

HRS

HEALTH AND RETIREMENT STUDY
A Longitudinal Study of Health, Retirement, and Aging
Sponsored by the National Institute on Aging

***DOCUMENTATION AND
BENCHMARKING OF HEALTH
INSURANCE MEASURES
IN THE HEALTH AND RETIREMENT
STUDY***

Documentation Report

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1. Overview

The Health and Retirement Study (HRS) has asked respondents about their health insurance coverage since the study began in 1992. The study has asked about public and private coverage, including detailed information on the source of coverage. These data can be used to paint a comprehensive picture of insurance coverage among the elderly and near-elderly from 1992 to the present. This documentation provides an overview of the health insurance measures in the HRS and benchmarks HRS estimates of health insurance for 1996 through 2006 to data from the Medical Expenditure Panel Study (MEPS). For selected outcomes, the data are also benchmarked to data from the National Health Interview Survey (NHIS) for 1997 through 2006.

2. General description of information collected and changes over time

Although the basic information about health insurance collected by HRS has remained the same over time – whether respondents have coverage from public or private sources - the structure and detailed content of the health insurance questions included in HRS have evolved over time. The first two waves (1992 and 1994) are quite different in structure from subsequent years. In 1992, the financial respondent was asked questions about his/her own health insurance coverage as well as that of his/her spouse in married couples; in later years, both respondents in married couples answer these questions for themselves. The data reflect this change in structure since the 1992 data on health insurance are at the household level, with separate variables describing coverage for the financial respondent and his/her spouse, while the health insurance data in all subsequent years are released at the individual level. In 1994, the health insurance questions were linked to health insurance status reported in the previous wave, and again the data reflect this structure; analyzing the 1994 data requires working with the 1992 data as well.

In 1996, the health insurance questions were streamlined (in particular, they no longer require the analyst to use data from the previous wave) and these questions remained quite stable through 2000. In 2002 additional modifications were made to the questionnaire, primarily in the treatment of private insurance plans. The content of the questionnaire in each year and how it has changed over time are described in more detail below. Please note that the content described in this documentation is not intended to be exhaustive and focuses primarily on the subset of questions that identify what type of insurance respondents have at the time of the survey (e.g. private versus public). The HRS has over the years included many additional questions on other topics such as whether a respondent gets his Medicare benefits through an HMO, the availability of employer-sponsored coverage for retirees, and how much respondents pay for their coverage, to name just a few. Interested users are encouraged to consult each year's questionnaires and codebooks for additional detail. Please note that the health insurance questions appear in Section R in 1992 through 2000 and Section N in 2002 and later.

2A. Public insurance coverage

The HRS questions on public insurance coverage have been reasonably consistent over time. In all years, respondents are asked about coverage through Medicare, Medicaid, or CHAMPUS. Some new questions and minor wording changes were introduced in 1996; for example, beginning in 1996 respondents are asked about whether they have had any Medicaid coverage

since the previous survey wave in addition to whether they have it at the time of the survey. Exhibit 1 summarizes basic questions and variable names related to public insurance coverage for 1992 and 1994; Exhibit 2 does the same for 1996 through 2006.

2B. Private insurance coverage

The HRS questions on private insurance coverage have changed considerably over time. In part this reflects an increasing awareness of the tremendous complexity of private health insurance arrangements in the over-fifty population. These questions must capture employer group coverage for respondents who are still working for wages or salary, private insurance purchased by self-employed respondents through their businesses, employer-provided retiree benefits for early retirees who do not yet have Medicare, employer-provided retiree benefits that are supplemental to Medicare, and individually purchased Medigap plans, to name some of the ways in which individuals over the age of 50 may obtain private insurance. In general, the private health insurance questions fall into three broad eras: 1992 and 1994, 1996 through 2000, and 2002 through 2006. These are described separately below; the questions and corresponding variables in each year are summarized in Exhibits 3, 4, 5, and 6. Exhibit 7 highlights some important changes over time on key dimensions of the questions about private insurance coverage.

In 1992, HRS asks financial respondents about employer-provided coverage for both the respondent and the spouse. Detail on the source of this coverage (own or spouse's current or former employer or union) was collected for up to two plans. Respondents are also asked in 1992 about other coverage "purchased directly from an insurance company or through a membership organization such as AARP." These policies are further classified as "basic health," Medigap, other supplemental health, long-term care, and other (some responses have been coded as cancer, dental, major medical/catastrophic illness, and disability).

The 1994 private health insurance questions build on those from 1992. Individuals who reported having employer-sponsored health insurance in 1992 are asked whether they were covered by the same policy in 1994. A new question was also introduced in 1994 about whether employer-sponsored coverage is an HMO, a PPO, or FFS. Obtaining health insurance through own business or self-employment was added as a possible source of health insurance for employer-sponsored coverage. Finally, in contrast to 1992, separate questions are asked about basic health insurance purchased directly from an insurance company and supplementary health insurance such as Medigap.

Beginning in 1996, the health insurance questions are more precisely tailored to a respondent's particular circumstances. In particular, respondents with employer-sponsored coverage (or, for the self-employed, those with coverage obtained through their business) in addition to Medicare are asked specifically whether their employment-related plan is a Medicare Supplement or Medigap plan. Respondents with Medicare who do not have any employment-related coverage are asked explicitly about whether they purchase a Medigap plan. Respondents who have neither employment-related nor public coverage (Medicare or Medicaid) are asked about whether they purchase basic health insurance coverage directly from an insurance company or through a membership organization. Questions in 1998 and 2000 are similar to those for 1996 except that

detailed information is collected on only one employer-sponsored plan, compared with two in 1996.

The private plan sequence changes again in 2002. Instead of asking separate questions about employment-related and non-employment related coverage, respondents are simply asked to report whether they have any private insurance policies. Respondents with private coverage provide detail on up to three plans, including the source of the coverage (e.g. current employer, former employer, self-employment directly purchased from insurance company) and, for Medicare beneficiaries, whether the plan is secondary to Medicare (i.e. Medigap). These basic questions remain essentially unchanged since 2002.

In spite of changes to the questionnaire over time, in principle it is possible to extract the same information from the HRS health insurance questions over time. Indeed, the benchmarking exercise presented in the next section does not show significant wave-to-wave fluctuation in rates of health insurance coverage. This supports the view that changes to the questionnaire have not introduced significant distortions in how the HRS measures health insurance.

3. Benchmarking HRS to the Medical Expenditure Panel Study

How do HRS data compare to other household survey data on health insurance? In order to address this question, we benchmark HRS estimates of insurance coverage to data from the Medical Expenditure Panel Study (MEPS) – often considered the “gold standard” for household surveys collecting information on health insurance.¹

Comparability of HRS and MEPS

A number of comparability issues arise in benchmarking HRS to MEPS. The first of these is the fact that nearly all of the health insurance questions in HRS measure “point-in-time” coverage – that is, they ask about the respondent’s health insurance coverage at the time of the survey. MEPS, in contrast, interviews respondents multiple times over the course of two years at approximately four-month intervals and collects retrospective information on the respondent’s health insurance coverage in each calendar month during a two-year reference period. Data are released at the person-month level; that is, the analyst knows what health insurance coverage the respondent had in January, in February, etc. In order to construct something like a point-in-time estimate from these data, we take the average across the number of months of data available for each respondent. Because there is relatively little monthly variation in insurance coverage in the population as a whole, this yields an average estimate of insurance coverage that is very similar to one using data from a single reference month or one that weights the monthly data by the distribution of HRS interviews by month during the reference period.

A second comparability issue is that the two studies have very different sample designs. HRS is an ongoing cohort study of older Americans with new, younger cohorts enrolled every six years. MEPS, in contrast, is a nationally representative two-year panel study with a fifty percent overlap in panels (that is, in any year approximately half the MEPS sample is in the first year of participation in the study while the rest are in their second year). This issue is relatively easy to address by restricting both samples to individuals who are 55 and older in each year so that the

¹ Additional information on MEPS is available at <http://www.meps.ahrq.gov/mepsweb/>.

sample is comparable both across surveys and over time.² The resulting sample sizes for the data used in the analysis are presented in Table 1.

A third issue is whether it is reasonable to try to construct comparable outcome measures across the two surveys, based on how the questions are asked. That is, does it look as if HRS and MEPS try to measure health insurance similarly? The answer appears to be yes. Both surveys ask about public coverage through Medicare, Medicaid, or CHAMPUS; MEPS also asks about other state insurance programs, which HRS does not. Both surveys ask about private coverage and the source of that coverage: employer group and private non-employer-group, where the latter category includes both individually purchased policies and group policies not obtained through employment. As we will discuss in more detail below, there are some differences across the two surveys in the classification of private insurance policies that are not provided through an employer group.

Finally, MEPS data are available since 1996 only. Therefore benchmark estimates are presented for 1996 through 2006 only.

Constructing the benchmarks

In order to construct our benchmark estimates, we first construct indicators for the following types of health insurance coverage in each data set:³

- **Private:** Private coverage may be from an employer group, from a non-employer group (e.g. from a union), or non-group (e.g. an individual insurance policy purchased directly from an insurance policy or a Medigap policy). This group includes respondents who may also have public coverage. Private coverage is further subdivided into two categories: private – employer and private – not employer.
- **Private - employer:** This is the subset of those with any private coverage who obtain that coverage through an employer group.
- **Private – not employer:** This is the subset of those with any private coverage who purchase that coverage individually or get it through a group other than an employer group.
- **Public:** Individuals with Medicare, Medicaid, or CHAMPUS. In MEPS this category includes individuals with coverage through other state programs as well. We use the non-imputed version of the MEPS public insurance variables; using the imputed version makes almost difference to our results. Individuals in this category may also have private coverage.
- **Public only:** Individuals with public coverage and no private coverage, as defined above.
- **Medicare:** In HRS this category includes all individuals who report Medicare Part A coverage. In MEPS it includes all individuals who say they have Medicare, with no distinction drawn between Parts A and B.
- **Medicaid:** In both datasets this includes individuals who report having Medicaid.

² The exception is 1996 when the HRS sample included only individuals ages 55 – 65 (the original HRS cohort in 1992 included individuals ages 51 through 61). HRS survey years 1992 and 1994 would require similar restrictions (ages 51 – 61 in 1992 and 53 – 63 in 1994) but they are already omitted from the benchmarking exercise due to the lack of MEPS data before 1996.

³ Stata code used to construct these estimates is available upon request from the authors.

- **Uninsured:** Individuals with no public or private coverage. The three variables private, public only, and uninsured represent a partition; that is, they are exhaustive and mutually exclusive.

Next, we estimate trends over time in these different types of coverage. In order to do this, we restrict the sample to individuals 55 and older. We split each year's sample into elderly (65 years of age and older) and near-elderly (55 to 64 years old) subsamples, and calculate average rates of coverage for each of the insurance outcomes described above using the person-level sampling weights provided in each dataset.⁴

Finally, we construct average rates of insurance coverage by single year of age for 1998 and 2004. These years were chosen because the HRS sample spans the largest age range in these two years (all individuals ages 51 and older). Age is top-coded at 85 in both years to reflect the MEPS policy. Again, person-level sampling weights are used to construct these estimates. These "age profiles" in coverage highlight the discontinuity in coverage at age 65 that occurs as a result of Medicare, underscoring the importance of analyzing the elderly and the near-elderly separately.

Benchmarking results

We begin by examining trends in private coverage. Figure 1 shows the fraction of the sample with private coverage from any source.⁵ Private coverage rates are consistently higher in HRS than in MEPS, and this difference is larger for the elderly than the near-elderly. Figures 2 and 3 present similar trends for the two different types of private coverage: employer group coverage (Figure 2) and non-employer-group coverage (Figure 3). It is evident that almost all of the discrepancy between HRS and MEPS in private coverage is coming from higher rates of non-employer-group coverage among the elderly – which is primarily Medigap coverage.⁶

Figure 4 shows that rates of public coverage in HRS benchmark quite well to MEPS overall. Because HRS picks up more private coverage, as just documented, the rate of public coverage *only* is considerably lower in HRS than in MEPS (Figure 5). Figure 6 shows that the reported rate of Medicare coverage is one or two percentage points higher in HRS than it is in MEPS. For the elderly, with a baseline coverage rate in the mid-90s, this difference may be negligible; for the near-elderly, with Medicare coverage rates less than ten percent, it is considerable. This difference may be driven by the fact, noted above, that MEPS does not specify whether they mean Part A or Part B coverage; in HRS, about 95 percent of respondents with Part A report that they also have Part B. Figure 7 shows that estimates of Medicaid coverage are nearly identical in HRS and MEPS.

