

FINAL REPORT

Covered California

Consumer Market

Baseline/Segmentation Study

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Executive Summary

A baseline survey of approximately 2700 uninsured and privately insured Californians was conducted in order to inform the development of the Covered California marketing/outreach campaign. The survey collected data on consumer awareness, knowledge, attitudes and purchase intentions prior to the launch of the campaign. The study also explored market segmentation issues. Data were collected by telephone in multiple languages from May 15-June, 22, 2013.

Major findings from the study are summarized below.

Aided Awareness of the Affordable Care Act (ACA)

Aided awareness of the Affordable Care Act (ACA) is quite high among uninsured and privately insured Californians. Seventy-nine percent said they had heard or read about the law that was passed by Congress and signed by President Obama in 2010. Among the uninsured subsidy-eligible, 75% were aware of the ACA.

Basic Stance toward the ACA

Forty-five percent of uninsured and privately insured Californians believe that the ACA will be good for them, twice as many as the 23% who believe that it will be bad for them. Seventeen percent believe that it will have no effect. Fifteen percent are undecided. Among the subsidy-eligible, opinions are more positive: 53% believe that the ACA will be good for them compared with 18% who say it will be bad. Eleven percent said it will be bad. Eighteen percent are undecided.

Attitudes toward the ACA will undoubtedly improve as consumers become more informed about the benefits of the law, a major goal of the marketing/outreach campaign.

Awareness of Covered California

Not surprisingly, unaided awareness of Covered California is very low at baseline, only 3%. Aided awareness of Covered California (unaided + aided) is 12%. Among the subsidy-eligible, unaided awareness is only 1%. Aided awareness is 9%.

Knowledge about Covered California

Study respondents were asked a series of questions to elicit their level of knowledge about Covered California and what it will offer beginning in the fall. Each question addresses some fact about Covered California that is basic to understanding what it will offer and how it will operate. Overall, baseline levels of knowledge are low. Changing them is a critical priority for the campaign about to be launched.

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Consumers are most knowledgeable about the availability of coverage for people with pre-existing conditions. Fifty-nine percent were able to answer this question correctly in the survey. Almost all the rest said that they were unsure. On this, and all the other items, the proportion of consumers giving the incorrect answer was greatly exceeded by those giving the unsure response, indicating that the challenge going forward is not to correct consumer misconceptions but instead to initially define Covered California for consumers.

About half of study respondents knew that “they could get information, compare plans and get insurance by going to a Covered California website” (54%), that there was a penalty for not enrolling in an insurance plan (53%) and that people with lower incomes will pay lower out-of-pocket costs when they use health care under the new plans (48%).

Fewer knew that people with low and moderate incomes will receive tax credits to reduce monthly premiums (38%), that private plans will compete for their business (37%) and that Covered California is not a welfare program (28%). Only 23% knew that Covered California is the only place low and moderate income people can get tax credits to help to reduce their costs and that the plans were comparable in quality to those available elsewhere. About the same proportion knew that Covered California will not offer only government health insurance plans (27%) and will not be operated by the insurance industry (22%).

Among the uninsured with incomes in the subsidy-eligible range, the findings were similar.

Importance of Facts about Covered California

During the interview, respondents were presented with eight facts about Covered California and asked to rate each in terms of its importance in their decision-making about whether to purchase a plan from Covered California. The facts mirror many of the knowledge items included in the survey. Each is essentially a reason or argument for purchasing health insurance at Covered California.

The following were rated as very important to consumers (about 8 or higher on a 10 point scale): no one will be denied coverage, ease of plan comparison and selection, and the screening of plans for quality. Three others ranked as somewhat less important (7 on the scale): the choice of private plans available, limits for some on out of pocket costs and that availability of premium assistance. Two were rated as not important (6 or lower): state government operation of Covered California and individual mandate/penalty.

Among the subsidy-eligible, the findings were generally similar.

Purchase Intent

Twenty-two percent of consumers are committed to purchasing a plan from Covered California with an additional 47% saying they are receptive to doing so. This is after exposing them to what the approximate price would be based on their age, income and family composition as well as important facts about Covered California. Twenty-nine percent are resistant to purchasing a plan from Covered California. Only 3% are undecided. These are very positive data and indicate that Covered California is likely to be successful in enrolling large numbers of consumers in new health plans.

Among the subsidy-eligible, there is greater interest in purchasing a plan. One quarter (26%) are committed and an additional 56% are receptive. Seventeen percent are resistant to plan purchase. Only 1% is unsure.

Purchase Motivations

Three motivations were most often cited by those committed to purchasing a plan: a desire to take advantage of the good prices that will be available, the security and peace-of-mind that comes from being insured and a simple need for coverage/care. These data were the same for the sample as a whole as well as the subsidy-eligible.

Barriers to Purchase

High prices were by far the most commonly mentioned barrier among those who said they would not purchase a plan. A much smaller group said that they did not need insurance because they were in good health or could get care without insurance. Opposition to the ACA and concern about the quality of the plans were only infrequently mentioned.

Among the subsidy-eligible, the findings were similar although opposition to the ACA was mentioned slightly more often.

Modes of Shopping/Enrollment

Six-in-ten (63%) say they will most likely to go online to shop for health insurance at Covered California. Nineteen percent say they will make use of a neighborhood counselor. Fifteen percent will make use of the telephone service center. Among subsidy-eligible customers, more will make use of a counselor (26%) although the majority (57%) will go online. As with consumers in general, 17% will make use of the telephone service center.

Customers using the online enrollment portal are likely to be younger, more Internet comfortable and more proficient in English. The other two portals, particularly the counselors, will be important for those who are older and less comfortable with the Internet and English.

Attitudes of the Uninsured Subsidy-Eligible

The study uncovered the following important attitudinal characteristics of the uninsured subsidy-eligible group, the primary market for Covered California:

- *Importance of health information.* The group believes that it is very important to be informed about health matters and many report recently seeking information on health topics.
- *Worry about money.* The group worries about money a lot as well as their ability to take on another financial obligation right now.
- *Strong concern about ability to pay for care.* They are concerned about their ability to pay for care and strongly believe that major illness would be a financial disaster for them.
- *Despite this, some ambivalence about the risk of being uninsured.* One the one hand, many worry about their health and/or that of a family member and reject the idea that “health insurance is for sick people.” On the other hand, many also reported in the survey that they aren’t sure about whether they want to “spend money insuring against things that probably won’t happen.” They were also divided on whether they “know how to get along without a doctor” if they get sick and on whether they need to worry about health care since they “take good care of themselves.”
- *Conflict about the value of insurance.* They strongly believe that it is smart to get insurance. They’re also willing to make financial sacrifices in order to have the peace-of-mind it would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it’s worth the money it costs.
- *Primary value of insurance viewed as the protection against catastrophic costs.* When asked to identify the main value of health insurance, protection against catastrophic bills was believed to be more important than minimizing day-to-day costs of care and even peace-of- mind. In fact, peace-of-mind seems to be defined by consumers as relief from the fear of adverse financial consequences associated with the serious illness or injury.
- *Undecided about the complexity of getting insurance.* The subsidy-eligible are divided about how complex it is to get insurance. This suggests that complexity may not be a barrier for as many consumers as we have feared.
- *Conflicted normative influences.* The subsidy-eligible are conflicted about the social acceptability of getting insured. They don’t see themselves as “the type of person who has health insurance” but also believe that people who care about them want them to become insured.

Seven Segments of the Subsidy-Eligible

Seven segments of the subsidy-eligible uninsured emerged from the segmentation analysis that was performed as part of the study. The analysis has broad implications for campaign strategic planning efforts.

Three of the segments are mostly composed of older Californians:

- *Non-English-Speaking Families/Seldom Online* (23%): The largest single segment is composed primarily of non-English-speaking Hispanics. These Californians don't speak or read English well and seldom use the Internet. Two-thirds have incomes in the 139-199% FPL income range and hence will qualify for significant assistance. This is the segment most likely to be committed or receptive to plan purchase. About one-third (32%) are committed and 58% are receptive. Eight-in-ten believe the ACA good for them, the highest proportion of any group.
- *Mostly Hispanic/Seldom Online* (11%): This segment is also predominantly Hispanic but much more English proficient than the *Non-English-Speaking Families/Seldom Online* segment. They speak and read English well. Most do not use the Internet or are infrequent users. Thirty percent are committed to purchasing a plan and 51% are receptive. Almost six-in-ten (57%) believe that ACA will be good for them. They often have family members with fair to poor health and are concerned about being denied for insurance because of a pre-existing condition. Despite their interest in purchasing a plan, they are very conflicted about the value of insurance.
- *At Risk and Denied Insurance* (6%): This small segment is the most likely to report a chronic condition, a disability and having been denied health insurance because of a pre-existing health condition. They are most likely to be in the 55-64 year old group that is likely to have difficulty getting insurance regardless of health status. The majority of this group is non-Hispanic White. Surprisingly, only 40% believe that the ACA good for them; 34% say it will be bad. Despite this ACA stance, about one-in-five (21%) is committed to plan purchase and six-in-ten (59%) are receptive.

Four segments are mostly composed of young people:

- *Realistic and Motivated* (12%): This segment is well educated, majority-female and Internet savvy. Hispanics are the largest ethnic group. Unlike many other younger Californians, they have positive attitudes toward health insurance. Six-in-ten (62%) say ACA will be good for them. Nearly half will be eligible for the most generous Federal subsidies. Twenty-seven percent are committed to purchasing a health plan from Covered California and an additional 61% are receptive.

- *Self-Sufficient and Open to Change* (15%): There are more Hispanics than any other race/ethnicity in this group, which has slightly higher incomes than the *Realistic and Motivated* segment. They also report better health and less worry about both health and money problems. As a result they are more conflicted about the value of insurance. Nevertheless, 36% are committed to purchasing a plan, the largest proportion of any segment. Fifty-three percent are receptive. The majority, 56%, say that the ACA will be good for them. They are very frequent Internet users.
- *Risk Takers* (16%): The majority of this segment is White. They are well educated, have relatively high incomes and are frequent Internet users. The segment is divided on the ACA: 38% say it will be good for them but 31% say it will be bad. The youngest of the youth segments, this group does not feel a need for insurance because they are in good health and have learned to live without it. Only 9% are committed to purchasing a plan but, surprisingly, 66% say they are receptive, suggesting a high level of ambiguity about whether they will respond to the campaign or not.
- *Risk Deniers* (16%): This segment is mixed in terms of race/ethnicity. Along with the *Risk Takers*, it is the youngest of the four youth segments. Like the *Risk Takers*, they are well educated, have relatively high incomes and are frequent Internet users. Also like the *Risk Takers*, they do not feel the need for insurance but, unlike their counterparts, this segment more clearly denies the risk that exists. They are most likely to hold a negative view of the ACA and are most resistant to enrolling in Covered California; 35% say they will not enroll in a plan. This is the only segment where more say that the ACA will be bad (32%) than say it will be good (26%) for them.

Study Background and Objectives

Covered California is about to launch a large-scale marketing and outreach campaign in order to promote the purchase of health insurance under the provisions of the Patient Protection and Affordable Care Act. The goal of the campaign is reach millions of uninsured and privately insured Californians with information about what will be available to them commencing in January of 2014. In order to plan the campaign, NORC has completed a series of studies for Covered California. The earlier studies, all qualitative in nature, have assessed knowledge and attitudes toward the coming changes to the health insurance system, interest in using Covered California to shop for insurance as well as motivations and barriers related to purchasing a plan. These studies have been exploratory in nature. While they have generated valuable planning information the qualitative methods make it difficult to draw definitive conclusions about optimal marketing/outreach campaign strategies.

There were three main goals in undertaking this study. First, we are seeking to validate the insights developed from the previous qualitative efforts, insights that have been guiding planning efforts to date. A second goal is to understand how the market can best be segmented for planning and campaign implementation purposes. Segmentation is a powerful tool that can contribute greatly to the effectiveness of marketing campaigns. It requires the use of sophisticated methods and large survey samples. The third goal is to provide a baseline assessment of consumer awareness, knowledge, attitudes and intentions prior to the launch of the campaign so the progress over time can be measured and the effectiveness of the campaign can be assessed.

The specific objectives of this study were to assess:

- The baseline level of awareness and knowledge concerning the changes coming to health care/insurance system,
- The baseline level of awareness of Covered California as well as knowledge about how to enroll in a plan,
- The ability to enroll online without assistance and, if assistance is needed, consumer needs and preferences in this area,
- Drivers of interest in enrollment, and barriers to enrollment, including expected positive and negative outcomes, the perceived risk of being uninsured, economic constraints and general attitudes toward the health industry and government,
- Differences in the above based on race/ethnicity, geography and other important demographic characteristics,

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- The number of *ready enrollees*, who will likely enroll as soon as open enrollment begins in the fall of 2013; the *receptive*, who are receptive but not yet ready to enroll; and the *resistant*, who do not intend to enroll in a plan,
- How to define market segments based on factors that illuminate the reasons for their interest, receptivity or resistance including expected positive and negative outcomes, perceptions about health risks, and other facilitators and barriers to enrollment as well as lifestyles, economic constraints, social influences and demographics, and,
- How the segmentation varies across four main race/ethnicity groups—Hispanics, African Americans, Asian/Pacific Islanders and Non-Hispanic Whites.

Study Methodology

This section of the report describes the methods used to complete the study.

Study Population

The study included two main populations: uninsured and individually, or privately, insured Californians. Uninsured Californians are those who are not currently covered by any health insurance including insurance obtained through an employer, purchased directly or a government program. Individually insured Californians are those who purchase private insurance without any assistance from an employer or the government.

In addition, qualified respondents had to meet the following selection criteria:

- 18 – 64 years of age
- Legal resident of California
- Makes decisions about healthcare for themselves or family
- Total family income above 100% Federal Poverty Level (FPL)

Study/Sample Design

In order to sample the study populations, we developed a statewide sample of the general household population as well as targeted samples of two groups that would not be captured in large enough numbers in the statewide sample—African Americans and Asian/Pacific Islanders. The general population sample included both a landline and cell telephone random digit dial component. The two race/ethnic over-samples included households randomly selected from a list of state households thought to be made up of populations of interest. This list was developed by Marketing Systems Group (MSG), a leading supplier of high quality survey samples, using a variety of databases containing information on the demographic characteristics of U.S. households. In some cases, the use of data on ethnic surnames is also incorporated into the database development process. It is important to recognize that, since not all California Asian Pacific Islander and African American households are represented in these databases it is possible that the households captured in our samples are not fully representative of the two race/ethnic groups. Nevertheless, this approach is a cost-effective one that is often used to ensure sufficient diversity in survey samples.

Survey Questionnaire Development

In conjunction with Covered California and Ogilvy West, an advertising contractor to Covered California, the NORC study team developed the survey questionnaire. The final questionnaire included eleven main sections devoted to the following topics:

- Overall satisfaction with current health insurance plan (if already insured)
- Reasons for being uninsured along with perceived risks
- Psychographics, including orientations to planning, risk and finance as well as health/health care and insurance
- Awareness and basic attitudinal stance toward the ACA
- Knowledge about where to get insurance in 2014 including awareness of Covered California
- Knowledge about shopping for insurance at Covered California
- Decision making importance of key facts about shopping for insurance at Covered California
- Purchase intentions along with related motivations
- Cell phone and Internet usage
- Checking account access
- Classification variables (e.g., zip code, age, health status)

Data Collection

Data were collected using NORC's computer-assisted telephone interviewing (CATI) system. This system supports industry-standard dialing procedures and allows for online audio and visual monitoring and audio recording to guarantee high data quality. Data collection began on May 16, 2013 and continued through June 22, 2013. Interviews were conducted in English and Spanish with live real time translation services available for those respondents who wanted to complete the interview in another language.

The number of calls placed to get an interview with each sampled household varied based on a number of factors, including the history of previous attempts to contact the household and sample type. In general, we attempted to make at least 8 calls to non-responding households at different times of day and on different days of the week over at least a two-week period. Except in cases where a household request to be taken off our calling list or where a respondent was hostile, we attempt at least one refusal conversion attempt. There were no financial incentives offered for participation in the study.

A total of 2,756 interviews were completed. Approximately 64% (n=1,773) of all completes came from the base sample. An additional 983 additional interviews were completed; 629 with African Americans and 354 with Asian/Pacific Islanders.

Response Rates

Response rates were calculated using AAPOR standards for RR3. The final response rate was 24.8%

Data Validation

On an ongoing basis throughout the data collection period, NORC reviewed CATI data and other quality indicators to ensure that data were collected according to the study protocol. After all of the editing and validation work was completed, the open-ended responses were coded and the data sets were prepared for weighting and analysis.

Weighting

In order to maximize efficiency, most of the general population interviews were conducted on landline telephones. Landline interviews are less labor intensive to complete which reduces study costs. However, the large number of landline interviews resulted in the completion of too few interviews with Hispanics, Non-English-speakers and uninsured individuals, populations more likely to be cell phone users. In addition, the use of the telephone mode of data collection made it a challenge to capture young people, particularly young men, in large numbers since they are difficult to reach in surveys conducted by the telephone.

As a result of the imbalances the distribution of the interviews, prior to beginning analysis, the data were weighted to population control totals. The population control totals were derived from the CalSIMS data supplied to Covered California by the University of California-Berkeley. In addition to adjusting the sample to known population totals, the purpose of the weighting was to adjust for the complex sample design (i.e. within-household selection and the inclusion of landline, cell, and listed samples). These adjustments allow unbiased inferences to be made from the sample to the population of interest.

