have been unavailable. Data presented include the health insurance coverage status, that is, uninsured, public, or private; sources of coverage, such as direct purchase, through a spouse, or through a former employer; types of plans, such as health maintenance organizations (HMO's), preferred provider organizations (PPO's), or fee-for-service (FFS) plans; covered services; barriers to access, such as waiting periods and preexisting condition exclusions; and information related to annual out-of-pocket medical costs and monthly health insurance premium contributions.

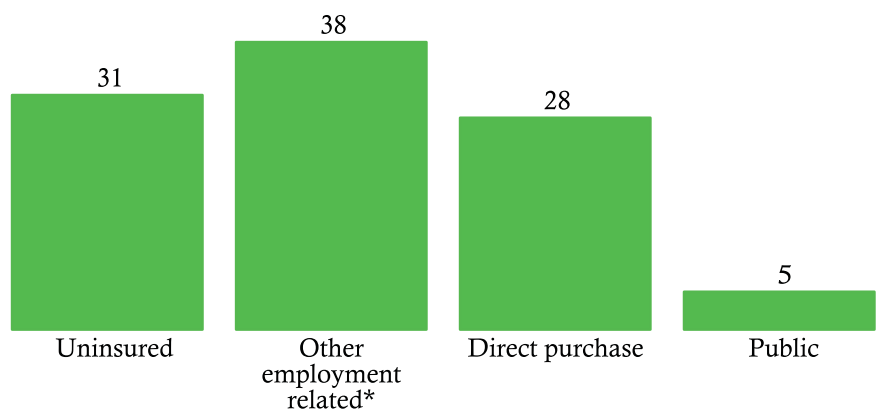
## Keywords:

- self-employed individuals with no employees (SENE's)
- private health insurance
- uninsured self-employed
- individual health insurance market

## Highlights

- At the end of 1993 in the United States, of the 4.5 million self-employed individuals with no employees (SENE's) aged 18–64 years, 31 percent were uninsured, 38 percent had coverage through other employment-related sources mostly through a spouse, 28 percent directly purchased health insurance, and 5 percent had coverage through a public source (figure 1).
- When considered as employers, 28 percent of SENE's aged 18–64 years “offered” health insurance to themselves, compared with 52 percent of other private sector establishments that offered health insurance to their employees.
- Male SENE's were more likely to be uninsured (35 percent) or to directly purchase health plans (31 percent) than were female SENE's (23 and 23 percent, respectively). On the other hand, female SENE's were more likely to have other employment-related coverage (50 percent) than were male SENE's (31 percent).
- The majority of SENE's who had other employment-related health insurance obtained their coverage through their spouse's employment (86 percent).
- Family income was one of the most important determinants of health insurance coverage for SENE's. Almost two-thirds of SENE's with an annual family income of less than \$20,000 were

Figure 1. Percent of nonelderly self-employed individuals with no employees by health insurance coverage status: United States, 1993



\*Plans obtained through a second job or former employer or through spouse's employment.

NOTE: Totals may add to more than 100 because individuals may receive coverage from more than one source.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.



uninsured in comparison to 16 percent of SENE's with an annual family income of \$35,000 or more (figure 2).

- When purchasing directly from an insurance company, two-thirds of SENE's obtained a fee-for-service plan. In comparison, among SENE's with other employment-related plans, 39 percent had a fee-for-service plan. Specifically, SENE's who purchased directly were far more likely to have fee-for-service coverage if their health was fair or poor (91 percent) than those in good to excellent health (66 percent).
- With the exception of health maintenance organizations (HMO's), directly purchased health plans provided less comprehensive coverage of preventive services than other employment-related plans as measured by the percent of privately insured SENE's who had coverage for preventive services, for example, routine physical examinations. SENE's

with directly purchased plans were also more likely to be subjected to waiting period requirements for preexisting conditions before being covered (50 percent) than were those with plans obtained through other employment-related sources (23 percent).

- Thirty-two percent of uninsured SENE's or their families spent \$500 or more out of pocket on medical expenses annually, as compared with 43 percent of the privately insured SENE's. The percent of privately insured SENE's with such out-of-pocket costs did not differ by plan type if purchased directly, but for other employment-related plans, those with HMO plans were significantly less likely to have annual out-of-pocket expenses over \$500.

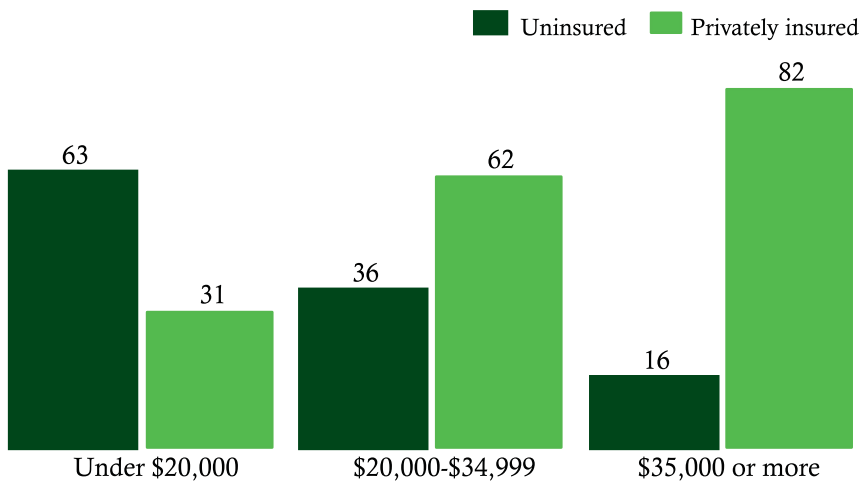
## Introduction

Self-employed people with no employees (SENE's) are often excluded from employer surveys because a) they are not typically thought of as employers even though they are small businesses; b) much of the data obtained in surveys of employers with employees would not be relevant to SENE's, making data collection more cumbersome; and c) SENE's represent a very small segment<sup>1</sup> of the workforce. Accordingly, data published or available on health insurance coverage for sole self-employed people are essentially nonexistent. Several national surveys including the Current Population Survey (CPS), the National Medical Expenditure Survey (NMES), and the National Health Interview Survey (NHIS) collect health insurance information according to employment status. However, these surveys do not distinguish between self-employed persons with employees and self-employed persons with no employees.<sup>2</sup> The National Employer Health Insurance Survey (NEHIS), which was the first federally conducted comprehensive survey covering all employers in the United States, included SENE's as a separate sample in order to provide a complete picture of all employment-related health insurance. In fact, NEHIS reveals that although SENE's represent a small percent of the workforce, their businesses comprise 44 percent of all private establishments nationally.<sup>1</sup>

<sup>1</sup>NEHIS estimates that in 1993 there were 6.3 million private establishments employing 98.3 million workers, and another 4.9 million businesses, owned by SENE's (i.e., 4.9 million SENE individuals, ages 18 years and older). Estimates of SENE businesses exclude businesses that were not considered the SENE's primary employment or main job.

<sup>2</sup>The 1987 NMES Household Survey distinguished the sole self-employed among respondents who provided information on whether they are covered by health insurance. However, the Health Insurance Survey component of NMES excluded the sole self-employed when collecting detailed health insurance data (1).

**Figure 2. Percent of nonelderly self-employed individuals with no employees who were uninsured and privately insured by annual family income: United States, 1993**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

Even though there are no comprehensive health reform initiatives in place at the national level today, many States have independently enacted health reform policies of their own. Not forgotten in current health insurance reform efforts are the self-employed small businesses including SENE's. Because of the changing nature of self-employed businesses, the hiring and firing of employees are common. The SENE businesses can often become businesses with employees and vice versa. Thus, small group reforms and reforms for the individual health insurance market<sup>3</sup> are relevant and important to the self-employed individuals.

Between 1990 and 1994 several States passed small employer health insurance reforms that required carriers to offer health insurance to small employers within the State. Initial reform efforts applied primarily to self-employed businesses with at least two employees. It was not until 1995 that reforms began to address the exclusion of sole self-employed persons from access to affordable health insurance. In January 1996 the National Association of Insurance Commissioners (NAIC's) Small Employer Health Insurance Availability Model Act, which was often used by the States as a guide to reform, changed its definition of small employer to include a business group of one.

As alternatives to increase the availability of health insurance to the uninsured, by the end of 1992, 27 States created State-based high-risk pools and a smaller number of States created alliances to purchase health insurance (2). The major criticism of high-risk pools is that by requiring self-employed people to join pools of people who are uninsurable because of chronic long-term conditions and disabilities,

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<sup>3</sup> Small group usually refers to employers with 50 or fewer employees, and individual market refers to health insurance sold directly to individuals who rely on their own resources to finance their health care coverage.

premiums are considerably higher and choice is limited, making such arrangements either unaffordable or unappealing. In the early 1990's California created the country's first statewide insurance-purchasing pool for small business, the Health Insurance Plan of California. Since then other States, such as Florida and Washington, have created or authorized the creation of similar purchasing alliances. This kind of volume purchasing lowered premiums and provided the small business market access to affordable health insurance. However, most States offering purchasing alliances restrict participation to businesses with at least five employees, once again excluding the smallest self-employed businesses.

In recent years, a frequent target of State reformers has been the individual health insurance market. Integrating this market into legislative proposals for health insurance reform is a difficult task at the State and Federal levels, in large part because of the scarcity of information on the nature of this market and the characteristics of its participants. In 1994, 4.5 percent of the American population under 65 years of age relied on private individual health insurance as their only source of coverage, according to the 1995 Current Population Survey (3). In comparison, among the subgroup of self-employed population ages 18-64 years, the percent with individual health insurance was 20 percent (3). Many individuals who purchase health insurance directly from an insurance company face barriers to coverage, ranging from higher premiums and limited benefits to coverage denial; most States still permit medical underwriting<sup>4</sup>. Although a number of States passed some type of individual reform attempting to limit the range over which premium rates may vary and the criteria used

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<sup>4</sup>Underwriting includes the selection and classification of individuals by degree of health risk, the specification of contract terms, and the setting of premiums.

to determine these rates, most States still allow insurers to deny coverage and to allow premium rate variations up to 300 percent or more (3).

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 provided national standards for availability and portability of group and individual health insurance coverage and increased the tax deductibility of health insurance premiums paid by self-employed persons (4). Before the passage of HIPAA, a large disparity in tax exemptions for health insurance as a business expense existed according to the type of business ownership. Before 1987, contributions for health insurance paid by owners of incorporated self-employed businesses could be fully deducted while owners of unincorporated self-employed businesses were allowed no deduction since business income from the latter was treated as personal income for tax purposes. With the enactment of the Tax Reform Act of 1986, self-employed owners of unincorporated businesses could claim a 25-percent deduction for the amount they spent on health insurance for themselves, as well as their spouses and dependents, while incorporated self-employed businesses continued their full deduction (1,5). HIPAA narrowed the disparity somewhat in tax treatment between incorporated and unincorporated businesses by allowing self-employed individuals to hold tax-deductible medical savings accounts<sup>5</sup> and by increasing the tax deductibility of health

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<sup>5</sup>A medical savings account is an account into which an individual deposits funds for later payment of unreimbursed medical payments. To be eligible for a tax deduction an individual must be covered under a health plan with an annual deductible of \$1,500-\$2,250 for single and \$3,000-\$4,500 for family coverage. An individual with a medical savings account can claim a tax deduction for 65 percent of his or her plan's deductible for self-only coverage and 75 percent for family coverage (3).

insurance<sup>6</sup>. However, even with these added tax benefits, self-employed individuals who own unincorporated businesses still receive less generous tax treatment than those who are incorporated or those employers who purchase health insurance in the group market.

SENE's are a subpopulation of self-employed individuals who have the potential to contribute to the country's economy by expanding their businesses and creating new jobs. However, like many small businesses, SENE's face economic disadvantages and difficulties that can hinder their ability to succeed. They are especially disadvantaged in obtaining and retaining health care coverage because of their financial vulnerability. Most costly can be the purchase of health insurance in the individual market and for many SENE's, privately purchasing health insurance is their only option. Data on SENE's are needed as policymakers continue to look at this population in terms of health insurance reform. This report is the first publication providing detailed information on the health care coverage of the SENE population in the United States. The purpose of this report is to provide comprehensive baseline estimates describing the demographic, socioeconomic, and health insurance coverage characteristics of the SENE population in the United States as of December 1993. The effects of the HIPAA and other State reform policies on the accessibility and affordability of health care coverage among SENE's can be assessed when similar data on SENE's from a subsequent employer health insurance survey<sup>7</sup> become available

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<sup>6</sup>The increase in tax deductibility of health insurance expenditures will be phased in from the 40 percent in 1997 to 80 percent by 2006.

<sup>7</sup>The Insurance Component of the Medical Expenditure Panel Survey, sponsored by the Agency for Health Care Policy and Research, also included SENE's as a separate sample in surveying employer-sponsored health insurance in 1997.

and analyzed in relation to these baseline data.

This report also provides supplement information to the NEHIS' earlier report that focused on group health insurance sponsored by employers who have at least one paid employee (6). Together, both reports cover all private business establishments in the Nation for a comprehensive look at employment-related health insurance as of the end of 1993.

## Methods

### Data source and collection methods

NEHIS is a probability sample survey of all U.S. employers in the private and public sectors in which the sample unit was the establishment. An establishment was defined as "an economic unit, generally at a single physical location, where business is conducted or where services or industrial operations are performed" (7). Self-employed individuals with no employees (SENE's) were considered an establishment and thus were included in the survey. However, because of their unique status that distinguishes them from other employers, many survey procedures were quite different for this group than for the "main" survey group, that is, establishments that have paid employees. From the sample design to data processing, the SENE's underwent a separate track from the main survey. A detailed description of the survey procedures for NEHIS is available (8).

While the Duns Market Identifiers file<sup>8</sup> was used as the sampling frame for private establishments, there was concern that its listing of SENE's may be incomplete. The National Health Interview Survey (NHIS) provided

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<sup>8</sup>A national database of employment establishments maintained by Dun and Bradstreet.

an alternative source to sample SENE's. The NHIS is a national household-based population survey, which in 1993 included a sample of approximately 43,000 households that were interviewed at a response rate of 96 percent. NHIS obtains employment status for all household members ages 18 years and older. This information may be self-reported or reported by a proxy respondent and refers to the person's main job. If an individual has two jobs, the job they have worked at the longest or the job at which they worked the most hours is considered their main job. The NHIS respondents from the last two quarters of 1993 who reported being self-employed (see [appendix II](#) for definition) were included in the initial NEHIS SENE sample. Upon screening, if they were still self-employed as of December 31, 1993, and had no other employees, they were considered SENE's and were administered a questionnaire.

A total of 919 SENE's completed the NEHIS interview at an overall response rate of 82 percent ([appendix I](#)). While the main NEHIS survey was conducted by computer-assisted telephone interviews for the most part, the SENE interview was conducted by telephone using a paper questionnaire ([appendix III](#)) because of its relative simplicity and the small sample size. Data were collected by Westat, Inc., during August and September of 1994 and were then keyed into an electronic database. The SENE questionnaire included similar key data items as the NEHIS main survey questionnaire, such as type of plan, plan eligibility requirements, premiums, deductibles, copayments and coinsurance rates, and covered services. Additionally, SENE's were asked about their source of coverage, for example, whether they purchased it directly in the individual market or if it was obtained through a previous employer, a spouse, or through their business. This information is especially important in describing health insurance characteristics of

coverage and availability for this population.

Item response rates varied considerably, with some data items on the SENE questionnaire being particularly problematic for respondents to answer. Questions about number of plans, type of coverage, type of plan, general plan characteristics, such as waiting periods and preexisting condition exclusions, and source of coverage were well reported (usually above 90 percent). However, particularly troublesome in terms of nonresponse were questions relating to specific plan information, such as premiums, deductibles, copayments, and some covered services for the plan. While employers in the main survey were rather knowledgeable about the premium and benefit information for the health plans they offer, many SENE's who have health insurance obtained it through a spouse's employment and did not know detailed plan information. In this regard, the SENE interview is more similar to a household interview than an establishment interview; for example, total premium amounts are not likely to be known by the covered individual unless they pay the whole amount ([appendix I](#)). Due to high nonresponse, the SENE cost data (total premium, employer share of premium, SENE premium amount, deductibles, and coinsurance) are not analytically reliable and are not presented in this report.

Because the SENE sample was drawn from the NHIS frame, which is designed to produce national estimates, and because the sample size is small, reliable State-level estimates cannot be produced from the SENE data. State specific estimates as well as national estimates for establishments with employees are available from the main NHIS data, and some selected estimates have been published (6). A unique benefit of the SENE data set, however, is that it can be linked to the NHIS person-level records. The NHIS survey consists of two major parts, the core topics that remain essentially the same from year to

year and special topics that are added each year. Core data items include basic socioeconomic and demographic information about each member of the household and health status indicators, such as acute and chronic conditions, activity limitations, bed days, doctor visits, and hospital stays (*Current Estimates from the National Health Interview Survey, 1993* for a copy of the core questionnaire) (9). Special topics generally change from year to year and in 1993 included, among other topics, health insurance coverage (see [appendix IV](#) for a copy of the NHIS health insurance questions). A number of variables that appear in this report come from the NHIS person records and the NHIS health insurance supplement ([appendix I](#)).

Of the 919 SENE's who completed the interviews, 834 were found to be aged 18–64 years, and the remaining 85 respondents were 65 years of age or older. Since most persons 65 years of age and over are already covered by Medicare and because most existing employment-related health insurance data and reports pertain to persons 18–64 years of age, this report covers only the SENE's aged 18–64 years. The term SENE's used in this report, therefore, refers to SENE's 18–64 years of age.

## Estimation and data reliability

All estimates presented in this report are based on self-reported data on the sample SENE or from another family member, most often the spouse. All percents shown in tables are weighted national estimates (more details in [appendix I](#)). Standard error estimates (shown in parentheses) were computed directly by the SUDAAN software (10). Estimates failing to meet the precision requirement of having a relative standard error of less than 30 percent are flagged with an asterisk (\*) in this report. Because survey results are

subject to sampling and nonsampling errors, the total error will be larger than the error due to sampling variability alone.

The two-sided Z-test or T-test with a 0.05 level of significance was used in all comparisons mentioned in this report. For multiple comparisons between subdomains, the Bonferroni test of simultaneous comparisons was used. Terms relating to differences such as “greater than” and “less than” indicate that the differences are statistically significant. Terms such as “similar” or “no difference” mean that no statistical significance exists at the 0.05 level between the estimates compared. The test of a general trend was also performed when applicable. Lack of comment in the text does not necessarily mean that the difference was not statistically significant.

## Comparison of self-employed with no employee estimates with other data sources

Health insurance data available on sole self-employed people are sparse, consequently there are few sources from which comparisons can be made. The Current Population Survey (CPS) and the National Health Interview Survey (NHIS) collect health insurance information about the self-employed but do not distinguish between self-employed businesses with and without employees. On all self-employed individuals, however, estimates are consistent between NHIS, which provided the NHIS SENE sample, and the CPS estimates of health insurance coverage (11) ([figure 3](#))<sup>9</sup>.

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<sup>9</sup>The NHIS estimates are based on coverage information reported for the calendar month before the month of interview while CPS estimates are based on private health insurance coverage reported throughout the calendar year before the interview year. However, many researchers believe that the majority of respondents actually answer the health insurance questions with reference to either a particular point in time or to some period less than a full year (11).

The 1987 National Medical Expenditure Survey-Household Component (NMES) is the only other source that provides health insurance coverage on SENE's (1), and their estimates are similar to the NEHIS SENE estimates despite the 6-year difference (figure 4). Both report an uninsurance rate of 31 percent, while the rate of private insurance is 69 and 66 percent, respectively, for the NMES and NEHIS SENE's<sup>10</sup>.

## Results

In 1993 there were 4.5 million SENE's, ages 18–64 years, in the United States. They were predominately male (64 percent), white persons (93 percent), and married (80 percent) (table 1). Nearly one-half, 47 percent, had an annual family income of \$35,000 or more and slightly more than one-half, 53 percent, were educated beyond high school. Over one-half were professionals or had businesses that required management skills (53 percent). Only 12 percent of SENE businesses were incorporated while the rest were sole proprietorships<sup>11</sup>. More than two-thirds of SENE's (71 percent) lived in metropolitan statistical areas and 56 percent of SENE's had been in business fewer than 10 years.