HRS data suggest that about nine or ten percent of the near-elderly are uninsured, compared with a slightly higher estimate of 11 to 12 percent in MEPS (Figure 8). Both datasets suggest that less than one percent of the elderly have no coverage.

⁴ Note that in HRS 1996 the oldest individuals are 65; this is not true in NHIS or in other years of HRS data. This difference in the 1996 HRS means that results from this year are not be expected to be consistent with those from later years.

⁵ Data underlying figures 1 through 8 are presented in Table 2.

⁶ MEPS does not separately identify Medigap coverage, but in HRS 2002, 2004 and 2006, about 95 percent of all private non-employer-group policies are identified as being secondary to Medicare and therefore must be Medigap.

Figures 9 through 16 present age profiles in coverage in 1998 and 2004 for the same outcomes. These age profiles reveal a number of interesting things. First, the gap between HRS and MEPS in private coverage increases with age past the age of 65 (Figure 9). At no age is there a sizeable gap in private employer coverage (Figure 10); rather, the gap in private non-employer coverage increases with age beyond 65 (Figure 11). Second, public coverage increases sharply at age 65, as one would expect (Figure 12), and this is driven by increases in Medicare (Figure 14).⁷ As a result, the fraction uninsured drops immediately from about ten percent to zero (Figure 16).

4. Benchmarking private health insurance to the National Health Interview Survey (NHIS)

Overall, the results of the HRS-MEPS benchmarking exercise suggest that the HRS provide valid estimates of insurance coverage among the elderly and near-elderly. The one area of some concern is the higher estimate of private coverage in HRS, particularly among the elderly. In order to shed more light on this discrepancy between HRS and MEPS, we turn to a third data source, the National Health Interview Survey. The number of near-elderly and elderly in the NHIS is slightly larger than that in HRS, with about 8,000 near-elderly and 11,000 elderly in each year between 1997 and 2005; sample sizes in NHIS 2006 are about thirty percent smaller.

Figure 17 augments Figure 1 with estimates of “any private coverage” in the NHIS from 1997 to 2006, for the near-elderly (55 to 64) and elderly (65 and older).⁸ For the near-elderly, MEPS and NHIS give almost identical estimates in each year, so that it appears HRS is the outlier with estimates of private coverage that are higher by about three or four percentage points. For the elderly, HRS and NHIS give similar estimates and it is MEPS that is the outlier, with estimates of private coverage that are about seven percentage points lower than the estimates from the other two surveys (although in two years – 2002 and 2004 – NHIS lies somewhere between the MEPS and HRS estimates).

Figures 18 and 19 present age profiles in private coverage for 1998 and 2004, respectively, for all three datasets. These age profiles confirm that all three datasets tell the same story, more or less, for private coverage of the nonelderly, but that MEPS gives lower estimates of private coverage for the elderly in 1998 and, to a lesser extent, in 2004.

5. Conclusion

The results of this benchmarking exercise should reassure users of HRS data on health insurance that these data have external validity. The one remaining area of uncertainty is why estimates of private coverage among the elderly – which mostly means Medigap plans – are higher in HRS than in MEPS. The fact that NHIS estimates of private coverage among the elderly are either similar to HRS or somewhere in between HRS and MEPS, however, lends some support to the idea that MEPS may be undercounting Medigap policies, rather than that HRS is overcounting

⁷ The fact that the jump in Medicare coverage in MEPS appears to be at age 66 is likely because the age we use in our calculation is the respondent’s age at the end of the calendar year in which coverage is reported, while the HRS age is age at the time of the survey and so corresponds better to the timing of insurance coverage.

⁸ The NHIS estimates are also included in Table 2.

them. Further investigation, perhaps using aggregate industry data on Medigap policies, may help resolve this uncertainty.

Exhibit 1
Questions about public health insurance coverage, 1992 and 1994

Public insurance coverage questions: 1992					
Respondent			Spouse		
Question wording (condensed)	Question number*	Variable name	Question wording (condensed)	Question number*	Variable name
Are you currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?	R2	V6602	Is your spouse currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?	R20	V6802
Medicare		V6603	Medicare		V6803
Medicaid		V6604	Medicaid		V6804
CHAMPUS/VA		V6605	CHAMPUS/VA		V6805
Other		V6606	Other		V6806
Public insurance coverage questions: 1994					
Question wording (condensed)				Question number	Variable name
Are you currently covered by any federal government health insurance programs, such as Medicare, Medicaid, or CHAMPUS, VA, or other military programs?				R1	W6700
Medicare					W6701
Medicaid					W6702
CHAMPUS/VA					W6703
Other					W6704

* Does not correspond to question numbering in later years.

Exhibit 2
Questions about public health insurance coverage, 1996 through 2006

		1996	1998	2000	2002	2004	2006
Question wording (condensed)	Question number	Variable name					
Are you currently covered by Medicare health insurance?	R1	E5133	F5866	G6238	HN001	JN001	KN001
Are you covered under Part B of Medicare?	R2	E5134	F5867	G6240	HN004	JN004	KN004
Have you been covered by Medicaid at any time in the last two years or in the previous wave?	R4	E5135	F5868	G6241	HN005	JN005	KN005
Are you currently covered by Medicaid?	R5	E5136	F5869	G6242	HN006	JN006	KN006
Are you currently covered by CHAMPUS, CHAMP-VA or any other military health care plan?	R9	E5145	F5878	G6251	HN007	JN007	KN007

Exhibit 3
Questions about private health insurance coverage, 1992

Questions about employer group coverage					
Respondent			Spouse		
Question wording (condensed)	Question number*	Variable name	Question wording (condensed)	Question number*	Variable name
Do you have any type of health insurance coverage obtained through your (our your [husband's/ wife's/partner's]) employer, former employer or union, such as BCBS or an HMO?	R3	V6614	You told me earlier that you obtain health insurance through an employer or union. Is your (husband/wife/partner) covered by the same insurance plan(s)?	R22	V6807
			Which plan or plan covers you both?	R24	V6809
			Does your (husband/wife/partner) have any other health insurance coverage obtained through an employer, former employer, or union?	R25	V6813
			<i>For married respondents who do not have employer-sponsored insurance:</i> Does your husband/wife/partner have any type of health insurance coverage obtained through an employer, former employer, or union?	R26	V6814
How many such health plans do you have?	R3A	V6615	How many such health plans does he/she have?	R26A	V6815
Thinking about the nth plan (n=1,2), how is this coverage obtained?	R4	V6616 V6624	Thinking about the nth plan (n=1,2), how is this coverage obtained?	R27	V6816 V6817
Questions about other private coverage					
Do you have any type of health insurance coverage, Medigap or other supplemental coverage, or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP?	R14	V6632	Does your husband/wife/partner have any type of health insurance coverage, Medigap or other supplemental coverage, or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP?	R37	V6832
What kind of coverage do you have? a) Basic Health b) Medigap c) Other supplemental Health d) Long-Term Care e) Other (Includes cancer, dental, major medical/catastrophic illness, and disability)	R14a R14b R14c R14d R14e	V6633 V6634 V6635 V6636 V6637	What kind of coverage does he/she have? a) Basic Health b) Medigap c) Other supplemental Health d) Long-Term Care e) Other (Includes cancer, dental, major medical/catastrophic illness, and disability)	R37a R37b R37c R37d R37e	V6833 V6834 V6835 V6836 V6837

* Does not correspond to question numbering in later years.

Exhibit 4
Questions about private health insurance coverage, 1994

	Question number	Variable name
Questions about employer group coverage		
According to our records, in (wave 1) you were covered by health insurance from (your employer or previous employer/your union/your husband's/wife's/partner's employer or previous employer/your husband's/wife's/partner's union. Are you still covered by the same employer health insurance policy as before?		(1) If {V6614=1 and V6616==1,2,3,4}: W6705 (and if disputed: W6706, W6707) (2) If { V6807=1, V6808=1, v6809=1,V6813=5}: W6708 (3) If { V6814=1 and V6816==1,2,3,4}: W6709
Do you currently have health insurance coverage obtained through your [or your (husband's/wife's/partner's)] employer, former employer, or union, such as BCBS or an HMO?	R4	W6724 (note this is only for respondents not asked W6705, W6708 or W6709)
How many such plans do you have?		W6725
Thinking about the nth plan (n=1,2), how is this coverage obtained?	R5	W6726, W6740
Questions about other private coverage		
Do you have any basic health insurance coverage purchased directly from an insurance company or through a membership organization such as AARP? <i>(note: wording change from 1992)</i>	R14	W6754
Do you have any type of supplementary health insurance coverage, such as Medigap or long-term care insurance that is purchased directly from an insurance company or through a membership organization such as AARP? <i>(note: wording change from 1992)</i>	R14b	W6757
What kind of coverage do you have?	R14c	W6758, W6759, W6760, W6761

Exhibit 5
Questions about private health insurance, 1996 - 2000

	Question no.	1996	1998	2000
Checkpoint for self-employment	R12b	E5157	F5890	
Current employer-sponsored policies				
You mentioned earlier that you were self-employed. Do you have health insurance through that business that pays hospital or doctor bills?	R12x	E5158	F5891	G6264 (now R12aa)
Are you covered by any employer-provided health insurance? (not asked of self-employed, though they get R14 – but not R15 - if they say yes to R12x).	R13	E5160	F5893	G6266
How many different employer-provided plans are you covered by?	R14	E5161	F5894	G6267
Details on employer-provided plan:				
Number of plan for which there is detailed information		Up to 2	Up to 1	Up to 1
Do you obtain this health insurance through your (or your husband/wife/partner's) current employer, former employer or union, or from someplace else?	R15	E5163_1 E5163_2	F5896	G6269
Is this plan a Medicare Supplement or Medigap plan? (asked only if person has Medicare)	R19a	E5170_1 E5170_2	F5903	G6276
Medigap				
Not counting long-term care insurance or Medicare, do you have any other insurance that pays any part of hospital or doctor bills? Sometimes this is called a Medigap or Medicare Supplement policy (asked only if person has Medicare and did not report Medigap at R19a)	R46	E5206	F5938	G6312
Does this health insurance plan pay any part of the cost of prescription medicines?	R46F R46E (2000)	E5213	F5944	G6318
Other insurance policies, including direct purchase				
Do you have any basic health insurance coverage purchased directly from an insurance company or through a membership organization? (asked only of those who have not reported Medicare, Medicaid, or employer-based health insurance).	R48	E5218	F5950	G6324
Not counting long-term care policies or the health insurance you already told me about, do you have any other health insurance coverage that you purchased directly from an insurance company or through a membership organization?	R48b			G6325
Other questions about coverage / eligibility for coverage				
I have recorded that you are currently covered by health insurance. Were you ever without health insurance coverage at any time (since last interview/in the last two years)?	R58	E5238	F5971	G6357
According to my information, you are not currently covered by any government or private health insurance plans that provide for medical care. Is that correct?	R67	E5247	F5980	G6366
(If no to R67:.) Under which of the following plans are you covered?	R68	E5248M1	F5981M1, F5981M2	G6367M1

Exhibit 6
Questions about private health insurance, 2002 - 2006

	Question number	2002	2004	2006
Current private coverage (group and individual)				
Now, we'd like to ask about all the other types of health insurance plans you might have, such as insurance through an employer or a business, coverage for retirees, or health insurance you buy for yourself, including any (Medigap or) other supplemental coverage. Do not include long-term care insurance, or anything that you have just told me about. How many other such plans do you have?	N023	HN023	JN023	KN023
Number of plan for which there is detailed information		Up to 3	Up to 3	Up to 3
(If respondent has Medicare and only asked for first plan:) Which is your primary plan, Medicare or (name of first plan)?	N025	HN025_1	JN025_1	KN025_1
<i>If respondent is self-employed:</i> Do you obtain this health insurance through your own business or professional organization? <i>If respondent is working for someone else:</i> Do you obtain this health insurance through your current employer?	N033	HN033_1 HN033_2 HN033_3	JN033_1 JN033_2 JN033_3	KN033_1 KN033_2 KN033_3
Do you obtain this health insurance through a former employer of yours?	N034	HN034_1 HN034_2 HN034_3	JN034_1 JN034_2 JN034_3	KN034_1 KN034_2 KN034_3
Do you obtain this health insurance through your husband/wife/partner's <u>current</u> employer?	N035	HN035_1 HN035_2 HN035_3	JN035_1 JN035_2 JN035_3	KN035_1 KN035_2 KN035_3
Do you obtain this health insurance through your husband/wife/partner's <u>former</u> employer?	N036	HN036_1 HN036_2 HN036_3	JN036_1 JN036_2 JN036_3	KN036_1 KN036_2 KN036_3
Did you purchase this plan directly from an insurance company, through your (or your [husband's/wife's/partner's]) union, through a group such as AARP, a church, or other organization, or what?	N037	HN037_1 HN037_2 HN037_3	JN037_1 JN037_2 JN037_3	KN037_1 KN037_2 KN037_3
Other insurance questions				
<i>If person is insured:</i> Were you ever without health insurance coverage at any time since (last interview)?	N091	HN091	JN091	KN091

Exhibit 7
Summary of significant changes over time to HRS private insurance questions

	1992	1994	1996	1998	2000	2002	2004	2006
Number of employer-sponsored plans on which information is collected	2	2	2	1	1	3 including employer-provided <i>and</i> directly purchased plans*.		
Are Medicare-covered respondents asked whether any employer plan(s) are Medigap?	No	No	Yes	Yes	Yes	Yes*		
Are Medicare-covered respondents asked specifically about individually purchased Medigap plans?	Yes	Yes	Yes, if no employment-related Medigap policy is reported.			Yes*		
Are respondents asked specifically about directly purchased insurance plans?	Yes	Yes	Yes, if they have not reported Medicare, Medicaid, or employer-sponsored coverage.			Yes*		
Number of directly purchased insurance plans on which information is collected.	Information on type of coverage, including Basic Health, Medigap, LTC and other supplemental care (all that apply).		1	1	1	3 including employer-provided and directly purchased plans*.		