Weighting involved four main steps:

- *Create a baseweight:* Due to the complex nature of the sample design, each sample case was given a baseweight of 1.
- *Adjustment for multiple chance of selection:* Most households that own at least one cell phone are more likely to have multiple cell phones associated with the household, as a cell phone is considered more a personal device. Therefore, households from the cell phone frame are adjusted to account for multiple chances of selection in the cell phone frame. Since a large majority of households only have one landline number, this adjustment was not needed on the landline frames.
- *Adjustment for overlap between the cell phone and landline frames:* Cases that were deemed eligible from both the landline and cell phone frames were adjusted to account for the multiple chance of selection. These cases had their weights adjusted in half to account for this overlap in frames.
- *Raking to Population Control Totals:* The adjusted weights are raked to known population control totals. The control total variable used for raking were age, sex, insurance status, race/ethnicity, household poverty level, English proficiency, and telephone status. This allows for subgroups within the sample to sum to known subgroup totals within the target population. These raked weights are the final weight that was used in analyses.

Table 1 presents the impact of weighting on the sample demographics. It displays the un-weighted and weighted totals for variables used in the raking.

Table 1. Un-weighted and Weighted Totals for Raking Variables

	Un-weighted			Weighted			Control totals
	Privately insured	Uninsured	All	Privately insured	Uninsured	All	
Insurance Status	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Uninsured	NA	100%	47%	NA	100%	67%	67%
Insured	100%	NA	53%	100%	NA	33%	33%
Household Poverty Level	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
100%-138% FPL	9%	26%	17%	4%	16%	12%	12%
139%-299% FPL	28%	53%	40%	18%	55%	43%	43%
300%-399% FPL	22%	10%	16%	15%	11%	12%	12%
400%+	41%	11%	27%	63%	18%	33%	33%

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	Un-weighted			Weighted			Control totals
	Privately insured	Uninsured	All	Privately insured	Uninsured	All	
Age	1,439	1,274	2,713	1,485,066	3,017,788	4,502,854	4,547,668
18-34	11%	22%	16%	34%	49%	44%	44%
35-54	40%	45%	42%	38%	35%	36%	36%
55-64	50%	33%	42%	28%	16%	20%	20%
Race	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Hispanic	11%	28%	19%	31%	49%	43%	43%
Asian	14%	14%	14%	16%	12%	13%	14%
Black	12%	13%	12%	5%	4%	4%	4%
White /other	64%	45%	55%	48%	35%	39%	39%
Gender	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Male	41%	47%	43%	45%	54%	51%	51%
Female	59%	53%	57%	55%	46%	49%	49%
Primary Language	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
English	95%	80%	88%	95%	78%	84%	47%
Spanish	1%	12%	6%	2%	18%	13%	38%
Other	4%	7%	5%	3%	4%	4%	15%
English Proficiency	1,474	1,282	2,756	1,505,391	3,042,277	4,547,668	4,547,668
Speak English Very Well	81%	66%	74%	78%	62%	67%	67%
Speak English Less Than Very Well	19%	34%	26%	22%	38%	33%	33%

Note: The FPL categories used for weighting differ from those used in the analysis of the study. For the latter, we broke the uninsured into the following FPL groups: 100%-138%, 139%-199%, 200%-399%, and 400% and above.

Analysis of Baseline Data on Awareness, Knowledge, Attitudes and Intentions

One main focus of data analysis work was the assessment at baseline of the following:

- Awareness of and stance toward the Affordable Care Act (ACA),
- Aided and unaided awareness of Covered California,
- Knowledge about Covered California,
- Importance of key facts about Covered California in consumer decision making about insurance,
- Purchase intent, motivations, and barriers, and
- Covered California access preferences

For the measures in each of these areas, descriptive analyses were conducted for each demographic category of interest: insurance status/income level, race/ethnicity, geographic region and age) and the selected substantive variables. With regard to region, the state was divided into five areas: Los Angeles County, Other Southern California, Central Valley, San Francisco Bay Area and Other Northern California. See Appendix for a list of the counties included in each area.

The Chi-Square test was used to assess the statistical significance of any differences that were observed.

Segmentation Analysis

The second main focus was the market segmentation analysis which was focused on the uninsured subsidy-eligible part of the consumer market.

The overall purpose of the segmentation analysis is to identify meaningful segments of uninsured “eligibles,” that is uninsured Californians eligible for federal subsidies to reduce the cost of their premiums. By meaningful, we mean segments that provide insights on targeting through owned, paid and earned media, as well as other channels of communication; messaging strategies for each segment; and strategies to facilitate enrollment of segments with special needs, such as personal and/or in-language assistance.

Eligibles include those whose total household incomes are between 139% and 399% of the Federal Poverty Level (FPL). Eligibles whose incomes are between 139% and 199% of the FPL will receive a considerably larger segment than will those whose incomes are between 200% and 399%.

We describe the segments in terms of the psychological, sociological, cultural and economic factors that could affect enrollment in Covered California, including:

- **Contextual factors**, such as demographics, race/ethnicity, health status, Internet use, access to a checking account, and other variables that reflect the person’s life situation.
- **Psychographics**, such as orientations to planning, risk and finance; health and health care; and health insurance.
- **Reasons for being uninsured**
- **Perceived risks of being uninsured**
- **Knowledge of and importance of facts about Covered California**
- **Motivators and barriers to enrollment**

The Analytic Method: NeuroClustersm

NeuroClustersm is a powerful high-resolution clustering method that allows segments to be defined *empirically* rather than *a priori*, providing an entirely *data driven solution*.¹ This robust method analyzes a large number of variables and classifies respondents into relatively homogenous segments. Based on neural network technology, NeuroClustersm mimics human pattern recognition by finding the variables

¹ Developed by Robert W. Schnurr of QSA Analytics

that best differentiate between the segments. The analyst then defines and describes each segment according to the variables that make it unique.

Neural network technology is a proven method has been used in automatic steering and targeting (by the military), control of robots and automated production equipment, de-coding, recognition of subversive or criminal activities filmed by surveillance cameras, business process improvements, and intelligence gathering by national security agencies, as well as marketing and social research.

An Overview of Variables Used in the NeuroClustersm Analysis

The cluster algorithm included variables that are relatively **enduring** characteristics of the individual, including:

- Psychographics, e.g., orientations to risk-taking, finances, health and health insurance
- Race/ethnicity and English language skills
- Reasons for being uninsured
- Perceived risks of being uninsured
- Motivators and barriers to enrolling via Covered California
- Internet use
- Access to a checking account
- Health status
- Selected demographics, e.g., income as a percentage of the federal poverty level (FPL), age, gender

The cluster algorithm did not include more **ephemeral** characteristics that could change as the campaign progresses, such as purchase intent, the Knowledge Index (based on the accuracy of perceptions about Covered California) and the Resonance Index (based on the perceived importance of facts about Covered California). However, since these more ephemeral variables predict and explain enrollment, they are included in the segment descriptions.

Psychographic Measures

Psychographics measure attitudes, values, lifestyles and opinions. These are central to good segmentation analyses. NORC developed a custom psychographic inventory for this study. The items comprising this inventory are listed below grouped by the major concepts they are intended to measure. Please note that the text of some of the longer items will be shortened in the tables and charts included in segmentation chapter of the report.

Navigator Grant Program Request for Applications – Appendix D

NORC | Covered California - Consumer Market Baseline/Segmentation Study

Complexity
<i>Getting health insurance is too complicated</i>
Denial/Acceptance of Risk
<i>I don't worry about health care because I take good care of myself.</i>
<i>(I am/all the people in my immediate family are) healthy and unlikely to need much medical care in the foreseeable future.</i>
<i>I am worried about (my health/my health or the health of someone in my immediate family).</i>
<i>I know how to get along without going to a doctor if I get sick.</i>
<i>Health insurance is for sick people.</i>
<i>Don't want to spend money insuring against problems that probably won't happen.</i>
Early Adoption
<i>I'm usually among the first to try new things.</i>
Fear of Financial Consequences
<i>A major illness or injury would be a financial disaster for me.</i>
<i>I'm concerned about not being able to pay for health care.</i>
Value of Health Information
<i>It's very important for me to be informed how to best take care of my health.</i>
<i>I have looked for information on health topics recently.</i>
Value of Insurance
<i>Life is full of risks that you can't plan for or insure against. You just have to take your chances.</i>
<i>I focus on the challenges I face today, not the ones I might face in the future.</i>
<i>It's smart to get insurance in case you get sick in the future.</i>
<i>Health insurance can cost more than paying for health care.</i>
<i>Health insurance is well worth the money it costs</i>
<i>I am willing to sacrifice now to have peace-of-mind about the future.</i>
Just Starting Out
<i>I am just starting out in life.</i>
Money Problems
<i>I worry about money a lot.</i>
<i>There is no way that I could take on another financial burden right now.</i>
<i>It is a challenge for me to pay my bills every month.</i>
Primary Decision-Maker Status
<i>Someone else takes care of my health care so I really don't need to think about health insurance.</i>
Reliance on Others
<i>I have other people I can turn to if I need help.</i>
Social Norms
<i>A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.</i>
<i>The people I care most about want me to get health insurance.</i>
<i>Most people like me don't have health insurance.</i>

Study Team

Larry L. Bye, NORC Senior Fellow, headed the study team. Along with Dr. Rebecca Quarles, of QSA Analytics, he designed the survey questionnaire and actively participated in data analysis and report writing work. In addition to assisting with questionnaire development, Dr. Quarles and Robert W. Schnurr of QSA led the segmentation analytical efforts. Senior Survey Director Margrethe Montgomery provided project support and monitored costs. Martin Barron, Senior Research Scientist provided methodological support and oversight of many aspects of the data analysis effort. Kim Williams, Survey Director II, managed data collection and participated in data analysis efforts. Hildie Cohen, Survey Director I, provided additional project and analytic support.

Baseline Findings: Consumer Awareness, Knowledge, Attitudes and Intentions

This section of the report presents study findings related to consumer awareness, knowledge, attitudes and intentions. Findings are presented for each of the insurance status groups in the sample. Tables presenting subgroup differences (defined by race/ethnicity, age and region of the state) appear in the report appendix.

The segmentation findings follow in the next chapter of the report.

Awareness and Stance toward the Affordable Care Act (ACA)

A variety of survey items assessed consumers' awareness and perception of the ACA. Over three-quarters (79%) of all consumers reported that they had seen, heard or read about the ACA (see Table 2). Age, race/ethnicity, geographic area and insurance status were significantly related to awareness (age race/ethnicity, and geography tables are included in Appendix C). The privately insured and those at 400%+ FPL reported the highest percentage of awareness with the ACA. Awareness declined as household income declined (that is, respondents in households with income 100% - 138% FPL had lower awareness than those in households with income 139% - 199% FPL, and so on) However, the majority of consumers in each insurance status reported awareness with ACA. In terms of age, over three-quarters of respondents in each age category expressed awareness with the ACA. By race/ethnicity, two-thirds of respondents in each category were aware of the ACA; the White and "other" groups reported the highest percentages of awareness at 89% and 88% respectively. Geographically, respondents in Southern California (including LA County) indicate the lowest awareness of the ACA (76-77%) while the Central Valley and Other Northern California areas reported the highest awareness (85-86%). As noted at the beginning of this chapter, tables displaying the age, race/ethnic and geographic differences appear in the report appendix.

Table 2. Percent Heard, Seen, or Read Anything about the Affordable Care Act by Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Yes	89%	66%	68%	82%	89%	79%
No	10%	32%	30%	18%	11%	19%
Don't know	1%	2%	2%	0%	0%	1%

Among those who were aware of the ACA, 45% believed it would have a positive impact on their lives, 23% anticipated a negative impact and 17% predicted no impact (see Table 3). Age, race/ethnicity, geographic area and insurance status were significantly related to consumers’ stance toward the ACA. The majority of uninsured consumers at 100-138% FPL, 139-199% FPL and 200-399% FPL believed that the ACA would have a positive impact on their lives. Nearly one-third of the privately insured and uninsured consumers at 400%+ FPL believed that ACA would have a negative impact. Over 40% of consumers in each age category anticipated a positive impact. Hispanic and African American respondents were the most optimistic about the impact of the Affordable Care Act with 52% and 57% respectively reporting the ACA will have a positive impact. Northern Californian respondents are most negative on the ACA, with 45% reporting that it will be bad for them. In contrast, only 14% of those in the San Francisco Bay Area and 16% of those in LA County view the ACA as being bad for them.

Table 3. Among Those Who Have Heard of the ACA, Percent Who Think The Affordable Care Act Will Be Good, Bad or Will Have No Impact by Insurance Status (n=2,262)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Good	35%	60%	62%	46%	41%	45%
Bad	27%	18%	13%	22%	29%	23%
No impact	24%	8%	9%	12%	18%	17%
Don't know/refused	13%	15%	16%	20%	11%	15%

Covered California Awareness

Before any mention of Covered California, respondents were asked to indicate where Californians could go to get health insurance under the ACA. Only 3% of consumers reported that they could go to Covered California to purchase insurance (see Table 4). Race and insurance status were significantly related to awareness of Covered California; however, age and geographic area were not. The uninsured at 400%+ FPL reported the highest percentage of awareness of Covered California of any insurance category (7%) whereas the privately insured reported the highest percentage of awareness of the California Health Benefit Exchange (6%). The age group 18-25 reported the lowest percentage of awareness for Covered California while 45-54 year olds reported the highest (1%). White and “other” racial categories reported the highest percentages of awareness of Covered California and the California Health Benefit Exchange (4-7%). Respondents in the San Francisco Bay Area were most likely (5%) to be able to name Covered California.

Table 4. Percent Able to Specify the Organization Where ACA Coverage Can Be Obtained by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Covered CA	4%	1%	1%	2%	7%	3%
California Health Benefit Exchange	6%	1%	2%	3%	4%	4%
California State Government	3%	0%	1%	2%	4%	2%
Other	11%	5%	5%	6%	10%	8%
Don't know	8%	2%	5%	7%	7%	7%

Table 5 summarizes the overall awareness of Covered California, combining both unaided and aided awareness. Very few people (3%) expressed an unaided awareness of Covered California. Slightly more (9%) expressed an aided awareness. However, the vast majority of respondents (88%) expressed neither aided nor unaided awareness of Covered California. Overall awareness (unaided + aided awareness) was significantly associated with insurance status, age, race/ethnicity, and geography. Overall, awareness, increased with household income (from 4% among those 100%-138% FPL to 16% among those 400%+ FPL) and age (from 3% among 18-25 year olds to 21% among those 55-64. Asian and Hispanic respondents expressed the lowest overall awareness of Covered (9% and 8% respectively). Geographic differences ranged from 9% overall awareness in Southern California to 19% in the San Francisco Bay area.

Table 5. Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Aided awareness	14%	2%	9%	8%	10%	9%
Unaided awareness	4%	1%	1%	2%	7%	3%
Aided + unaided	18%	4%	9%	10%	16%	12%
Not aware	82%	96%	91%	90%	84%	88%

Knowledge about Covered California

The survey assessed consumers’ knowledge of Covered California with a series of statements about the new marketplace (see Table 6 for the 11 items); consumers were asked to state whether these statements were true or false. Each statement addressed some fact about Covered California that is basic to understanding what it will offer and how it will operate. In order to evaluate overall knowledge, a composite score based on correct responses to these 11 true/false items was calculated.

In Table 6 we display consumer knowledge on each of the 11 items by insurance status. As anticipated, knowledge levels are low at baseline. Overwhelmingly, those not giving correct answers were unsure as opposed to incorrect in the answers they gave. Therefore, the challenge going forward is not to correct misconceptions but to define for the first time what Covered California is. The items with the highest proportion of incorrect (as opposed to unsure) responses were those having to do with Covered California as a welfare program (20% giving the actual incorrect response), the relatively poor quality of the plans being offered (27% incorrect) and the idea that the insurance industry runs Covered California (22% incorrect).

Knowledge levels are consistently low across all the insurance categories with a few notable exceptions. Generally, those privately insured or uninsured with income 400%+FPL were more likely give correct answers than the lower income groups. However in some circumstances this was reversed. Most notably, those earning 100%-138% FPL were more likely to correctly state that Covered California would provide a means of comparing plans and acquiring coverage.

Several questions consistently showed large sub-group differences in responses. Large differences between insurance groups, age groups, race/ethnicities, and regions were particularly apparent when

respondents were asked if Covered California was a welfare program and whether not acquiring insurance would result in a penalty.

Table 6. Overall Knowledge of Covered California - Percent Correct by Item and Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
You will be able to get health insurance through Covered California even if you have a pre-existing condition. (True)	68%	50%	52%	55%	67%	59%
You can get information, compare plans and get health insurance by simply going online to the Covered California website. (True)	54%	65%	55%	45%	58%	54%
Most people who don't get health insurance will have to pay a penalty. (True)	55%	44%	48%	53%	66%	53%
People with lower incomes will pay less for out-of-pocket costs when they use health care. (True)	53%	55%	42%	48%	48%	48%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium. (True)	40%	33%	39%	36%	41%	38%
Covered California will offer private health insurance plans that will compete for your business. (True)	41%	27%	35%	35%	44%	37%
Covered California is a welfare program. (False)	44%	20%	25%	32%	51%	34%
Covered California will offer only government health insurance plans. (False)	39%	23%	16%	22%	29%	27%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere. (False)	27%	23%	20%	19%	28%	23%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan. (True)	20%	28%	26%	23%	23%	23%
Covered California will be operated by the health insurance industry. (False)	29%	22%	14%	21%	26%	22%

For each respondent, a Knowledge Index was calculated as the proportion of the 11 knowledge questions answered correctly. On average, respondents answered 3.8 questions correctly. Among age groups, the highest average knowledge score was found among those ages 55-64. Knowledge did not increase linearly with age, however. Instead, high knowledge scores were found among both the young and the old while the lowest knowledge scores were found among those ages 35-44. Among racial subgroups, Whites, African Americans, and Asians all scored relatively highly (with average correct scores ranges from 4.0-4.2) while Hispanics and Other races/ethnicities showed relatively low knowledge scores (3.4 and 3.6 respectively).

Both the privately uninsured and the uninsured earning 400%+ FPL demonstrated relatively high knowledge scores (4.3 and 4.4, respectively) while the remaining lower income uninsured had lower relative knowledge scores (3.4-3.6). Little variation in knowledge scores existed geographically with the exception of the San Francisco Bay Area, which scored relatively highly (4.4).