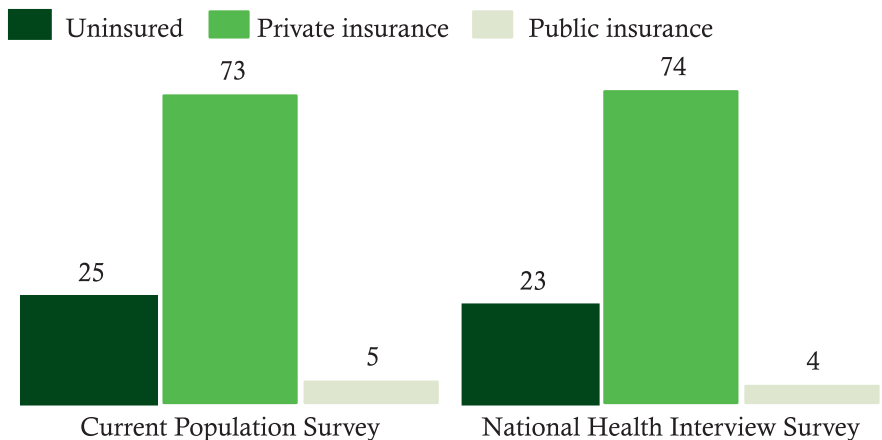
### Self-employed individuals with no employees as establishments

SENE's, although they do not have any employees, are business establishments employing themselves. Because they are

<sup>10</sup>The NMES and NEHIS SENE estimates of insurance coverage are not directly comparable since there is a 6-year gap between the two surveys and because the rate of public health insurance is not reported by Monheit and Harvey. Estimates from NMES are also reported for persons ages 16–64 years, while the NEHIS SENE estimates include ages 18–64 years.

<sup>11</sup>A sole proprietorship is a business owned and operated by an individual and is unincorporated.

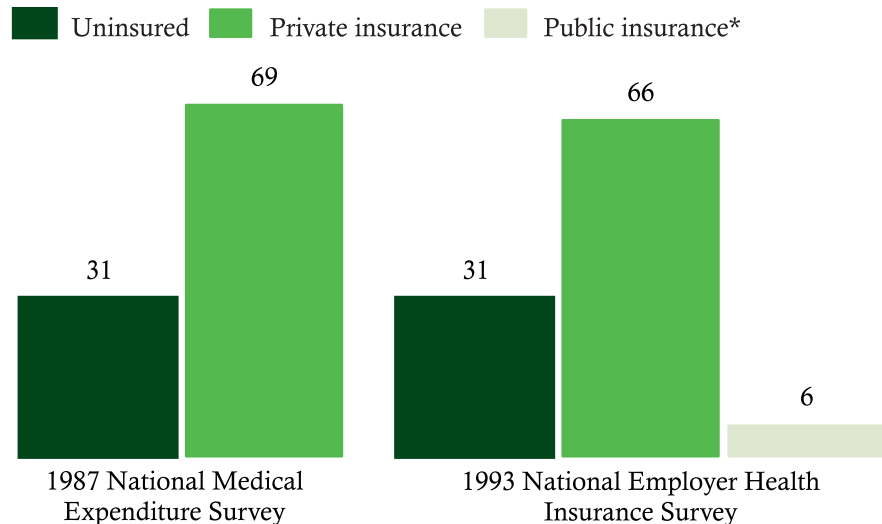
**Figure 3. Health insurance coverage for nonelderly self-employed individuals according to 2 surveys: United States, 1993**



NOTE: Totals may add to more than 100 because individuals may receive coverage from more than one source.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey; and March 1994 Current Population Survey.

**Figure 4. Health insurance coverage for nonelderly self-employed individuals with no employees according to 2 surveys: United States, 1987 and 1993**



\* Percent self-employed individuals with no employees with public insurance from the 1987 NMES is not reported.

NOTES: Total for National Employer Health Insurance Survey add to more than 100 because individuals may receive coverage from more than one source. NMES figures apply to ages 16-64 while NEHIS figures apply to ages 18-64.

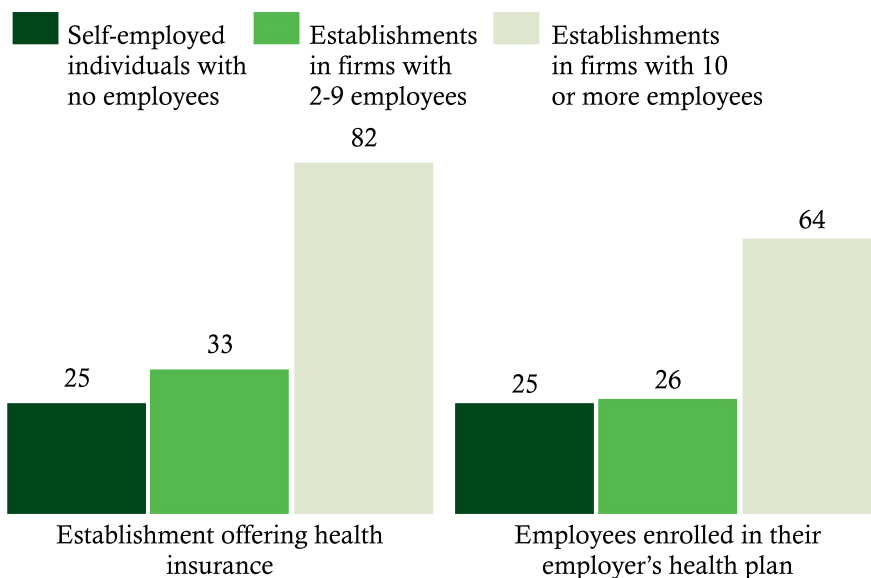
SOURCE: Centers for Disease Control, National Center for Health Statistics, National Employer Health Insurance Survey; and 1987 National Medical Expenditure Survey.

responsible for obtaining health insurance only for themselves or their family members, they do not “offer” health insurance to *other* employees in the traditional sense. However, if SENE’s are also viewed as employees of their own businesses and if they can afford to buy health insurance, this can be equated as employer-offered health insurance. In this context, SENE’s were included in NEHIS in order that all types of employers and employees are represented in the study of employer-sponsored health insurance.

To be comparable to the definitions of “offer” health insurance used for the NEHIS main survey, SENE’s were considered to have “offered” if they purchased health insurance from an insurance company or through a union or professional association, or if they reported obtaining it through their business. Thus excluded from the “offered” health plans are coverage through spouse’s employment or through SENE’s other secondary employment. Using this definition, 25 percent of all SENE businesses<sup>12</sup> offered health insurance to themselves. This compares with 33 percent of establishments in firms with 2–9 employees and 82 percent of establishments in firms with 10 or more employees that offered health insurance (table 2) (figure 5). Treating the same SENE’s who “offered” health insurance to themselves as enrollees in employer-offered health insurance, this 25 percent enrollment rate among SENE’s can be most closely compared with the 26 percent enrollment rate among employees in establishments of firms with 2–9 employees, while in establishments of firms with 10 or more employees the enrollment rate is 64 percent.

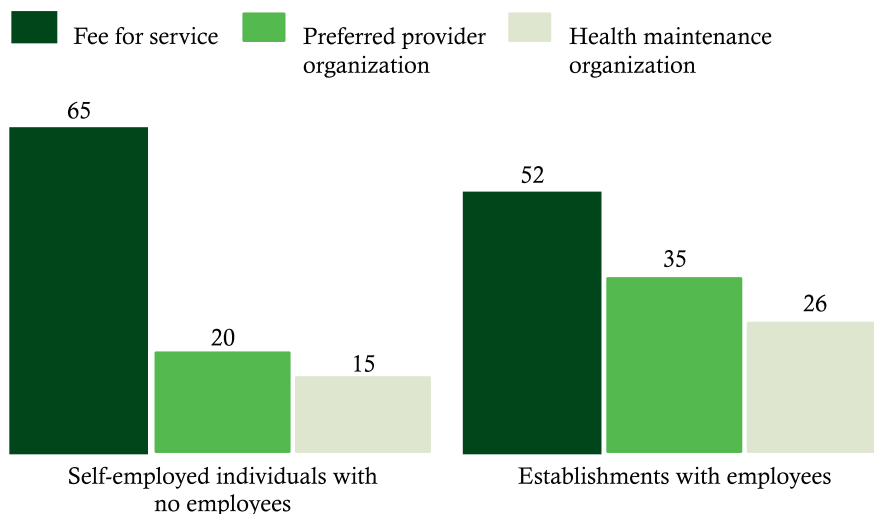
Types of plans offered by SENE’s are compared with those of other establishments in figure 6. When offering health plans, the vast majority of SENE’s (65 percent)

**Figure 5. Percent of establishments offering health insurance and percent of employees enrolled in their employers health plan by firm size: United States, 1993**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Figure 6. Percent of self-employed individuals with no employees compared with other establishments by type of plan offered: United States, 1993**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

<sup>12</sup>All SENE businesses refer to those owned by persons 18 and older. For SENE businesses owned by persons 18–64 years old, the health insurance “offer” rate was 28 percent.

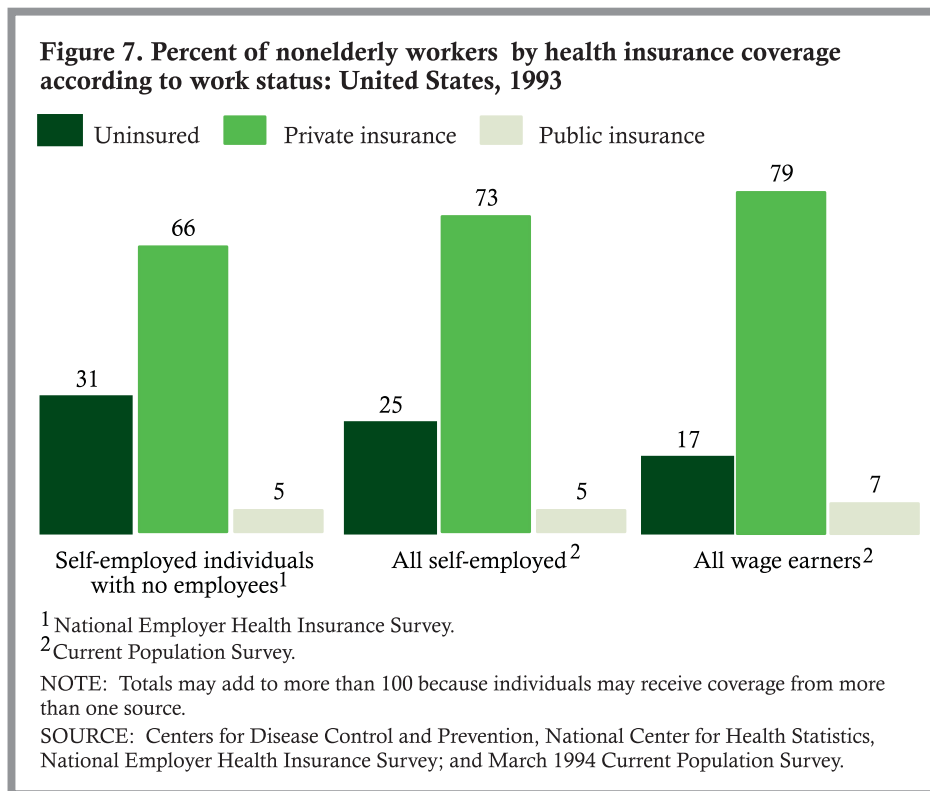
offered fee-for-service (FFS) plans while 20 and 15 percent offered preferred provider organization (PPO) plans and health maintenance organization (HMO) plans, respectively. In comparison, other private establishments offering health plans sponsored the three plan types with the following frequency: FFS (52 percent), PPO (35 percent), and HMO (26 percent). These percents add to more than 100 percent because more than one plan was offered in some of these establishments.

While SENE's are a part of business establishments, they are also individuals, and more can be learned about this population's health care coverage if they are treated as individuals rather than as businesses. Thus, for the remainder of the report, data are presented on SENE's as a whole and then on those who have private health insurance including both who purchase health insurance and who have coverage from other employment-related sources (that is, through a spouse's employment or the SENE's secondary employment). Most of the health plan data are presented by source of coverage in order that the SENE's health care coverage can be compared with those of other establishments as well as other types of workers.

### Self-employed individuals with no employees as workers

Civilian workers in the United States can be broadly divided into two groups—self-employed individuals and wage earners. SENE's comprise a subset of self-employed individuals. The health insurance coverage status of SENE's is compared with other types of workers using data available from the CPS<sup>13</sup> in table 3. Health insurance coverage for

<sup>13</sup>Estimates from the CPS are based on data collected from January 1993 through December 1993 while NHIS estimates are for July–December 1993.



SENE's differs from all self-employed as well as wage earners in that a higher percent of SENE's were uninsured (31 percent) than all self-employed (25 percent) and all wage earners (17 percent) (figure 7). Accordingly, SENE's were less likely to have private health insurance coverage; 66 percent compared with 73 percent of all self-employed and 79 percent of all wage earners. The main difference between all self-employed and SENE's is in the percent with health insurance obtained or sponsored through an individual's own employer<sup>14</sup>. While 24 percent of all self-employed people had such coverage, only 5 percent of SENE's did so (table 3). This difference reflects, aside from the definitional difference, the higher proportion<sup>15</sup> of self-employed

<sup>14</sup>For all self-employed the self-employed individual is the employer and for SENE's it is a current employer at a secondary job or a former employer.

<sup>15</sup>The proportion of self-employed businesses that were incorporated was 27 percent in 1987 according to the NMES while for SENE businesses, 12 percent were incorporated in 1993 according to the NEHIS.

businesses being incorporated in comparison with the SENE businesses whereby the self-employed business owners become employees of the corporate entity and thus are covered under fully deductible group health insurance.

When compared with other types of workers, SENE's resemble wage earners in private firms of less than 25 workers in terms of having no health care coverage—the uninsurance rate was 31 percent for SENE's, 33 percent for wage earners in firms of 9 employees or less, and 28 percent for wage earners in firms of 10–24 employees (table 3). However, SENE's are, again, uniquely different from other types of workers in that 28 percent of SENE's purchased their health insurance from an insurance company while 14 percent or less of the wage earners of these small firms did so.

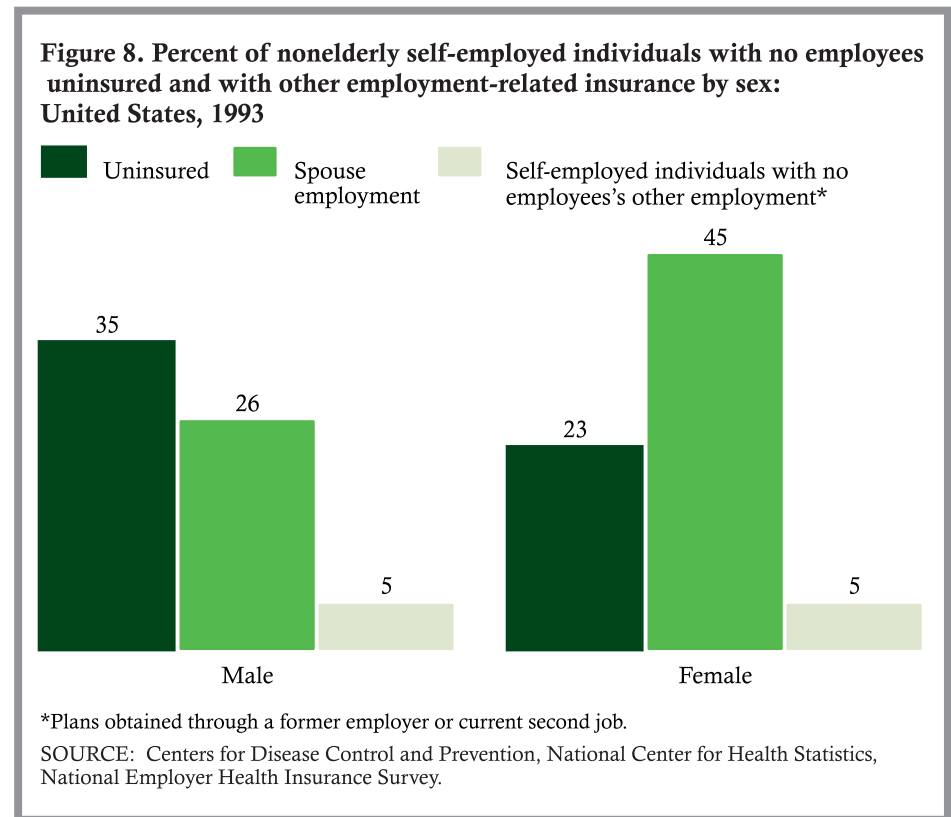
## Uninsurance among self-employed individuals with no employees

Health insurance coverage status for SENE's is shown in [table 4](#) according to their selected demographic characteristics. There were proportionately more uninsured male SENE's than female SENE's, 35 percent compared with 23 percent. Female SENE's were more likely to be insured mainly because they were covered more often by a spouse's employment-based health plan (45 percent) than male SENE's were (26 percent) ([figure 8](#)).

Married couples with working spouses increase their chances of receiving coverage through an employer. If employer-sponsored health insurance is not available, those families with dual incomes may be more able to afford private health insurance than single individuals (11). This would appear to be true for SENE's as well. In 1993 almost twice as many single SENE's were uninsured as were married SENE's, 49 percent compared with 26 percent. Furthermore, 45 percent of married SENE's had employment-related coverage in comparison with only 10 percent among single SENE's.

Uninsurance is closely linked to income. In 1993, according to the CPS, 33 percent of all individuals under the age of 65 years, with family incomes of less than \$20,000 were uninsured (11). In comparison, the uninsurance rate for SENE's is significantly higher; about 63 percent of SENE's in families making less than \$20,000 annually were uninsured ([figure 2](#)). As income rose the proportion of uninsured SENE's decreased to only 16 percent for families with incomes of \$35,000 or more annually.

Not surprising, the patterns shown for education and occupation were consistent with those shown for income. More than twice as many SENE's with no education beyond high school were uninsured



than were those who had some postgraduate education, 39 percent compared with 19 percent; and white collar SENE's were less likely to be uninsured (26 percent) than SENE's with blue collar occupations (37 percent).

There was no difference in the health insurance status between SENE's who were incorporated and unincorporated. This is in contrast to the report on all self-employed from the 1987 NMES that stated that the unincorporated self-employed were twice as likely to be uninsured (28 percent) than were the incorporated self-employed (15 percent) (1). When there are no employees for whom group health insurance can be obtained, being incorporated or not probably has no bearing on the health insurance status of SENE's.

The Employee Benefit Research Institute (EBRI) analysis of March 1994 CPS data show that rates of uninsurance are highest in States in the South and Southwest regions (11). Factors contributing to these geographic differences are lower

average income, lower Medicaid eligibility rates, higher unemployment rates, and a higher concentration of racial and ethnic groups in these regions that are less likely to be covered by health insurance (11). Like Americans in general, the uninsurance rate among SENE's was the highest in the South (36 percent) although this was significantly different only from the uninsurance rate for the Midwest (24 percent).

## Health status and insurance status of self-employed individuals with no employees

Individuals who report poor health status are disproportionately enrolled in government-funded health insurance programs or are uninsured (3). As shown in [table 5](#), uninsured SENE's reported having fair to poor health almost twice as often as did SENE's with private health insurance (8 percent compared with 5 percent) even though this was not statistically



significant. Uninsured SENE's were far less likely to visit a doctor than were SENE's with private health insurance. One-half of uninsured SENE's reported having no doctor visits in 1993 compared with 24 percent of privately insured SENE's.