Notes:

* Beginning in 2002, questions about employment-related and non-employment-related private coverage were integrated so that for each of up to three private insurance plans, respondents report the source of coverage (e.g. employment-related versus individually purchased) and, for Medicare beneficiaries, whether the plan is secondary to Medicare. Please see the text for additional details.

Table 1
Unweighted sample sizes
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

Year:	Total		Near-elderly (ages 55-64)		Elderly (age 65+)	
	MEPS	HRS	MEPS	HRS	MEPS	HRS
1996	4,163	8,226	1,708	7,725	2,455	501*
1997	6,404		2,624		3,780	
1998	4,432	18,262	1,793	7,518	2,639	10,744
1999	4,660		1,978		2,682	
2000	4,798	17,393	2,014	6,680	2,784	10,713
2001	6,532		2,828		3,704	
2002	7,491	16,967	3,333	6,058	4,158	10,909
2003	6,439		2,859		3,580	
2004	6,581	16,642	2,958	5,549	3,623	11,093
2005	6,621		3,054		3,567	
2006	7,050	16,278	3,244	4,907	3,806	11,371
Total	65,171	93,768	28,393	38,437	36,778	55,331

* Elderly sample in 1996 HRS includes only respondents who are exactly age 65.

Table 2
Trends in Health Insurance Coverage, 1996 – 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)
and National Health Interview Survey (NHIS)

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Private insurance											
Age 55 - 64											
HRS	0.797		0.796		0.809		0.809		0.792		0.780
MEPS	0.764	0.751	0.765	0.765	0.746	0.763	0.762	0.750	0.749	0.749	0.751
NHIS		0.769	0.773	0.777	0.766	0.774	0.768	0.765	0.761	0.762	0.754
Age 65+											
HRS	0.667		0.641		0.623		0.657		0.638		0.576
MEPS	0.639	0.614	0.557	0.552	0.531	0.557	0.548	0.548	0.538	0.542	0.518
NHIS		0.695	0.667	0.641	0.633	0.63	0.606	0.627	0.601	0.591	0.572
Private employer-sponsored insurance											
Age 55 - 64											
HRS	0.688		0.703		0.719		0.727		0.721		0.711
MEPS	0.677	0.669	0.683	0.708	0.681	0.702	0.700	0.686	0.693	0.690	0.694
Age 65+											
HRS	0.452		0.339		0.352		0.372		0.359		0.341
MEPS	0.373	0.366	0.342	0.351	0.331	0.353	0.350	0.351	0.338	0.348	0.344
Private insurance, not employer-sponsored											
Age 55 - 64											
HRS	0.114		0.112		0.135		0.089		0.082		0.077
MEPS	0.104	0.105	0.093	0.064	0.077	0.070	0.071	0.074	0.063	0.070	0.065
Age 65+											
HRS	0.247		0.331		0.293		0.292		0.290		0.240
MEPS	0.286	0.266	0.232	0.215	0.209	0.216	0.210	0.206	0.207	0.202	0.181

Table continues on next page.

Table 2 (continued)
Trends in Health Insurance Coverage, 1996 – 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Public insurance											
Ages 55 - 64											
HRS	0.162		0.162		0.153		0.164		0.165		0.166
MEPS	0.170	0.172	0.148	0.140	0.142	0.144	0.151	0.153	0.145	0.144	0.147
Age 65+											
HRS	0.903		0.969		0.974		0.976		0.975		0.971
MEPS	0.955	0.960	0.952	0.956	0.953	0.958	0.960	0.953	0.958	0.961	0.952
Public insurance only											
Ages 55 - 64											
HRS	0.103		0.104		0.100		0.101		0.105		0.112
MEPS	0.120	0.127	0.124	0.116	0.118	0.114	0.120	0.130	0.122	0.116	0.122
Age 65+											
HRS	0.322		0.353		0.370		0.336		0.355		0.414
MEPS	0.356	0.379	0.437	0.445	0.466	0.440	0.448	0.448	0.458	0.455	0.477
Medicare											
Ages 55 - 64											
HRS	0.083		0.090		0.087		0.092		0.095		0.095
MEPS	0.072	0.073	0.066	0.058	0.067	0.066	0.065	0.064	0.062	0.066	0.069
Age 65+											
HRS	0.888		0.961		0.971		0.972		0.971		0.968
MEPS	0.945	0.952	0.947	0.950	0.944	0.952	0.953	0.945	0.948	0.952	0.947
Medicaid											
Ages 55 - 64											
HRS	0.049		0.050		0.050		0.052		0.055		0.048
MEPS	0.054	0.059	0.059	0.053	0.049	0.050	0.053	0.055	0.054	0.052	0.047
Age 65+											
HRS	0.077		0.082		0.081		0.077		0.082		0.072
MEPS	0.083	0.086	0.099	0.078	0.068	0.071	0.079	0.082	0.087	0.091	0.083
Uninsured											
Ages 55 - 64											
HRS	0.099		0.099		0.090		0.089		0.103		0.107
MEPS	0.110	0.116	0.106	0.115	0.128	0.115	0.109	0.111	0.119	0.126	0.122
Age 65+											
HRS	0.007		0.005		0.005		0.005		0.005		0.007
MEPS	0.006	0.007	0.008	0.004	0.004	0.004	0.006	0.007	0.007	0.005	0.008

Figure 1
Private insurance coverage of the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

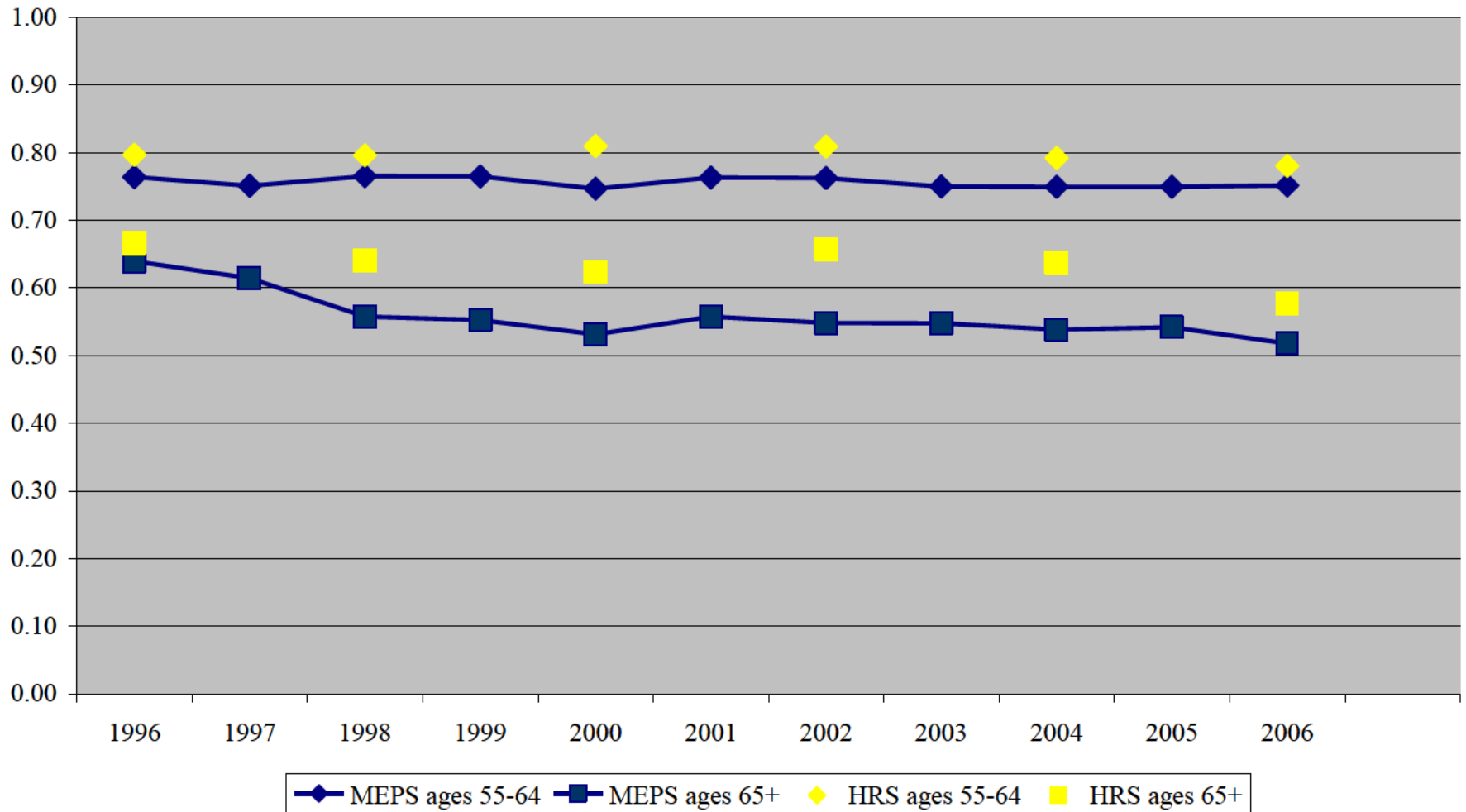


Figure 2
Private employer coverage of the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

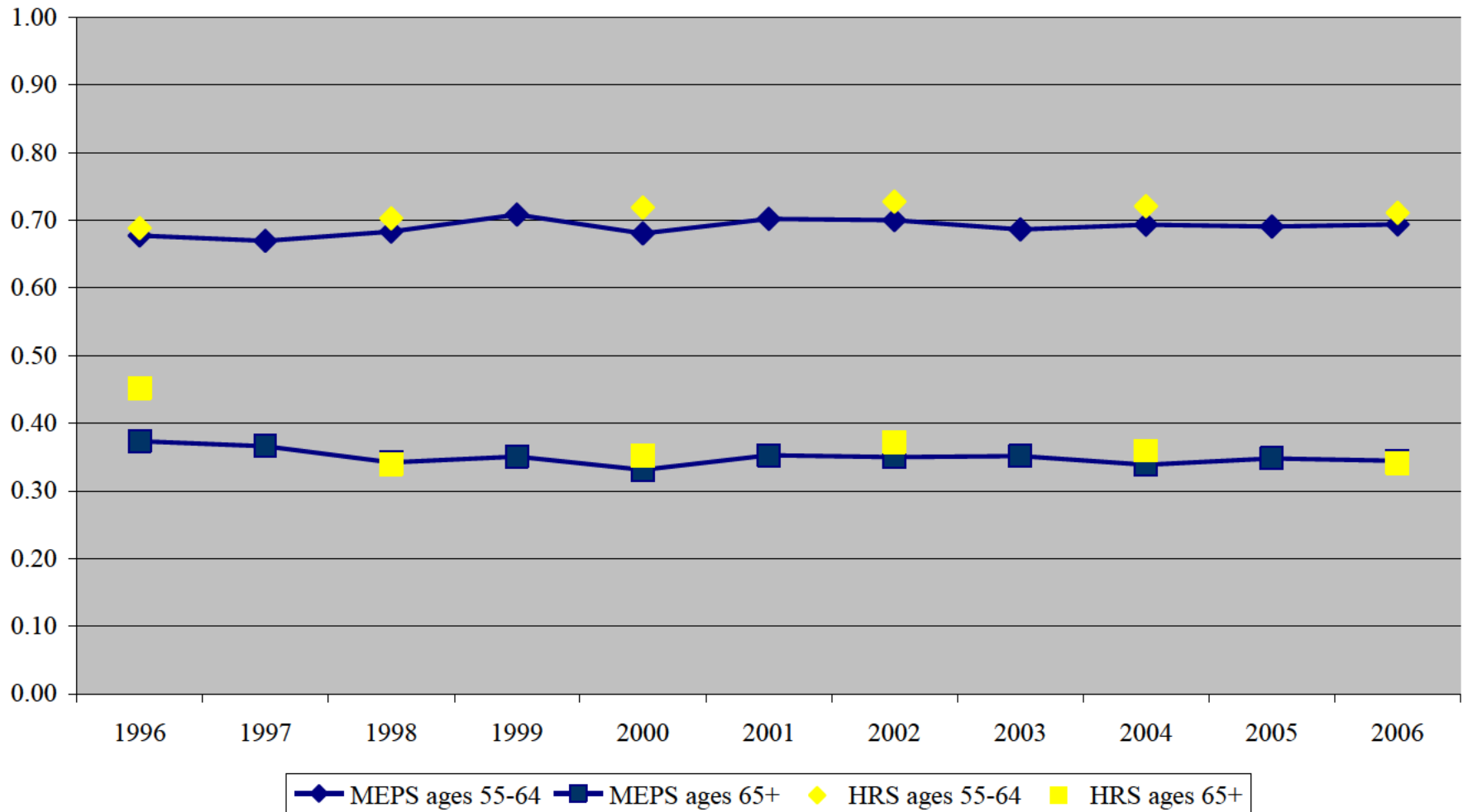


Figure 3
Private non-employer coverage of the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