Important Factors in Consumer Decision Making

Consumers were presented with a series of eight facts about Covered California and asked to rate how important these facts would be to them in their decision about whether or not to shop for health insurance at Covered California. The facts are similar to those presented in the knowledge questions discussed above. Essentially, each represents a different reason to purchase health insurance at Covered California. The rating scale ranged from 0 to 10 with 0 indicating not important at all and 10 indicating an extremely important factor in the decision to shop.

Table 7 shows the mean importance rating for each of the eight important factors by insurance status. The most important factor in decision-making across all groups was the new coverage of pre-existing conditions (an average importance of 8.4). Consumers also reported that the screening of plans for quality (8.2) and the ease of comparing plans (7.9) were very important. Three others ranked as somewhat less important: the choice of private plans available, limits on out of pocket costs and the availability of premium assistance. The least important factor in decision-making was the penalty for those who do not get health insurance (5.8). With minor exceptions, this pattern was seen across all insurance statuses, age, and race/ethnicity, and geographic subgroups.

Table 7. Important Factors in Consumer Decision Making by Insurance Status (n=2,658)

	Insurance Status					All
	Privately insured	Uninsured				
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
You cannot be denied because of a pre-existing condition.	8.7	8.6	8.2	8.2	8.5	8.4
All plans will be screened to make sure they offer the services people need, including preventive care.	8.2	8.8	8.5	7.8	8.2	8.2
It will be easy to compare insurance plans and select the one that is best for you.	8.0	8.1	7.8	7.9	8.3	7.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	6.6	8.2	8.2	7.4	7.0	7.3
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	6.5	7.8	8.1	7.3	7.0	7.2
Covered California will offer a number of private health insurance plans.	7.2	7.5	7.2	7.1	7.3	7.2
The California State Government will operate Covered California.	5.9	7.5	6.8	6.7	5.9	6.4
Most people who don't get health insurance will have to pay a penalty.	5.7	6.2	6.3	5.9	5.2	5.8

A Resonance Index, was computed for all respondents as a measure of how well all the important reasons or arguments resonate with California consumers. The Resonance Index is the average importance ratings of the eight facts about Covered California.

Overall, the average resonance score was 7.3 (that is, respondents, on average, gave a response of 7.3 to the eight items shown in Table 7). This indicates that the group of reasons or arguments resonates reasonably well with consumers. Little variation was seen in the resonance scores given by different age groups (ranging from 7.2 for those ages 45-54 to 7.5 for those ages 35-44). Slightly more variation was seen by race/ethnicity, insurance status, and region. Hispanics had the highest resonance score (7.6) while Whites and other races/ethnicities had the lowest (6.9). When examined by insurance status, the poorest uninsured had the highest resonance score (7.8) while the privately insured and those earning 200% FPL or more had the lowest resonance score (7.1-7.3). The Los Angeles County region had the highest resonance score (7.5) while the Northern California region had the lowest (6.9).

Purchase Intent

Using details provided by the respondent—in particular their age, income, and the number of people who would be covered by their insurance—an estimated monthly premium cost was calculated and presented to the respondent². After consumers heard the monthly premium cost of obtaining health insurance through Covered California, they were asked about their intent to enroll. This question was asked well into the interview after respondents had learned the facts about Covered California. Based on their responses, we classified consumers into three main categories: committed consumers, who will get health insurance through Covered California as soon as possible, receptive consumers who may get insurance through Covered California, and resistant consumers, who will not get health insurance through Covered California.

Table 8 displays the results. Two-thirds of all consumers were receptive or committed to obtaining health insurance through Covered California. Only 29% were resistant. These data are very positive and suggest that Covered California will be successful in its efforts to enroll consumers in new health plans. Insurance status, age, geographic area and race/ethnicity were each significantly related to purchase intent. Resistance increased with income with the most resistant respondents being uninsured with 400%+FPL or privately insured (47% and 46% respectively).

By age, the 18 to 25 year old group was the most committed with 33% electing to purchase. Consumers above age 45 were the most resistant with 33% in the 45 to 54 age group and 35% in the 55 to 64 age group refusing to purchase. Hispanic consumers were the most committed of any racial group with 30% committing to purchase whereas White consumers were the most resistant with 39% refusing to purchase. Relatively small differences in the likelihood of purchasing insurance were observed by geographic region. The committed percentage ranged from 18% in the San Francisco Bay Area to 23% in LA County and the Other Southern California Region. Slightly more variation was observed in the percentage resistant, ranging from 25% in the San Francisco Bay Area to 39% in the Other Northern California regions.

Among the receptive, 44% were between 26 and 44 years of age and 42% were Hispanic. Half of all receptive respondents fell within 139% - 399% FPL. In terms of geographic region, 50% lived in LA County or Other Southern CA.

² Because the premium depended upon age, income, and number household members, a respondent refusing to provide any of this information was not presented an estimated monthly premium.

Table 8. Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Insurance Status (n=2,592)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Committed	11%	60%	34%	17%	6%	22%
Receptive	41%	33%	52%	60%	41%	47%
Resistant	46%	3%	13%	21%	47%	29%
Don't know/refused	3%	4%	1%	2%	6%	3%

Purchase Motivations and Barriers

Consumers were asked to provide up to three reasons why they would or would not purchase health insurance through Covered California. In Table 9 we present the motivations among those who are committed to purchasing health insurance by insurance status.

Committed consumers most frequently (41%) cited the money they could save (that it was a “good deal”) as the reason they would purchase health insurance through Covered California. This was the most frequently reported response across all insurance statuses; the percent of respondents who reported this reason ranged from 30% among those earning 100%-138% of the FPL to 73% among the privately insured. Taking advantage of a good deal was also cited as the most important motivator across age, race/ethnicity, and geographic subgroups.

Two other motivations were also important—the desire for the security and peace-of-mind that comes from being insured and satisfying a felt need for coverage and care.

Table 9. Purchase Motivators among the Committed, by Insurance Status (n=605)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Take advantage of a good deal	73%	30%	34%	41%	60%	41%
Security/peace-of-mind	5%	24%	28%	33%	30%	24%
Need coverage/care	22%	18%	21%	35%	7%	22%
Family benefits	9%	23%	19%	11%	0%	16%
Preventative benefits	2%	19%	12%	14%	0%	12%
Other	17%	8%	12%	9%	9%	11%

Among those resistant to purchasing a plan, cost was by far the most frequently cited barrier (see Table 10). Almost two-thirds (63%) of resistant consumers stated that they would not purchase health insurance through Covered California because it was too expensive. This was the most often reported barrier for all insurance statuses except those earning 100-138%FPL (who would get a fully subsidized plan). Among those earning 100-138% FPL the primary barrier was that they felt they don’t need insurance and that they were concerned about the quality of the plans that would be available. Expense was the most frequently given barrier across age, race/ethnicity, and regions. Among those age 18-25 the lack of need for insurance was also given as a barrier with almost the same frequency as expense (46% and 48% respectively). Opposition to the ACA and concern about plan quality did not emerge as significant barriers within the sample as a whole.

Table 10. Purchase Barriers among the Resistant, by Insurance Status (n=724)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Too expensive	60%	0%	49%	77%	71%	63%
Don't need it	29%	42%	37%	18%	13%	25%
Concern about quality of plans	15%	39%	9%	1%	12%	12%
Oppose ACA	3%	4%	5%	6%	1%	3%
Other reasons	2%	1%	9%	3%	4%	3%
Don't know how to apply	1%	0%	4%	1%	0%	1%
Moving out of state	0%	14%	0%	0%	0%	0%

Covered California Access Preferences

Consumers were asked how they would prefer to shop for health insurance through Covered California. The majority of consumers (63%) preferred to shop online, 19% preferred to shop at a Neighborhood assistance provider and 15% preferred to shop by phone (see Table 12). Insurance status, age, geographic area and race/ethnicity were each significantly related to access preference. The percentage of respondents preferring the Internet to access Covered California increased as income increased and decreased with age. Young consumers ages 18-25 reported the highest preference for online shopping (71%); however the majority of each age group also preferred the online option. Among race/ethnicity subgroups, Whites were most likely to want to access Covered California via the Internet (74%) while 53% of Hispanics wished to use the Internet. Little variation existed with respect to Internet preferences geographically, with 63% or more preferring to shop online in all regions.

Table 11. Covered California Access Preference by Insurance Status (n=2,658)

	Insurance Status					
	Privately insured	Uninsured				All
		100%-138% FPL	139%-199% FPL	200%-399% FPL	400%+	
Online	73%	49%	55%	60%	77%	63%
Phone	13%	16%	18%	15%	7%	15%
Neighborhood assistance provider	9%	35%	27%	24%	13%	19%
None of these	4%	0%	1%	0%	1%	2%
Don't know/refused	0%	0%	0%	0%	1%	0%

In Table 13 we show Internet usage and English fluency by the preferred mode of contact with the exchange. Internet usage, speaking and reading English were all significantly related to access preference. Of those consumers who prefer to go online to shop for health insurance, 89% also use the Internet to shop or pay bills, 78% speak English very well and 81% read English very well. Consumers who prefer to use a neighborhood assistance provider are more equally distributed across Internet usage and proficiency in speaking and reading English. These findings indicate that Internet usage and English proficiency are important factors in consumers' preference to shop online.

Table 12. Covered California Access Preference by Internet Usage (n=2,494) and English Proficiency (n=2,756)

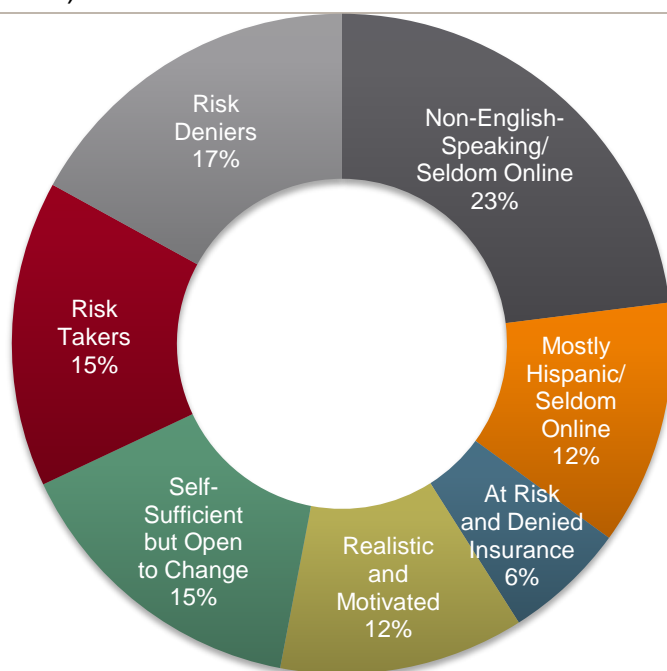
	Online	Phone	Neighborhood assistance provider	None of these	Don't know/refused
Internet Usage					
Yes	89%	65%	59%	85%	71%
No	11%	35%	41%	15%	29%
Speak English					
Very well	78%	55%	41%	76%	68%
All others	22%	45%	59%	24%	32%
Read English					
Very well	81%	63%	45%	78%	69%
All others	19%	37%	55%	22%	31%

Segmentation Analysis

Overview of the Segments of Uninsured Californians

The NeuroClustersm analysis identified seven segments of uninsured eligibles based on a wide array of psychographic, attitudinal and demographic variables. Uninsured eligibles represent an estimated 2,000,805 adults, or approximately 66% of all uninsured California adults and 44% of the combined market of uninsured and privately insured California adults.

Exhibit 1. Segments of Uninsured Eligibles (n=742)



Non-English-Speaking Families/Seldom Online comprise the largest single segment of California uninsured eligibles. This segment consists primarily of non-English-speaking families who are infrequent Internet users. The *Mostly Hispanic/Seldom Online* are also predominately Hispanic, but they are much more proficient in English than the *Non-English-Speaking Families/Seldom Online*. More fully English proficient and online active Hispanics are represented in all of the other segments, particularly the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*. These two segments, along with the *At Risk and*

Denied Insurance, the majority of whom are over 55 years of age, comprise the three “older” segments.

The other four segments are “young,” in that majorities are under 35 years of age. The youngest segments are the *Risk Takers* and the *Risk Deniers*. These two segments do not think they need health insurance because they are healthy and self-sufficient. In this, they bear a striking resemblance to the “Young Immortals” or “Invincibles” identified in some other state studies. However, this segmentation shows one cannot equate youth with resistance to health insurance: Two of the young segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* – have positive attitudes toward health insurance. Together these two “positive” segments account for almost as many eligibles as the two more negative “young” segments, the *Risk Takers* and the *Risk Deniers*.

The following sections describe the demographic, psychographic and behavioral factors that differentiate each segment from other insured eligibles.

Overview of Factors That Differentiate the Segments

Non-English-Speaking Families/Seldom Online

Non-English-Speaking Families/Seldom Online families are cut off from much of American culture because they do not speak or read English well, and they seldom use the Internet. All read their primary language (mostly Spanish but also Asian languages) well or very well. This is the least well-educated segment: six-in-ten have not graduated from high school and fewer than one-in-ten have graduated from college. Families tend to be large and incomes modest. This combination means that two-thirds have incomes that are 139% to 199% of the FPL and, thus, would pay relatively low premiums and have only limited out-of-pocket costs if enrolled in a plan through Covered California. These savings are key motivators for this segment, which – of all the segments – has the most positive attitudes toward the Affordable Care Act, and is the most likely to be committed or receptive to enrolling in a Covered California plan.

Although the great majority is under age 55, most report only fair or good health. Moreover, they are worried about their health and the health of others in their families. *Non-English-Speaking Families/Seldom Online* families are also more likely than other eligibles to say that they don't have health insurance because they would be denied because of a pre-existing condition, are not sure how to get it, and view the process of getting it as "too complicated."

Mostly Hispanic/Seldom Online

Like *Non-English-Speaking Families/Seldom Online*, the *Mostly Hispanic/Seldom Online* are predominately Hispanic, but they are somewhat more proficient in English, better educated and somewhat older. They tend to speak and read English well (although not very well). None have a primary language other than English that they are able to read well or very well. Most do not use the Internet or, if they do, use it infrequently.

Although their own health is good to excellent, they often have family members with fair to poor health, and they are likely to say they would be denied health insurance because of a pre-existing condition. This segment is very conflicted about the idea of getting health insurance. They worry about family health and being able to pay for health care on their own. Counterbalancing those felt needs are more immediate worries about money and being able to pay their monthly bills. Lack of knowledge is another barrier: Of all the segments, they are the most likely to say they are not sure how to get health insurance and that they

don't know if the Affordable Care Act will be good or bad for them. Social norms are another barrier since this segment is particularly likely to say that most people like them don't have insurance. Perhaps as a consequence of uncertainty and negative social norms, the *Mostly Hispanic/Seldom Online* are less likely to be committed or receptive than the *Non-English-Speaking Families/Seldom Online* to enrollment in Covered California.

At Risk and Denied Insurance

This very small segment is by far the most likely to report chronic conditions, a disability that limits their activities, and having been denied health insurance because of a pre-existing condition. They are also the most likely to be age 55-64, an age group that often finds it difficult to get insurance on their own, regardless of health status. Mainly Caucasians and couples or female singles, this segment is relatively well educated (most have at least some college). Virtually all speak English well or very well. Like the *Mostly Hispanic/Seldom Online*, the *At Risk and Denied Insurance* worry about their health and their ability to pay for health care on their own, and they fear the financial consequences of illness or injury. But money is a barrier, as is the idea that most people like them don't have health insurance. Still, they are among the most likely to say that the people they care most about want them to get it, suggesting that social pressure may reinforce outreach campaign messages. However, despite a clear need for health insurance, this segment is nearly split on the probable impact of the Affordable Care Act on them and is the least committed to enrollment in Covered California of any of the three “older” segments.

Realistic and Motivated

Despite youth and relative good health (most good or very good), the *Realistic and Motivated* are almost as likely to be committed or receptive to enrolling in Covered California as the *Non-English-Speaking Families/Seldom Online*. They are also one of most likely segments to say the Affordable Care Act will be good for them. They are correct: Although their incomes are relatively high, their large families make nearly half of them eligible for the most generous federal subsidies. Their ethnicities are mixed, but almost all speak English well or very well.

All the members of this young³, well-educated, majority-female segment use the Internet, including use for shopping and bill payment, and more than eight-in-ten use it frequently. However, relatively few use smartphones and tablets. They are aware of the risks, especially the financial risks, of being uninsured and are unlikely to cite reasons other than affordability for not being insured, suggesting that they would get insurance if they could this barrier were removed. This segment is concerned about being able to pay for

³ The term “young” refers to the 18-34 age group

care and say that a major illness or injury would be a financial disaster for them. However, they also worry about money a lot and say that they couldn't take on another financial burden, suggesting that affordability is a key concern and possible barrier. Still, they have looked for health information recently and say health insurance is a smart investment for future peace-of-mind. In addition to their realistic beliefs and positive outlook, The *Realistic and Motivated* are subject to social pressure to get health insurance from the people they care about most. All of this makes them very strong prospects for Covered California.

Self-Sufficient but Open to Change

The *Self-Sufficient but Open to Change* segment is also one of most committed or receptive segments. They are similar to the *Realistic and Motivated*, but there are several important differences. *First*, although their incomes are similar, they are less likely to have larger families. Consequently, they are less likely to be in the 139%-199% FPL group, which will receive the greatest benefit from federal subsidies. *Second*, they are more likely to be in very good or excellent health. This combination makes health, money and health insurance topics less salient for them than they are for the *Realistic and Motivated*; they are less worried about their health and less worried about money problems. It also gives them a feeling of self-sufficiency that makes them more resistant to the idea of getting health insurance. For example, they are more likely than the *Realistic and Motivated* to say they take good care of themselves, know how to get along without a doctor, and don't want to spend money insuring against something that probably won't happen.