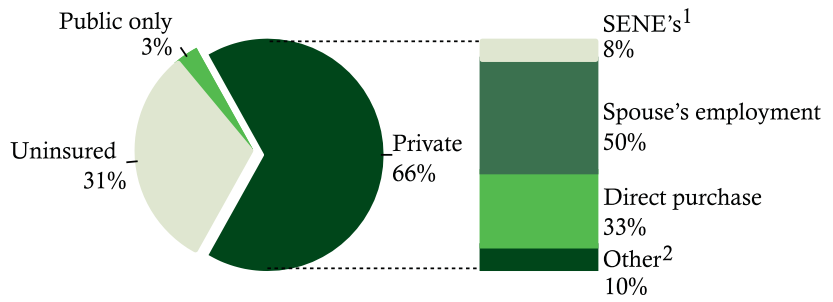
### Source of private health insurance coverage for self-employed individuals with no employees

As shown in table 6, the majority (58 percent) of SENE's with private health insurance receive their coverage through other employment-related sources, one-half obtained coverage through a spouse's employment, and 8 percent through a former employer or other employment, perhaps a second job (figure 9). One-third of the privately insured SENE's directly purchased coverage from a commercial carrier. Two percent of the privately insured SENE's reported having health insurance through their business. Plans obtained through a SENE's business tended to be characteristically similar in terms of covered services and costs to directly purchased plans and thus are included with these plans. The remaining 10 percent obtained insurance through a union, professional association, or some other source.

Female SENE's were more likely to have other employment-related coverage than were male SENE's (69 percent compared with 50 percent) when privately insured and this was mostly due to coverage through a spouse's employment.

Married SENE's were three times more likely to have other employment-related coverage than were unmarried SENE's (64 percent compared with 20 percent) when privately insured, mostly as dependents under a spouse's health insurance plan, while single SENE's were over two times more likely to purchase health insurance in the individual market than were

**Figure 9. Percent distribution of nonelderly self-employed individuals with no employees by source of health insurance coverage: United States, 1993**



<sup>1</sup>Plans obtained through a former employer or current second job.

<sup>2</sup>Other includes union and association plans.

NOTE: SENE's means self-employed individuals with no employees.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

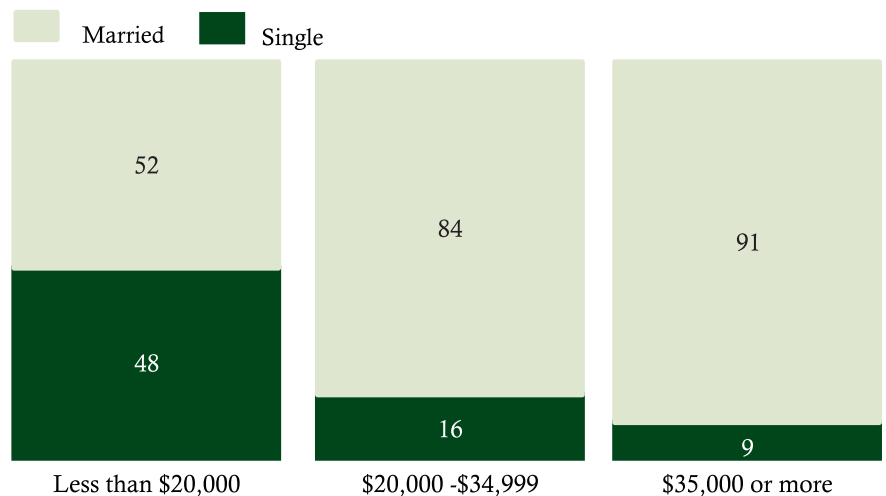
married SENE's, 62 percent compared with 28 percent.

The majority of privately insured SENE's whose family income was below \$20,000 per year directly purchased health plans (70 percent). This is because one-half of them were unmarried (figure 10) without the option of obtaining health insurance through a spouse. On the other hand, among those with family income of \$35,000 or more per year, only 28 percent directly

purchased health plans and 64 percent had other employment-related health insurance. SENE's with higher family income are often part of dual income and career families where the spouse is employed and more likely to hold an employer-based plan that covers the SENE as a dependent.

The longer the SENE's were in business the more likely they were to purchase health insurance directly.

**Figure 10. Percent distribution of nonelderly privately insured self-employed individuals with no employees by marital status and annual family income: United States, 1993**



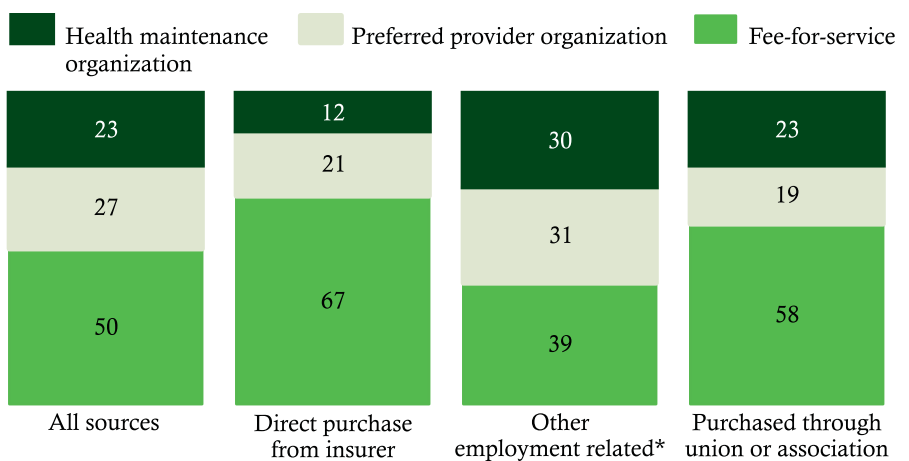
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

SENE's who had businesses for 10 or more years were almost twice as likely to purchase directly than were SENE's who had been in business fewer than 5 years (44 percent compared with 23 percent). In contrast, SENE's in business less than 5 years were much more likely to get their coverage through a spouse than SENE's who were in business for at least 10 years (58 percent compared with 43 percent). It is possible that longer established SENE businesses are more financially stable, making direct purchase of health insurance in the individual market an affordable option for them.

## Type of private health insurance

One-half of SENE's with private coverage were covered by conventional or fee-for-service plans while the other half were covered by managed care plans; 27 percent by preferred provider organizations (PPO's) and 24 percent by health maintenance organizations (HMO's) (table 7). The proportion of privately insured SENE's covered under a fee for service plan increased with increasing age; 45 percent in the age group 18–34 years compared with 53 percent in the group 45–64 years of age. Also, the distribution by plan type seemed to vary by the geographic location of the SENE's residence, which in turn, is associated with the market penetration of HMO's. In metropolitan statistical areas (MSA's) where HMO penetration is high, the proportion of privately insured SENE's covered by an HMO was 26 percent as compared with 18 percent in non-MSA's. In a similar fashion, the coverage by HMO's was high in the Northeast and West regions (31 percent and 29 percent, respectively) where the HMO market levels are high, but low in the Midwest and South regions (19 percent and 18 percent, respectively).

**Figure 11. Percent distribution of nonelderly privately insured self-employed individuals with no employees by type of plan according to source of health insurance: United States, 1993**



\*Plans obtained through a second job or former employer or through spouse's employment.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

How they obtained their health insurance made a further difference in the type of plan the SENE was covered under. Managed care plans were obtained through other employment almost twice as often as they were purchased directly. Among SENE's who bought health insurance directly, two-thirds purchased fee-for-service plans while 39 percent of SENE's with other employment-based health insurance had this type of coverage (figure 11). Regardless of how SENE's obtained their health insurance, however, whether employment related or purchased directly, SENE's in non-MSA's were covered more often by fee-for-service plans (60 percent) than were SENE's in MSA's (46 percent) (table 7).

Interestingly, SENE's who purchased directly were far more likely to have fee-for-service coverage if their health was fair or poor (91 percent) than those in good to excellent health (66 percent). This finding seems to support previous reports of favorable self-selection into HMO's, that is, low-risk individuals tending to enroll in HMO's, which means that high-risk

individuals are likely to enroll or remain in fee-for-service plans (12, 13).

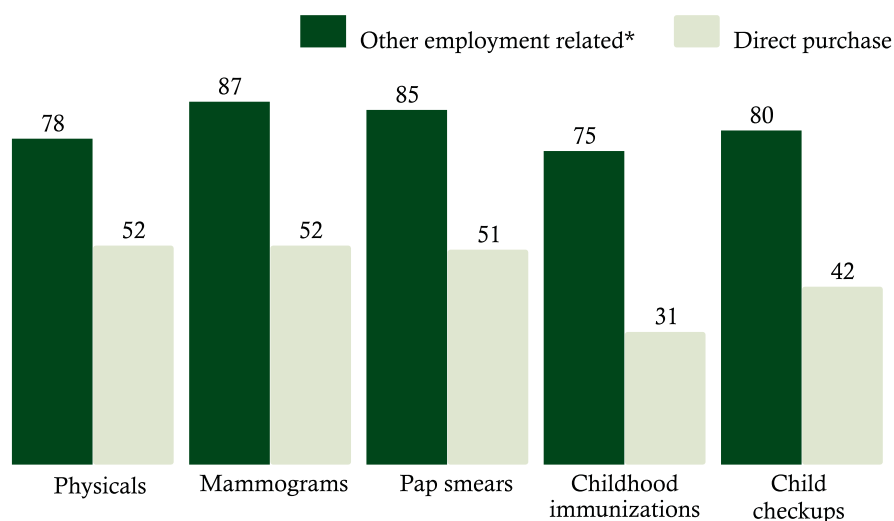
## Plan benefits

In 1993 SENE's who had health insurance coverage through a spouse's employment or former employer were more likely to have more comprehensive coverage than if purchased directly, partly because a higher proportion of other employment-related plans were HMO's as seen in figure 11. More SENE's with other employment-related plans were covered for routine physical exams (78 percent) than were SENE's with direct purchase plans (52 percent) (figure 12). A similar pattern is shown for other plan benefits, such as mammograms (87 percent compared with 52 percent), pap smears (85 percent compared with 51 percent), childhood immunizations (75 percent compared with 31 percent), and well-child checkups (80 percent compared with 42 percent). Also, it is cost-effective for employers to have healthy workers so it is conceivable that many would offer health plans that

include services that are intended to prevent disease and illness. Moreover, because of economies of scale in the group health insurance market, employers have added purchasing power to buy more comprehensive plans while individuals who purchase health plans in the individual market may often settle for inexpensive plans that provide limited coverage.

Benefits coverage also varied considerably by type of plan, that is, HMO, PPO, and fee for service, especially when purchased directly. Among SENE's who purchased health insurance directly, preventive services, such as routine physicals, mammograms, pap smears, childhood immunizations, and well-child checkups, were covered at a significantly higher rate for HMO plans compared with PPO and fee-for-service plans. For example, 92 percent in HMO's were covered for routine physical exams compared with less than one-half of SENE's with PPO and fee-for-service plans, 49 percent and 46 percent, respectively (table 8). Similarly, over twice as many SENE's in HMO's had plans that cover childhood immunizations than did SENE's with PPO and fee-for-service plans (63 percent compared with 29 percent and 25 percent, respectively). Managed care plans, particularly HMO's, customarily offer more comprehensive coverage and charge lower premiums than do fee-for-service plans. Managed care plans are also more likely to offer a broad range of preventive services, such as physical examinations and immunizations. HMO's provided more extensive coverage on preventive services than did the PPO and fee-for-service plans, regardless of how the plan was obtained. This is consistent with a previous report that HMO plan benefits covered under employment-related group plans are generally comparable with HMO plans purchased in the individual market (3).

**Figure 12. Percent of nonelderly privately insured self-employed individuals with no employees with plan benefits: Directly purchased compared with other employment-related plans, 1993**



\*Plans obtained through a second job or former employer or through spouse's employment.  
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

### Preexisting condition exclusions and waiting periods

Most States still permit medical underwriting in the private health insurance market; and denial of coverage and preexisting condition limitations are common in the majority of those States. Carriers often impose waiting periods on new applicants for preexisting conditions before coverage is extended. For SENE's who purchased health insurance directly, 31 percent were covered by plans that imposed a waiting period of 6 months or longer for preexisting conditions compared with only 11 percent of SENE's with other employment-related coverage (figure 13). In States that allow underwriting, people with serious health conditions can be denied coverage altogether. Carriers in these States customarily deny coverage to about 18 percent of all applicants (3). Again, for SENE's who purchased health insurance directly, 13 percent reported that a family member was denied coverage due to a preexisting condition compared with 3 percent

of SENE's with other employment-related coverage (figure 13).

### Annual family out-of-pocket medical costs and monthly family premium expenses

Individuals without health insurance are more likely to delay treatment and not seek preventive health care (11). Not surprising then that the proportion of uninsured SENE's with high annual family out-of-pocket medical costs<sup>16</sup> was lower than those with insurance. In 1993, 32 percent of SENE's with no insurance spent at least \$500 out-of-pocket annually for their families' medical care compared with 43 percent of SENE's with private health insurance (table 9). This relationship held true for SENE's living alone and SENE's

<sup>16</sup>Annual family out-of-pocket medical costs do not include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which the individual/family is expected to be reimbursed. Out-of-pocket cost statistics were not analyzed further for family versus single coverage for this report due to small sample size.

with family size of three or more members. The difference in the proportion spending high out-of-pocket medical costs between privately insured and uninsured was not significant for two member families.

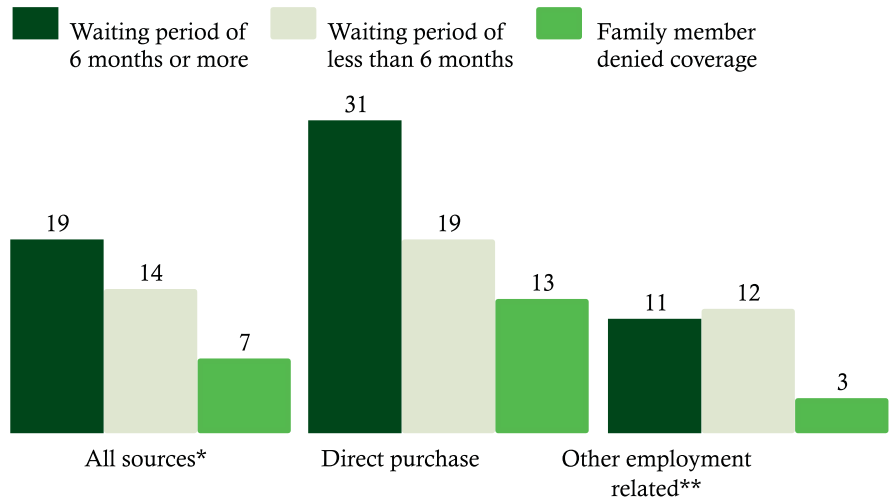
When SENE's purchased health insurance directly, approximately similar proportions (40–48 percent) spent over \$500 out of pocket annually for their families medical care regardless of the type of plan. However, for employment-related plans, fewer SENE's spent more than \$500 annually on family medical expenses if they had HMO's (26 percent) in comparison with PPO's (53 percent) and fee-for service plans (44 percent) (figure 14).

Regardless of the type of health insurance plan obtained, significantly more directly insured SENE's had monthly expenses of \$100 or more toward health insurance premiums (63–69 percent) than SENE's with other employment-related coverage (27 to 45 percent) (figure 15). This is because, for most SENE's with plans through other employment sources, contributions toward the premium are made by the employer. Accordingly, for SENE's with other employment-related plans, their premium expenses are not indicative of the comprehensiveness of their coverage, as can be seen in table 10. However, as shown in figure 16, SENE's who purchased health insurance directly and paid lower premiums had poorer coverage for selected plan benefits, in general, than those with higher premiums. However, these differences are not statistically significant due to the small sample size.

## Summary

SENE's are disadvantaged when it comes to having health insurance coverage. In comparison to other groups of workers, the uninsurance rate for SENE's (31 percent) in 1993 was among the highest in the Nation and much of the insurance that was obtained was through a spouse's

**Figure 13. Percent of nonelderly privately insured self-employed individuals with no employees in plans with coverage exclusion for preexisting conditions according to source of health insurance: United States, 1993**

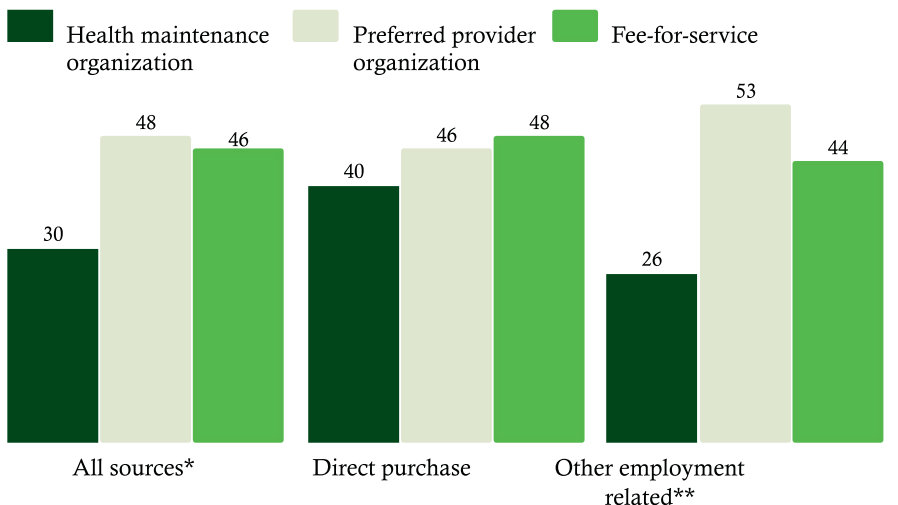


\*All sources include "other" sources of health insurance, such as union and association plans which are not shown due to small sample size.

\*\*Plans obtained through a second job or former employer or through spouse's employment.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Figure 14. Percent of nonelderly privately insured self-employed individuals with no employees in plans with annual out-of-pocket medical expenses over \$500 according to source and type of health insurance: United States, 1993**

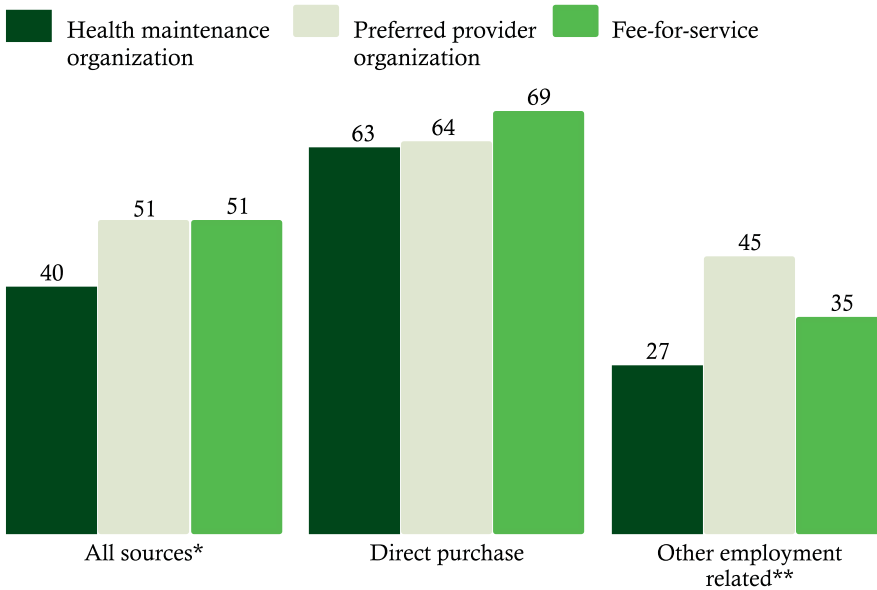


\*All sources include "other" sources of health insurance, such as union and association plans which are not shown due to small sample size.