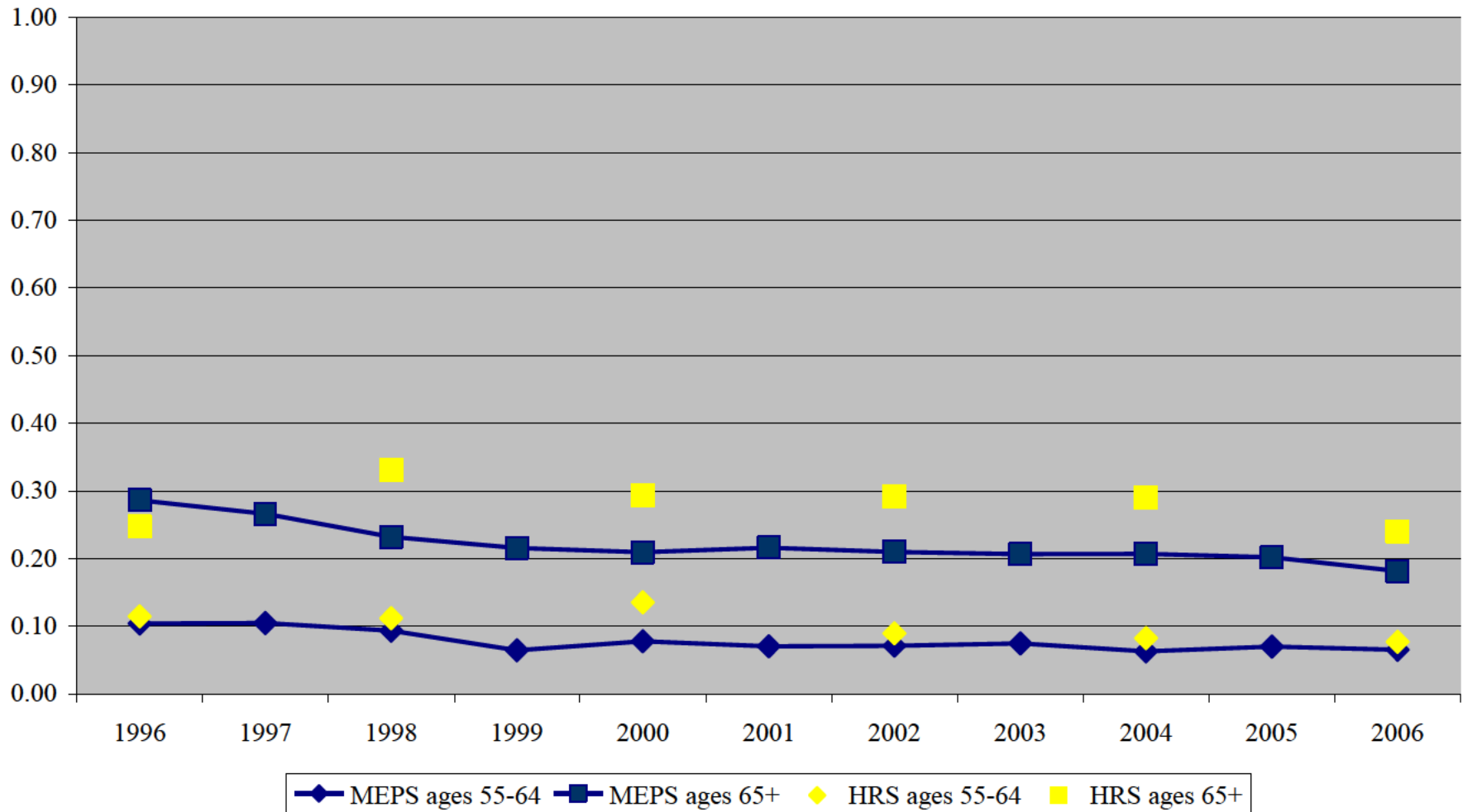


Figure 4
Public coverage of the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

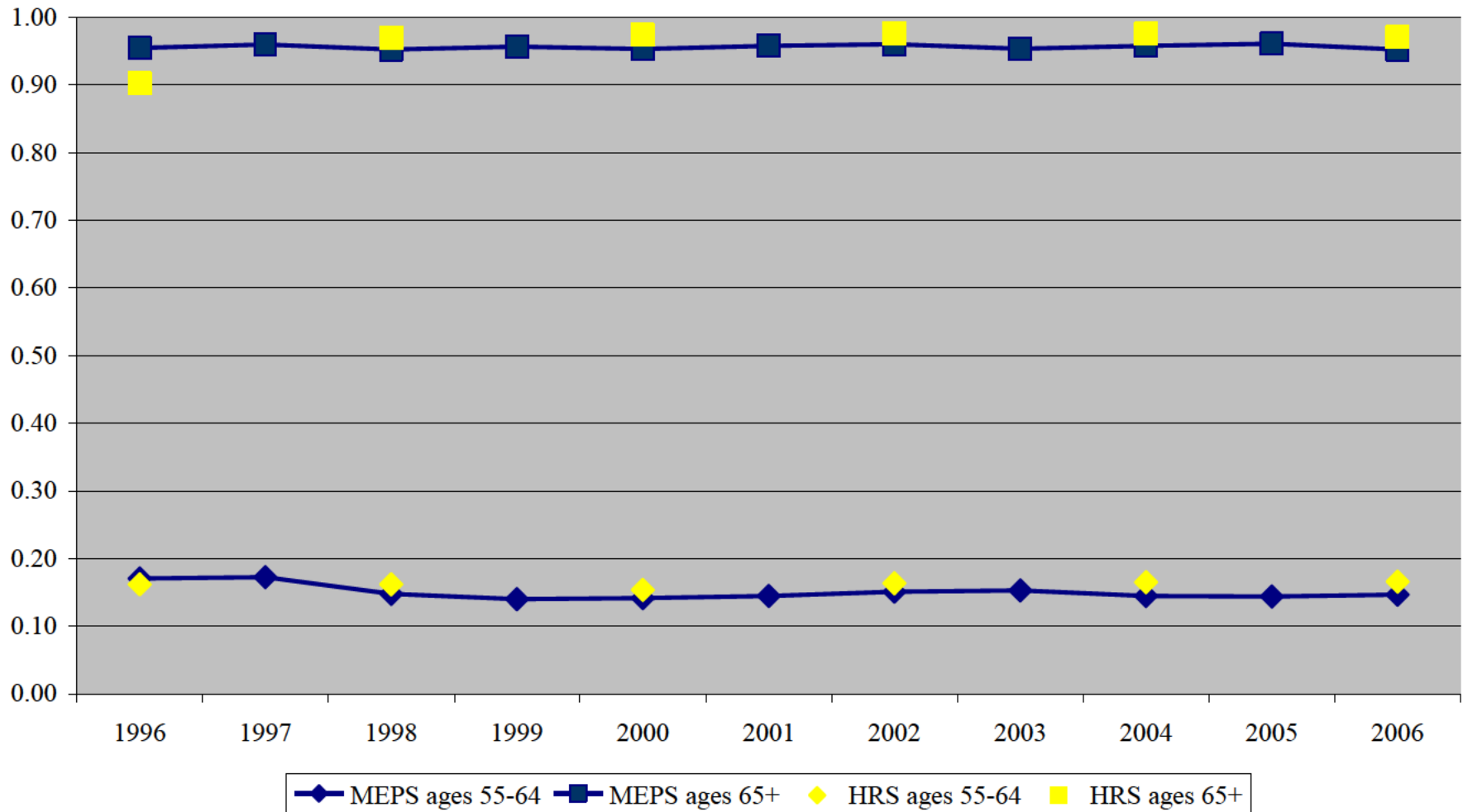


Figure 5
Public coverage *only* among the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

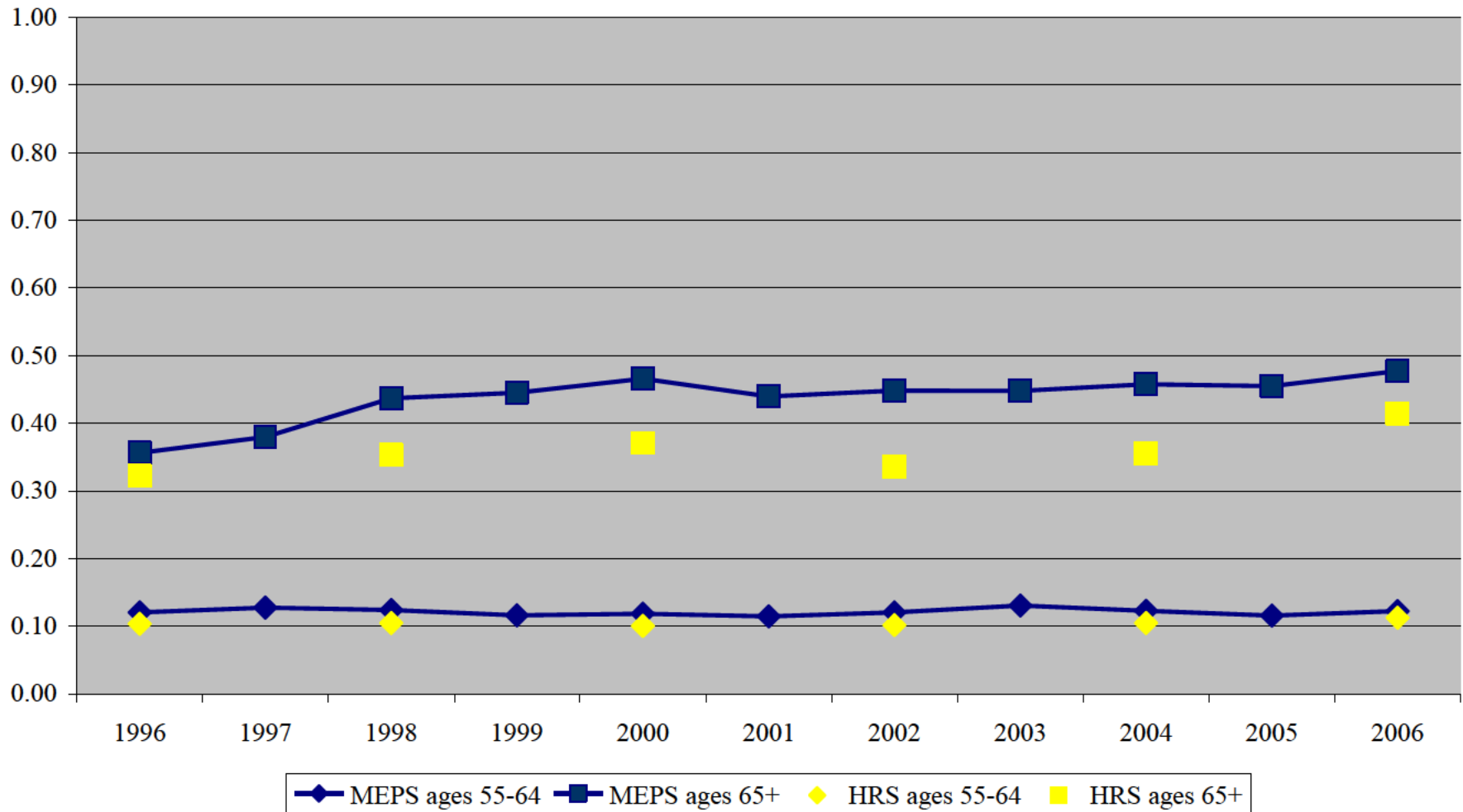


Figure 6
Medicare coverage among the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