However, of all the segments, the *Self-Sufficient but Open to Change* are the most open to trying new things, most likely to say they are willing sacrifice now in order to have peace-of-mind in the future and are one of the most likely to say that the people they care about most want them to get health insurance. This segment's interest in newness and being on-trend is illustrated by their Internet use. They are even more likely to be very frequent Internet users than the *Realistic and Motivated* and they tend to use multiple modes to access the Internet, including smartphones and tablets. This openness to change makes the *Self-Sufficient but Open to Change* a promising segment even though they will need to be convinced that they need health insurance.

Risk Takers and Risk Deniers

The *Risk Takers* and the *Risk Deniers*, are the only segments that are uninsured by choice. Both of these relatively resistant segments think they don't need insurance because they are in very good or excellent health and have learned to live without it. Both segments are well educated, have relatively high incomes

and are frequent Internet users. The *Risk Takers* have more education and use the Internet more frequently, while the *Risk Deniers* are younger and more likely to be in excellent health.

The critical difference, however, is that the *Risk Takers* seem to know that they are taking some risk in remaining uninsured, while the *Risk Deniers* are more likely to deny all risk. Consequently, of all the segments, the *Risk Deniers* have the most negative attitudes toward the Affordable Care Act and are the most resistant to enrolling in Covered California. Still even this most-resistant segment is more receptive and committed than resistant.

The following sections present more detail on the differences between the segments.

Who They Are: Age and Health Status

All Eligibles

Nearly half (46%) of eligibles are under age 35, and the great majority is in good, very good or excellent health. Only 22% are in fair or poor health, and just 23% have family members in fair or poor health. Still, 28% have a chronic condition and 14% have a disability that limits their activity. Nine percent have been denied health insurance in the past.

The Segments

The great majority of the *Non-English-Speaking Families/Seldom Online* are age 35 to 54 and have good to fair health, but – of all the segments – they are the most likely to report that a family member has only fair or poor health. Although most *Mostly Hispanic/Seldom Online* over age 45, the overwhelming majority has good health or better. A sizeable minority of family members, however, has only fair or poor health. Of all the segments, the *At Risk and Denied Insurance* are by far the most likely to report that they or a family member have a chronic condition, a disability that limits their activity, or that they or a family member have been denied insurance because of a pre-existing condition. They are also the most likely segment to be to be age 55 or older. This, combined with their poor health, makes them especially vulnerable to being denied for traditional health insurance.

Table 13. Health Status and Age by Segment (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Excellent Health (20%)⁴	4%	24%	4%	8%	21%	34%	43%
Very Good Health (28%)	13%	35%	10%	24%	40%	49%	24%
Good Health (29%)	26%	25%	51%	61%	25%	6%	31%
Fair Health (19%)	50%	13%	22%	5%	13%	9%	2%
Poor Health (3%)	7%	2%	12%	3%	1%	2%	0%
Family with fair or poor health (23%)	41%	32%	22%	16%	15%	0%	8%
Disability that limits activity⁵ (14%)	15%	19%	64%	10%	9%	8%	2%
Chronic condition¹ (28%)	33%	28%	83%	25%	24%	21%	13%
Denied: pre-existing condition¹ (9%)	8%	6%	44%	7%	5%	10%	4%
Age 18-25 (14%)	0%	5%	2%	25%	24%	12%	31%
Age 26-34 (32%)	10%	19%	25%	32%	40%	60%	42%
Age 35-44 (17%)	29%	19%	9%	14%	23%	6%	6%
Age 45-54 (21%)	36%	25%	25%	21%	9%	14%	14%
Age 55-64 (16%)	25%	32%	38%	8%	4%	8%	7%

Large majorities of the “young” segments are under 35 and in relatively good health. The youngest segment is the *Risk Deniers*, who are also the most likely to be in excellent health. . However, the oldest “young” segment, the *Risk Takers*, is also in good health, with most reporting very good to excellent health. Very few *Risk Takers* or *Deniers*, most of whom are single, report having family with only fair to poor health. Most *Self-Sufficient but Open to Change* are also under age 35 and have very good to excellent health, but the *Realistic but Motivated* have only good to very good health. Both of these segments are more likely than the *Risk Takers* and *Deniers* to report having family members with only fair to poor health.

⁴ Percentages for all eligibles are shown in parentheses.

⁵ Refers to either the respondent or a family member

Who They Are: Income, Family Size, Gender and Education

All Eligibles

With a median income of \$35,000 and mixed family sizes, eligibles are about equally divided between the 139%-199% and 200-399% FPL groups, and there is a nearly equal gender split. Nearly six-in-ten have some college education, and nearly a quarter of them are college graduates.

The Segments

Non-English-Speaking Families/Seldom Online have relatively high median incomes but they also have large families, a combination that places them in the 139%-to-199% FPL group and makes them eligible for the most generous federal subsidies for Covered California health insurance plans. This is the least well-educated segment: The majority has not completed high school. The *Mostly Hispanic/Seldom Online* are over age 45 and likely to be singles or couples with low median incomes. About half qualify for the most generous federal subsidies for health insurance. The majority is male, and 9% report that they are gay, lesbian or bisexual, compared to just 2% of all eligibles (not shown on table). Nearly half has completed high school and another one-third has some college education.

Table 14. Income, Family Size, Gender and Education by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Income 139-199% FPL (51%)	66%	53%	56%	47%	36%	52%	43%
Income 200-399% FPL (49%)	34%	47%	44%	53%	64%	48%	57%
Median Income (\$35K)	\$38K	\$27K	\$29K	\$39K	\$37K	\$28K	\$30K
Family Size: 1 (39%)	23%	38%	42%	26%	30%	54%	60%
Family Size: 2 (18%)	16%	22%	21%	21%	16%	16%	15%
Family Size: 3 (12%)	15%	12%	25%	15%	21%	9%	4%
Family Size: 4 (29%)	46%	27%	12%	37%	33%	21%	15%
% Female (49%)	46%	34%	57%	62%	54%	58%	37%
< High school (15%)	60%	6%	7%	2%	2%	3%	1%
High school grad (21%)	21%	48%	21%	13%	13%	15%	26%
Vocational/tech (6%)	3%	6%	9%	9%	12%	2%	2%
Some college (34%)	6%	32%	45%	46%	49%	35%	41%
College grad plus (24%)	9%	9%	19%	31%	24%	45%	30%

The *At Risk and Denied Insurance* are predominately female. Nine percent of the *At Risk and Denied Insurance*— but only 0.5% of all eligibles – report being transgender (not shown on table). Family sizes are small, and many are single. Although the majority has at least some college education, incomes tend to be low. The *Motivated and Realistic* is predominantly female, well-educated and has incomes that are relatively high, but their large families make nearly half of them eligible for the most generous federal subsidies. The *Self-Sufficient but Open to Change* segment has incomes similar to those of the *Realistic and Motivated*, but they are less likely to have large families. Consequently, they are less likely to be in the 139%-199% FPL group. The *Risk Takers* and the *Risk Deniers*, are the only segments that are uninsured by choice. Both segments are well educated and have relatively high incomes, but the *Young Risk Takers* have more education.

Who They Are Race: Ethnicity and Language Skills

All Eligibles

Together Hispanics (52%) and Caucasians (31%) represent 83% of all eligibles. Asians and Pacific Islanders represent another 12%, while African Americans represent just 4%. Close to one-quarter (23%) speak only “a little” English, and another 16% speak it well (but not very well), indicating that there is a substantial minority that cannot be effectively reached by English-language communications.

The Segments

The *Non-English-Speaking Families/Seldom Online* segment is overwhelmingly (91%) Hispanic. The balance are Asians and Pacific Islanders (8%) and Caucasians (1%). The *Mostly Hispanic/Seldom Online* segment is also dominated by Hispanics, but there are also some Asians and Caucasians. These two segments might seem almost alike. However, the great majority of the *Mostly Hispanic/Seldom Online*, but almost none of the *Non-English-Speaking Families/Seldom Online*, is able to speak English at well or very well.

The results for English reading ability are similar: almost none (10%) of the *Non-English-Speaking Families/Seldom Online*, but 93% of the *Mostly Hispanic/Seldom Online* English well or very well. More than nine-in-ten (91%) of the *Mostly Hispanic/Seldom Online* have a primary language other than English and read it well or very well. By contrast, none of the *Non-English-Speaking Families/Seldom Online* have another primary language they can read well.

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All of the other segments have a mix of racial groups and Hispanics. Caucasians constitute a majority only among the *At Risk and Denied Insurance* and the *Risk Takers*. Asians and Pacific Islanders are most evident in the “young” segments, where they make up 11-18%, depending on the segment. African Americans represent between 3 and 6% of each segment; they are underrepresented in the *Non-English-Speaking* segment. The ability to speak English well or very well is almost universal among the *At Risk and Denied Insurance* and all of the “young” segments.

Please see the charts below:

Exhibit 2. Race/Ethnicity by Segment (n=742)

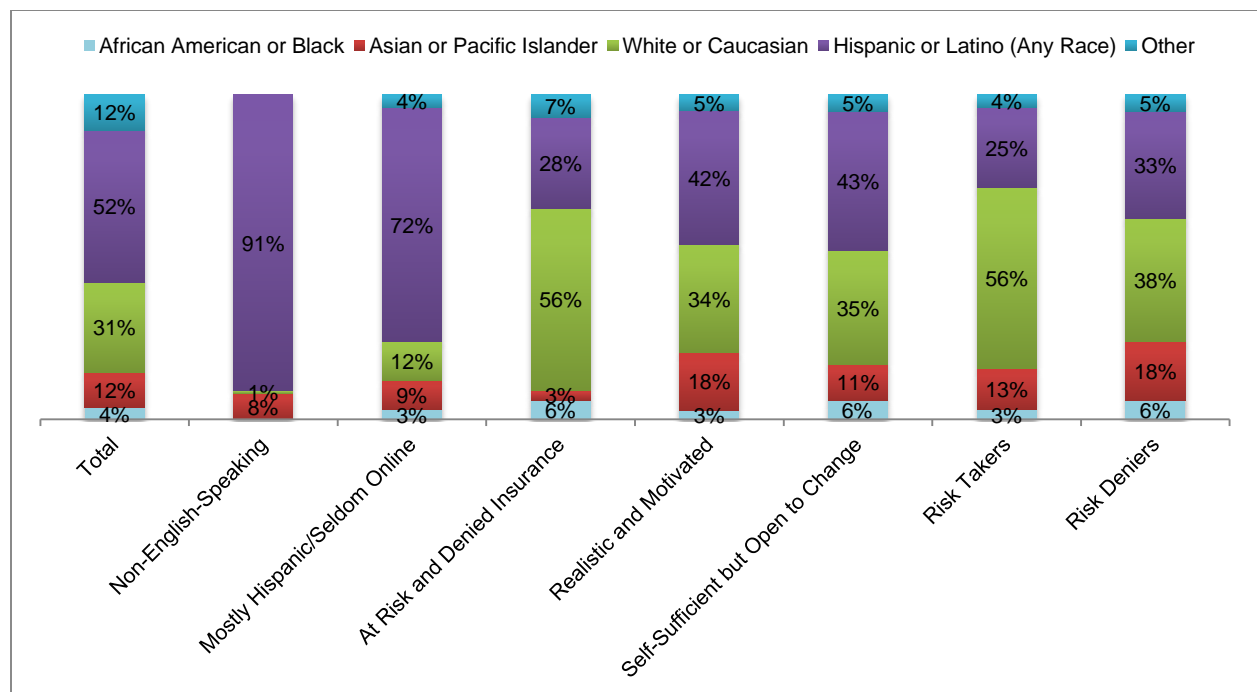
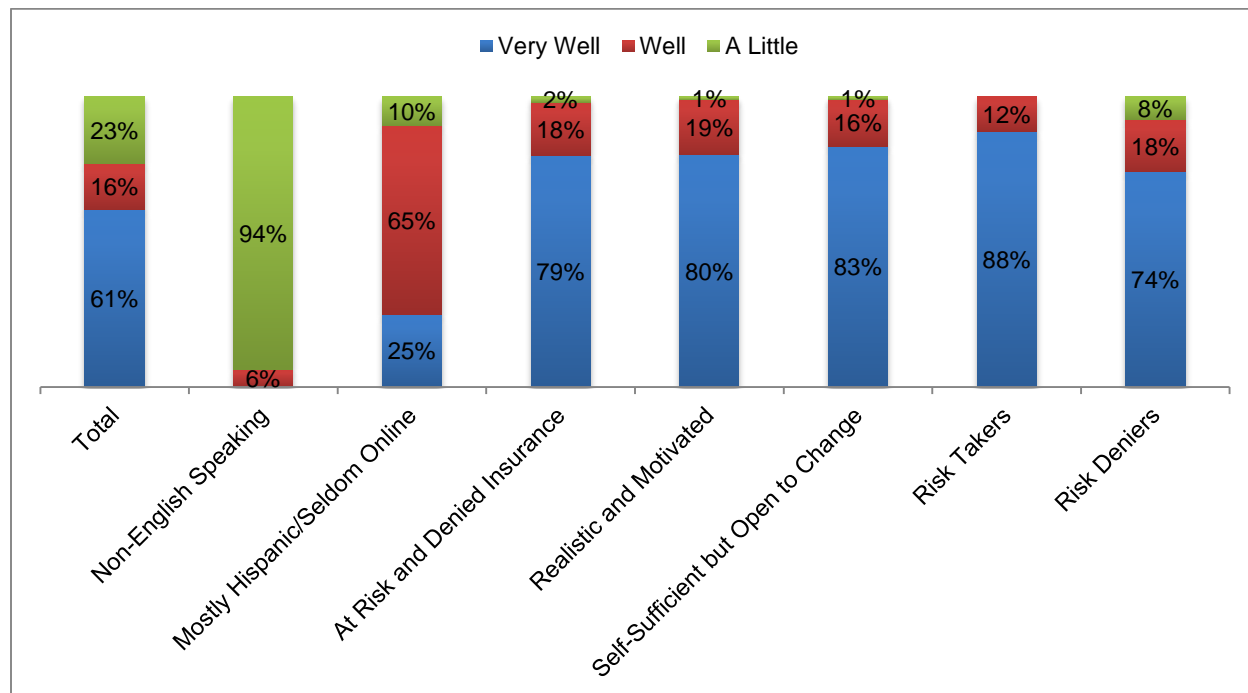


Exhibit 3. Self-Reported English-Speaking Ability by Segment (n=742)



Segment Profiles: Race/Ethnicity

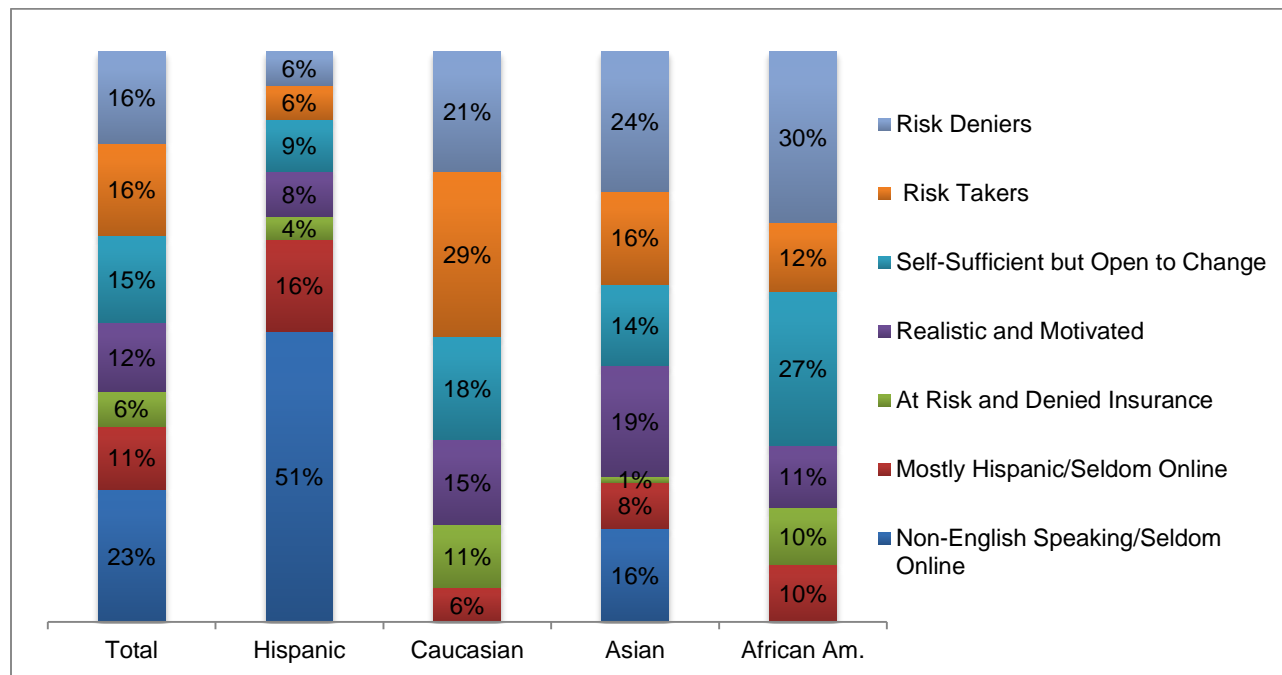
All Eligibles

The two overwhelmingly Hispanic segments – the *Non-English-Speaking Families/Seldom Online* and the *Mostly Hispanic/Seldom Online*– together comprise 34% of all eligibles.

Half of Hispanics are *Non-English-Speaking Families/Seldom Online*. Those who are somewhat more English proficient tend to be in the *Mostly Hispanic/Seldom Online* segment, while those who are considerably more English proficient and frequently online are present in all of the other segments.