\*\*Plans obtained through a second job or former employer or through spouse's employment.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Figure 15. Percent of nonelderly privately insured self-employed individuals with no employees with monthly expenses of \$100 or more toward premium according to source and type of health insurance: United States, 1993**



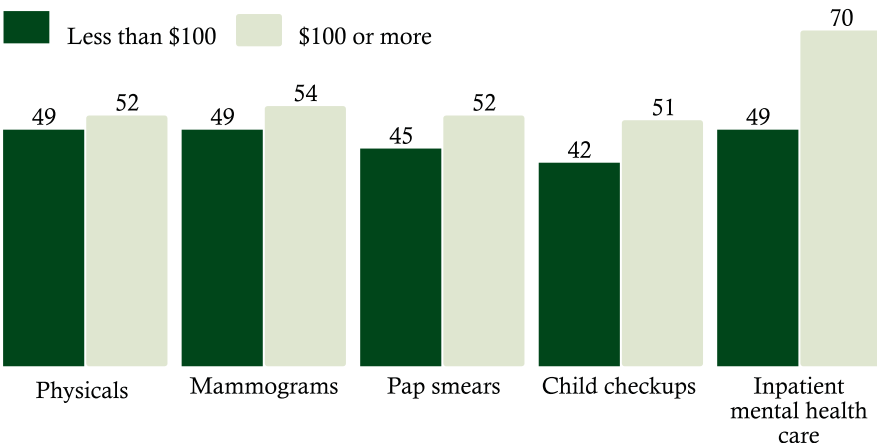
\*All sources include "other" sources of health insurance, such as union and association plans which are not shown due to small sample size.

\*\*Plans obtained through a second job or former employer or through spouse's employment.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

employment-sponsored coverage (33 percent). They also had the highest rate of directly purchasing health insurance from an insurance company, including purchasing a union or association plan, (28 percent). In 1993 SENE's could only deduct 25 percent of the tax for health insurance coverage as a business expense, thus those who directly purchased health plans had to pay for it mostly out of pocket. The majority of these SENE's purchased indemnity plans and many of these plans appear heavily underwritten. The directly purchased plans provided less comprehensive benefits and were more likely to impose waiting periods and exclusion of coverage for preexisting conditions when compared with the other employment-related plans. With the implementation of the Health Insurance Portability and Accountability Act of 1996 that is currently being phased in, SENE's are expected to have increased accessibility to health care coverage that is affordable. Whether such goals will be attained can be assessed when similar data on SENE's from the 1997 Insurance Component of the Medical Expenditure Panel Survey become available.

**Figure 16. Percent of nonelderly self-employed individuals with no employees with directly purchased plans who had coverage for plan benefits by monthly expenses toward premium: United States, 1993**



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

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**Table 1. Percent distribution of nonelderly self-employed persons with no employees: United States, 1993**

Selected characteristics	Sample size	Weighted number	Percent
All SENE's 18-64 years <sup>1</sup>	834	4,456,600	100.0
Age			
18-34 years	182	1,025,200	23.0 (1.4)
35-44 years	277	1,479,900	33.2 (1.7)
45-64 years	375	1,951,600	43.8 (1.8)
Sex			
Male	531	2,832,100	63.5 (1.6)
Female	303	1,624,500	36.5 (1.6)
Race			
White	779	4,161,900	93.4 (0.9)
Black	37	196,900	4.4 (0.8)
Other	18	97,800	2.2 (0.6)
Marital status			
Married	668	3,577,100	80.3 (1.7)
Not married	166	879,500	19.7 (1.6)
Family income			
Under \$20,000	128	662,600	14.9 (1.4)
\$20,000-\$34,999	198	1,017,600	22.8 (1.6)
\$35,000 or more	384	2,107,400	47.3 (2.0)
Unknown	124	669,000	15.0 (1.4)
Education			
12 years or less	403	2,093,600	47.0 (1.8)
13-15 years	210	1,151,300	25.8 (1.6)
16 or more years	218	1,196,900	26.9 (1.5)
Unknown	3	*14,800	*0.3 (0.2)
Occupation			
White collar	432	2,409,000	54.1 (2.0)
Blue collar	402	2,047,600	45.9 (2.0)
Years self-employed			
Under 5	251	1,363,300	30.6 (1.7)
5-9	208	1,138,700	25.6 (1.7)
10 or more	366	1,903,000	42.7 (2.0)
Unknown	9	*51,600	*1.2 (0.4)
Incorporated status			
Incorporated	99	546,800	12.3 (1.3)
Unincorporated	720	3,828,400	85.5 (1.3)
Unknown	15	81,400	1.8 (0.5)
Metropolitan area residence			
Metropolitan area	561	3,164,100	71.0 (1.9)
Nonmetropolitan area	273	1,292,500	29.0 (1.9)
Census region			
Northeast	159	834,800	18.7 (1.4)
Midwest	222	1,102,400	24.7 (1.7)
South	251	1,372,700	30.8 (1.9)
West	202	1,146,700	25.7 (1.9)

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Self-employed individuals with no employees.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey (NEHIS).

**Table 2. Number and percent distribution of private establishments and percent offering health insurance, and number and percent distribution of employees and percent of employees in establishments offering health insurance and percent enrolled in employer's health plan by firm size: United States, 1993**

Firm size <sup>2</sup>	Private establishments <sup>1</sup>			Private employees			
	Number of establishments	Percent distribution	Percent offering health insurance	Number of employees	Percent distribution	Percent working in establishments that offer health insurance	Percent enrolled in employer's health plan
Total, United States . . . . .	11,210,800	100.0	40.0	103,257,100	100.0	80.3	56.1
1 employee (SENE's <sup>3</sup> ) . . . . .	4,934,000	44.0	25.2	4,934,000	4.8	25.2	25.2
SENE's 18-64 years . . . . .	4,456,600	39.8	27.9	4,456,600	4.3	27.9	27.9
SENE's 65 years and over . . . . .	477,400	4.3	( <sup>4</sup> )	477,400	0.5	( <sup>4</sup> )	( <sup>4</sup> )
2 or more employees . . . . .	6,276,800	56.0	51.6	98,323,100	95.2	83.1	57.6
2-9 . . . . .	3,914,400	34.9	33.2	15,725,700	15.2	39.2	25.8
10-24 . . . . .	870,800	7.8	67.1	10,726,800	10.4	68.8	44.3
25-99 . . . . .	596,400	5.3	83.0	16,250,000	15.7	84.2	53.8
100-999 . . . . .	406,800	3.6	94.6	20,910,700	20.3	95.9	65.0
1,000 or more . . . . .	488,400	4.4	96.7	34,710,000	33.6	99.3	73.4

<sup>1</sup>Establishments are defined as single business locations.

<sup>2</sup>Number of employees nationwide as reported by respondent.

<sup>3</sup>Self-employed with no employee (SENE) businesses. For these businesses, those who directly purchase health insurance for themselves or those who obtain health insurance through union, association, or business arrangements were considered as "offering health insurance."

<sup>4</sup>Since virtually all SENE's 65 years old or older are covered by Medicare, other supplementary health plans (for example, Medigap) that were privately purchased were not counted as "offering health insurance."

NOTES: Estimates in this table are based on a December 31, 1993, reference period. Figures may not add to totals because of rounding.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 3. Percent of nonelderly workers by source of health insurance coverage according to type of worker and firm size: United States, 1993**

Type of worker	Sources of health insurance coverage				
	Uninsured	Private	Public	Percent of workers	
		Direct purchase and other <sup>1</sup>	Own employer <sup>2</sup>	Spouse employer	
All self-employed . . . . .	24.5	25.4	23.8	23.3	4.8
SENE's <sup>3</sup> . . . . .	30.8	27.9	5.2	32.7	4.8
All wage earners . . . . .	17.1	8.0	57.6	13.5	6.6
Public sector . . . . .	7.8	5.8	72.1	11.1	7.4
Private sector . . . . .	19.1	8.4	54.5	14.1	6.4
Less than 10 employees . . . . .	33.3	14.1	24.3	22.1	8.2
10-24 employees . . . . .	28.0	12.5	36.8	17.8	7.4
25-99 employees . . . . .	21.1	8.6	51.8	14.3	6.2
100-499 employees . . . . .	16.4	6.6	62.0	11.7	6.2
500-999 employees . . . . .	13.4	6.2	65.4	12.1	5.6
1000 or more employees . . . . .	11.5	5.9	68.8	10.8	5.6

<sup>1</sup>Individual or group coverage not offered through a worker's current or former employer. This category consists primarily of individually purchased private insurance and also plans obtained through a union or professional association.

<sup>2</sup>For all self-employed "own employer" is the self-employed individual and for SENE's, it is a current employer at a secondary job or a former employer.

<sup>3</sup>Self-employed individuals with no employees.

NOTE: Workers may receive coverage from more than one source.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey. Snider S, Fronstin P. Sources of health insurance and characteristics of the uninsured: Analysis of the March 1994 Current Population Survey. EBRI Special Report SR-28. Issue Brief 158. Employee Benefit Research Institute. 1995.



**Table 4. Percent distribution of nonelderly self-employed individuals with no employees by health insurance coverage status according to selected characteristics: United States, 1993**

Selected characteristics	Total	Health insurance coverage status				
		Uninsured	Private health insurance			
			Public only	All private	Other employment related <sup>1</sup>	Direct purchase and other <sup>2</sup>
			Number			
All SENE's 18–64 years <sup>3</sup>	4,456,600	1,373,200	147,800	2,935,600	1,690,800	1,244,800
	100.0	30.8 (1.7)	3.3 (0.6)	65.9 (1.7)	37.9 (1.7)	27.9 (1.8)
			Percent distribution			
Age						
18–34 years	100.0	37.2 (3.9)	*0.5 (0.5)	62.3 (3.8)	34.7 (3.7)	27.6 (3.5)
35–44 years	100.0	29.7 (3.3)	4.5 (1.3)	65.8 (3.2)	40.7 (3.3)	25.1 (3.2)
45–64 years	100.0	28.3 (2.4)	3.9 (1.0)	67.8 (2.4)	37.6 (2.8)	30.2 (2.5)
Sex						
Male	100.0	35.4 (2.3)	2.7 (0.7)	61.9 (2.3)	31.1 (2.1)	30.9 (2.1)
Female	100.0	22.8 (2.6)	*4.4 (1.3)	72.8 (2.7)	49.9 (3.0)	22.8 (2.5)
Race						
White	100.0	31.1 (1.8)	2.7 (0.6)	66.2 (1.8)	38.0 (1.8)	28.2 (1.8)
Black	100.0	29.2 (6.8)	*15.8 (6.5)	54.9 (7.7)	32.7 (7.3)	*22.2 (7.6)
Marital status						
Married	100.0	26.2 (1.8)	3.5 (0.7)	70.3 (1.8)	44.9 (2.0)	25.4 (1.8)
Not married	100.0	49.4 (4.3)	*2.7 (1.2)	47.9 (4.2)	9.5 (2.2)	38.4 (4.1)
Family income						
Under \$20,000	100.0	63.2 (4.6)	*5.4 (2.1)	31.3 (4.5)	*7.1 (2.1)	24.2 (3.9)
\$20,000–\$34,999	100.0	35.9 (3.5)	*1.7 (1.0)	62.3 (3.4)	33.0 (3.6)	29.3 (3.5)
\$35,000 or more	100.0	15.7 (1.9)	*2.5 (0.8)	81.8 (2.0)	52.2 (2.7)	29.7 (2.2)
Education						
12 years or less	100.0	38.6 (2.6)	*2.7 (0.9)	58.7 (2.5)	33.6 (2.4)	25.1 (2.3)
13–15 years	100.0	28.7 (3.6)	*4.7 (1.4)	66.6 (3.7)	38.5 (3.5)	28.1 (3.5)
16 or more years	100.0	19.2 (2.6)	*2.6 (1.1)	78.1 (2.7)	45.1 (3.5)	33.0 (3.2)
Occupation						
White collar	100.0	25.7 (2.3)	3.1 (0.8)	71.2 (2.2)	42.4 (2.6)	28.8 (2.5)
Blue collar	100.0	36.8 (2.4)	3.6 (1.0)	59.6 (2.5)	32.7 (2.3)	27.0 (2.5)
Years self-employed						
Under 5	100.0	31.4 (2.8)	*2.9 (1.1)	65.6 (2.9)	46.0 (3.3)	19.6 (3.1)
5–9	100.0	33.3 (3.7)	5.3 (1.5)	61.5 (3.7)	37.2 (3.8)	24.2 (3.0)
10 or more	100.0	28.6 (2.5)	*2.4 (0.8)	69.0 (2.5)	32.1 (2.6)	36.9 (2.7)
Incorporated status						
Incorporated	100.0	30.7 (1.7)	*4.0 (2.0)	65.3 (4.8)	37.7 (4.8)	27.7 (4.4)
Unincorporated	100.0	30.9 (1.8)	3.2 (0.7)	65.9 (1.8)	37.6 (1.8)	28.3 (1.9)
Census region						
Northeast	100.0	31.0 (3.8)	*3.8 (1.5)	65.3 (4.0)	33.9 (3.7)	31.4 (3.1)
Midwest	100.0	24.3 (2.9)	*– *–	75.7 (2.9)	45.9 (3.6)	29.8 (3.9)
South	100.0	35.5 (3.2)	5.4 (1.5)	59.1 (3.1)	32.5 (3.1)	26.6 (3.1)
West	100.0	31.4 (3.8)	*3.7 (1.3)	64.9 (3.7)	39.7 (3.4)	25.2 (3.6)
Metropolitan area residence						
Metropolitan area	100.0	28.5 (1.7)	4.2 (0.9)	67.3 (1.9)	39.7 (1.9)	27.6 (2.1)
Nonmetropolitan area	100.0	36.4 (3.3)	*1.2 (0.6)	62.4 (3.4)	33.6 (3.4)	28.8 (3.3)

\* Figure does not meet standard of reliability or precision

\*– Figure does not meet standard of reliability or precision and quantity 0.

<sup>1</sup>Other employment-related health insurance is any plan obtained through the SENE's or a spouse's current or former employment.

<sup>2</sup>Individual or group coverage not offered through an individual's current or former employer. This category consists primarily of individually purchased private insurance and also plans obtained through a union or association.

<sup>3</sup>Self-employed individuals with no employees.

<sup>4</sup>Includes other races and unknown income, type of business, and years self-employed.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 5. Percent distribution of nonelderly self-employed individuals with no employees by selected health status indicators according to health insurance coverage status: United States, 1993**

Health-related characteristics	Health insurance coverage status					
	Total	Uninsured	Public health insurance only	Private health insurance		
				All private	Other employment related <sup>1</sup>	Direct purchase and other <sup>2</sup>
			Percent distribution			
All SENE's ages 18–64 years <sup>3,4</sup>	100.0	100.0	100.0	100.0	100.0	100.0
Health status						
Excellent	42.7 (1.7)	39.9 (3.2)	44.1 (9.2)	43.9 (2.1)	41.4 (2.9)	47.3 (3.2)
Very good or good	51.9 (1.8)	52.3 (3.1)	55.9 (9.2)	51.5 (2.3)	54.2 (3.1)	47.9 (3.4)
Fair or poor	5.4 (0.9)	7.8 (1.9)	*– *–	4.6 (1.0)	*4.4 (1.3)	*4.7 (1.5)
12-month doctor visits						
None	32.2 (1.7)	50.3 (3.7)	*28.3 (9.0)	24.0 (2.0)	20.3 (2.4)	29.0 (2.7)
1–3	47.1 (1.9)	39.3 (3.4)	39.0 (9.1)	51.1 (2.3)	51.0 (3.1)	51.3 (2.9)
4 or more	20.6 (1.5)	10.3 (2.0)	32.7 (9.0)	24.9 (2.0)	28.6 (2.7)	19.7 (2.4)
12-month bed days						
None	59.1 (1.6)	62.0 (3.2)	62.4 (10.1)	57.6 (2.0)	52.6 (2.9)	64.4 (3.2)
1 or more	40.9 (1.6)	38.0 (3.2)	37.6 (10.1)	42.4 (2.0)	47.4 (2.9)	35.6 (3.2)

\* Figure does not meet standard of reliability or precision.

\*– Figure does not meet standard of reliability or precision and quantity 0.

<sup>1</sup>Other employment-related health insurance is any plan obtained through the SENE's or a spouse's current or former employment.

<sup>2</sup>Individual or group coverage not offered through an individual's current or former employer. This category consists primarily of individually purchased private insurance and also plans obtained through a union or professional association.

<sup>3</sup>Self-employed individuals with no employees.

<sup>4</sup>Excludes unknown health status, 12-month doctor visits, and 12-month bed days.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 6. Percent distribution of nonelderly privately insured self-employed individuals with no employees by source of insurance according to selected characteristics: United States, 1993**

Selected characteristics	Total	Source of health insurance			
		Direct purchase	Through union, association, or other source	Spouse employment	SENE current or former employment <sup>1</sup>
All privately insured SENE's ages 18–64 years <sup>2,3</sup>	2,935,600	958,300	286,500	1,459,600	231,200
			Number		
	100.0	32.6 (2.3)	9.8 (1.3)	49.7 (2.2)	7.9 (1.2)
			Percent distribution		
<b>Age</b>					
18–34 years	100.0	30.4 (4.9)	13.9 (3.6)	51.3 (4.8)	*4.4 (2.2)
35–44 years	100.0	30.8 (4.1)	7.4 (1.9)	55.3 (4.2)	6.6 (1.9)
45–64 years	100.0	35.1 (3.3)	9.5 (1.9)	44.9 (3.2)	10.5 (2.1)
<b>Sex</b>					
Male	100.0	38.1 (2.9)	11.7 (1.7)	41.7 (2.8)	8.4 (1.5)
Female	100.0	24.5 (2.8)	6.8 (1.8)	61.6 (3.4)	7.1 (1.9)
<b>Race</b>					
White	100.0	32.7 (2.4)	9.9 (1.4)	49.8 (2.3)	7.6 (1.2)
Black or African American	100.0	*28.3 (10.4)	*12.1 (8.3)	51.0 (11.8)	*8.6 (5.9)
<b>Marital status</b>					
Married	100.0	27.8 (2.3)	8.3 (1.3)	57.9 (2.2)	6.0 (1.2)
Not married	100.0	61.7 (5.7)	18.4 (4.8)	*0.9 (0.9)	19.0 (4.5)
<b>Family income</b>					
Under \$20,000	100.0	69.9 (6.3)	*7.3 (4.2)	*14.5 (5.4)	*8.3 (4.5)
\$20,000–\$34,999	100.0	33.4 (5.0)	13.7 (3.3)	43.1 (4.4)	9.8 (2.5)
\$35,000 or more	100.0	28.0 (2.7)	8.3 (1.7)	57.4 (2.6)	6.4 (1.3)
<b>Education</b>					
1–12 years	100.0	34.8 (3.4)	7.9 (1.8)	50.4 (3.5)	6.9 (1.7)
13–15 years	100.0	32.0 (4.3)	10.2 (2.7)	53.3 (4.8)	*4.4 (1.6)
16 or more years	100.0	30.4 (3.6)	11.9 (3.0)	45.7 (3.5)	12.0 (2.7)
<b>Occupation</b>					
White collar	100.0	29.6 (3.1)	10.8 (1.7)	49.6 (2.9)	10.0 (1.7)
Blue collar	100.0	37.0 (3.5)	8.2 (1.8)	49.9 (2.9)	4.9 (1.3)
<b>Years self-employed</b>					
Under 5	100.0	22.6 (4.0)	*7.2 (2.2)	57.7 (4.5)	12.5 (2.6)
5–9	100.0	26.3 (4.0)	13.1 (3.1)	51.8 (4.4)	8.8 (2.3)
10 or more	100.0	43.6 (3.5)	9.9 (1.8)	42.6 (3.6)	*3.9(1.4)
<b>Metropolitan area residence</b>					
Metropolitan area	100.0	31.4 (2.7)	9.6 (1.6)	49.8 (2.6)	9.2 (1.6)
Nonmetropolitan area	100.0	35.9 (4.6)	10.2 (2.3)	49.4 (4.3)	*4.5(1.5)
<b>Census region</b>					
Northeast	100.0	30.0 (4.4)	18.1 (3.9)	38.0 (3.1)	13.9 (3.3)
Midwest	100.0	31.2 (4.9)	8.1 (2.3)	54.4 (4.4)	*6.2 (2.1)
South	100.0	34.4 (4.2)	10.7 (3.0)	48.2 (4.4)	*6.8 (2.2)
West	100.0	34.3 (4.6)	*4.5 (2.0)	54.7 (4.5)	*6.5 (2.1)

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Includes health insurance obtained through a former employer or a current second job which is not considered his or her primary job.

<sup>2</sup>Self-employed individuals with no employees.