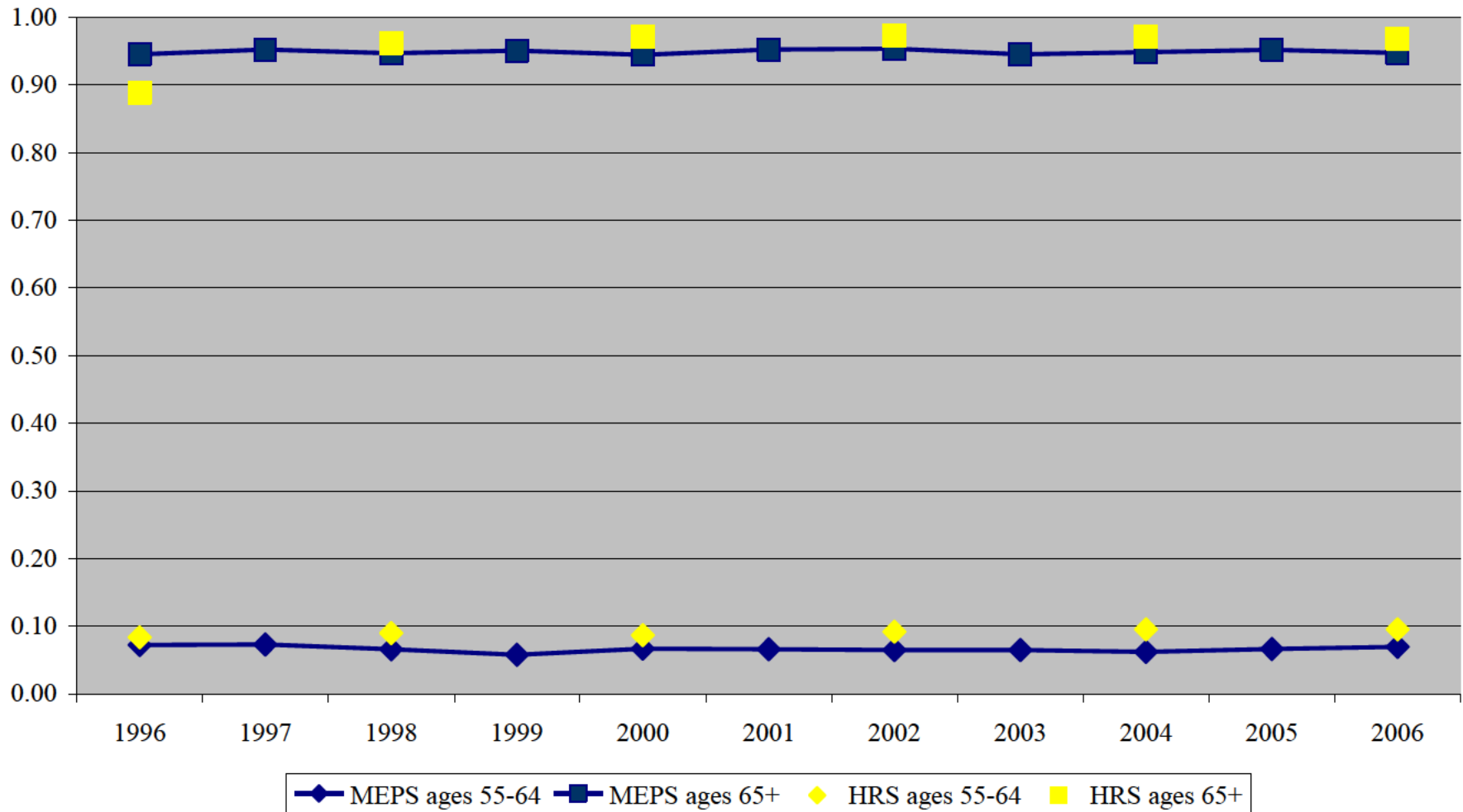


Figure 7
Medicaid coverage among the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

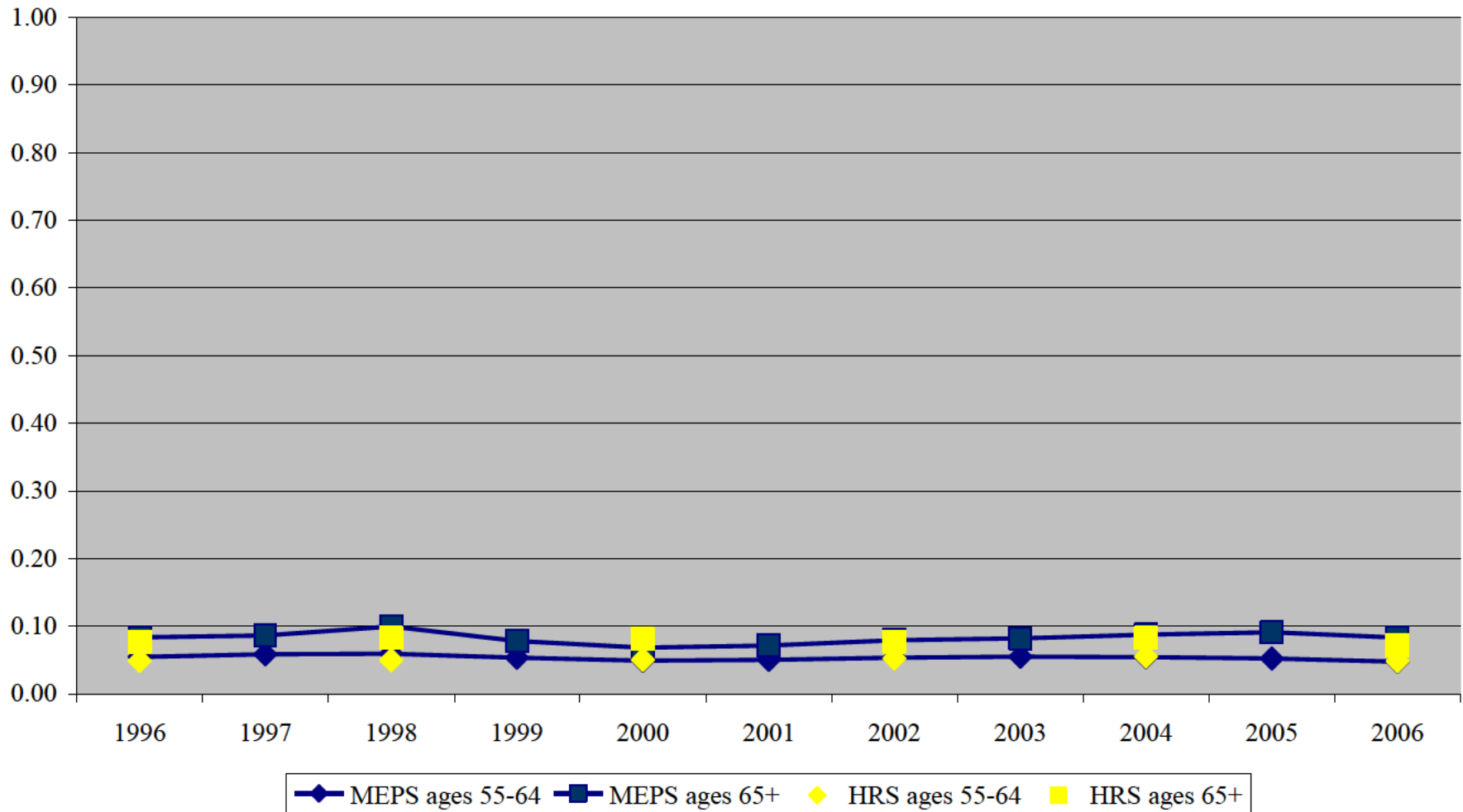


Figure 8
Uninsurance among the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