African-Americans are more likely to be *Risk Deniers* and *Self-Sufficient But Open to Change* and less likely to be *Non-English-Speaking Families/Seldom Online*. Caucasians are more likely to be represented in all four youth segments as well as the *At Risk and Denied Insurance*; they are less likely to be *Non-English-Speaking Families/Seldom Online* and *Mostly Hispanic/Seldom Online*. Asians are more likely to be *Realistic and Motivated* and less likely to be *At Risk and Denied*, *Non-English Speaking Families/Seldom Online*, and *Mostly Hispanic/Seldom Online*.

Exhibit 4. Segments by Race Ethnicity (n=742)



Use of the Internet

All Eligibles

The overwhelming majority of eligibles (84%) use the Internet, and 62% use it every day or almost every day. Three-quarters access the Internet via computers, but four-in-ten use smartphones, and about one-in-five use tablets.

The Segments

Almost everyone in the “young segments” uses the Internet every day or almost every day using a computer, and some use more than one device to access it. The *Self-Sufficient but Open to Change* are the most likely to use multiple devices: Large majorities of this segment use tablets and smartphones, as well as computers. The only other segment that makes significant use of smartphones is the *Risk Deniers*. The “young” segments not only go online frequently but they also go online to shop and pay bills using the same types of devices they use for other online activities.

Table 15. Internet Use by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Frequency of Internet Use							
Every/almost every day (62%) ⁶	19%	19%	48%	84%	94%	95%	81%
Several days a week (10%)	7%	22%	27%	13%	6%	4%	8%
Once a week or Less (11%)	29%	17%	17%	3%	0%	1%	8%
Never uses Internet (16%)	45%	42%	8%	0%	0%	0%	3%
How They Use the Internet							
Computer (76%)	41%	45%	85%	97%	92%	96%	93%
Tablet (19%)	3%	6%	3%	7%	66%	12%	30%
Smartphone (40%)	17%	30%	22%	22%	89%	36%	54%
How They Shop or Pay Bills Online							
Computer (58%)	26%	15%	51%	94%	87%	76%	68%
Tablet (14%)	1%	1%	1%	5%	61%	7%	18%
Smartphone (24%)	6%	9%	7%	1%	78%	16%	40%

Non-English-Speaking Families/Seldom Online and the *Mostly Hispanic/Seldom Online* the least likely segments to go online and to shop and pay bills online. Despite their low online profile, nearly one-in-five of the *Non-English-Speaking Families/Seldom Online* and three-in-ten of the *Mostly Hispanic/Seldom Online* use smartphones to go online, suggesting that smartphones may help bridge gaps in Internet access for some Hispanic eligibles.

Ownership of a Checking Account

All Eligibles

Overall, 84% of eligibles have a checking account, leaving 16% without access to a convenient way to pay monthly bills. Bill payment without a checking account is not only an inconvenience but is costly if a neighborhood bill payment service is used. This may be barrier to enrollment.

⁶ Percentages for the all uninsured eligibles are shown in parentheses.

The Segments

About nine-in-ten of all the “young” segments have checking accounts, as do about eight-in-ten of the *Mostly Hispanic/Seldom Online* (80%) and the *At Risk and Denied Insurance* (79%). But checking account ownership is just 69% for the *Non-English-Speaking Families/Seldom Online*, a segment that consists primarily of Non-English-Speaking Hispanics.

Reasons Given for Being Uninsured

All Eligibles

Most uninsured believe that they are prevented from getting health insurance by factors outside their control. Named by more than eight-in-ten eligibles, not being able to afford health insurance is an almost universal reason for not having it. Not being able to get health insurance through an employer is another key constraint (59%), as is the belief that they would be denied because of a pre-existing condition (33%) and uncertainty about how to get it (24%). However, other reasons suggest that there is also an element of choice. Nearly six-in-ten say they don’t have health insurance because they have learned to live without it, and another three-in-ten say they are in good health and don’t need it.

The Segments

Large majorities of all the segments say they don’t have health insurance because they can’t afford it, but it is most important to the *At Risk and Denied Insurance* and the *Realistic and Motivated* and least important to the *Risk Deniers*. The second most important reason, not being able to get health insurance through an employer, is most important to the *At Risk and Denied Insurance*; the *Self-Sufficient but Open to Change*; and *Non-English-Speaking Families/Seldom Online*.

Table 16. Reasons for Being Uninsured by Segment (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Cannot afford (82%) ⁷	81%	90%	98%	95%	87%	76%	66%
Cannot get through employer (59%)	65%	57%	79%	56%	69%	52%	45%
Have learned how to live without health insurance (57%)	56%	56%	57%	23%	50%	83%	62%

⁷ Percentages for the all uninsured eligibles are shown in parentheses.

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Would be denied because of pre-existing condition (33%)	63%	54%	69%	15%	20%	8%	9%
Good health, don't need (31%)	22%	22%	9%	13%	20%	60%	54%
I am not sure how to get health insurance (25%)	56%	44%	22%	8%	11%	11%	11%
Would be denied because of age (17%)	33%	27%	44%	11%	4%	6%	4%
Not eligible for parent's plan (8%)	0%	5%	2%	15%	16%	8%	11%

Concerns about being denied health insurance because of a pre-existing condition are important reasons for majorities of the older segments. A majority of the *Non-English-Speaking Families/Seldom Online* and nearly half of the *Mostly Hispanic/Seldom Online* (both of which are heavily Hispanic) also indicated that they are not sure how to get health insurance.

Not needing health insurance because of good health is a factor only for the *Risk Takers* and the *Risk Deniers*.

Sizeable minorities of all the older segments indicated they would be denied health insurance because of their age.

Not being eligible for their parents' plan is a reason only for small minorities, but it is somewhat more prevalent among the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*.

Having learned to live without health insurance is the third most important reason. It is most important to the *Risk Takers* and the *Risk Deniers*.

Perceived Risks of Being Uninsured

All Eligibles

When asked directly, most eligibles acknowledge a number of risks of being uninsured. Just 15% say there is no risk. The primary risk is worry about being able to pay medical bills if they get sick or are injured (77%). This worry is followed closely by the actuality of running up medical bills and ruining their credit ratings (70%). Health concerns are also important, with majorities acknowledging that they

could get a major illness because they can’t afford checkups (66%), that they have trouble getting quality health care (63%), and that they could have to spend too much time waiting to get health care (53%).

The survey further explored risk-related beliefs more generally in the psychographic items. We report on these items in the section on psychographic profiles below. Taking into account all of the survey measures, it is clear that some of the segments are quite conflicted about the risk(s) of being uninsured. On some of measures they seemed to be appreciative of the risk while on others did not.

The Segments

When asked directly, *Risk Deniers* do not believe they are taking any risk by not being insured. Other segments are most likely to say they are taking financial risks. Among all of the segments except the *Risk Deniers*, there is very strong agreement that they are at risk of both running up medical bills and ruining their credit and worrying about medical bills if they got sick or injured. These perceived risks are almost universal among the *Realistic and Motivated* and lowest among the *Risk Takers*.

The *At Risk and Denied Insurance* are most likely to say they are vulnerable to risks related to health and health care, although the *Realistic and Motivated* are almost as concerned about getting a major illness because they can’t afford checkups.

Table 17. Perceived Risks of Being Uninsured by Segment (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Worrying about medical bills if you got sick or injured (77%)⁸	89%	95%	87%	100%	92%	94%	0%
Running up medical bills/Ruining credit rating (70%)	85%	73%	89%	97%	87%	75%	0%
Major illness because couldn’t afford checkups (66%)	81%	78%	95%	92%	79%	59%	1%
Trouble getting health care (63%)	81%	68%	90%	80%	77%	65%	0%
Spending too much time waiting to get care (53%)	73%	59%	89%	76%	63%	34%	0%
There is no risk in being insured (15%)	7%	0%	3%	0%	0%	0%	79%

⁸ Percentages for the all uninsured eligibles are shown in parentheses.

Psychographic Profiles

All Eligibles

Table 18 on the following page shows mean ratings of agreement with the psychographic items rated on a 1-5 scale, where “5” means strong agreement, “1” means strong disagreement, and a “3” is a neutral rating. In table, the highest ratings (mean of “4” or more) are highlighted in orange, while those that are not quite as high (mean of 3.5 to 3.9) are black and bolded.

Overall, the following profile of the eligibles emerges:

- *Importance of health information:* The group believes that it is very important to be informed about health matters and many report recently seeking information on health topics.
- *Worry about money and taking on another financial obligation:* The group worries about money a lot as well as their ability to take on another financial obligation right now.
- *Strong concern about ability to pay for care and deal with a major illness/injury:* They are concerned about their ability to pay for care and strongly believe that major illness would be a financial disaster for them.
- *Despite this, some ambivalence about the risk of being uninsured:* One on the one hand, many worry about their health and/or that of a family member and reject the idea that “health insurance is for sick people.” On the other hand, many also reported that they aren’t sure about whether they want to “spend money insuring against things that probably won’t happen.” They were divided on whether they “know how to get along without a doctor” if they get sick and on whether they need to worry about health care since they “take good care of themselves.” There was also ambivalence on about whether they or family members are likely to need to medical care in the future.
- *Conflict about the value of insurance:* They strongly believe that it is smart to get insurance. They’re also willing to make financial sacrifices in order to have the peace-of-mind it would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it’s worth the money it costs. The group is also divided on whether they focus on today’s challenges rather than the ones they might face in the future.
- *Undecided about the complexity of getting insurance:* The typical subsidy-eligible Californian is unsure about the complexity of getting insurance. This suggests that complexity may not be a barrier for as many consumers as we have been feared.

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- *Conflicted normative influences:* The subsidy-eligible are conflicted about the social acceptability of getting insured. They don't see themselves as “the type of person who has health insurance” but also believe that people who care about them want them to become insured. They aren't sure whether many uninsured “are getting it now because it is the right thing to do.”

The data for all eligibles appear in Table 18 below.

Table 18. Overall Ratings of Agreement with Psychographic Items (n=742)

	Mean Rating ⁹
Complexity	
<i>Getting health insurance is too complicated</i>	3.1
Denial/Acceptance of Risk	
<i>I don't worry about health care because I take good care of myself.</i>	2.8
<i>(I am/all the people in my immediate family are) healthy and unlikely to need much medical care in the foreseeable future.</i>	3.2
<i>I am worried about (my health/my health or the health of someone in my immediate family).</i>	3.5
<i>I know how to get along without going to a doctor if I get sick.</i>	3.2
<i>Health insurance is for sick people.</i>	1.6
<i>Don't want to spend money insuring against problems that probably won't happen.</i>	2.6
Early Adoption	
<i>I'm usually among the first to try new things.</i>	3.2
Fear of Financial Consequences	
<i>A major illness or injury would be a financial disaster for me.</i>	4.5
<i>I'm concerned about not being able to pay for health care.</i>	4.2
Value of Health Information	
<i>It's very important for me to be informed how to best take care of my health.</i>	4.5
<i>I have looked for information on health topics recently.</i>	3.5
Value of Insurance	
<i>Life is full of risks that you can't plan for or insure against. You just have to take your chances.</i>	3.4
<i>I focus on the challenges I face today, not the ones I might face in the future.</i>	3.4
<i>It's smart to get insurance in case you get sick in the future.</i>	4.6
<i>Health insurance can cost more than paying for health care.</i>	3.3

⁹ Respondents were asked to agree or disagree with the psychographic statements using the following scale: Agree strongly (1), agree somewhat (2), disagree somewhat (3), and disagree strongly (4). There was also a response for “no opinion.” To create a more logical scale, this question was recoded as follows: agree strongly (5), agree somewhat (4), no opinion (3), disagree somewhat (2) and disagree strongly (1).

	Mean Rating ⁹
Health insurance is well worth the money it costs	3.0
I am willing to sacrifice now to have peace-of-mind about the future.	3.8
Just Starting Out	
I am just starting out in life.	2.4
Money Problems	
I worry about money a lot.	3.7
There is no way that I could take on another financial burden right now.	3.9
It is a challenge for me to pay my bills every month.	3.4
Primary Decision-Maker Status	
Someone else takes care of my health care so I really don't need to think about health insurance.	1.5
I have other people I can turn to if I need help.	2.9
Social Norms	
A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.	3.4
The people I care most about want me to get health insurance.	3.9
Most people like me don't have health insurance.	3.7

The Segments

Psychographic Profiles of the Older Segments

The two predominately-Hispanic segments – *Non-English-Speaking Families/Seldom Online* and the *Mostly Hispanic/Seldom Online*– have similar psychographic profiles. Both are worried about their health and conflicted about the value of having health insurance. They tend to agree with positive statements, such as “it’s smart to get health insurance in case you get sick in the future” and “health insurance is well worth the money it costs,” but they also tend to agree with negative statements, such as “life is full of risks that you can’t plan for or insure against” and “health insurance can cost more than paying for my own health care.” They are also concerned about the complexity of getting health insurance and say that it is a challenge to pay the monthly bills they have now.

Positive social norms should help resolve some of this conflict for *Non-English-Speaking Families/Seldom Online*. Of all the segments, they are the most alert to changes in social norms due to changes in the health care system: They are by far the most likely to agree that “many people who didn’t have health insurance before are getting it now . . . it’s the right thing to do.” The *Mostly Hispanic/Seldom Online* segment, on the other hand, are the most likely to agree with the negative normative statement,

“Most people like me don’t have health insurance.” This, of course, could change as they become more aware of the Affordable Care Act and Covered California.

The *At Risk and Denied Insurance* are also worried about their health and say it’s smart to get insurance in case they get sick in the future. They are also concerned about not being able to pay for care and agree that a major illness would be a financial disaster for them. However, their current money problems could be a barrier to enrolling in Covered California. For example, they worry about money a lot, find it challenging to pay their monthly bills and say they couldn’t take on another financial burden. Social norms pull them in opposite directions. On one hand, they are likely to say “the people I care about most want me to get health insurance.” On the other hand, they are likely to say, “Most people like me don’t have health insurance,” which gives them a convenient rationalization for not having health insurance when they talk to the people who want them to get it.

Psychographic Profiles of the Young Segments

The *Risk Takers* and the *Risk Deniers* do not think they need health insurance because they have very good or excellent health, take good care of themselves, and know how to get along without a doctor when they get sick. They also don’t want to insure themselves against problems that probably won’t happen. Both of these segments worry about money less and seem to have fewer money problems than other segments, and they are more likely to say they have other people to turn to for help if they need it.

By contrast, the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* are better prospects for health insurance. Both segments have looked for health information recently and are subject to positive social pressure to get health insurance. Affordability is the key issue for the *Realistic and Motivated*. They worry about money a lot and say they cannot take on another financial burden. However, they are also very aware of the possible adverse financial consequences of being uninsured. Thus, their decision to enroll in a plan via Covered California will depend on their financial calculus of costs and benefits. Affordability is not as much of an issue for the *Self-Sufficient but Open to Change*. They are not only early adopters but they are also willing to sacrifice now to get peace-of-mind in the future. This, combined with an interest in health information and positive social pressure, makes this segment especially promising.

Table 19. Psychographics Related to Risks, Financial Consequences, Money Problems and the Value of Insurance by Segment (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Denial/Acceptance of Risk							
I don't worry; I take good care of myself. (2.8)	2.6	2.5	2.6	2.0	2.4	3.5	3.9
Healthy and unlikely to need medical care. (3.2)	2.7	2.9	2.9	2.8	3.1	3.9	3.8
Worried about health. (3.5)	4.7	4.0	4.3	3.9	3.3	2.3	2.5
Know how to get along without doctor. (3.2)	2.6	3.1	3.3	2.6	3.1	4.0	3.9
I don't want to spend money insuring for problems that probably won't happen. (2.6)	2.2	2.4	2.3	2.0	2.6	3.2	3.3
Health insurance is for sick people. (1.6)	2.0	1.9	1.4	1.2	1.3	1.6	1.8
Fear of Financial Consequences							
Concern about not being able to pay for care. (4.2)	4.1	4.5	4.9	4.7	4.4	3.7	3.5
Major illness would be financial disaster. (4.5)	4.6	4.5	4.8	4.8	4.6	4.4	4.0
Value of Insurance							
Life is full of risks you can't plan for/insure against. (3.4)	3.8	4.0	3.0	2.8	2.7	3.5	3.4
Focus on today's challenges.(3.4)	3.8	3.9	3.2	2.9	3.1	3.1	3.4
Health insurance can cost more than paying for my own health care. (3.3)	3.1	3.7	3.2	3.0	3.3	3.1	3.5
Health insurance is well worth the money it costs. (3.0)	3.4	3.3	2.4	3.3	3.2	2.7	2.5
It's smart to get insurance in case you get sick in the future. (4.6)	4.8	4.8	4.8	4.8	4.5	4.3	4.2
Willing to sacrifice for peace-of-mind. (3.8)	3.9	3.9	3.9	3.6	4.1	3.5	3.7
Money Problems							
Worry about money a lot. (3.7)	3.9	4.1	4.4	4.2	3.8	3.4	3.0
Couldn't take on another financial burden. (3.9)	3.6	3.9	4.6	4.4	4.1	3.9	3.8
Challenge to pay monthly bills. (3.4)	3.8	4.2	4.0	3.4	3.2	2.9	2.9

Table 20. Psychographics Related to General Orientations and Lifestyles (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Complexity							
Getting health insurance is too complicated. (3.1) ¹⁰	3.7	3.5	3.3	2.5	2.8	2.4	3.0
Early Adoption							
Among the first to try new things. (3.2)	3.1	3.2	2.9	2.8	3.6	3.0	3.2
Value of Health Information							
Important to be informed about taking care of health. (4.5)	4.7	4.6	4.7	4.8	4.5	4.2	4.3
Looked for health information. (3.5)	3.6	3.3	4.1	4.0	3.7	2.9	3.2
Just Starting Out							
Just starting out in life. (2.4)	2.5	2.5	1.9	2.0	2.5	2.3	2.5
Reliance on Others							
Someone else takes care of my health care. (1.3)	1.5	1.4	1.2	1.3	1.2	1.2	1.4
Other people to turn to for help. (2.9)	2.4	2.9	2.0	2.6	3.0	3.5	3.6
Social Norms							
The people I care most about want me to get health insurance. (3.9)	3.9	4.0	4.3	4.5	4.3	3.6	3.3
People who didn't have health insurance before are getting it now. (3.4)	4.2	3.6	2.7	3.4	3.1	2.6	3.1
Most people like me don't have health insurance. (3.7)	3.8	4.3	4.2	3.5	3.6	3.2	3.5