<sup>3</sup>Includes other races and unknown income, education, and years self-employed.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 7. Percent distribution of nonelderly privately insured self-employed individuals with no employees by type of plan and source of insurance according to selected characteristics: United States, 1993**

Selected characteristics	All sources <sup>1</sup>				Direct purchase			Other employment related <sup>2</sup>		
	All plans, all sources	Fee-for-service plans	HMO <sup>3</sup>	PPO	All direct purchases	Fee-for-service plans	Managed-care plans <sup>4</sup>	All other employment-related plans	Fee-for-service plans	Managed care plans <sup>4</sup>
All SENE's ages 18–64 years privately insured <sup>5,6</sup>	100.0	49.7 (2.4)	23.5 (1.9)	26.8 (2.2)	100.0	66.6 (4.3)	33.4	100.0	38.6 (3.0)	61.4
Age										
18–34 years	100.0	44.8 (4.4)	23.4 (4.3)	31.8 (4.5)	100.0	54.3 (8.4)	45.7	100.0	32.0 (6.8)	68.0
35–44 years	100.0	48.8 (4.0)	27.6 (3.3)	23.6 (3.8)	100.0	69.3 (6.7)	30.7	100.0	37.0 (4.7)	63.0
45–64 years	100.0	52.6 (3.2)	20.6 (2.6)	26.7 (2.9)	100.0	70.1 (5.6)	29.9	100.0	43.0 (3.8)	57.0
Sex										
Male	100.0	55.1 (3.1)	22.1 (2.3)	22.8 (2.8)	100.0	71.4 (4.1)	28.6	100.0	42.0 (4.0)	58.0
Female	100.0	41.6 (3.6)	25.7 (3.0)	32.7 (3.2)	100.0	55.7 (7.7)	44.3	100.0	34.9 (4.3)	65.1
Race										
White	100.0	50.6 (2.4)	21.9 (1.8)	27.5 (2.2)	100.0	66.8 (4.3)	33.2	100.0	39.9 (3.1)	60.1
Black or African American	100.0	*39.3 (12.5)	*43.3 (12.8)	*17.4 (9.6)	100.0	85.9 (13.6)	*14.1	100.0	*15.6 (10.3)	84.4
Marital status										
Married	100.0	47.4 (2.6)	25.6 (2.1)	27.0 (2.4)	100.0	68.6 (5.0)	31.4	100.0	37.8 (3.1)	62.2
Not married	100.0	63.2 (6.1)	*11.1 (3.4)	25.7 (4.9)	100.0	61.5 (6.9)	38.5	100.0	52.2 (14.8)	*47.8
Family income										
Under \$20,000	100.0	65.6 (7.5)	*12.0 (5.1)	*22.4 (6.7)	100.0	67.7 (8.7)	32.3	100.0	*58.9 (17.5)	*41.1
\$20,000–\$34,999	100.0	60.1 (4.3)	21.5 (3.8)	18.3 (3.7)	100.0	78.1 (5.9)	21.9	100.0	49.4 (6.3)	50.6
\$35,000 or more	100.0	44.6 (3.0)	26.0 (2.6)	29.5 (2.8)	100.0	59.9 (6.6)	40.1	100.0	35.7 (3.6)	64.3
Education										
1–12 years	100.0	55.2 (3.1)	22.5 (2.6)	22.3 (3.1)	100.0	65.6 (5.8)	34.4	100.0	46.9 (4.0)	53.1
13–15 years	100.0	41.7 (4.3)	30.8 (4.1)	27.5 (3.6)	100.0	68.5 (7.8)	31.5	100.0	27.6 (4.9)	72.4
16 or more years	100.0	49.1 (4.2)	18.5 (3.0)	32.3 (4.0)	100.0	66.5 (6.9)	33.5	100.0	37.0 (5.4)	63.0
Occupation										
White collar	100.0	47.8 (3.3)	22.9 (2.6)	29.2 (2.9)	100.0	68.3 (6.0)	31.7	100.0	36.9 (4.0)	63.1
Blue collar	100.0	52.2 (3.5)	24.4 (3.0)	23.4 (3.0)	100.0	64.8 (5.5)	35.2	100.0	41.1 (4.5)	58.9
Years self-employed										
Under 5	100.0	41.6 (4.3)	24.4 (3.4)	34.0 (3.7)	100.0	54.6 (8.5)	45.4	100.0	36.8 (5.1)	63.2
5–9	100.0	48.6 (5.0)	29.5 (4.2)	21.8 (4.0)	100.0	63.2 (9.9)	36.8	100.0	39.3 (5.8)	60.7
10 or more	100.0	56.5 (3.5)	18.9 (2.8)	24.6 (3.2)	100.0	72.0 (4.5)	28.0	100.0	41.1 (4.7)	58.9
Metropolitan area residence										
Metropolitan area	100.0	45.6 (3.0)	25.8 (2.4)	28.5 (2.7)	100.0	62.6 (5.6)	37.4	100.0	34.7 (3.6)	65.3
Nonmetropolitan area	100.0	60.3 (3.8)	17.5 (3.1)	22.2 (3.4)	100.0	76.1 (6.0)	23.9	100.0	49.7 (5.1)	50.3
Census region										
Northeast	100.0	55.0 (3.7)	30.6 (3.6)	14.4 (3.3)	100.0	69.7 (9.5)	30.3	100.0	47.2 (6.9)	52.8
Midwest	100.0	52.1 (4.4)	19.4 (3.6)	28.5 (3.6)	100.0	64.8 (6.8)	35.2	100.0	45.7 (5.6)	54.3
South	100.0	56.0 (4.9)	18.1 (3.7)	25.9 (4.2)	100.0	78.7 (6.6)	21.3	100.0	36.9 (6.0)	63.1
West	100.0	36.1 (5.1)	29.0 (4.0)	34.9 (5.2)	100.0	53.4 (11.3)	46.6	100.0	26.9 (4.9)	73.1
Health status										
Excellent	100.0	53.5 (3.5)	19.8 (2.8)	26.7 (2.8)	100.0	72.5 (6.0)	27.5	100.0	37.6 (4.9)	62.4
Very good or good	100.0	46.0 (3.3)	27.3 (2.8)	26.7 (3.2)	100.0	58.2 (6.1)	41.8	100.0	38.4 (4.0)	61.6
Fair or poor	100.0	54.4 (11.0)	*16.7 (7.1)	28.9 (11.2)	100.0	91.0 (8.9)	*9.0	100.0	49.0 (14.2)	51.0
12-month bed days										
None	100.0	51.2 (3.2)	23.6 (2.4)	25.3 (2.6)	100.0	66.7 (5.2)	33.3	100.0	37.7 (3.9)	62.3
1 or more	100.0	47.4 (3.4)	23.6 (2.8)	29.0 (3.2)	100.0	66.0 (6.6)	34.0	100.0	39.6 (4.1)	60.4
12-month doctor visits										
None	100.0	53.4 (4.6)	24.2 (3.5)	22.4 (3.9)	100.0	64.1 (7.0)	35.9	100.0	43.8 (6.5)	56.2
1–3	100.0	49.5 (3.2)	25.1 (2.6)	25.4 (2.7)	100.0	67.0 (5.6)	33.0	100.0	38.4 (4.1)	61.6
4 or more	100.0	46.9 (4.5)	19.9 (3.7)	33.2 (4.5)	100.0	70.0 (8.2)	30.0	100.0	35.6 (5.3)	64.4

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>All sources include plans obtained through union, association, and other sources which are not shown in this table because of the small sample size.

<sup>2</sup>Other employment-related health insurance is any plan obtained through the SENE's or a spouse's current or former employment.

<sup>3</sup>Point-of-service plans are included with HMO's

<sup>4</sup>Managed care plans include HMO's, PPO's, and point-of-service plans. Their standard error estimates are the same as the counterpart fee-for-service plan estimates.

<sup>5</sup>Self-employed individuals with no employees.

<sup>6</sup>Includes other races, unknown income, years self-employed, 12-month bed days, and 12-month doctor visits.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 8. Percent of nonelderly privately insured self-employed individuals with no employees with coverage for plan benefits by source of insurance and type of plan: United States, 1993**

Plan benefits	All sources				Purchased directly			
	All privately insured	FFS <sup>1</sup>	PPO <sup>2</sup>	HMO <sup>3</sup>	All direct purchase plan	FFS <sup>1</sup>	PPO <sup>2</sup>	HMO <sup>3</sup>
<b>Preventive services</b>								
Routine physical examination . . . . .	68.4 (2.1)	56.0 (3.7)	66.2 (4.6)	93.1 (2.3)	52.4 (3.8)	45.7 (5.1)	49.1 (8.4)	92.3 (5.3)
Routine mammogram screening . . . . .	73.0 (2.3)	63.5 (3.9)	73.9 (4.9)	89.2 (3.3)	51.5 (4.1)	44.3 (5.5)	52.2 (9.6)	82.4 (9.8)
Routine pap smears . . . . .	71.6 (2.2)	57.8 (3.7)	76.0 (4.6)	92.3 (2.6)	50.5 (3.9)	41.2 (4.9)	52.9 (10.9)	92.0 (5.5)
Childhood immunizations . . . . .	58.2 (3.0)	39.9 (4.3)	59.8 (6.2)	86.7 (3.5)	31.0 (4.9)	25.0 (5.4)	*28.9 (10.8)	63.4 (12.8)
Well-child checkups . . . . .	66.1 (2.7)	48.5 (4.5)	72.1 (4.9)	90.8 (2.9)	42.1 (5.3)	37.1 (6.7)	40.5 (11.7)	71.1 (12.6)
Routine dental care . . . . .	32.8 (2.1)	25.0 (2.6)	47.1 (4.8)	34.1 (4.4)	*5.1 (1.6)	*4.4 (1.8)	*5.4 (3.9)	*8.4 (5.7)
Routine eye examinations . . . . .	30.9 (2.2)	18.4 (2.4)	28.7 (4.9)	57.6 (4.8)	13.5 (2.6)	*7.9 (2.5)	*6.8 (3.8)	52.9 (1.2)
<b>Other plan benefits</b>								
Prescription drugs . . . . .	68.2 (2.1)	61.0 (3.1)	76.4 (4.0)	74.8 (3.8)	44.4 (4.0)	43.9 (4.7)	56.0 (9.5)	*26.2 (9.5)
<b>Mental health</b>								
Inpatient . . . . .	76.4 (2.4)	68.1 (3.8)	81.4 (4.5)	87.3 (3.6)	58.8 (4.8)	49.6 (6.2)	68.8 (9.1)	85.9 (8.4)
Outpatient . . . . .	65.0 (2.8)	54.6 (4.1)	72.1 (4.9)	77.1 (5.1)	36.3 (4.8)	32.6 (5.9)	37.1 (10.1)	52.9 (12.5)
Plan benefits	Other employment related <sup>4</sup>				Union, association, or other source			
	All other employment-related plans	FFS <sup>1</sup>	PPO <sup>2</sup>	HMO <sup>3</sup>	All unions, associations, or plans	FFS <sup>1</sup>	PPO <sup>2</sup>	HMO <sup>3</sup>
<b>Preventive services</b>								
Routine physical examination . . . . .	78.4 (2.6)	67.5 (5.1)	72.5 (4.7)	93.7 (2.5)	73.9 (5.9)	64.8 (8.9)	77.2 (14.5)	90.8 (6.4)
Routine mammography screening . . . . .	86.9 (2.4)	88.5 (3.3)	82.1 (5.1)	89.2 (3.6)	74.4 (6.5)	56.9 (9.7)	85.5 (13.5)	100.0 (0.0)
Routine pap smears . . . . .	84.6 (2.3)	76.7 (4.6)	84.8 (4.4)	92.7 (2.8)	67.8 (7.2)	57.8 (10.2)	*64.7 (19.7)	89.5 (7.3)
Childhood immunizations . . . . .	74.8 (3.1)	56.9 (6.2)	72.1 (5.8)	92.1 (3.2)	62.4 (8.1)	53.1 (10.8)	*52.1 (20.4)	87.0 (7.3)
Well-child checkups . . . . .	80.1 (2.9)	60.4 (6.4)	83.2 (4.8)	95.3 (2.3)	69.7 (7.4)	58.0 (11.2)	74.2 (16.2)	87.0 (9.0)
Routine dental care . . . . .	54.8 (3.0)	54.0 (5.2)	67.7 (5.4)	44.2 (5.8)	21.7 (5.1)	*18.3 (6.0)	*43.8 (17.5)	*14.2 (9.0)
Routine eye examinations . . . . .	42.1 (3.2)	30.6 (4.9)	36.8 (6.5)	59.0 (5.0)	36.7 (6.8)	*24.7 (7.5)	*43.5 (18.3)	57.3 (9.4)
<b>Other services</b>								
Prescription drugs . . . . .	85.6 (2.2)	81.4 (3.9)	85.7 (4.1)	90.1 (3.2)	64.8 (6.4)	67.2 (8.0)	77.9 (18.3)	49.9 (13.0)
<b>Mental health</b>								
Inpatient . . . . .	89.6 (2.4)	89.9 (3.6)	90.8 (4.1)	88.4 (4.1)	76.1 (7.1)	76.4 (9.3)	68.7 (18.4)	82.8 (11.9)
Outpatient . . . . .	84.8 (2.9)	82.7 (4.8)	89.8 (4.3)	82.6 (5.0)	64.5 (8.3)	53.8 (12.2)	68.7 (18.4)	84.1 (11.1)

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Fee for service.

<sup>2</sup>Preferred provider organization.

<sup>3</sup>Health maintenance organization.

<sup>4</sup>Other employment-related health insurance is any plan obtained through the SENE's or a spouse's current or former employment.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey.

**Table 9. Percent of nonelderly self-employed individuals with no employees with annual family out-of-pocket medical expenses of \$500 or more by health insurance status and type of plan according to selected characteristics: United States, 1993**

Selected characteristics	Annual family out-of-pocket expenses of \$500 or more <sup>1</sup>		
	All SENE's <sup>2,3</sup>	Uninsured	Privately insured
		Percent	
All SENE's 18–64 years <sup>4</sup>	39.6 (1.8)	31.7 (3.3)	43.4 (2.4)
Age			
18–34 years	30.8 (3.8)	28.1 (6.4)	32.7 (4.9)
35–44 years	46.1 (3.3)	34.4 (5.6)	52.9 (4.1)
45–64 years	39.2 (2.6)	32.0 (5.1)	41.5 (3.2)
Sex			
Male	39.0 (2.1)	33.4 (3.9)	42.8 (2.7)
Female	40.7 (3.1)	27.1 (5.1)	44.2 (3.8)
Race			
White	40.9 (1.8)	33.4 (3.5)	44.2 (2.5)
Black or African American	*17.5 (7.2)	*27.1 (12.1)	*24.2 (11.1)
Marital status			
Married	42.8 (2.0)	39.3 (4.1)	44.3 (2.6)
Not married	26.6 (3.6)	15.4 (4.0)	38.0 (5.5)
Family size			
1 member	22.8 (4.5)	*11.1 (4.5)	33.1 (7.0)
2 members	36.4 (3.0)	31.8 (5.9)	36.5 (3.7)
3 or more members	44.9 (2.5)	38.3 (4.7)	49.1 (3.1)
Family income			
Under \$20,000	31.4 (5.1)	30.7 (7.0)	31.1 (7.3)
\$20,000–\$34,999	45.4 (3.8)	31.1 (5.1)	52.9 (5.2)
\$35,000 or more	42.3 (2.8)	30.4 (5.5)	44.5 (3.2)
Education			
1–12 years	36.9 (2.8)	29.4 (4.6)	42.7 (3.9)
13–15 years	37.4 (3.8)	41.7 (6.7)	34.1 (4.8)
16 or more years	46.8 (3.3)	25.7 (6.7)	51.9 (3.8)
Occupation			
White collar	43.1 (2.4)	31.7 (4.7)	46.6 (3.0)
Blue collar <sup>5</sup>	35.4 (2.6)	31.6 (4.9)	38.7 (3.5)
Metropolitan area residence			
Metropolitan	37.2 (2.2)	29.1 (4.1)	40.5 (2.8)
Nonmetropolitan	45.4 (3.1)	36.9 (5.7)	50.9 (4.5)
Health status			
Excellent	36.5 (2.9)	25.1 (4.9)	41.1 (3.5)
Very good or good	40.6 (2.7)	34.0 (5.1)	44.1 (3.4)
Fair or poor	53.6 (7.3)	48.8 (11.2)	57.5 (10.0)
12-month doctor visits			
None	31.1 (3.2)	25.5 (4.5)	36.4 (4.7)
1–3	37.4 (2.8)	39.2 (5.8)	37.7 (3.5)
4 or more	56.7 (3.8)	33.5 (8.6)	60.1 (4.4)
12-month bed days			
None	34.2 (2.5)	27.6 (4.1)	37.9 (3.2)
1 or more	47.2 (2.6)	38.3 (5.3)	50.6 (3.1)

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>Denominators exclude those with unknown medical expenses.

<sup>2</sup>All SENE's include publicly insured SENE's whose data are not shown due to small sample size.

<sup>3</sup>Self-employed individuals with no employees.

<sup>4</sup>Includes other races and unknown income, unknown 12-month doctor visits, and unknown 12-month bed days.

<sup>5</sup>Blue collar occupations include service occupations. (See appendix II for occupation classifications and definition.)

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey (NEHIS).

**Table 10. Percent of nonelderly privately insured self-employed individuals with no employees with coverage for plan benefits by source of health insurance and family premium contribution: United States, 1993**

Plan benefits	All sources <sup>1</sup>			Direct purchase			Other employment related <sup>2</sup>		
	All plans <sup>3</sup>	Less than \$100	\$100 or more	All direct purchase plans	Less than \$100	\$100 or more	All other employment-related plans	Less than \$100	\$100 or more
Preventive services									
Routine physical examination . . . . .	68.4 (2.1)	70.5 (3.5)	64.1 (3.3)	49.2 (4.1)	49.4 (7.9)	51.6 (4.7)	78.6 (2.7)	76.3 (3.7)	78.1 (5.1)
Routine mammography screening . . . . .	73.0 (2.3)	79.7 (3.5)	68.5 (3.5)	50.7 (4.4)	48.6 (8.8)	54.4 (5.3)	87.0 (2.5)	88.5 (3.3)	84.0 (4.7)
Routine pap smears . . . . .	71.6 (2.2)	75.7 (3.3)	66.4 (3.3)	48.7 (4.1)	44.5 (8.4)	51.8 (4.8)	84.8 (2.4)	85.1 (3.0)	81.9 (4.5)
Childhood immunizations . . . . .	58.2 (3.0)	61.9 (4.6)	57.7 (4.5)	32.9 (5.1)	34.7 (9.0)	36.1 (6.7)	74.1 (3.2)	73.3 (4.4)	78.4 (5.9)
Well-child checkups . . . . .	66.1 (2.7)	71.5 (3.7)	66.2 (4.2)	46.2 (5.4)	41.8 (10.4)	50.9 (6.6)	79.5 (3.0)	82.3 (3.8)	80.7 (5.7)
Routine dental care . . . . .	32.8 (2.1)	44.0 (3.3)	24.2 (3.4)	*5.8 (1.8)	*4.4 (3.1)	*4.9 (2.0)	55.8 (3.2)	58.6 (3.6)	50.5 (6.0)
Routine eye examinations . . . . .	30.9 (2.2)	35.9 (3.8)	23.5 (3.3)	11.5 (2.5)	*13.8 (5.4)	10.8 (3.2)	41.5 (3.3)	42.2 (4.6)	33.1 (5.4)
Other services									
Prescription drugs . . . . .	68.2 (2.1)	77.8 (3.1)	64.2 (3.8)	47.0 (4.2)	46.3 (8.7)	48.4 (5.3)	85.5 (2.3)	89.3 (2.7)	84.9 (4.4)
Mental health									
Inpatient . . . . .	76.4 (2.4)	80.8 (4.0)	78.7 (3.4)	60.9 (5.1)	48.7 (11.0)	69.2 (5.5)	89.8 (2.4)	93.9 (2.4)	86.4 (4.7)
Outpatient . . . . .	65.0 (2.8)	73.8 (4.1)	63.9 (4.4)	37.6 (5.2)	35.0 (8.4)	41.1 (7.1)	85.4 (3.0)	91.9 (2.8)	81.4 (5.2)

\* Figure does not meet standard of reliability or precision.