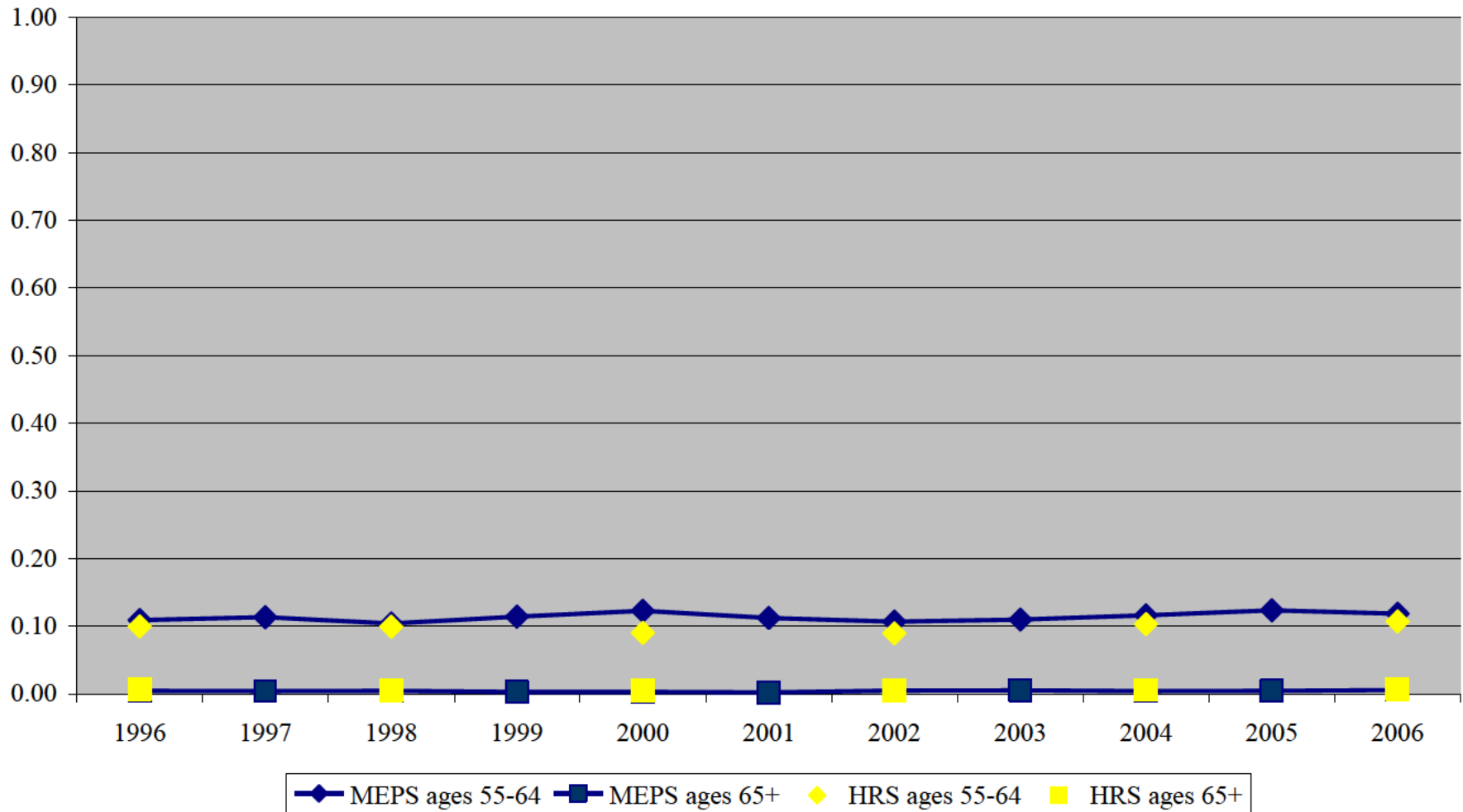


Figure 9
Private coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

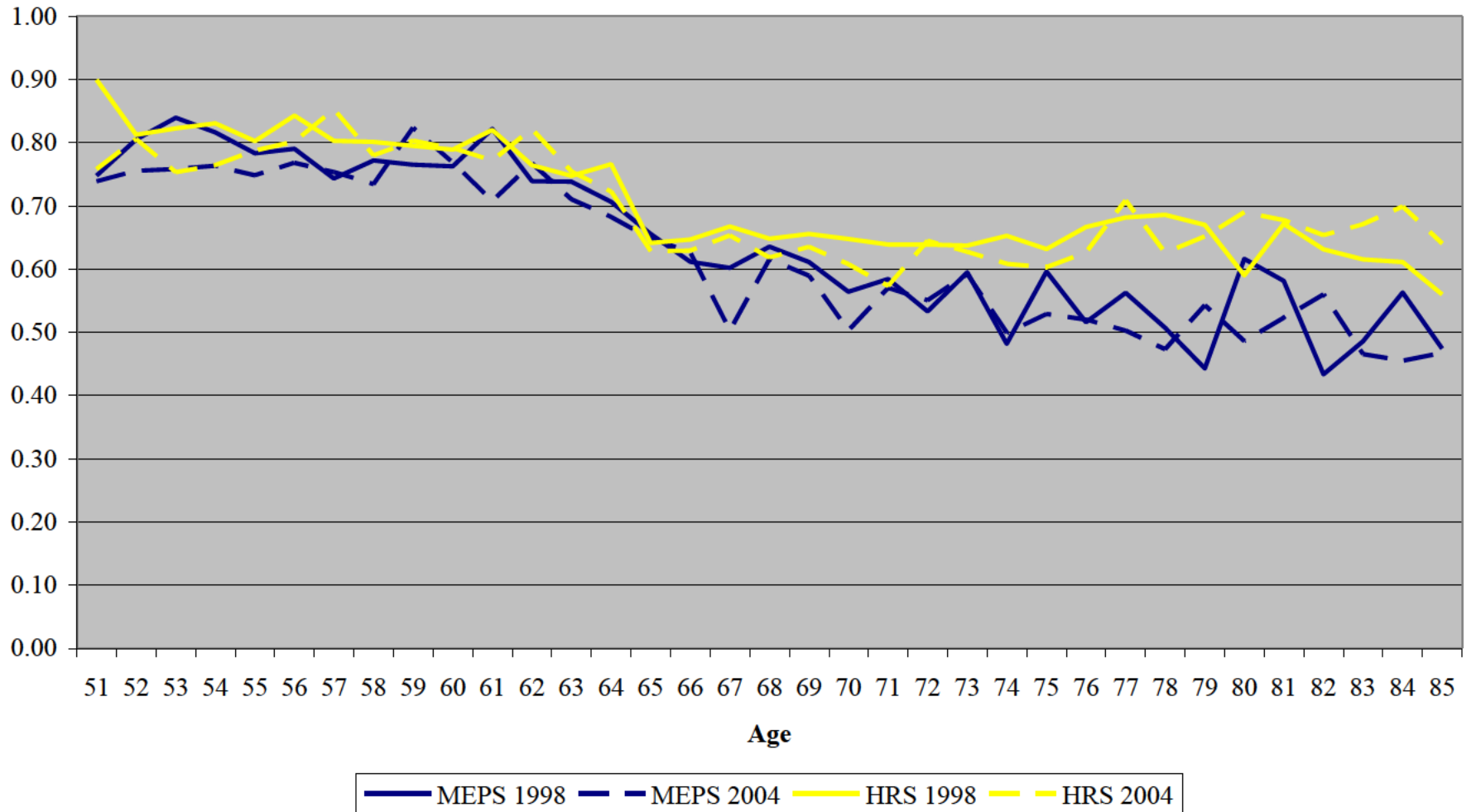


Figure 10
Private employer coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

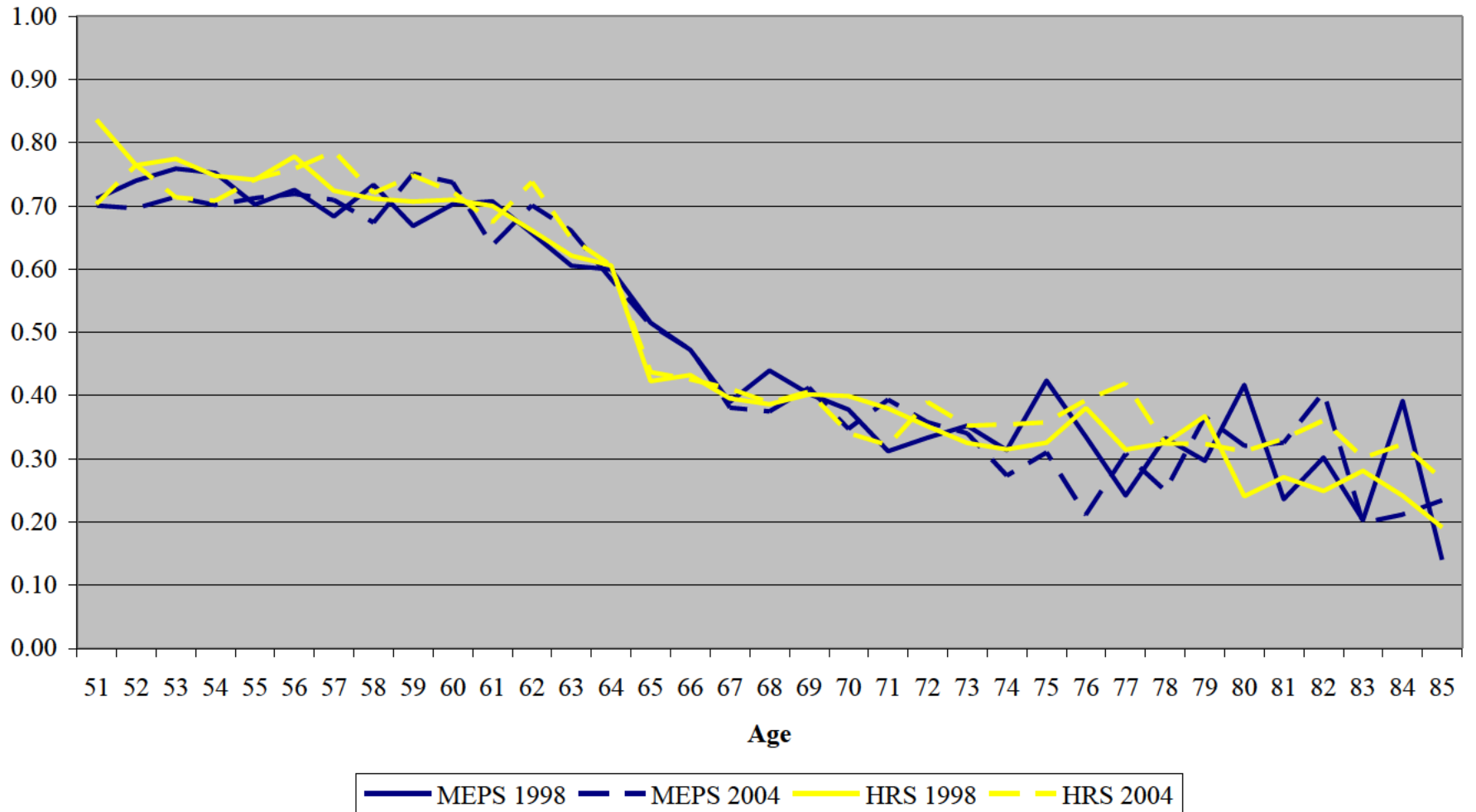


Figure 11
Private non-employer coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

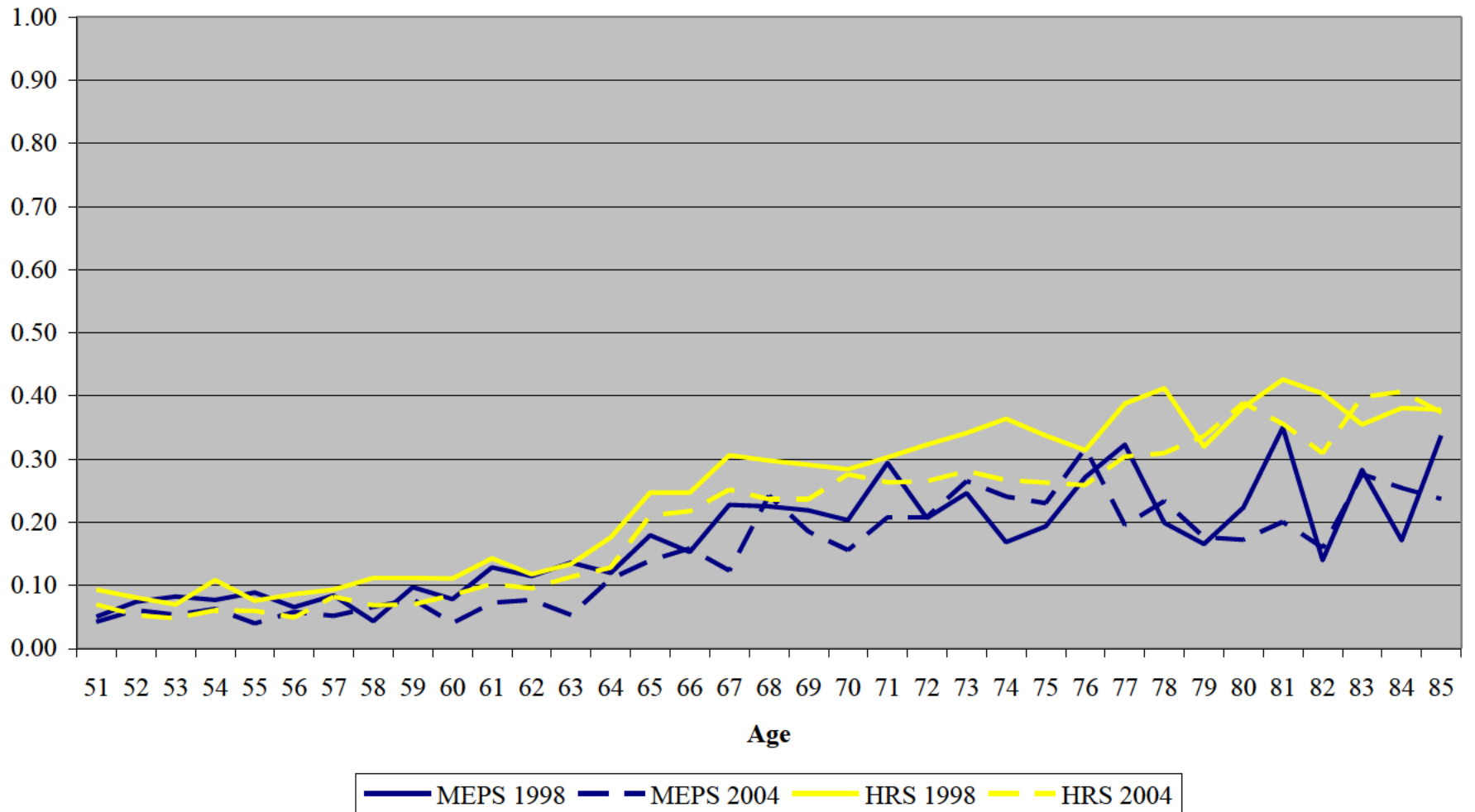


Figure 12
Public coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

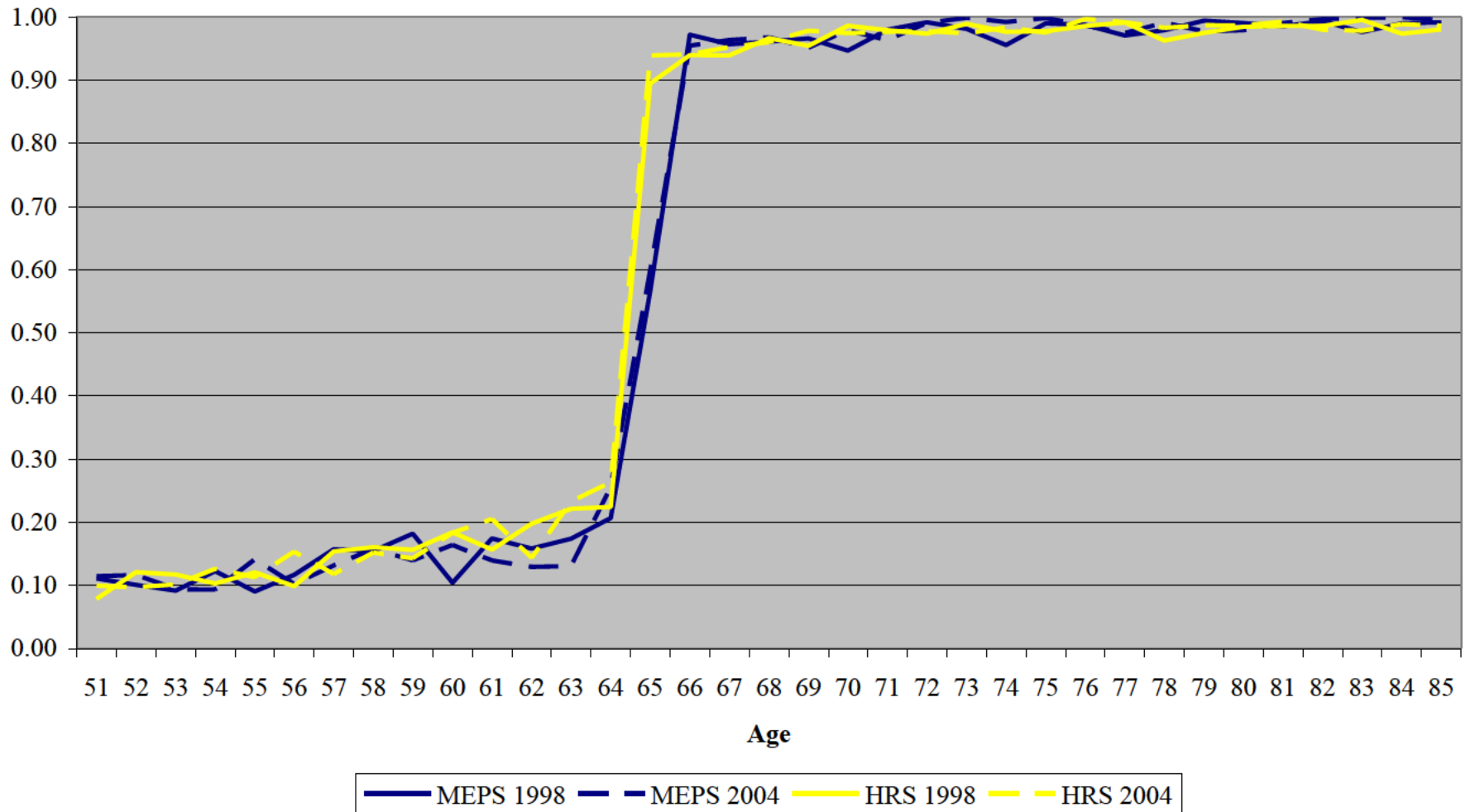


Figure 13
Public coverage *only* by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