The Primary Value of Health Insurance

All Eligibles

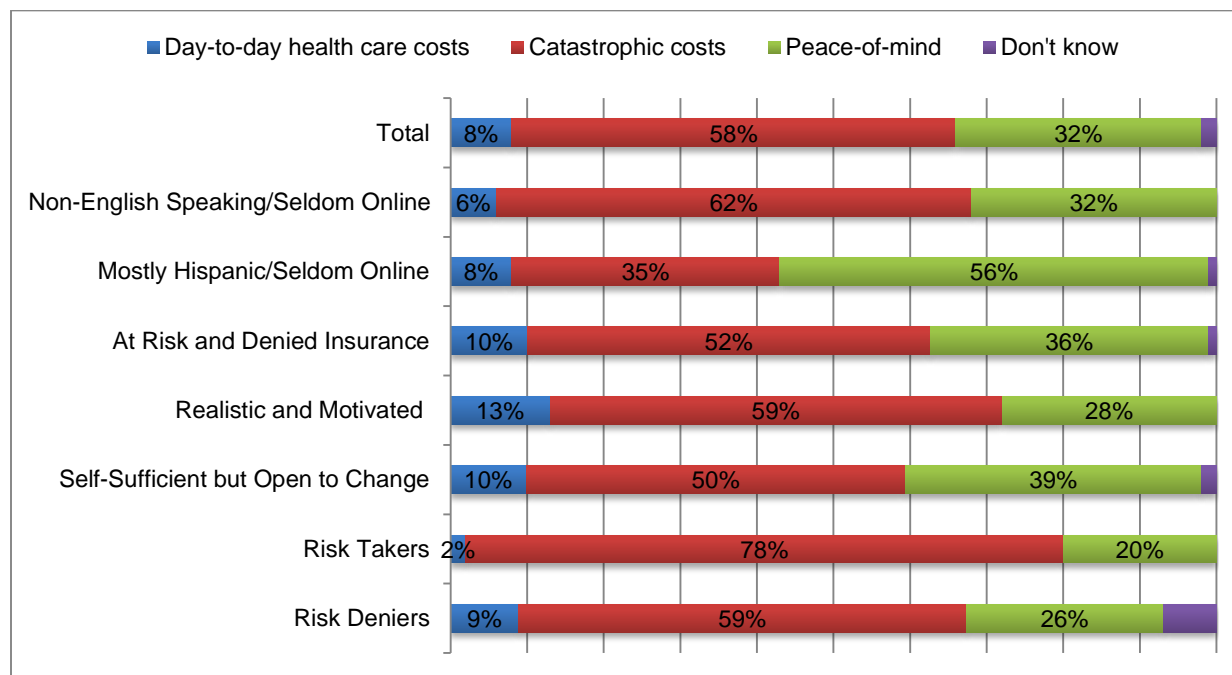
Most uninsured eligibles think the primary value of health insurance is to protect them against the catastrophic cost of an unexpected major illness or injury, but nearly one-third say that the primary value is peace-of-mind. Very few think of health insurance as a way to pay for their expected day-to-day health care costs.

¹⁰ Means for the all uninsured eligibles are shown in parentheses.

The Segments

Peace-of-mind is the primary value of health insurance for by only one segment: the *Mostly Hispanic/Seldom Online*. It is least important for the *Risk Takers*, the great majority of whom value health insurance as protection against catastrophic costs.

Exhibit 5. The Primary Value of Health Insurance by Segment (n=742)



Awareness of the ACA

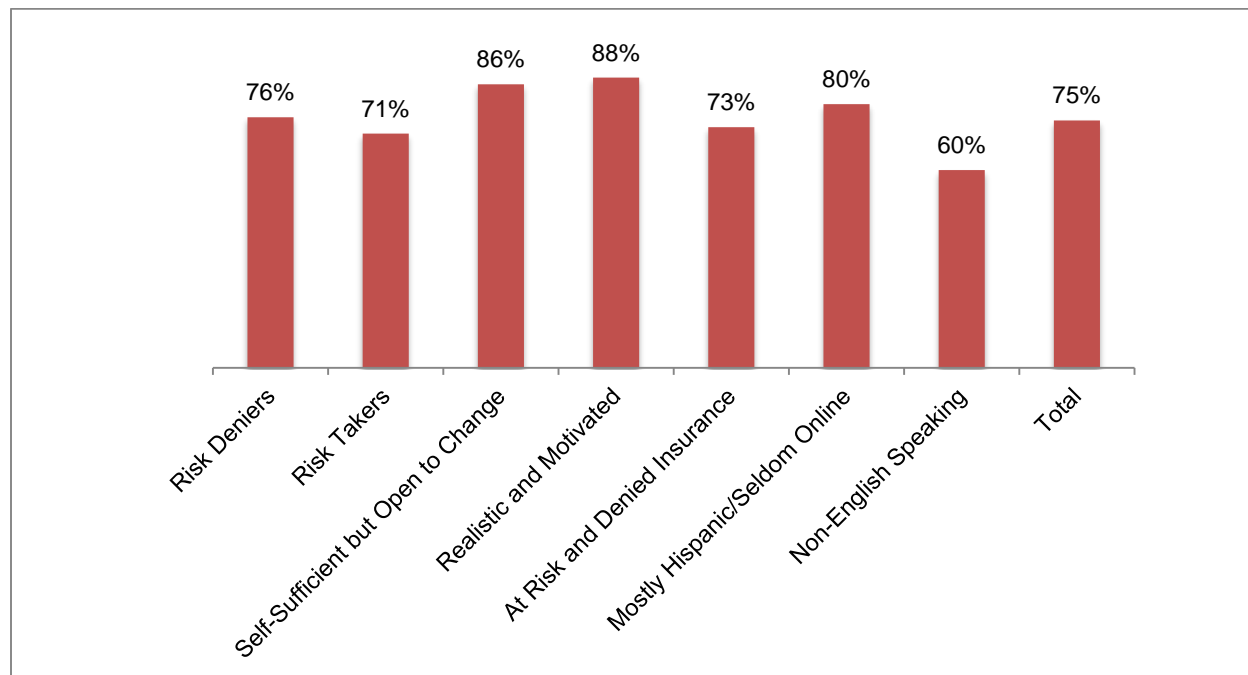
All Eligibles

Three-quarters of all uninsured eligibles say they have heard, seen or read something about the Affordable Care Act.

The Segments

Awareness of ACA is highest for the two more receptive “young” segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* and lowest among the *Non-English-Speaking Families/Seldom Online*.

Exhibit 6. Awareness of the Affordable Care Act (n=742)



Attitudes toward the Affordable Care Act

All Eligibles

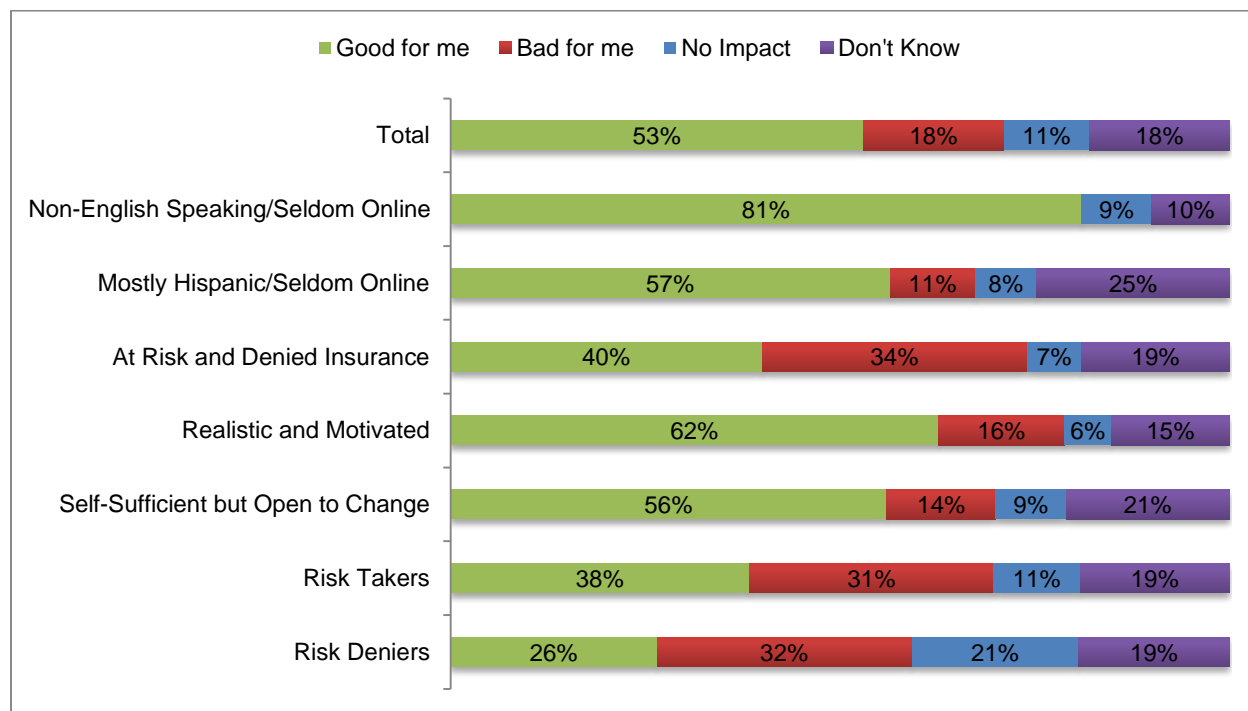
Overall, uninsured eligibles are almost three times more likely to say that the Affordable Care Act will be good for them than to say it will be bad for them.

The Segments

Non-English-Speaking Families/Seldom Online have the most favorable attitudes toward ACA: Eight-in-ten say it will be good for them and none say it will be bad for them. Majorities of two of the “young segments” – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change* – and the *Mostly Hispanic/Seldom Online* say the law will be good for them.

The most negative segments are the *Risk Deniers*, the *Risk Takers* and, surprisingly, the *At Risk and Denied Insurance*, since they are at the greatest risk of both illness and being denied traditional health insurance and, thus, could benefit from ACA more than any other segment.

Exhibit 7. How They Expect the Affordable Care Act to Affect Them by Segment (n=742)



Awareness of Covered California

After being asked about the Affordable Care Act, respondents were asked if they had “heard or heard anything about where Californians can go to get health insurance when the law takes effect in 2014.” Those who said “yes,” were asked a follow-up question: “Where can you go?” Those who did not mention Covered California unaided were asked an aided awareness question: “Have you heard or read anything about an organization called Covered California?”

At 9%, total awareness of Covered California is very low. Overall just 1% of eligibles are aware of Covered California unaided and another 8% are aware when aided. (However, another 4% mentioned the California Health Benefits Exchange unaided.) Total awareness is highest among the *Mostly Hispanic/Seldom Online* and lowest among the *At Risk but Denied Insurance* and the *Risk Deniers*.

Table 21. Awareness of Covered California by Segment (n=742)

	Aware Unaided	Aware Aided	Total Aware	Not Aware
Total	1%	8%	9%	90% ¹¹
Non-English-Speaking Families/Seldom Online	0%	9%	9%	91%
Mostly Hispanic/Seldom Online	0%	18%	18%	82%
At Risk and Denied Insurance	1%	4%	5%	95%
Realistic and Motivated	3%	9%	12%	88%
Self-Sufficient but Open to Change	4%	5%	9%	92%
Risk Takers	0%	9%	9%	91%
Risk Deniers	1%	4%	5%	95%

Knowledge about Covered California

All Eligibles

A majority of the uninsured eligibles gave a correct answer to the question about non-denial of pre-existing conditions and half gave a correct answer to questions about plan comparison/selection and the individual mandate. Nevertheless, knowledge levels are low across the board underscoring the urgent need to educate consumers. Very large numbers of respondents were not sure what the correct answers were to the knowledge questions.

The Segments

Although they are the least educated segment, *Non-English-Speaking Families/Seldom Online* are as well or better informed about the financial benefits for people with low and moderate incomes as the better-educated segments, and they are the most likely to know that Covered California is not a welfare program and that it is the only place low and moderate income people can get tax credits to reduce the cost of health insurance.

¹¹ Percentages for “total aware” and “not aware” do not always sum to 100% because of rounding.

Table 22. Percentage of Correct True/False Answers to Knowledge Questions (n=742)

	Non-English-Speaking Families/ Seldom Online	Mostly Hispanic/ Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
You will be able to get health insurance through Covered California even if you have a pre-existing condition. (True: 54% Correct) ¹²	57%	54%	60%	70%	48%	48%	44%
You can get information, compare plans and get health insurance by simply going online to the Covered California website. (True: 50% Correct)	40%	60%	51%	49%	57%	49%	52%
Most people who don't get health insurance will have to pay a penalty. (True: 50% Correct)	34%	57%	40%	62%	57%	49%	59%
People with lower incomes will pay less for out-of-pocket costs when they use health care. (True: 45% Correct)	51%	30%	44%	49%	51%	35%	46%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium. (True: 37% Correct)	43%	45%	23%	36%	37%	28%	39%
Covered California will offer private health insurance plans that will compete for your business. (True: 35% Correct)	27%	40%	26%	37%	35%	38%	39%
Covered California is a welfare program. False: 28% Correct)	7%	31%	23%	35%	37%	43%	32%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan. (True: 25% Correct)	39%	24%	7%	17%	18%	17%	30%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere. (False: 20% Correct)	13%	20%	16%	26%	20%	28%	16%
Covered California will offer only government health insurance plans. (False: 19% Correct)	17%	18%	14%	19%	24%	20%	19%
Covered California will be operated by the health insurance industry. (False: 17% Correct)	8%	24%	7%	22%	22%	12%	27%

¹² Totals for All Eligibles are in Parentheses.

Resonance: The Importance of Facts about Covered California

All Eligibles

The non-denial policy and screening plans for quality are the two most important facts about Covered California, but ease of comparison of plans, the tax subsidy, and lower out-of-pocket costs for people with lower incomes are almost as important.

The Segments

In general, all of the facts about Covered California are less important to the *Risk Deniers* and – to a lesser extent – to the *Risk Takers* than they are to other eligibles. The fact that you cannot be denied because of a pre-existing condition is most important to the *At Risk and Denied Insurance*, but it is also important to the *Risk Takers*. Screening plans for quality is most important to the *Risk Takers*. Easy comparison of plans is especially important to the two young and receptive segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*. As expected, facts about tax credits and lower-out-of-pocket costs are most important to the groups with lower incomes relative to the FPL, particularly *Non-English-Speaking Families/Seldom Online*.

Table 23. Mean Ratings of Importance of Facts about Covered California (0-10 Scale) (n=742)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
You cannot be denied because of a pre-existing condition (8.2) ¹³	8.3	8.4	8.8	8.5	8.4	8.7	6.8
All plans will be screened to make sure they offer the services people need, including preventive care (8.2)	8.6	8.3	8.5	9.0	8.3	7.8	6.9
It will be easy to compare insurance plans and select the one that is best for you (7.8)	7.7	8.1	7.5	8.2	8.1	7.8	7.5
People with lower incomes will also pay less for out-of-pocket costs when they use health care (7.8)	8.7	7.3	8.5	8.3	7.8	7.8	6.5

¹³ Means for the all uninsured eligibles are shown in parentheses.

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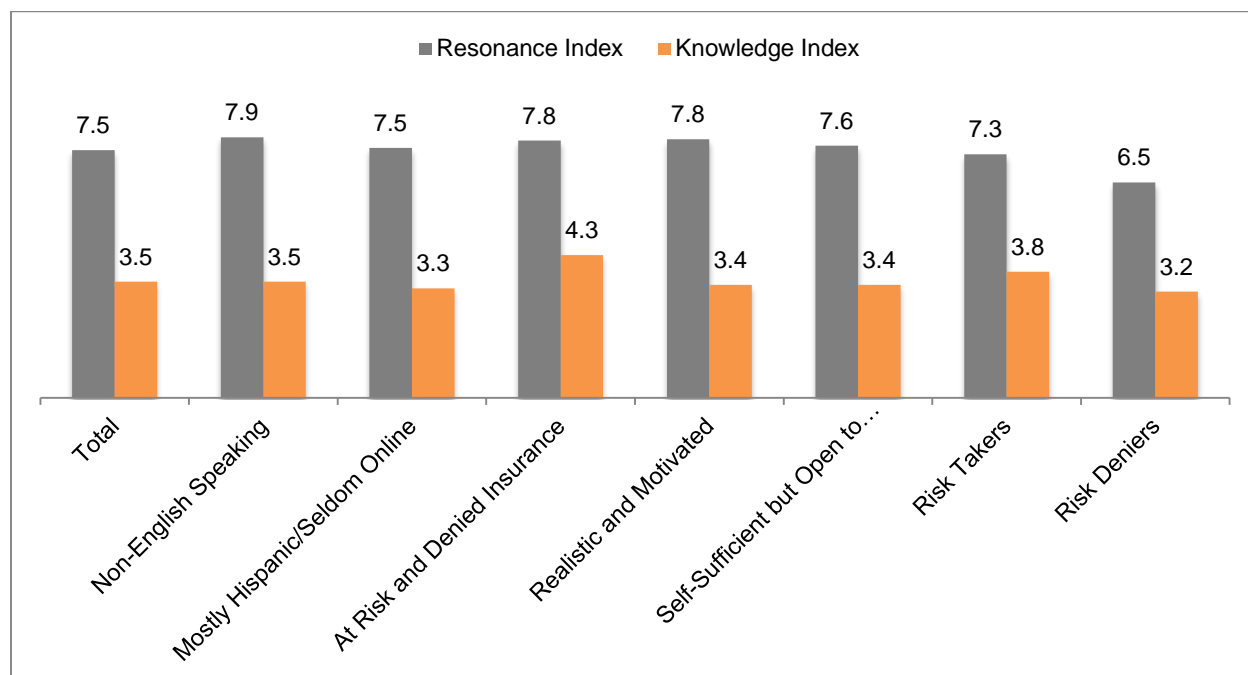
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	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium (7.7)	8.5	7.4	8.2	8.2	7.6	7.8	6.3
Covered California will offer a number of private health insurance plans (7.2)	7.2	7.4	7.6	7.2	7.7	6.9	6.5
The California State Government will operate Covered California (6.7)	8.0	7.2	6.6	6.5	6.9	5.8	5.5
Most people who don't get health insurance will have to pay a penalty (6.1)	5.8	6.3	6.6	6.6	6.0	6.1	6.1

The Knowledge and Resonance Indices

The Knowledge index is based on the average number of correct answers and the Resonance Index is based on the average rating on a 0-10 scale of importance. Among this group of uninsured and subsidy-eligible Californians, Knowledge is very low across all the segments, but is somewhat higher among the Sick & Vulnerable, the segment that is most at risk. Resonance is at least moderately high across all of the segments, except the *Risk Deniers*.