<sup>1</sup>All sources include plans obtained through unions, associations, and other sources which are not shown in this table due to small sample size.

<sup>2</sup>Other employment-related health insurance is any plan obtained through the SENE's or a spouse's current or former employment.

<sup>3</sup>All plans include those with unknown family contribution to the monthly premium.

NOTE: Standard errors are shown in parentheses.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Employer Health Insurance Survey (NEHIS).

# Appendix I

## Technical notes on methods

### Sample design

Three sample frames were used in NEHIS to cover all employers in the United States: the Dun and Bradstreet Dun's Market Identifiers (DMI) file was used to sample private establishments, the 1992 Census of Governments file was used to sample local governments, and because no complete list of self-employed individuals was available from the DMI file, the sample for self-employed with no employees (SENE's) was drawn from the last 6 months of the 1993 National Health Interview Survey (NHIS). (A detailed discussion of the NEHIS sample frame is available in Moss, AJ., *Plan and Operation of the National Employer Health Insurance Survey*) (8). NHIS collects detailed occupation information about household members, including self-employed status. A total of 3,543 persons was identified by NHIS as self-employed between July and December 1993. Of these 86 had no contact information, which left 3,457 cases to be included in the NEHIS SENE sample to be screened to determine their eligibility. Their survey response disposition is shown in [table I](#).

### Data collection and processing

The SENE data were collected by telephone on paper questionnaires. The bulk of the SENE questionnaire was taken directly from the NEHIS computer-assisted telephone interview instrument. However, many of that instrument's questions were not applicable for SENE's, and thus a simplified paper version was created. SENE's were asked whether they had health insurance coverage through public or private sources. If they had coverage through private health insurance, detailed information on all of their private major plans was collected. Of the 919 SENE respondents, 606 reported

**Table I. Disposition of National Employer Health Insurance Survey self-employed individuals with no employee sample cases from the quarters 3 and 4 of the 1993 National Health Interview Survey**

Sample status	Number of cases
Total NHIS <sup>1</sup> self-employed with contact information . . . . .	3,457
Responders	
Ineligible <sup>2</sup> . . . . .	1,897
Completed SENE <sup>3</sup> interviews . . . . .	919
Nonresponders <sup>4</sup> . . . . .	641

<sup>1</sup>National Health Interview Survey.

<sup>2</sup>Ineligibles included self-employed with employees, persons determined not to be self-employed, and unemployed persons as of December 31, 1999.

<sup>3</sup>Self-employed individuals with no employees.

<sup>4</sup>Cases who could not be located, contacted, or who refused screening.

$$\text{Survey response rate} = \frac{919 \text{ complete interviews}}{919 + 209 \text{ potential eligible}^*} = 81.5 \text{ percent}$$

\*computed as 641 nonresponders x .326 eligibility rate.

having private major health plans and 24 others reported having private single service or other type of coverage only (for example, dental and prescription drug plans). Among those with private major health plans, 11 had two major plans while the rest reported only one major plan. For ease of analysis for this report since the SENE individual is the analytic unit, only one of the two plans covering the same individual was selected for the analytic data file. Upon reviewing the plan records for these 11 cases, the one plan that was better reported and was determined to be the dominating plan, that is, higher premium amount and/or more services covered, was selected.

### Estimation and reliability of estimates

Since the SENE cases are a domain within the NHIS sample, the sample design features and weights from NHIS serve as the basis, which were further modified to reflect the SENE survey procedures, for making national estimates and variance estimation.

All estimates that appear in this report were computed using survey weights. Because the SENE sample was selected using respondents from the third and fourth quarters of NHIS, semiannual weights from NHIS were taken. A detailed

discussion of the NHIS sample design and the weighting procedures is available in *Current Estimates from the National Health Interview Survey, 1993* (9). NHIS derived weight for each responding SENE was then adjusted to account for nonrespondents to the NEHIS and/or SENE survey. The adjustment reduces bias in an estimate to the extent that nonresponding persons have the same characteristics as responding persons in a given nonresponse adjustment cell.

Estimates presented in this report are subject to sampling error, that is, the variation that might occur by chance because only a sample of the population is surveyed, rather than a complete census. The standard error measures this variation that a survey estimate would have over repeated samples selected the same way, but does not include estimates of any systematic biases that may be in the data. The SUDAAN software package was used to directly compute estimates of standard errors for all estimates that appear in this report. The SUDAAN procedures derive estimates of standard errors through a first-order Taylor series approximation of the deviation of estimates from their expected values. A description of this software package and the approach it uses has been published (10).



## Hypothesis testing

Some hypothesis testing was done using the following general statistic where  $X_1$  and  $X_2$  are the two estimates being compared and  $V(X_1)$  and  $V(X_2)$  are their respective variances, that is, standard errors squared:

$$\frac{|X_1 - X_2|}{\sqrt{\hat{V}(X_1) + \hat{V}(X_2)}}$$

The denominator of this statistic approximates the variance of the difference with the sum of the individual variances, omitting the subtraction of a covariance term. The covariance term is likely to be positive, resulting in an overestimate of the variance of the difference. Additionally, a Bonferroni-type multiple comparison procedure was used when a related group of hypothesis tests were done. Testing for a general trend was performed using procedures outlined in a National Center for Health Statistics (NCHS) statistical testing manual (14).

## Data limitations

There are many potential sources of nonsampling errors that cannot be measured and expressed in terms of statistical estimates. These include inability to identify all cases in the target population, definition and classification errors due to differences in interpretation of questions, reporting and processing errors, and biases due to nonresponse or incomplete response. To the extent possible, these types of errors were kept to a minimum by methods built into the survey procedures.

There were some caveats in the design of the questionnaire and the responses obtained that resulted in limitations in making survey estimates. A number of questionnaire items, specifically those related to premium amounts and other cost variables, were so poorly reported that presenting estimates on these variables was not

possible. Item response rates for selected variables appear in table II. It has been the experience of the NHIS survey as well that individuals rarely remember or know the total premium amount unless they pay the whole amount (15). For this reason and because the focus of NHIS is the household and the financial burden of premium costs on the family are of primary interest, NHIS respondents are asked what the family's contribution toward the premium is, not the total premium amount. In addition, SENE's who obtain health insurance through other or former employment (59 cases) were not asked plan-specific questions

because it was thought that their plan data at the aggregate level would be similar to the employer-sponsored plan data from the main survey. This resulted in "missing" individual-level plan data for this group of SENE's that further limited analysis of the plan-level data. Due to the high rates of missing data resulting from these caveats combined with the decreasing sample sizes for specific plan types, that is, HMO, PPO, and indemnity plans, cost variables such as deductibles, copay amount, and coinsurance have too few usable responses to enable presentation of meaningful data.

**Table II. Item response rates for selected variables for self-employed individuals with no employees ages 18–64 years: National Employer Health Insurance Survey and National Health Interview Survey, 1993**

Variable	Item response rate
National Employer Health Insurance Survey	
Type of health insurance coverage, public, private, or both	100.0
Source of health insurance coverage	100.0
Type of health insurance plan, HMO, PPO, FFS <sup>1-3</sup>	100.0
Monthly premium amount paid by SENE <sup>4</sup>	36.8
Monthly contribution to premium by employer	26.8
Total monthly premium	25.8
Did plan cover routine mammographies?	77.6
Did plan cover routine physical examinations?	88.6
Did plan cover pap smears?	84.8
Did plan cover childhood immunizations?	66.9
Did plan cover well-child care?	63.8
Did plan cover outpatient prescription drugs?	94.5
Did plan cover routine dental care?	98.2
Did plan cover routine eye exams?	94.1
Did plan cover nursing home care?	46.1
Did plan cover home health or personal care in the home?	52.6
Did plan cover inpatient mental health?	67.1
Did plan cover outpatient mental health?	61.0
Did plan cover substance abuse treatment?	59.3
How long has SENE been self-employed?	98.9
National Health Interview Survey	
Age	100.0
Sex	100.0
Race	100.0
Marital status	100.0
Family income	100.0
Level of education	100.0
Occupation	100.0
Geographic region of residence	100.0
Metropolitan statistical area	100.0
Self-reported health status	100.0
Bed days in past 12 months	99.9
Doctor visits in past 12 months	99.5
Annual out-of-pocket medical expenses	91.4
Monthly family premium	90.4

<sup>1</sup>Health maintenance organization.

<sup>2</sup>Preferred provider organization. <sup>3</sup>Fee-for-service plan.

<sup>4</sup>Self-employed individual with no employees.

In addition to creating a more robust data set, the merging of NHIS health insurance data into the SENE records provided an alternative data source for the similar SENE data items with low response rates. In the NHIS, information on up to four health insurance plans that cover any member of the sample household were collected along with whether the sample person (that is, the SENE individual from the NHIS perspective) was covered by each plan as a primary enrollee or dependent. Using this information and plan type, one plan that closely matched the plan reported in the NHIS SENE questionnaire was selected and appended into the SENE record along with other personal demographic information from the NHIS record. The NHIS data on health plan costs such as monthly premium expenses and annual out-of-pocket costs, available only as categorical variables, were thus analyzed.

## Appendix II

### Glossary

**Age**—The age recorded for each person is the age at last birthday and is recorded in single years.

**Bed day**—A day during which a person stayed in bed more than one-half a day because of illness or injury. All hospital days for inpatients are considered bed days even if the patient was not in bed more than one-half the day.

**Direct purchase plan**—Any health insurance plan that was purchased directly from a commercial carrier in the individual health insurance market. Plans reported as being obtained through the SENE's business tended to be characteristically similar in terms of covered services and costs to plans that are purchased directly by the SENE and are, therefore, included as direct purchase plans.

**Doctor visit**—A consultation with a doctor, in person or by telephone, for examination, diagnosis, treatment, or advice. The contact is considered to be a doctor's contact if the service is provided directly by the doctor or by a nurse or other person acting under the doctor's supervision.

**Family income**—The total of all income received by members of the family in the 12-month period preceding the week of the NHIS interview. Income from all sources, for example, wages, salaries, rents from property, pensions, government payments, and help from relatives, is included.

**Fee-for-service plan**—A conventional or indemnity plan in which the covered person seeks care from his or her own choice of providers on a fee-for-service basis. Either the patient or the provider submits the claims. Plans reported as fee for service with PPO riders were counted as PPO plans.

**Geographic region**—For the purpose of classifying the population by geographic area, the States are grouped into four regions. These regions, which correspond to those used by the U.S. Census, are as follows:

<i>Region</i>	<i>States included</i>
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania.
Midwest	Ohio, Illinois, Indiana, Michigan, Wisconsin, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Kansas, and Nebraska.
South	Delaware, Maryland, District of Columbia, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Oklahoma, Arkansas, and Texas.
West	Washington, Oregon, California, Nevada, New Mexico, Arizona, Idaho, Utah, Colorado, Montana, Wyoming, Alaska, and Hawaii.

**Health insurance**—In this report, refers to major health plan and excludes single service plans such as dental, and special plans such as long-term care insurance.

**Health maintenance organization (HMO)**—Offers comprehensive health care from a specified set of providers, who may be employees or under contract to the HMO. Care from providers outside the HMO is only covered in emergencies or when the patient is referred by an HMO provider. Open-ended HMO's, point-of-service (POS) plans, independent practice associations (IPA), and exclusive provider

organizations (EPO) are included with HMO's in this report.

**Health status**—This concept is based on a respondent's opinion and not directly on any clinical evidence.

**Major health plan**—Includes plans classified as health maintenance organizations, preferred provider organizations, and conventional and/or indemnity plans. These plans typically cover inpatient hospital stays and outpatient physician services. Excludes single service plans such as dental only, long-term care, dread disease, hospital indemnity, and disability plans.

**Managed care plan**—In this report, includes plans classified as preferred provider organizations (PPO's), health maintenance organizations (HMO's), and point-of-service plans.

**Marital status**—Marital status is self-reported and has been classified into the categories of married and not married. Married includes persons who have common-law marriages or are living together as husband and wife. Not married includes persons who are widowed, divorced, legally separated, or have never married.

**Metropolitan area residence**—The place of residence of the civilian noninstitutionalized population is classified as inside a metropolitan statistical area (MSA) or outside a metropolitan statistical area. Generally speaking, an MSA consists of a county or group of counties containing at least one city having a population of 50,000 or more plus adjacent counties that are metropolitan in character and are economically and socially integrated with the central city. See *Current Estimates from the National Health Interview Survey, 1993* for a more detailed definition.

**Other employment-related plan**—Any health insurance plan that was obtained through a spouse's employment, SENE's former employment, or SENE's current second job other than the self-employed business.

*Occupation*—Persons who had ever worked are classified into 12 occupational classes of employment using the 1980 Index of Occupations and Industry of the U.S. Census Bureau. The 12 classes were condensed for this analysis into two groups, representing primarily occupations that involve manual labor compared with those that do not, as follows:

White collar occupations: Executive, administrative, and managerial occupations; professional speciality occupations: technical, sales, and administrative support occupations; technicians and related support occupations; sales occupations; administrative support occupations, including clerical.

Blue collar occupations: includes farming, forestry, and fishing; precision production, craft and repair occupations; operators, fabricators, and laborers; machine operators, assemblers, and inspectors; transportation and material moving occupations; handlers, equipment cleaners, helpers and laborers; private household, protective service, and other service occupations.

*Preferred provider organization (PPO) plan*—Plan in which the covered person may seek care from a provider associated with the plan (preferred provider) or a provider outside the plan (nonpreferred provider). Typically the patient pays more when he or she sees a nonpreferred provider. Plans reported as fee for service with PPO riders were counted as PPO plans.

*Private health insurance*—Health insurance that was purchased directly in the individual market, obtained through the SENE's or spouse's current or former employment, or through a union, professional association, or some other private source.

*Public health insurance*—Health insurance obtained through Medicare, Medicaid, Champus, Champ-VA, other military health care programs, or any other Federal

or State Government health care program.

*Race*—The population was divided into three racial groups: "white," "black," and "all other." "All other" included Aleut, Eskimo or American Indian, Asian or Pacific Islander, and any other race not listed separately. Race characterization is based on the respondent's description of his or her racial background.

*Self-employed*—Persons working for profit or fees in their own business, shop, office, farm, etc. This includes persons who have their own tools or equipment and provide services on a contract, subcontract, or job basis such as carpenters, plumbers, independent taxicab operators, or independent truckers. This does not apply to superintendents, foremen, managers, or other executives hired to manage a business or farm, salesmen working for commission, or officers of corporations.

*SENE's*—Self-employed individual with no employees or business group of size one.

**OMB No: 0920-0341; Approval Expires: December 31, 1994**

**NOTICE** -- Information contained on this form that would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to average between 15 and 60 minutes per response. Send comments regarding this burden estimate or other any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork reduction Project (0920-0341), Washington, DC 20503.

CASE NO: \_\_\_\_\_

## **National Employer Health Insurance Survey**

conducted for

**The United States Department of Health and Human Services**

**Self-Employed Questionnaire**

**NATIONAL EMPLOYER HEALTH INSURANCE SURVEY**  
**SELF-EMPLOYED QUESTIONNAIRE**

**INTRODUCTION:**

A. Hello, may I speak with (NAME)?

**[IF (NAME) IS TEMPORARILY UNAVAILABLE, TRY TO FIND OUT WHEN SHE/HE WILL BE AVAILABLE. IF (NAME) WILL NOT BE AVAILABLE TO CONDUCT INTERVIEW, (NAME'S) SPOUSE MAY ACT AS PROXY]**

My name is (INTERVIEWER NAME) and I am calling for the United States Department of Health and Human Services regarding a study we are conducting about health insurance. (IF ASKED ABOUT PURPOSE: This study is being conducted to collect information on the availability and cost of health insurance. Results will be used to develop estimates of health care spending at the state level and to evaluate health care reform efforts.)

Recently, the National Center for Health Statistics mailed a letter to (you/NAME). Did you have a chance to read this letter?

YES, RECEIVED AND READ.....1 (C)  
NO, NOT RECEIVED OR READ .....2

B. The letter stated that this survey information is collected under the authority of the Public Health Service Act. Information will be held in strict confidence and will be used for statistical purposes only, as required by Section 308 (d) of the Act. No individual person or organization will ever be identified in any statistical summary which is released or published. Your participation is voluntary and there is no penalty for not participating in the survey. It will take about 5-15 minutes to collect the information.

C. [INTERVIEWER: WHAT TYPE OF RESPONDENT WILL YOU BE INTERVIEWING?]

SUBJECT (NAME) ..... 1  
SPOUSE AS PROXY ..... 2  
OTHER PROXY ..... 3

**SECTION A.**

A1. As of December 31, 1993, did (you/NAME) work at a job or business, not counting work around the house? Include unpaid work in the family business or farm.

YES .....1 (A3)  
 NO .....2

A2. Even though you did not work at that time, did you have a job or business on December 31, 1993?

YES .....1  
 NO .....2 (END)

A3. As of December 31, 1993, (were you/was NAME) . . .

Self-employed in (your/his/her) own business, professional practice, or farm,..... 1  
 An employee of a private company, business, or individual for  
 wages, salary or commission, .....2 (END)  
 An employee of a Federal, state, or local government, .....3 (END)  
 Working without pay in a family business or farm, or.....4 (END)  
 Something else? (SPECIFY)\_\_\_\_\_ 6 (END)

[PROBE IF PERSON HAS MORE THAN ONE JOB OR BUSINESS: Please answer for your main job or business.]

A4. As of December 31, did (your/NAME's) business have any paid employees besides (yourself/him/her)?

YES .....1  
 NO .....2 (A6)  
 DON'T KNOW .....8 (END; CODE  
 AS PROBLEM)

A5. Besides (yourself/him/her), how many employees did (your/NAME's) business have on December 31, 1993?

\_\_\_\_\_ (END)  
 # EMPLOYEES

END: Thank you very much. Those are all the questions I have for you.

A6. The next questions are about health insurance coverage (you/NAME) may have had through a public program, through a group, or purchased directly from an insurance company.

As of December 31, 1993, (were you/was NAME) covered by Medicare?

(PROBE: Medicare is a Social Security health program for disabled persons and for persons over 65 years of age.)

YES .....1  
NO .....2

A7. (Were you/Was NAME) covered at that time by (Medicaid/MediCal), a program funded by the state and Federal governments?

YES .....1  
NO .....2

A8. At that time, (were you/was NAME) covered by any other government program that pays for health care, such as CHAMPUS or CHAMPVA?

YES .....1  
NO .....2

A9. On December 31, 1993, did (you/NAME) have any other kind of health insurance plan besides those we have already discussed? Please include an HMO or any other plan that pays hospital or doctor bills.

YES .....1  
NO .....2 (SECTION D)  
DONT KNOW .....8 (SECTION D)

A10a. What is the name of the plan (you/NAME) were covered under as of December 31, 1993?

PLAN 1. \_\_\_\_\_ ®

® **RECORD NAME HERE AND ON REFERENCE SHEET.**



A10b. As of December 31, 1993, did (you/NAME) have any other kind of health insurance, like a plan that covers only dental care, vision care, or prescription drugs? [PROBE: Any others?]

YES.....1 (RECORD BELOW)  
 NO .....2 (A11)

PLAN 2. \_\_\_\_\_ ®  
 PLAN 3. \_\_\_\_\_ ®  
 PLAN 4. \_\_\_\_\_ ®  
 PLAN 5. \_\_\_\_\_ ®

® **RECORD NAME(S) HERE AND ON REFERENCE SHEET.**

A11. Is (PLAN 1) a Blue Cross/Blue Shield plan?

YES .....1  
 NO .....2

A12. Is (PLAN 1) an HMO, a PPO, a conventional health insurance plan, a combination of these types, or some other type of health insurance plan? [OFFER DEFINITIONS FROM CARD AS NEEDED.]