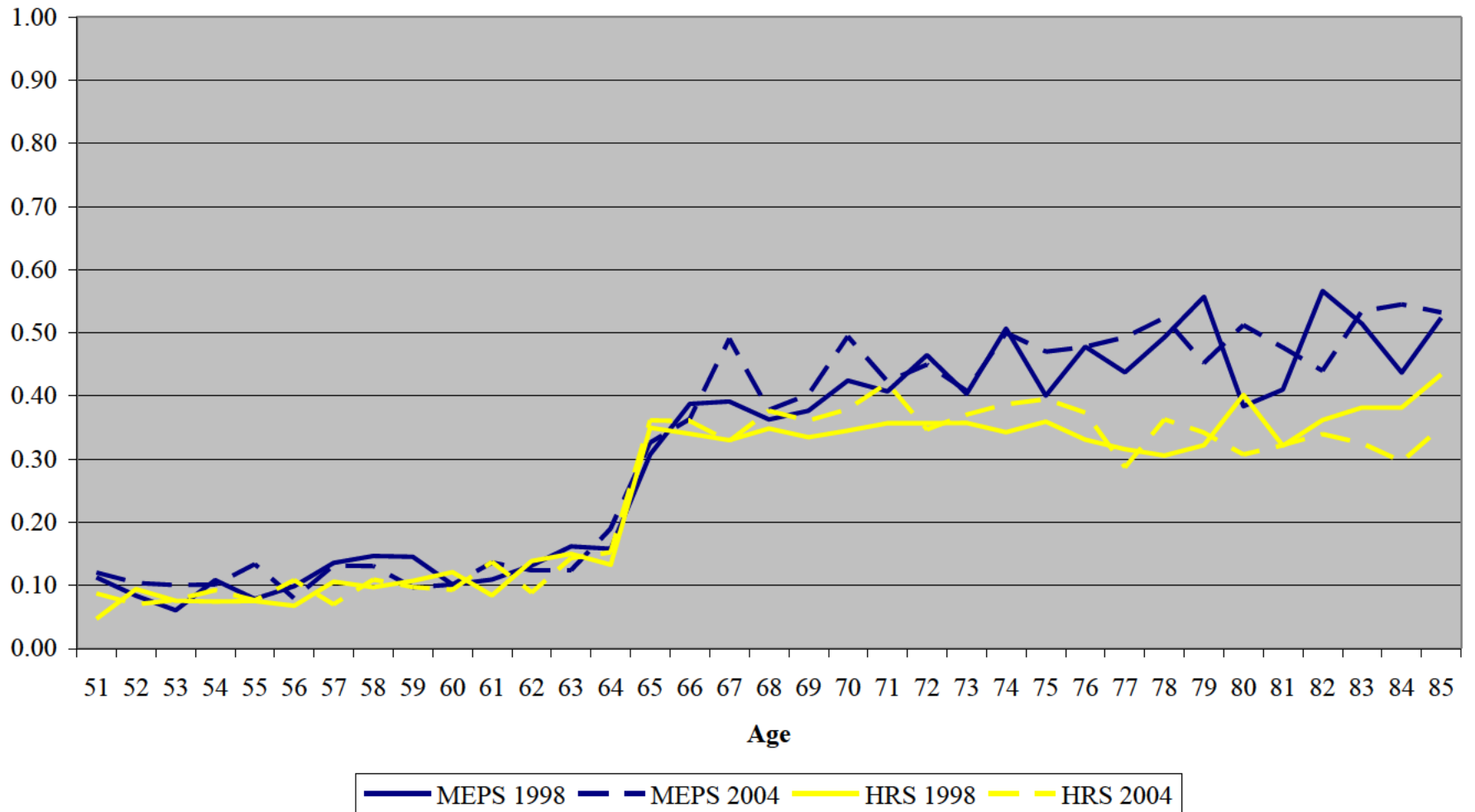


Figure 14
Medicare coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

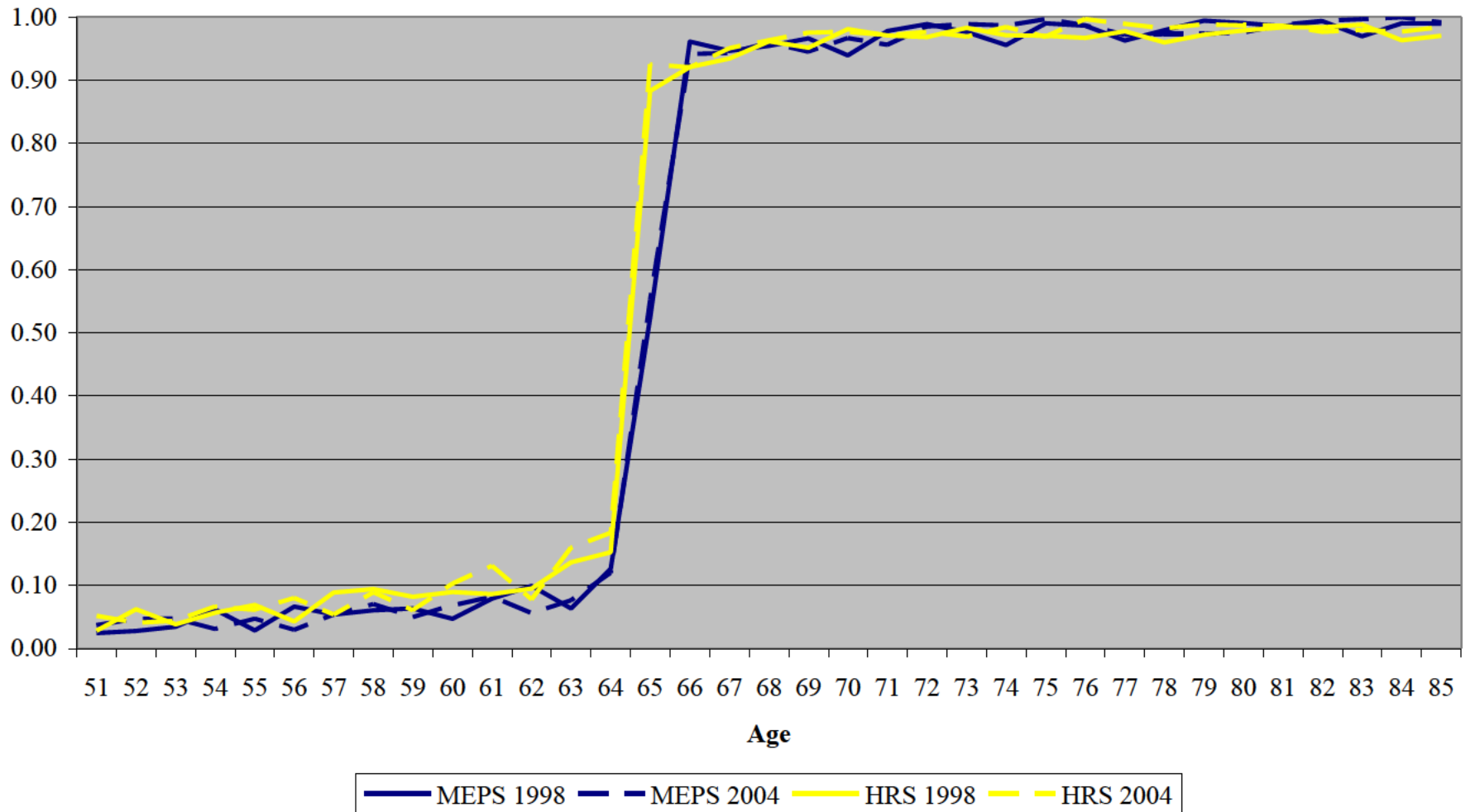


Figure 15
Medicaid coverage by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

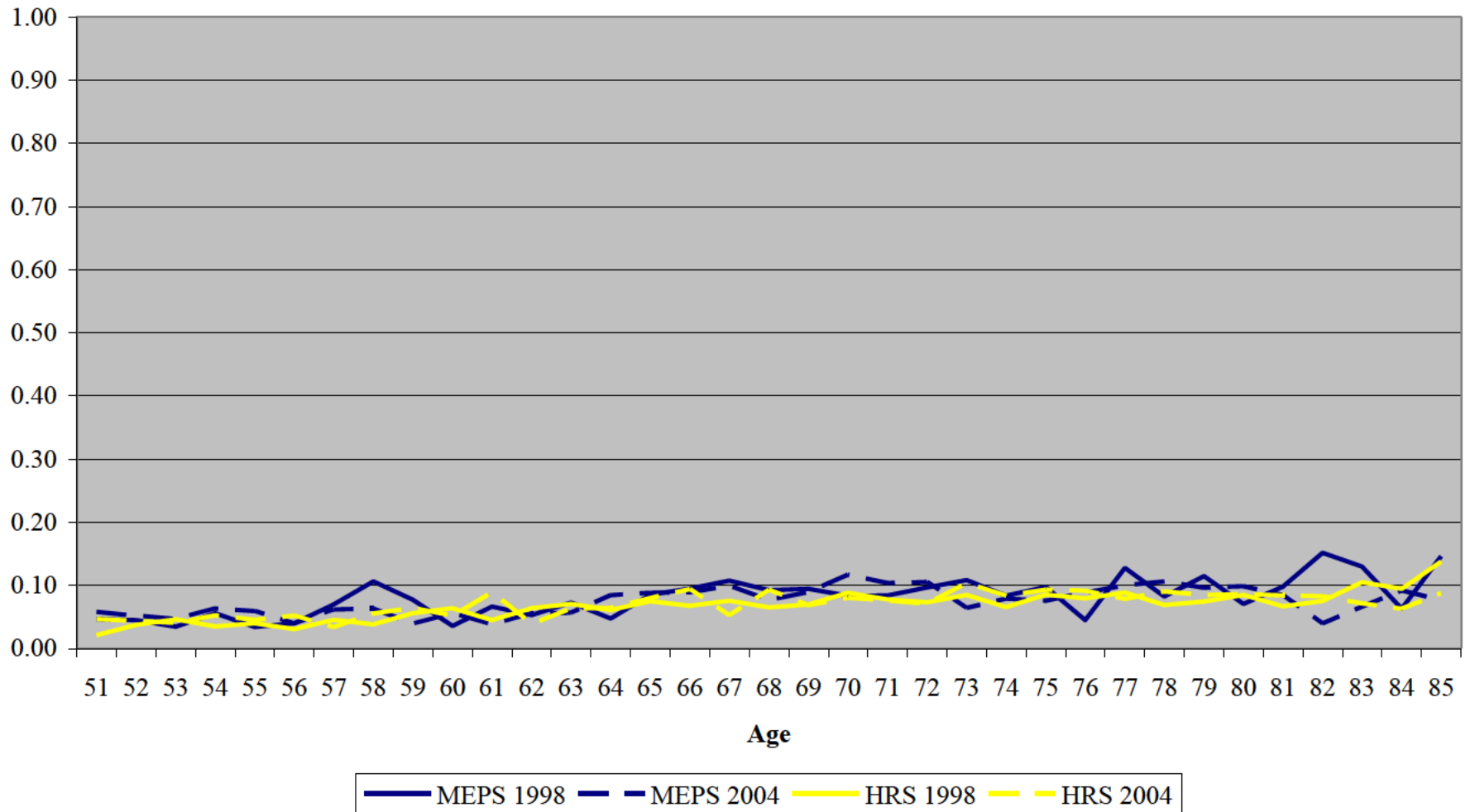


Figure 16
Uninsurance by age, 1998 and 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)