Exhibit 8. Knowledge and Resonance Indices by Segment (n=742)



Most Likely Access Modes for Shopping for Health Insurance

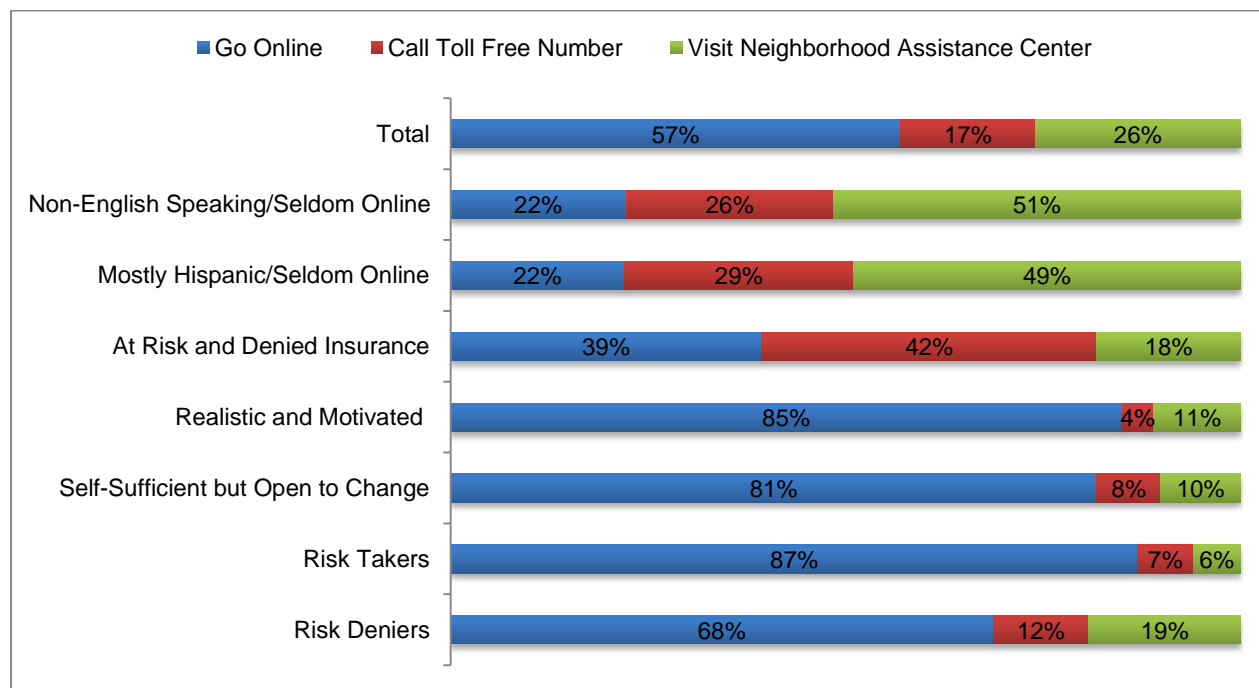
All Eligibles

Nearly six-in-ten say they will go online to get information, compare prices and shop for health insurance via Covered California, but about one-quarter say they will call the toll free number and about one-in-five will visit a neighborhood assistance provider.

The Segments

Large majorities of the “young” segments are most likely to go online to get information, compare prices and shop for health insurance via Covered California, compared to only about one-in-five of the two Hispanic segments and four-in-ten of the *At Risk and Denied Insurance*. About half of the two Hispanic segments would go to neighborhood assistance providers, while a little more than one-quarter would call the toll free number to get assistance. More than four-in-ten *At Risk and Denied Insurance* would call the toll free number for assistance, making it the most likely segment to do so.

Exhibit 9. Preferred Mode of Access for Shopping for Health Insurance (n=742)



Purchase Intent

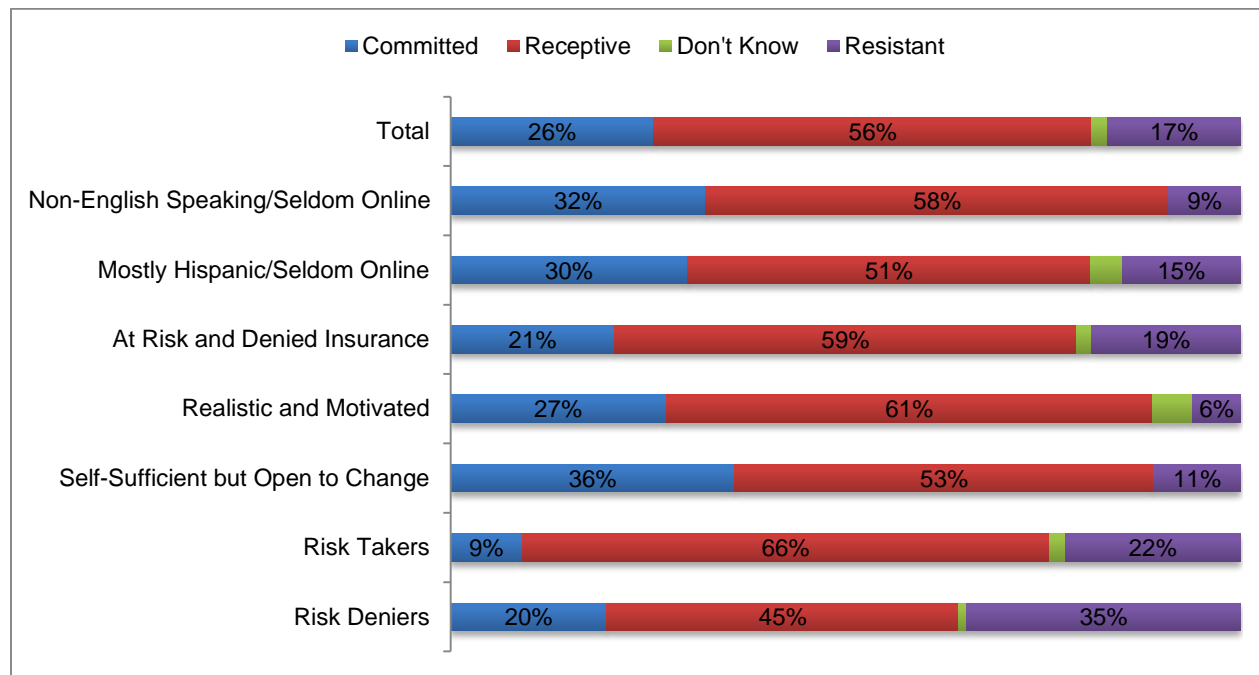
All Eligibles

Overall, 56% of eligibles are receptive to enrolling in a plan via Covered California, but just 26% are committed to doing so. On the other hand, only 17% are resistant.

The Segments

Majorities of all the segments, except the *Risk Deniers*, are receptive to enrolling in Covered California. The *Risk Deniers* are the most resistant segment, but more are receptive than resistant and some are committed to enrollment. The *Realistic and Motivated* are the most likely to be committed, followed closely by *Non-English-Speaking Families/Seldom Online* and *Mostly Hispanic/Seldom Online*. The *Non-English-Speaking Families/Seldom Online* are likely to receive significant federal subsidies because of their low incomes relative to the federal poverty level. The *Mostly Hispanic/Seldom Online* may not be able to get good insurance on their own because of their age and the status of either their health or the health of a family member. The *Realistic and Motivated*, however, face none of these challenges. They are young and healthy, are well educated and have relatively high incomes. They are early adopters who are willing to sacrifice now to gain peace-of-mind in the future; and they are likely to say that the people they care about most want them to get health insurance. The main reason they don't have it now are that they can't afford it on their own and can't get it through an employer or go on their parents' plan.

Exhibit 10. Purchase Intent by Segment (n=742)



What Motivates the Commitment to Enroll?

All Committed Eligibles

Taking advantage of a good deal is the most important motivator for those who are committed to enroll in a plan through Covered California, followed by security/peace-of-mind and a felt need for insurance coverage or health care.

The Segments

Taking advantage of a good deal is most important to the *At Risk and Denied Insurance* and the *Realistic and Motivated*, while security/peace-of-mind is most important to the *Mostly Hispanic/Seldom Online*. The *Realistic and Motivated* and the *At Risk and Denied Insurance* feel the need for coverage and care somewhat more than other eligibles while the *Risk Takers* feel it less. As expected, family benefits are most likely to be motivators among the segments likely to have larger families, *Non-English-Speaking Families/Seldom Online* and the *Realistic and Motivated*. Preventative benefits are most important to *Young Risk Deniers* who are committed to enrolling. This is not surprising since this young, healthy segment has few medical problems and may think that their only health-care need is maintaining their very good to excellent health.

Table 24. Reasons for Planning to Buy Health Insurance through Covered California (Open-Ended Question) (n=209)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Take advantage of a good deal (37%)	27%	20%	59%	38%	55%	47%	33%
Security/peace-of-mind (30%)	36%	54%	27%	4%	26%	16%	29%
Need coverage/care (25%)	24%	24%	33%	35%	26%	10%	25%
Family benefits (16%)	27%	15%	0%	21%	10%	19%	3%
Preventative Benefits (13%)	13%	4%	3%	18%	8%	3%	34%
Other motivators ¹⁴ (11%)	4%	4%	22%	22%	5%	27%	25%
Percent Committed (26%)	32%	30%	21%	27%	36%	9%	20%

What Creates Resistance to Enrolling?

All Resistant Eligibles

Nearly two-thirds of resistant eligibles told us that the cost they were given was too expensive, despite the fact that all of them are eligible for a subsidy, and one-quarter indicated that they do not need insurance.

The Segments

Nearly all of the *Realistic and Motivated* who remained resistant after hearing the facts and the estimated cost of enrolling, cited expense as the reason, as did about eight-in-ten of the two predominately Hispanic segments and the two most-promising “young” segments – the *Realistic and Motivated* and the *Self-Sufficient but Open to Change*.

The *Risk Takers* and, oddly, the *At Risk and Denied Insurance*, were most likely to say they don’t need insurance.

Nearly one-in-five of the most resistant segment – the *Risk Deniers* mentioned opposition to ACA as a reason for their resistance to enrolling. Concern about the quality of the plans is a significant reason for resistance only among the *Mostly Hispanic/Seldom Online*.

¹⁴ The “other” category included a wide array of different responses including: more choices about where to get health care, avoid emergency rooms (except in emergencies), ability to compare plans side by side, believe in the ACA, covers pre-existing conditions, age, and it is mandated.

Table 25. Reasons for Not Planning to Buy Health Insurance through Covered California (Open-Ended Question) (n=112)

	Non-English-Speaking Families/Seldom Online	Mostly Hispanic/Seldom Online	At Risk and Denied Insurance	Realistic and Motivated	Self-Sufficient but Open to Change	Risk Takers	Risk Deniers
Too expensive (66%)¹⁵	83%	77%	34%	95%	80%	47%	67%
Don't need. (25%)	7%	20%	64%	0%	19%	51%	15%
Opposes ACA (6%)	0%	0%	0%	0%	0%	0%	17%
Concerned about the quality of the plans (4%)	11%	20%	0%	0%	0%	3%	1%
Don't know how to apply (2%)	11%	2%	0%	5%	1%	0%	0%
Moving out of state/travel (1%)	0%	0%	0%	0%	0%	1%	0%
Percent Resistant (17%)	9%	15%	19%	6%	11%	22%	35%

Locating the Segments Geographically

As one would expect, 54% of the uninsured eligibles live in either Southern California or Los Angeles. Only 27% live in the San Francisco Bay Area or Far Northern California. Eighteen percent live in the Central Valley.

Nearly half of *Non-English Speaking Families/Seldom Online* live in Southern California.

About six-in-ten of *Mostly Hispanic/Seldom Online* live in either the San Francisco Bay Area or Los Angeles.

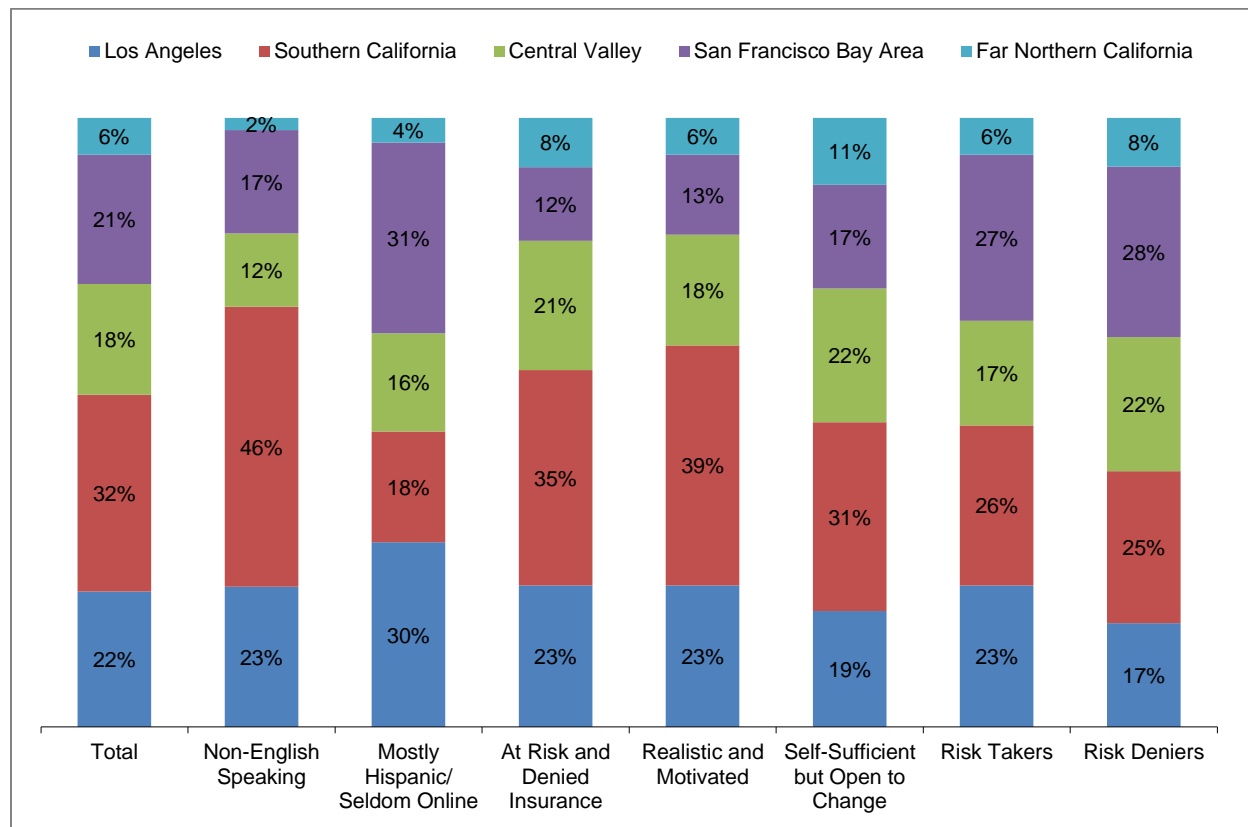
The *At Risk and Denied Insurance* are relatively unlikely to live in the San Francisco Bay Area.

The *Realistic and Motivated* are likely to live in Southern California and unlikely to live in the San Francisco Bay Area, while residences of the *Self-Sufficient but Open to Change* mirror those of eligibles statewide.

Both the *Risk Takers* and *Deniers* are relatively likely to live in the San Francisco Bay Area and unlikely to live in Southern California.

¹⁵ Percentages for the all uninsured eligibles are shown in parentheses.