HMO/EPO/IPA .....01 ® (A18)  
 PPO .....02 ® (A18)  
 CONVENTIONAL/INDEMNITY .....03 ®  
 COMBINATION/POS/OPEN-END HMO .....04 ® (A17)  
 SINGLE SERVICE:  
 DENTAL .....05 ® (A18)  
 VISION .....06 ® (A18)  
 PRESCRIPTION DRUGS .....07 ® (A18)  
 SPECIAL:  
 LONG-TERM CARE .....08 ® (A18)  
 DREAD DISEASE .....09 ® (A18)  
 HOSPITAL/INDEMNITY OR EXTRA CASH .....10 ® (A18)  
 OTHER:  
 DISABILITY .....11 (Box C-12, p. 22)  
 LIFE .....12 (Box C-12, p. 22)  
 OTHER (Specify) \_\_\_\_\_ 13 ® (A14)  
 DON'T KNOW .....98 ® (A14)

® **CODE HERE AND ON REFERENCE SHEET.**

A13. (Do you/Does NAME) pay less if (you/he/she) use(s) particular doctors, or preferred providers, under this plan?

YES .....1 ®  
NO .....2

® IF "YES," CHANGE A12 TO "2" ON REFERENCE SHEET.

SKIP TO A18

A14. Is (PLAN 1) a health insurance plan?

YES .....1  
NO .....2 (BOX C-12, p. 22)  
DONT KNOW .....8 (BOX C-12, p. 22)

A15. Under this plan, (are you/is NAME) covered only if (you/he/she) see(s) providers participating in the plan?

YES .....1 ® (A18)  
NO .....2

® IF "YES," CHANGE A12 TO "1" ON REFERENCE SHEET.

A16. (Do you/Does NAME) pay less if (you/he/she) use(s) particular doctors, or preferred providers, under this plan?

YES .....1 ®  
NO .....2

® IF "YES," CHANGE A12 TO "2" ON REFERENCE SHEET.

SKIP TO A18

A17. Does (PLAN 1) have an HMO component?

YES .....1  
NO .....2

A18. (Are you/Is NAME) the primary insured person for this plan, or is it someone else? [PROBE: Whose name is on the policy?]

- SUBJECT (NAME) IS PRIMARY INSURED.....1 (A21)
- OTHER PERSON IS PRIMARY INSURED .....2
- DON'T KNOW.....8 (A21)

A19. What is that person's relationship to (you/NAME)?

- SPOUSE.....1
- PARENT .....2
- OTHER (SPECIFY).....3

A20. Did this person obtain the plan directly from the (HMO/PPO/insurance company), or did (he/she) get it through an employer, a union, or some other group?

[IF THROUGH EMPLOYER, PROBE: Was that an employer (he/she) was working for on December 31, 1993, or a former employer?]

- DIRECTLY FROM INSURANCE COMPANY/HMO/PPO.....1
- THROUGH EMPLOYER ON 12/31/93.....2 @
- THROUGH FORMER EMPLOYER (COBRA) .....3 @
- THROUGH UNION.....4
- THROUGH PROFESSIONAL OR TRADE ASSOCIATION.....5
- THROUGH ANOTHER GROUP(SPECIFY).....6

@ CODE HERE AND ON REFERENCE SHEET.

SKIP TO SECTION C, PAGE 8

A21. Did (you/NAME) purchase this plan directly from the (HMO/PPO/insurance company), or did (you/he/she) get it through (your/his/her) business, through an employer, a union, or some other group?

[IF THROUGH EMPLOYER, PROBE: Was that an employer you were working for on December 31 or a former employer?]

- DIRECTLY FROM INSURANCE COMPANY/HMO/PPO.....01 (Sect. C)
- THROUGH EMPLOYER ON 12/31/93.....02 (BOX C-12)
- THROUGH FORMER EMPLOYER (COBRA).....03
- THROUGH OWN BUSINESS .....04 (Sect. C)
- THROUGH UNION .....05 (Sect. C)
- THROUGH PROFESSIONAL OR TRADE ASSOCIATION.....06 (Sect. C)
- THROUGH ANOTHER GROUP (SPECIFY).....07 (Sect. C)

A22. Was this plan a retirement benefit?

YES .....1  
NO .....2

SKIP TO BOX C-12, PAGE 22.

**SECTION C**

C1. Did (PLAN 1) cover only (you/NAME) on December 31, or did it cover other members of (your/NAME's) family as well?

Covered (NAME) only .....1 (C4)  
 Covered other family members as well.....2 ®  
 DON'T KNOW .....8 (C4)

® **CODE HERE AND ON REFERENCE SHEET.**

C2. Did this plan cover...

	YES	NO
a. (NAME's) spouse?	1	2
b. dependent children?	1	2
c. anyone else in the family?	1	2

C3. Including (you/Name), how many family members did this plan cover altogether? [IF OBVIOUS, CODE WITHOUT ASKING]

          
**# FAMILY MEMBERS**

C4. What was the total premium (you/NAME) paid for (PLAN 1) in 1993?

DOLLAR AMOUNT (Specify) \$ \_\_\_\_\_ 1  
 PAID NOTHING .....2 (BOX C-1)  
 DON'T KNOW .....8 (BOX C-1)

C5. Was this per month, for the year, or for some other period?

PER MONTH.....1  
 ANNUAL .....2  
 QUARTERLY.....3  
 SOME OTHER PERIOD (SPECIFY)\_\_\_\_\_ 4

BOX C-1	® CHECK A20. IF A20=2 OR 3 (INSURANCE PURCHASED THROUGH AN EMPLOYER), CHECK HERE ___ AND ASK QUESTION C6; OTHERWISE GO TO BOX C-2.
------------	--

C6. Did an employer contribute to the cost of this plan?

YES .....1  
 NO .....2 (BOX C-2)

C7. What was the total premium the employer paid for (PLAN 1) in 1993?

DOLLAR AMOUNT (Specify) \$ \_\_\_\_\_ 1  
 PAID NOTHING .....2 (BOX C-2)  
 DON'T KNOW .....8 (BOX C-2)

C8. Was this per month, for the year, or for some other period?

PER MONTH.....1  
 ANNUAL .....2  
 QUARTERLY.....3  
 SOME OTHER PERIOD (SPECIFY) \_\_\_\_\_ 4

BOX C-2	® CHECK A12. IF A12=5, 6, 7, 8, 9 or 10, (SINGLE SERVICE OR SPECIAL PLAN), CHECK HERE ___ AND GO TO BOX C-12, PAGE 22; OTHERWISE CONTINUE WITH C9.
------------	--

C9. The next questions are about the plan's benefits, including deductibles, copayments, and covered services.

Did this plan cover both inpatient hospital care and outpatient medical services?

[PROBE: "Did this plan pay any of the cost of a hospital stay or a visit to a doctor?"]

YES, BOTH INPATIENT AND OUTPATIENT.....1  
 NO, COVERS INPATIENT ONLY .....2 ®  
 NO, COVERS OUTPATIENT ONLY .....3 ®  
 NO, COVERS NEITHER.....4 (BOX C-12, P. 22)

® CODE HERE AND ON REFERENCE SHEET.

BOX C-3	® IF A12=1, (HMO PLANS) CHECK HERE ___ AND ASK C10. OTHERWISE, SKIP TO BOX C-4.
------------	---

C10. Did this HMO or EPO plan cover services received from providers outside the HMO or EPO, other than referrals from HMO doctors and emergency services outside the HMO area?

YES, COVERS OUTSIDE SERVICES .....1  
 NO, DOES NOT COVER .....2

Ⓢ IF "YES," CHANGE A12 TO "4" ON REFERENCE SHEET.

BOX C-4	Ⓢ IF C9 = 2, (INPATIENT ONLY) CHECK HERE ___ AND SKIP TO C14. Ⓢ IF C9 = 3, (OUTPATIENT ONLY) CHECK HERE ___ AND SKIP TO C17. OTHERWISE, CONTINUE WITH C11.
------------	--

C11. IN C11-C17, READ "FROM PREFERRED PROVIDERS OR PROVIDERS IN THE PLAN" IF Ⓢ A12= 2 OR 4 (PPO OR COMBINATION PLAN).

Did this plan have an annual deductible for basic medical services (from preferred providers or providers in the plan)?

[IF ASKED: "Basic medical services include hospital stays and doctor visits".]

[DON'T COUNT ANY DEDUCTIBLE THAT APPLIES ONLY TO PRESCRIPTION DRUGS, DENTAL OR MENTAL HEALTH SERVICES.]

YES .....1  
 NO .....2 (BOX C-5A)  
 DONT KNOW.....8 (BOX C-5A)

C12. Did the same deductible apply to both inpatient and outpatient services (from preferred providers or providers in the plan)?

YES .....1  
 NO .....2 (C14)  
 DONT KNOW.....8 (C14)

C13. What was the deductible for this plan?

\$ \_\_\_\_\_  
 DOLLAR AMT

BOX C-4A	Ⓢ IF A12 = 1, 3, 13, OR 98, CHECK HERE _____ AND SKIP TO BOX C-7; OTHERWISE, SKIP TO C19.
-------------	--

C14. Was there a deductible for inpatient services (from preferred providers or providers in the plan)?

YES .....1  
NO .....2 (BOX C-5)  
DON'T KNOW.....8 (BOX C-5)

C15. Was that (inpatient) deductible per hospital admission or for the year?

PER ADMISSION .....1  
FOR THE YEAR .....2

C16. What was that inpatient deductible (using preferred providers or providers in the plan)?

\$ \_\_\_\_\_  
DOLLAR AMOUNT

BOX C-5	® CHECK C9. IF C9 = 2 (COVERS INPATIENT ONLY), CHECK HERE ___ AND SKIP TO BOX C-5A. OTHERWISE, CONTINUE WITH C17.
------------	--

C17. Was there an annual deductible for outpatient services (from preferred providers or providers in the plan?)

YES .....1  
NO .....2 (BOX C-5A)  
DON'T KNOW.....8 (BOX C-5A)

C18. What was that outpatient deductible for this plan?

\$ \_\_\_\_\_  
DOLLAR AMOUNT

BOX C-5A	® IF A12 = 1, 3, 13, OR 18, CHECK HERE _____ AND SKIP TO BOX C-7; OTHERWISE, CONTINUE TO C19.
-------------	--



C19. Did this plan have an annual deductible for basic medical services from non-preferred providers or providers outside the plan?

[IF ASKED: Basic medical services include hospital stays and doctor visits.]

[DON'T COUNT ANY DEDUCTIBLE THAT APPLIES ONLY TO PRESCRIPTION DRUGS, DENTAL OR MENTAL HEALTH SERVICES.]

YES .....1  
NO .....2 (BOX C-7)  
DON'T KNOW .....8 (BOX C-7)

C20. Did the same deductible apply to both inpatient and outpatient services from non-preferred providers or providers outside the plan?

YES .....1  
NO .....2 (C22)  
DON'T KNOW .....8 (C22)

C21. What was the deductible for this plan?

\$ \_\_\_\_\_  
DOLLAR AMOUNT

SKIP TO BOX C-7

C22. Was there a deductible for inpatient services (from non-preferred providers or providers outside the plan)?

YES .....1  
NO .....2 (BOX C-6)  
DON'T KNOW .....8 (BOX C-6)

C23. Was that (inpatient) deductible per hospital admission or for the year?

PER ADMISSION .....1  
FOR THE YEAR .....2

C24. What was that inpatient deductible (using non-preferred providers or providers outside the plan)?

\$ \_\_\_\_\_  
DOLLAR AMOUNT

BOX C-6	Ⓢ CHECK C9. IF C9 = 2 (COVERS INPATIENT ONLY), CHECK HERE ___ AND SKIP TO BOX C-7. OTHERWISE, CONTINUE WITH C25.
------------	--

C25. Was there an annual deductible for outpatient services (from non-preferred providers or providers outside the plan?)

YES .....1  
 NO .....2 (BOX C-7)  
 DON'T KNOW.....8 (BOX C-7)

C26. What was that outpatient deductible for this plan?

\$ \_\_\_\_\_  
 DOLLAR AMOUNT

BOX C-7	Ⓢ CHECK C1. IF C1=2 (FAMILY INSURANCE PLAN), CHECK HERE ___ AND CONTINUE WITH C27. OTHERWISE SKIP TO BOX C-8.
------------	---

C27. What was the maximum deductible to be paid by the family in 1993. (RECORD EITHER A DOLLAR AMOUNT, A NUMBER OF PERSONS, OR BOTH.)

\$ \_\_\_\_\_  
 MAXIMUM DEDUCTIBLE

OR

\_\_\_\_\_  
 NUMBER OF PERSONS MEETING INDIVIDUAL DEDUCTIBLE

OR

NO DEDUCTIBLE ..... 00

BOX C-8	Ⓢ IF C9=3 OR 4 (INPATIENT SERVICES NOT COVERED), CHECK HERE AND GO TO BOX C-9; OTHERWISE CONTINUE AT C28.
------------	---

C28. (READ "AFTER THE DEDUCTIBLE HAS BEEN MET" IF ANY DEDUCTIBLE REPORTED FOR PLAN.) (After the deductible had been met), what was the co-insurance rate for basic inpatient services?

[PROBE: After the deductible had been met, what was the inpatient reimbursement rate for basic inpatient service?]

- NOT COVERED .....01
- 0% OR NONE.....02
- 10% or "90-10".....03
- 15% or "85-15".....04
- 20% or "80-20".....05
- 25% or "75-25".....06
- 30% or "70-30".....07
- 50% or "50-50".....08
- VARIES (SPECIFY) \_\_\_\_\_09
- OTHER (SPECIFY) \_\_\_\_\_10

BOX C-9	® IF C9=2 OR 4 (OUTPATIENT SERVICES NOT COVERED), CHECK HERE _____ AND GO TO C32; OTHERWISE CONTINUE AT C29.
------------	---

C29. (After the deductible had been met), did (you/NAME) have to pay anything when (you/he/she) saw a (doctor/preferred provider or provider in the plan)?

[PROBE: After the deductible had been met, but before the maximum out-of-pocket amount.]

- YES .....1
- NO .....2 (BOX C-10)
- DON'T KNOW .....8 (BOX C-10)

C30. (After the deductible had been met), how much did (you/NAME) pay when (you/he/she) saw a (doctor/preferred provider or provider in the plan)?

[PROBE: After the deductible had been met, but before the maximum out-of-pocket amount.]

- DOLLAR AMOUNT [CO-PAYMENT] (Specify)\$ \_\_\_\_\_ 1 (BOX C-10)
- PERCENT [CO-INSURANCE].....2
- OTHER (SPECIFY) \_\_\_\_\_ 3 (BOX C-10)

C31. What was the reimbursement rate?

- 10% or "90-10" .....01
- 15% or "85-15" .....02
- 20% or "80-20" .....03
- 25% or "75-25" .....04
- 30% or "70-30" .....05
- 50% or "50-50" .....06
- VARIES (SPECIFY) \_\_\_\_\_ 07
- OTHER (SPECIFY) \_\_\_\_\_ 08

BOX C-10	@ IF A12 = 1,3, 13, OR 18, CHECK HERE ___ AND GO TO C34; OTHERWISE CONTINUE AT C32.
-------------	--

C32. (After the deductible had been met), how much did (you/NAME) pay when (you/he/she) used a non-preferred provider or provider outside the plan?

[PROBE: After the deductible had been met, but before the maximum out-of-pocket amount.]

- DOLLAR AMOUNT [CO-PAYMENT] (SPECIFY) \$ \_\_\_\_\_ 1 (C34)
- PERCENT [CO-INSURANCE] .....2
- NOT COVERED AT ALL .....3 (C34)
- OTHER (SPECIFY) \_\_\_\_\_ 4 (C34)
- DON'T KNOW .....8 (C34)

C33. What was the reimbursement rate?

- 10% or "90-10" .....01
- 15% or "85-15" .....02
- 20% or "80-20" .....03
- 25% or "75-25" .....04
- 30% or "70-30" .....05
- 50% or "50-50" .....06
- VARIES (SPECIFY) \_\_\_\_\_ 07
- OTHER (SPECIFY) \_\_\_\_\_ 08

C34. Was there a maximum amount that this plan would pay over a lifetime? Do not include limits that apply only to mental health, or to certain diseases such as cancer or AIDS.

- \$1,000,000 (ONE MILLION DOLLARS) .....1
- OTHER DOLLAR AMT (SPECIFY) \$ \_\_\_\_\_ 2
- NO LIFETIME LIMIT .....3
- OTHER (SPECIFY) \_\_\_\_\_ 4

C35. Did this plan have a waiting period for pre-existing conditions (for you or your dependents)?

- YES [INCLUDE FOR SOME CONDITIONS] ..... 1
- NO ..... 2 C-37
- DON'T KNOW ..... 8 C-37

C36. How long did (you/NAME) have to wait to be covered for such problems?

[INTERVIEWER: IF WAITING PERIOD DIFFERED BETWEEN "IN TREATMENT" AND NOT, CHECK HERE \_\_\_\_ AND CODE PERIOD FOR IN TREATMENT.]

- DAYS (SPECIFY) \_\_\_\_\_ 1
- MONTHS (SPECIFY) \_\_\_\_\_ 2
- YEARS (SPECIFY) \_\_\_\_\_ 3
- NEVER COVERED.....4
- VARIES (SPECIFY) \_\_\_\_\_ 5

C37. In 1993, did this plan refuse to cover any family member at all because of a particular health problem or condition?

- YES .....1
- NO .....2
- NO FAMILY MEMBERS .....3

C38. The next questions are about services that may have been covered under this plan in 1993.

Did this plan cover ...

- |  | YES | NO |
|--|-----|----|
| a. routine mammography screening?.....       | 1   | 2  |
| b. adult routine physical examinations?..... | 1   | 2  |
| c. routine pap smears? .....                 | 1   | 2  |

C39. Did this plan cover well child care such as ...

	YES	NO
d. childhood immunizations? .....	1	2
e. other well baby care (routine child care for children under 1 year of age)? .....	1	2
f. other well child care for children 1-4 years of age?.....	1	2
g. other well child care for children 5-13 years of age?.....	1	2

C40. In 1993, did this plan cover outpatient prescription drugs?

YES .....	1
NO .....	2 (C44)
DON'T KNOW.....	8 (C44)

C41. Was there a limit on how much the plan would pay in a year for outpatient prescription drugs?

YES .....	1
NO .....	2 (C43)
DON'T KNOW.....	8 (C43)

C42. What was the dollar limit for outpatient prescription drug coverage?

\$ \_\_\_\_\_  
DOLLAR LIMIT

C43. Did this plan require that generic drugs be purchased if available?

[PROBE: " 'Generic' drugs use the same formula as brand name drugs and usually cost less than the brand name versions."]

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

C44. In 1993, did this plan cover routine dental care?

YES [INCLUDE "LIMITED"].....1  
NO .....2

C45. In 1993, did this plan cover orthodontic care other than that required by accident or injury?

YES [INCLUDE "LIMITED"].....1  
NO .....2

C46. In 1993, did this plan cover routine eye exams?

YES [INCLUDE "LIMITED"].....1  
NO .....2 (C48)  
DON'T KNOW.....8 (C48)

C47. Were eyeglasses and contact lenses covered?

YES [INCLUDE "LIMITED"].....1  
NO .....2

C48. In 1993, was care in a nursing home covered under this plan?

YES .....1  
NO .....2 (C51)  
DON'T KNOW.....8 (C51)

C49. Was there a limit on the number of days or total dollar amount that would be covered for care received in a nursing home?

YES .....1  
NO .....2 (C51)  
DON'T KNOW.....8 (C51)

C50. What was the limit for care received in a nursing home? [ENTER ALL THAT APPLY]

            
DAYS

\$             
DOLLARS

\$             
DOLLARS PER DAY

C51. In 1993, were personal care services in the home covered under this plan?

YES .....1  
NO .....2

C52. In 1993, was home health care covered under this plan?

YES .....1  
NO .....2 (C55)  
DONT KNOW.....8 (C55)

C53. Was there a limit on the number of visits or total dollar amount that would be covered for home health care?

YES .....1  
NO .....2 (C55)  
DONT KNOW.....8 (C55)

C54. What was the limit for home health care? [ENTER ALL THAT APPLY]

\_\_\_\_\_ \$ \_\_\_\_\_  
VISITS DOLLARS

C55. In 1993, did this plan cover inpatient mental health services?