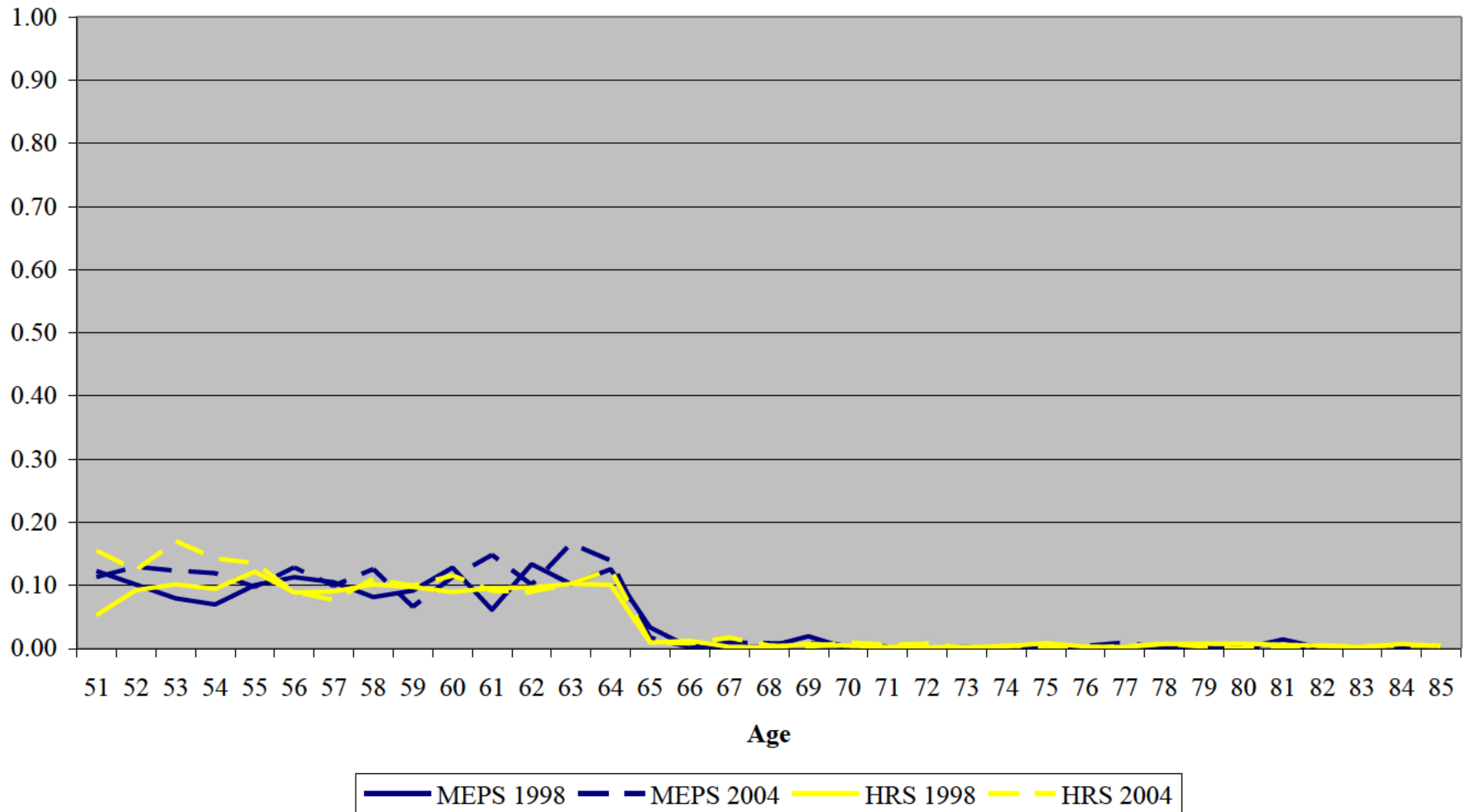


Figure 17
Private insurance coverage of the near-elderly and elderly, 1996 - 2006
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)
and National Health Interview Survey (NHIS)

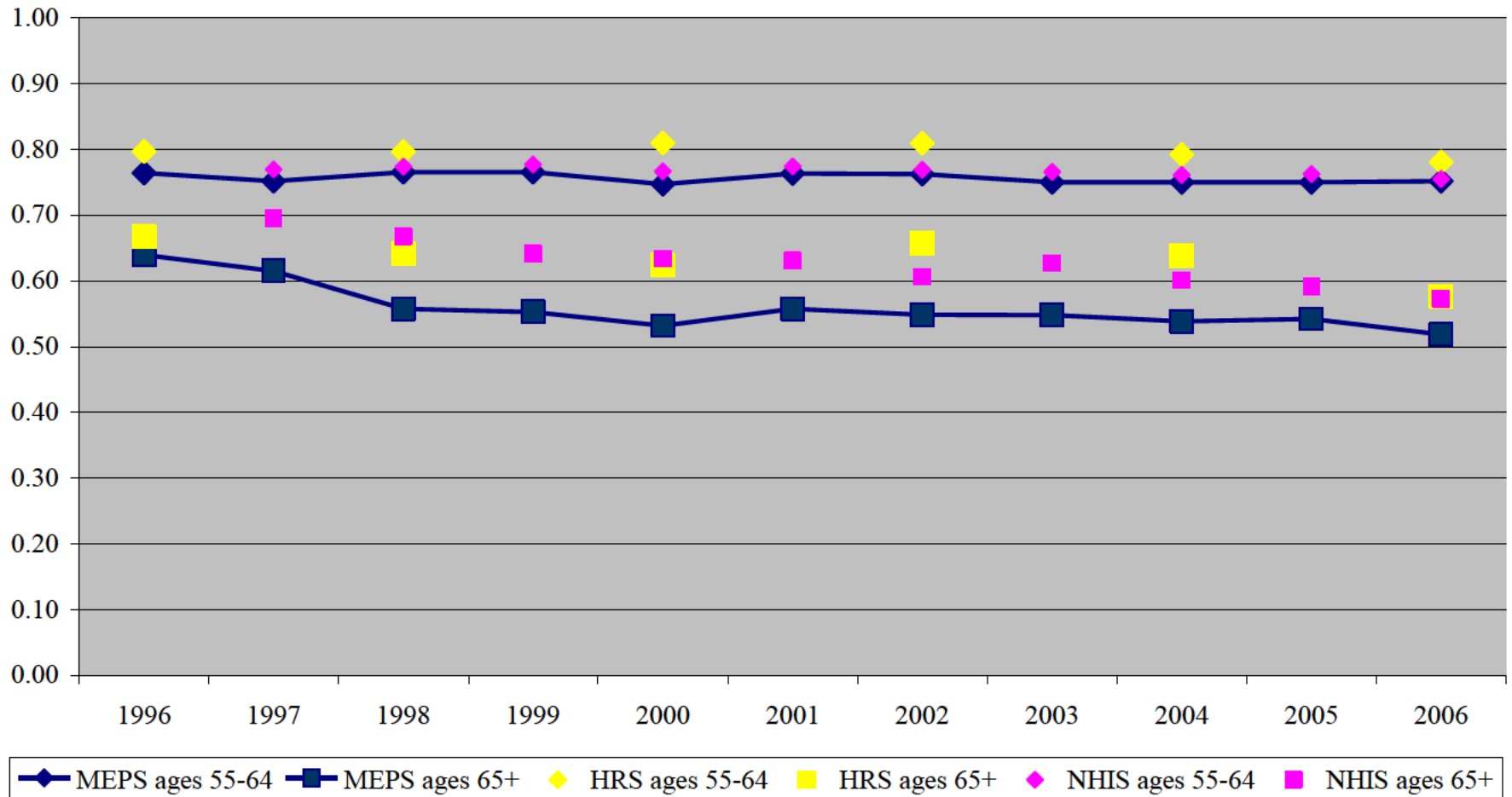


Figure 18
Private coverage by age, 1998
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)
and National Health Interview Survey (NHIS)

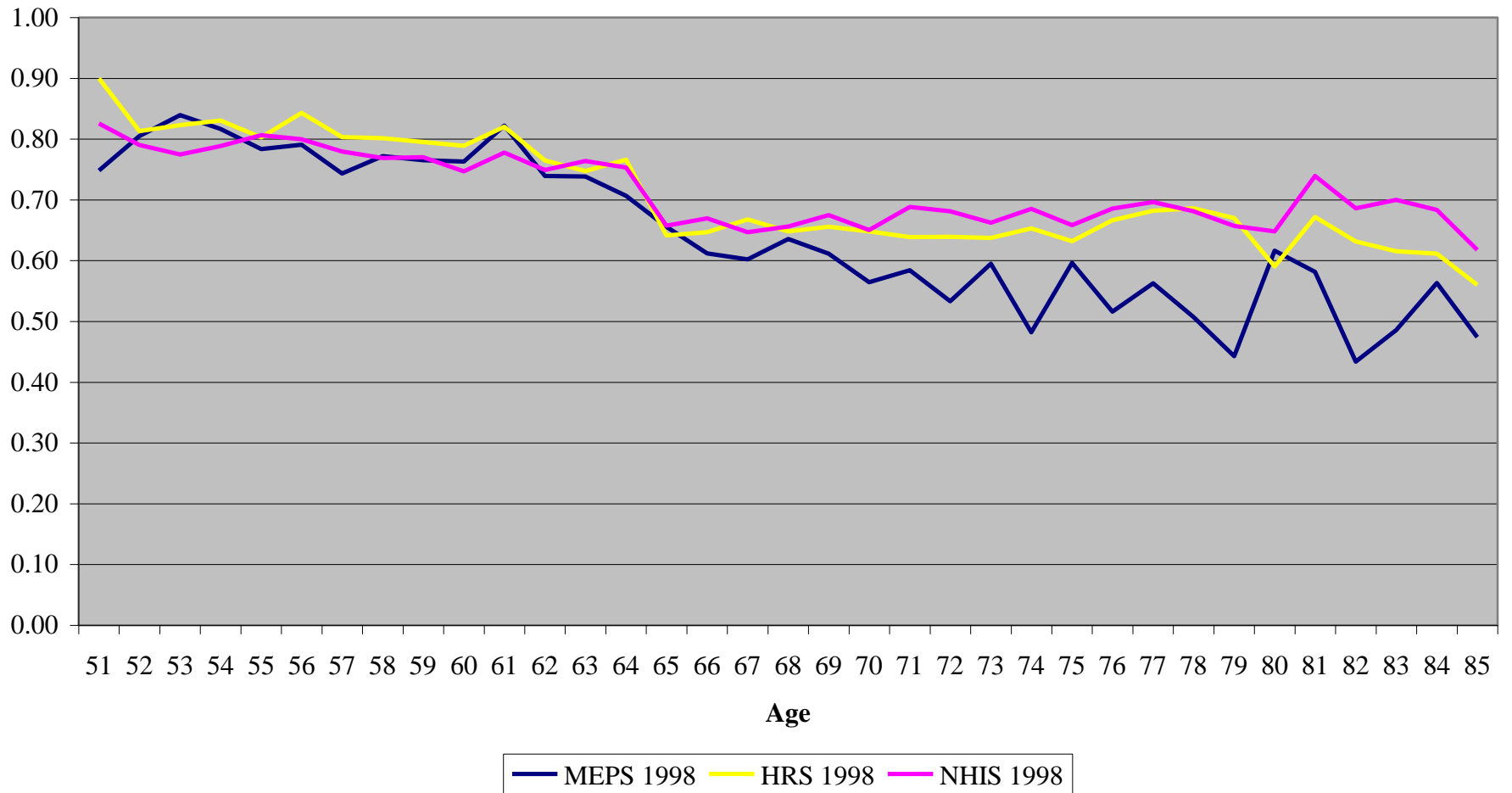


Figure 19
Private coverage by age, 2004
Health and Retirement Study (HRS) versus Medical Expenditure Panel Study (MEPS)
and National Health Interview Survey (NHIS)