YES [INCLUDE "LIMITED"].....1  
NO .....2 (C59)  
DONT KNOW.....8 (C59)

C56. Was there a limit on the number of days or the total dollar amount that would be covered for inpatient mental health services?

YES .....1  
NO .....2 (C59)  
DONT KNOW.....8 (C59)



C57. Was the limit....

YES NO

Per stay?

1 2

\_\_\_\_\_  
DAYS

\$\_\_\_\_\_  
DOLLARS

Per year?

1 2

\_\_\_\_\_  
DAYS

\$\_\_\_\_\_  
DOLLARS

For an individual's lifetime?

1 2

\_\_\_\_\_  
DAYS

\$\_\_\_\_\_  
DOLLARS

C58. What were the limits?  
[ENTER ALL THAT APPLY]

C59. In 1993, did this plan cover outpatient mental health services?

YES [INCLUDE "LIMITED"].....1  
NO .....2 (C62)  
DON'T KNOW.....8 (C62)

C60. 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, dollar limit, or both?]

YES .....1  
INCLUDED WITH INPATIENT LIMIT .....2 (C62)  
NO .....3 (C62)  
DON'T KNOW.....8 (C62)

C61. What was the (visit limit/dollar limit/visit and dollar limits)? [ENTER ALL THAT APPLY]

\_\_\_\_\_  
VISITS

\$\_\_\_\_\_  
DOLLARS

C62. In 1993, 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]

YES .....1  
NO .....2 (C69)  
DON'T KNOW.....8 (C69)

C63. Was inpatient treatment for substance abuse covered?

YES .....1  
NO .....2 (C66)  
DON'T KNOW.....8 (C66)

C64. 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?]

YES .....1  
INCLUDED WITH MENTAL HEALTH LIMITS .....2 (C66)  
NO .....3 (C66)  
DON'T KNOW.....8 (C66)

C65. What was the (day limit/dollar limit/day and dollar limits)? [ENTER ALL THAT APPLY]

                              \$           
DAYS                      DOLLARS

C66. Was outpatient substance abuse treatment covered?

YES .....1  
NO .....2 (C69)  
DON'T KNOW.....8 (C69)

C67. 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?]

YES .....1  
INCLUDED WITH PREVIOUSLY REPORTED LIMITS .....2 (C69)  
NO .....3 (C69)  
DON'T KNOW .....8 (C69)

C68. What was the (visit limit/dollar limit/visit and dollar limits)? [ENTER ALL THAT APPLY]

\_\_\_\_\_                      \$ \_\_\_\_\_  
VISITS                              DOLLARS

C69. DID RESPONDENT USE A BROCHURE OR PAMPHLET TO ANSWER QUESTIONS ABOUT COVERED SERVICES IN THIS SECTION?

YES .....1  
NO .....2  
DON'T KNOW .....8

BOX C-12	® IF ANY PLANS LISTED IN A10b, CHECK HERE ____ AND USE SUPPLEMENT TO ASK SECTIONS A AND C FOR EACH PLAN OTHERWISE CONTINUE WITH SECTION D
-------------	---

**SECTION D**

Finally, I have a few more questions about (your/NAME's) business.

D1. How long (have you/has NAME) been primarily self-employed?

\_\_\_\_\_   
 # OF YEARS

**FOR D2 - D7, IF THE PERSON HAS MORE THAN ONE SELF-EMPLOYED BUSINESS, ASK ABOUT THE MAIN BUSINESS.**

D2. Is (your/NAME's) business incorporated?

YES .....1  
NO .....2

D3. Is (your/NAME's) business for profit or non-profit?

FOR PROFIT .....1  
NON-PROFIT .....2

D4. In filing Federal income tax for 1993, did (you/NAME) file...

	YES	NO
a. a Schedule C?	1	2
b. a Schedule F?	1	2

D5. What is the name and address of (your/NAME's) business?

NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_

D6. What kind of business or industry is this? What do (you/NAME) make or do?

---

---

---

---

D7. What were (your/NAME's) most important activities or duties in this business?

---

---

---

---

D8. During 1993, how much money did (your/NAME's) business earn after expenses?

IF MORE THAN ONE SELF-EMPLOYED BUSINESS, PROBE FOR AMOUNT EARNED OR LOST FOR ALL BUSINESSES COMBINED.

\$ EARNED: \$ \_\_\_\_\_

OR,

\$ LOST: \$ \_\_\_\_\_

**CLOSING:** On behalf of the U.S. Department of Health and Human Services, thank you very much for your time and cooperation.

# Appendix IV

OMB No. 0920-0214: Approval Expires 3/31/95

FORM HIS-3 (1993)  
15-1-931

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR THE  
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
U.S. PUBLIC HEALTH SERVICE

## NATIONAL HEALTH INTERVIEW SURVEY

### 1993 SUPPLEMENT BOOKLET

**NOTICE** - Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 40 to 60 minutes per response, with an average of 50 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer, ATTN: PRA; Humphrey Building, Room 721-H, 200 Independence Avenue, SW; Washington, DC 20201; and to the Office of Management and Budget, Paperwork Reduction Project (0920-0214) Washington, DC 20503.

RT 65  
3-7  
8

1. Book \_\_\_ of \_\_\_ books

2. R.O. number 9-10 3. Sample 11-13

4. Control number  
PSU 14-16 Segment 17-23 Serial 24-25 5. Family number 26

6. Field Representative's name \_\_\_\_\_ Code 27-29

7. Beginning time HIS-3 30-33 34 8. Ending time HIS-3 35-38 39  
 a.m.  p.m. (Record callbacks on HIS-1)  a.m.  p.m.

#### SAMPLE PERSON LIST

9. Are there any nondeleted persons 18+ years old in this family?  Yes (List by age, oldest to youngest)  No (10)

RT 66	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SP	List No.
1			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
2			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
3			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
4			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
5			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
6			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
7			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
8			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1
9			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	1

Refer to the 18+ part of the sample person selection label and circle as applicable. Mark (X) the "SP" box in the column above for the selected sample person 18+. THEN, go to 10.

#### SAMPLE CHILD LIST

10. Are there any nondeleted persons 0 - 5 years old in this family?  Yes (List by age, oldest to youngest)  No (Go to Section AC on page 6)

RT 66	3-4	5-6	7			8	9
Line No.	Person No.	Age	Sex	Last name	First name	SC	List No.
1			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
2			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
3			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
4			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
5			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
6			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
7			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
8			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2
9			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/>	2

Refer to the 0-5 part of the sample person selection label and circle as applicable. Mark (X) the "SC" box in the column above for the selected sample child under 6. THEN, go to Section IZ on page 2.

Notes

**Section FB – PRIVATE PLAN AND COVERAGE DETAIL**

**PERSON 1**

**TABLE H.I. – PLAN 1**

**PLAN 1 NAME**

**Now, I am going to ask some questions about the plan(s) you just told me about, (starting with (plan name).)**

**1a. Who was covered under this plan?**

Mark (X) "Private insurance" box in person's column.

- 1a.**  Private insurance  
(Enter "Cov" on HIS-1)

**b. Anyone else?**

- Yes (Reask 1a and b)       No

**2. In whose name is this plan?**

Mark (X) "In name" box in person's column.

- 2.**  In name  
 Person not in household

**3a. Was this plan originally obtained through the workplace, that is through a present or former employer or union?**

If "Yes", probe for employer or union.

- Employer ..... }  
 Union ..... } (3b)  
 Through workplace, but DK whether employer or union . }  
 No } (4)  
 DK }

**b. Does the employer or union currently pay for all, some, or none of the cost of premiums for this health insurance plan?**

Read if necessary: **The cost of the plan refers to the premiums, which are regular payments for health insurance coverage only, not for health care services. Frequently, these payments are made by payroll deduction.**

- All (5)  
 Some }  
 None } (4)  
 DK }

HAND CARD FR3. Read each category if telephone interview.

**4. In (month), how much did [you/your family] spend for health insurance premiums for (plan name)? Please include payroll deductions for premiums.**

- Zero  
 \$1 – \$9  
 \$10 – \$19  
 \$20 – \$49  
 \$50 – \$99  
 \$100 – \$199  
 \$200 – \$499  
 \$500 or more  
 DK

**5a. Does this plan pay for a variety of health care services or does it pay for ONLY ONE type of service or care?**

- Variety of services (6)  
 Only one type of service/care (5b)  
 DK (6)

**b. What type of service or care does the plan pay for?**

Mark (X) only one type of service.

- 01 Accidents  
 02 AIDS care  
 03 Cancer treatment  
 04 Catastrophic care  
 05 Dental care  
 06 Disability insurance (cash payments when unable to work for health reasons)  
 07 Hospice care  
 08 Hospitalization-only  
 09 Long term care (nursing home care)  
 10 Prescriptions  
 11 Vision care  
 98 Other – Specify \_\_\_\_\_  
 99 DK

GO TO 1a FOR NEXT HI PLAN; IF NO OTHER HI PLAN, GO TO 8a

Notes

	RT 72 3-4	PERSON 2	RT 72 3-4	PERSON 3	RT 72 3-4	PERSON 4	RT 72 3-4	PERSON 5
	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)	7	<b>1a.</b> <input type="checkbox"/> Private insurance (Enter "Cov" on HIS-1)
	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name	8	<b>2.</b> <input type="checkbox"/> In name
		<b>6a. Is (plan name) an HMO (Health Maintenance Organization) or IPA (Individual Practice Association), or is it some other kind of plan?</b>					15	
		<p><i>Read if necessary: Health Maintenance Organizations, or HMO's and Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for or in association with the HMO or IPA. Sometimes there is an option to permit use of providers not associated with the Plan, but usually at greater cost to the enrollee. Generally, members do not have to submit claims for costs of medical care services.</i></p>					<input type="checkbox"/> HMO/ IPA <input type="checkbox"/> Other <input type="checkbox"/> DK	
		<b>b. Under this plan can you choose ANY doctor or MUST you choose one from a specific group or list of doctors?</b>					16	
							<input type="checkbox"/> Any doctor (6c) <input type="checkbox"/> Select from group/list (6d) <input type="checkbox"/> DK (7)	
		<b>c. Do you have the option of choosing a doctor from a preferred or select list at lower cost to you?</b>					17	
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK } (7)	
		<b>d. If you select a doctor who is not in the plan, will (plan name) pay for any part of the cost?</b>					18	
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
		<p><i>Ask if family has at least one person under the age of 18.</i></p>					19	
		<b>7a. Does (plan name) pay for any of the costs of well child care, that is visits when a child is NOT sick, but needs a check-up or immunization?</b>					19	
							<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
		<p><i>Ask if family has at least one female over the age of 39.</i></p>					20	
		<b>b. Does this plan pay for any part of the cost for mammograms?</b>					20	
		<p><i>Read if necessary: A mammogram is an x-ray taken only of the breasts by a machine that presses the breast against a plate.</i></p>					<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	
		<b>GO TO 1a FOR NEXT PLAN; IF NO OTHER PLAN GO TO 8a</b>						
Notes								



Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
<b>8a. In the past 2 years, has anyone in the family been denied coverage, or had restricted or limited coverage, (under [this plan/any of the plans you just told me about]) because he or she already had a particular health condition, sometimes called a pre-existing condition?</b>		<b>8a.</b> <span style="float: right;">69</span> 1 <input type="checkbox"/> Yes (8b) 2 <input type="checkbox"/> No } (9) 9 <input type="checkbox"/> DK }	
<b>b. Who is this?</b> Mark (X) "Pre-existing condition" box in person's column.		<b>b.</b> <span style="float: right;">70</span> 1 <input type="checkbox"/> Pre-existing condition	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 8b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
<b>9a. In the past 2 years, has anyone in the family applied for health insurance and not been able to get it?</b>		<b>9a.</b> <span style="float: right;">71</span> 1 <input type="checkbox"/> Yes (9b) 2 <input type="checkbox"/> No } (10) 9 <input type="checkbox"/> DK }	
<b>b. Who is this?</b> Mark (X) "Turned down" box in person's column.		<b>b.</b> <span style="float: right;">72</span> 1 <input type="checkbox"/> Turned down	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 9b and c) <input type="checkbox"/> No <input type="checkbox"/> DK Ask for each person with "Turned down" box marked in 9b.			
<b>d. Why was -- unable to get that health insurance? Anything else?</b> Mark (X) all that apply.		<b>d.</b> 1 <input type="checkbox"/> Because of pre-existing condition, as cancer or diabetes <span style="float: right;">73</span> 2 <input type="checkbox"/> Because of health risk(s), such as smoking or overweight <span style="float: right;">74</span> 3 <input type="checkbox"/> Because of work, such as construction worker, beautician, farm worker <span style="float: right;">75</span> 4 <input type="checkbox"/> Because premiums were too high <span style="float: right;">76</span> 8 <input type="checkbox"/> Other – Specify $\checkmark$ <span style="float: right;">77</span>  9 <input type="checkbox"/> DK <span style="float: right;">78</span>	
<b>10a. In the past two years or so, has anyone in the family decided to stay in one job rather than take another job mainly because of reasons related to health insurance?</b>		<b>10a.</b> <span style="float: right;">79</span> 1 <input type="checkbox"/> Yes (10b) 2 <input type="checkbox"/> No } (FB1) 9 <input type="checkbox"/> DK }	
<b>b. Who is this?</b> Mark (X) "Stayed in job" box in person's column.		<b>b.</b> <span style="float: right;">80</span> 1 <input type="checkbox"/> Stayed in job	
<b>c. Anyone else?</b> <input type="checkbox"/> Yes (Reask 10b and c) <input type="checkbox"/> No <input type="checkbox"/> DK			
<b>ITEM FB1</b>	Refer to age and Wa/Wb in HIS-1. Mark (X) first appropriate box.	<b>FB 1</b>	<span style="float: right;">81</span> 1 <input type="checkbox"/> 70+ (NP) 2 <input type="checkbox"/> Wa/Wb marked (Check Item FB2) 8 <input type="checkbox"/> Other (NP)
<b>ITEM FB2</b>	Refer to 2 for ALL plans in HI.	<b>FB 2</b>	<span style="float: right;">82</span> 1 <input type="checkbox"/> Any "In name" (NP) 8 <input type="checkbox"/> Other (11)
<b>11. Was health insurance offered by -- employer?</b>		<b>11.</b> <span style="float: right;">83</span> 1 <input type="checkbox"/> Yes } (NP) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }	
<b>ITEM FB3</b>	Refer to Age and "Cov." on HIS-1. Mark (X) first appropriate box.	<b>FB 3</b>	<span style="float: right;">84</span> 1 <input type="checkbox"/> Covered (13) 2 <input type="checkbox"/> Not covered, under 65 } (12) 3 <input type="checkbox"/> Not covered, 65+ }
<b>If no other persons in the family, Skip to 14 on page 40</b>			

**Section FB - PRIVATE PLAN AND COVERAGE DETAIL - Continued**

HAND CARD FR4. Read each category if telephone interview. If "Not covered 65 and over," include "or Medicare".

**12a. Many people do not have health insurance for various reasons. Which of these statements describes why -- is not covered by any health insurance (or Medicare)?**

**Anything else?**

Mark (X) all that apply.

**12a.**

- 01 Job layoff/loss/unemployment 5-6
- 02 Wasn't offered by employer 7-8
- 03 Not eligible because part time worker 9-10
- 04 Family coverage not offered by employer 11-12
- 05 Benefits from former employer ran out 13-14
- 06 Can't obtain because of poor health, illness, or age 15-16
- 07 Too expensive/Can't afford 17-18
- 08 Dissatisfied with previous insurance 19-20
- 09 Don't believe in insurance 21-22
- 10 Have usually been healthy, haven't needed insurance 23-24
- 11 Covered by some other plan 25-26
- 12 Too old for coverage under family plans 27-28
- 13 Free/inexpensive source of care readily available 29-30
- 98 Other reason - Specify  31-32
- 99 DK (12c) 33-34

Ask if more than one box is marked in 12a, otherwise transcribe number of box marked without asking.

**b. What is the MAIN reason -- was not covered in (month) by any health insurance (or Medicare)?**

Record number from Card FR4.

**b.**

Main reason \_\_\_\_\_ 35-36

**c. When was the LAST time -- had health insurance?**

**c.**

- 1 Less than 6 months ago
  - 2 6 months ago, but less than 1 year ago
  - 3 1 year ago, but less than 3 years ago
  - 4 3 or more years ago
  - 5 Never had health insurance
  - 9 DK (12e)
- } (12d)  
} (FB3 for NP)
- 37

HAND CARD FR5. Read categories if telephone interview.

**d. What was the MAIN reason -- stopped being covered by health insurance?**

Mark (X) only one.

**d.**

- 01 Lost job or changed employers
  - 02 Spouse/parent lost job or changed employers
  - 03 Death of spouse or parent
  - 04 Became divorced or separated
  - 05 Became ineligible because of age
  - 06 Employer stopped offering coverage
  - 07 Cut back to part time
  - 08 Benefits from employer/former employer ran out
  - 98 Other - Specify
  - 99 DK
- 38-39

**e. At the time that -- stopped being covered by health insurance, did -- try to find some other type of health insurance?**

**e.**

- 1 Yes (12f)
  - 2 No
  - 9 DK
- } (FB3 for NP)
- 40

**f. What was the MAIN reason -- was unable to find some other type of health insurance?**

**f.**

- 1 Could not afford
  - 2 Was rejected
  - 8 Other reason - Specify
  - 9 DK
- } (FB3 for NP)
- 41

Section FB – PRIVATE PLAN AND COVERAGE DETAIL – Continued		PERSON 1	
<b>13a. In the past 12 months, was there any time that -- did NOT have ANY health insurance or coverage?</b>		<b>13a.</b>	<input type="checkbox"/> Yes (13b) <input type="checkbox"/> No } (FB3 for NP) <input type="checkbox"/> DK }
<b>b. In how many of the past 12 months was -- without coverage?</b>		<b>b.</b>	<input type="checkbox"/> 1 month or less <input type="checkbox"/> 2-3 months <input type="checkbox"/> 4-6 months <input type="checkbox"/> More than 6 months <input type="checkbox"/> DK
<i>HAND CARD FR5. Read each category if telephone interview.</i>			<b>44-45</b>
<b>c. What was the MAIN reason -- was without coverage?</b>		<b>c.</b>	<input type="checkbox"/> 01 Lost job or changed employers <input type="checkbox"/> 02 Spouse/parent lost job or changed employers <input type="checkbox"/> 03 Death of spouse or parent <input type="checkbox"/> 04 Became divorced or separated <input type="checkbox"/> 05 Became ineligible because of age <input type="checkbox"/> 06 Employer stopped offering coverage <input type="checkbox"/> 07 Cut back to part time <input type="checkbox"/> 08 Benefits from employer/ former employer ran out <input type="checkbox"/> 98 Other – Specify <u>z</u> <input type="checkbox"/> 99 DK
<i>HAND CARD FR6. Read each category if telephone interview.</i>			<b>46</b>
<b>14. During the past 12 months, about how much did [you/your family] spend for medical care? Do NOT include the cost of over-the-counter remedies, the cost of health insurance premiums, or any costs for which you expect to be reimbursed.</b>		<b>14.</b>	<input type="checkbox"/> Zero <input type="checkbox"/> Less than \$500 <input type="checkbox"/> \$500 – \$1,999 <input type="checkbox"/> \$2,000 – \$2,999 <input type="checkbox"/> \$3,000 – \$4,999 <input type="checkbox"/> \$5,000 or more <input type="checkbox"/> DK
<b>ITEM FB4</b>	About how often did the Respondent appear to answer the questions in Sections FA and FB accurately?	<b>FB 4</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
<b>ITEM FB5</b>	About how often did the Respondent appear to answer the questions in Sections FA and FB honestly?	<b>FB 5</b>	<input type="checkbox"/> All the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely or never <input type="checkbox"/> DK
<b>ITEM FB6</b>	<i>Enter the person number of the Respondent. If more than one, enter the person number of the one who answered the most questions in Sections FA and FB.</i>	<b>FB 6</b>	<b>49-50</b> Person number _____
Notes			

DEPARTMENT OF  
HEALTH & HUMAN SERVICES  
Centers for Disease Control and Prevention  
National Center for Health Statistics  
6525 Belcrest Road  
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