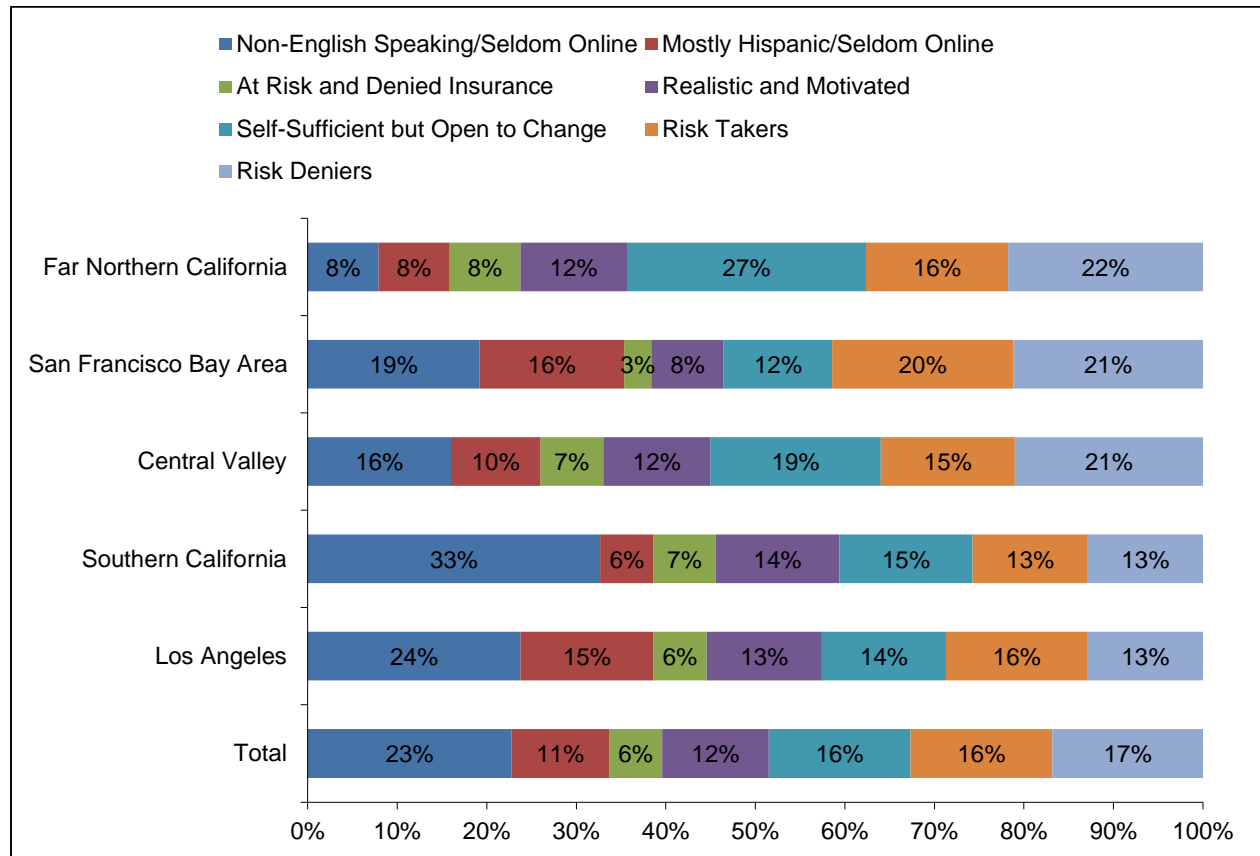
Exhibit 11. Geographical Area by Segment (n=727)



The chart on the following page shows the composition of each geographical area in terms of segments. This chart shows the proportion of each area accounted for by each of the segments. The *Non-English-Speaking Families/Seldom Online* are most important in Southern California and Los Angeles, while the *Mostly Hispanic/Seldom Online* are most important in Los Angeles and the San Francisco Bay Area. The *At Risk and Denied Insurance* are a small fraction of eligibles in all of the areas.

The *Realistic and Motivated* are a small, but – as other analysis has shown – important presence in all areas, with the possible exception of the San Francisco Bay Area. The *Self-Sufficient but Open to Change* also are a small but significant presence in all areas; and they are particularly strong in Far Northern California. Both the *Risk Takers and Deniers* have a somewhat greater presence in the San Francisco Bay Area than other areas.

Exhibit 12. Segment by Geographical Area (n=727)



Conclusions and Recommendations

The following conclusions and recommendations flow from the study:

- **The survey data corroborate the need for a major focus on increasing consumer awareness of Covered California and its brand.**

Not surprisingly, unaided awareness of Covered California is very low at baseline, only 3%. Aided awareness is 12%. Among the subsidy-eligible, unaided awareness is only 1% and aided awareness is 9%. Increasing awareness needs to be a top focus of the campaign.

- **It is urgent that the marketing/outreach campaign act quickly and aggressively to increase consumer knowledge about Covered California and what it is offering to California consumers.**

Overall, baseline levels of knowledge are low. Changing them is a critical priority for the campaign about to be launched. It is critical in order to inoculate against organized efforts to mislead consumers about the benefits and impacts of the ACA and, even more importantly, to build interest in plan enrollment. The study demonstrated that once consumers are informed about Covered California, large numbers are interested in purchasing a health plan. Particular emphasis should be given to those facts that consumers rated as most important in their decision making about whether to shop for a plan at Covered California: non-deniability of pre-existing conditions, availability of a choice of private plans, screening of plans for quality and the ease of plan comparison and selection. In addition, Covered California should emphasize the out-of-pocket limits on health care expenses for low-income people and the availability of assistance with premiums. These facts were rated as most important by respondents in the overall sample as well as the subsidy-eligible.

- **The study suggests that Covered California can enroll almost seven in ten privately insured and uninsured Californians in new health plans commencing in 2014.**

After providing consumers with pricing and other basic information, it is encouraging that seven in ten (69%) said that they are either committed or receptive to enrolling in a Covered California health plan. Among the subsidy eligible more than 80% are committed or receptive to purchasing a plan. A majority (52%) of the privately insured fell into the same category as did 47% of those with incomes above 400% of the FPL. Virtually all Californians (93%) with incomes in the 100-138% of FPL range are committed or receptive to enrolling in a plan.

- **Study data validate the strategic soundness of initially targeting the uninsured subsidy-eligible.**

The study found that the subsidy-eligible are more likely to purchase a plan than those who are not eligible and the privately insured. Eighty six percent of those eligible for the richest subsidies, families with incomes in the 139-199% FPL range, said they were committed or receptive to plan purchase. Seventy seven percent of those in the higher income subsidy-eligible group also did. These percentages are much higher than those for the 400% of FPL and privately insured segments.

- **Campaign messaging should capitalize on what we know about consumer purchase motivations from the study.**

Three motivations were most often cited by those committed to purchasing a plan: a desire to take advantage of the good prices that will be available through Covered California, the security and peace-of-mind that comes from being insured and the simple, felt need for coverage/care. These motivations are most important for both the subsidy-eligible and consumers as a whole. These should primary messages in the marketing/outreach campaign.

- **Whenever possible, the campaign should acknowledge that Covered California understands how financially strapped consumers are.**

As the study makes clear, the subsidy-eligible worry about money a lot as well as their ability to take on another financial obligation right now. The campaign should acknowledge this reality as much as it can in order to build an empathetic relationship with prospective customers.

- **The campaign should reinforce the belief that a major illness or injury can mean going without care or financial disaster, especially to the *Self-Sufficient but Open to Change*, *Risk Taker* and *Risk Denier* market segments, who are most likely to question the risk of being uninsured.**

The subsidy-eligible are concerned about their ability to pay for care and strongly believe that a major injury or illness would be a financial disaster for them. Despite these concerns, however, many consumers are at least somewhat ambivalent about the risk of being uninsured. This ambivalence is most problematic among the *Self-Sufficient but Open to Change* and *Risk Taker* segments and, especially, the *Risk Denier* segment. The campaign should not ignore the need to address risk in its general messaging and especially in efforts targeted to these youth segments.

- **The campaign should stress that getting insurance is a smart way to mitigate the risk and is worth the investment.**

In addition to risk denial or ambivalence, many of the subsidy-eligible are conflicted about the value of insurance. As we reported, they strongly believe that it is smart to get insurance. They're also willing to make financial sacrifices in order to have the peace-of-mind that insurance would bring. However, at the same time, they are not sure about whether you can insure against life risks, whether insurance costs more than paying for care, and whether overall it's worth the money it costs. Conflicted views about the value of insurance are prevalent among all seven of the market segments we identified. This issue needs to be addressed in the campaign.

- **When we communicate about the value of insurance we should emphasize that its main perceived value is the prevention of catastrophic financial consequences rather than minimizing the day-to-day costs of receiving care.**

When asked to identify the main value of health insurance, study respondents said that protection against catastrophic bills was more important than minimizing the day-to-day costs of receiving care and even increasing peace-of-mind. These data suggest that the peace of mind motivation for plan purchase discussed above is heavily tied to relieving fears about the possible financial consequences of a serious illness or injury.

- **Given the high degree of commitment and receptivity across the seven identified market segments, none should be written off including the youth segments.**

Two of the youth segments, the *Risk Takers* and *Risk Deniers* will be the most challenging given their doubts about the risks of being uninsured and the value of insurance. Nevertheless, despite these negative attitudes, the vast majority say they are either committed or receptive to enrolling in a plan. As a result, while conflicted, many are clearly reachable. In addition to emphasizing the risks of being uninsured and the value of insurance, general market messages about cost savings, peace of mind and access to needed coverage/care will be persuasive. So too will be the availability of preventative services, which has particular appeal to the *Risk Deniers*.

- **The largest market segment, *Non-English-Speaking Families/Seldom Online*, will require special outreach and assistance.**

This segment is primed to enroll in Covered California plans once they become available, but many will need in-language personal assistance in order to do so. Bi-lingual promotional materials are essential as well as community-based efforts to enlist key opinion leaders to add legitimacy to Covered California. Since few *Non-English-Speaking Families/Seldom Online* are online, and educational levels are very low, community-based bi-lingual assistance with enrollment will also be necessary. A significant number do not have checking accounts and may need a reliable and reasonably priced vehicle for paying the monthly insurance premium. Encouragement and real help will be necessary to bring this motivated group to full potential.

- **Covered California should prepare for the majority of customers to use the online enrollment portal.**

Six-in-ten consumers will most likely to go online to shop for health insurance at Covered California with 19% making use of a neighborhood counselor and 15% making use of the telephone service center. Among subsidy eligible customers, more will make use of a counselor (26%) although the majority (57%) will go online. Seventeen percent will make use of the telephone service center. Online customers will tend to be younger, more Internet comfortable and more proficient in English. Users of the telephone service center, and particularly the neighborhood counselors, will be more likely to skew older and toward those less comfortable with the Internet and English.

Appendix A: Questionnaire (English language)

Covered California Market Baseline/Segmentation Study

Section 1. Respondent Selection and Screening

INTRO1 Hello, my name is _____. The state of California is conducting an important survey about how the Affordable Care Act may affect California residents beginning January 1, 2014 and we'd like to ask your opinions. We are not selling anything.

S1 Am I speaking to someone who lives in this household who is over 17 years old?

- | | | |
|----|--|---------------|
| 1 | Yes | |
| 2 | This is a business | GO TO S1 EXIT |
| 3 | No, new person comes to phone | GO TO S3 |
| 4 | No one over 17 lives in this household | GO TO S1 EXIT |
| 5 | No one over 17 is home right now | GO TO S1B |
| 99 | Refused | GO TO S1B |

S3 Hello, my name is _____ and I'm calling from NORC at the University of Chicago. We are conducting a study on important health care issues affecting all Californians and would like to ask your opinions. We are not selling anything. Are you over 17 years old?

- | | | |
|----|------------|-----------|
| 1 | Yes | |
| 2 | No | GO TO S3B |
| 77 | Don't know | GO TO S1B |
| 99 | Refused | GO TO S1B |

S3B May I speak to someone over 17 years old?

- | | | |
|---|-----|-----------|
| 1 | Yes | GO TO S3 |
| 2 | No | GO TO S1B |

S1B I'll try back again later. Thank you.

S_CELL Am I speaking to you on your cell phone?

- | | | |
|---|-----|--------------|
| 1 | Yes | |
| 2 | No | GO TO S_CRIT |

S_WARM If you are currently driving a car or doing any activity that requires your full attention I need to call you back at a later time.

- | | |
|---|-----------|
| 1 | Continue |
| 2 | Call back |

S_CRIT I would like to speak to a person in your household who is age 18 to 64 and makes decisions about health care for themselves or their family. Would that be you or someone else?

READ IF NECESSARY: Family includes a legal spouse and any children under age 26 who live in your household or for whom you are financially responsible.		
1	Respondent	CONTINUE
2	New person comes to phone	GO TO S3
3	Person not available	GO TO SCB1
4	No one between the ages of 18 and 64 lives here	THANK AND CLOSE
99	Refused	THANK AND CLOSE

1.2 ASK ONLY IF RESPONDENT ANSWERS THE PHONE IN A LANGUAGE OTHER THAN ENGLISH.

Which language do you feel most comfortable speaking?

English
Spanish
Chinese
Korean
Tagalog
Vietnamese
Armenian
Farsi
Hmong
German
Russian
Arabic
Or some other language: specify

1.4 I am going to read some categories. Please stop me when I read the category that best describes your age. Are you 18 to 25 years old, 26 to 49 years old, 50 to 64 years old, or 65 or older?

1	Under 18	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
2	18 – 25	CONTINUE TO 1.5
3	26- 49	CONTINUE TO 1.5
4	50 - 64	CONTINUE TO 1.5
5	65+	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

Navigator Grant Program Request for Applications – Appendix D

NORC | Covered California - Consumer Market Baseline/Segmentation Study

1.4B Is there anyone in this household between the ages of 18 and 64?

1	Yes, new person comes to phone	GO TO S5
2	No	THANK AND CLOSE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

S5 Hello, my name is _____ and I'm calling from NORC at the University of Chicago. We are conducting a study on important health care issues affecting all Californians and would like to ask your opinions. We are not selling anything.

GO TO S_CRIT

1.5 Are you currently covered by health insurance? This includes health insurance obtained through an employer, purchased directly, HMOs or prepaid plans like Kaiser (KY-ZER), government programs such as Medi-Cal, Healthy Families or Healthy Kids, military programs such as Champus, Champ VA or the Indian Health Service.

1	Yes	CONTINUE
2	No	CLASSIFY AS UNINSURED AND SKIP TO 1.6
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.5A Does an employer or the Government pay some or all of the cost of your health insurance plan?

1	Yes	THANK AND CLOSE
2	No	CLASSIFY AS INDIVIDUALLY INSURED
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.6 To the best of your knowledge, are you a legal resident of California?

READ IF NECESSARY: To be a legal resident of California, you must be a United States citizen or permanent resident, live in California all or most of the year, file a California tax return, and be eligible for State benefits.

1	Yes	CONTINUE
2	No	THANK AND CLOSE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

Navigator Grant Program Request for Applications – Appendix D

NORC | Covered California - Consumer Market Baseline/Segmentation Study

1.7 Your family includes a spouse and any children living at home or away at school or college. By spouse, I mean a person that you are legally married to. Including you, how many people are there in your family?

READ IF NECESSARY: Family includes a legal spouse and any children under age 26 who live in your household or for whom you are financially responsible.

	RECORD NUMBER	IF MORE THAN ONE CLASSIFY AS "FAMILY"
77	DON'T KNOW	THANK AND CLOSE
99	REFUSED	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.8 Your family income includes all the money any family member living in your household brings in from any source before taxes are taken out. To the best of your knowledge was your family income for 2012 under or over [100% PL for family size]?

1	Under	THANK AND CLOSE
2	Over	CONTINUE
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Those are all the questions I have. Thank you for your time.

1.9 **DO NOT ASK UNLESS UNCERTAIN.** Are you male or female?

1	Male
2	Female
99	Refused

11.9 Are you either Hispanic or Latino?

1	Yes
2	No
77	Don't know
99	Refused

1.10 [IF 11.9 = 1, "Hispanics and Latinos can be of any race."] What is your primary racial heritage?

1	African American or Black	
2	Asian or Pacific Islander	
3	American Indian or Alaska Native	
4	White or Caucasian	
5	Hispanic or Latino	
6	Other: specify	GO TO 11.100TH
77	Don't Know	
99	Refused	

11.100TH ENTER OTHER SPECIFY _____

CONSENT Before I continue, I would like you to know that your participation in this survey is voluntary. Everything you say is completely confidential. You may choose not to answer any questions you don't wish to answer, or end the interview at any time with no impact on the benefits you may receive. The survey will take about 20 minutes. In order to review my work, this call will be recorded and my supervisor may listen as I ask the questions.

READ IF NECESSARY: The survey is about important health care issues that will affect all Californians. If you have any questions about the survey, I can provide you with a free number for you to call.

Section 2. Employment and Employer Health Insurance

2.1 Are you currently employed, self-employed, retired, a full-time homemaker, a student, or unemployed?

1	Employed by someone else	CONTINUE
2	Self-employed (NOTE: Includes independent contractors)	CONTINUE
3	Retired	SKIP TO Q2.2
4	Full-time homemaker	SKIP TO Q2.2
5	Student	SKIP TO Q2.2
6	Unemployed	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1A Are you employed full-time or part-time?

1	Full-time (IF NECESSARY: (30 hours per week or more)
2	Part-time (IF NECESSARY: Less than 30 hours per week)
3	Varies
77	Don't know
99	Refused

2.1B IF 2.1 = 1, THEN ASK ["Does your employer offer health insurance?"] IF 2.1 = 2, THEN ASK ["Does your business provide you with health insurance?"]

1	Yes	CONTINUE
2	No	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1C Why are you not using your employer's insurance – Is it because you are not eligible for it because of your employment status, because it costs too much, because you don't like the coverage, or are there other reasons? **[ACCEPT UP**

TO 3]

INTERVIEWER INSTRUCTION: IF R SAYS THEY DO USE EMPLOYER'S INSURANCE, SAY "Does your employer pay some or all of the cost of your health insurance plan?" IF YES, SELECT OPTION 6.

1	Not eligible because of employment status	
2	It costs too much	
3	Didn't like the coverage	
4	Other (specify)	
5	I am using my employer's insurance but employer doesn't pay any part of it	GO TO Q3_1
6	I am using my employer's insurance and employer pays some or all of the cost	THANK AND CLOSE
99	Don't know	
77	Refused	

CLOSE: Those are all the questions I have. Thank you for your time.

Q2_1C_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q3.1 IF (INDIVIDUALLY INSURED) Q1.5A=2

2.2 Have you had health insurance – either on your own or through an employer, government program, or a spouse or spouse's employer – anytime within the past 5 years? [ACCEPT UP TO 3]

READ IF NECESSARY: Did you have that insurance on your own, through and employer, through a government program, or something else?

1	Yes, on my own	CONTINUE
2	Yes, through employer	CONTINUE
3	Yes, through government program	CONTINUE
4	Yes, other: specify	CONTINUE
5	No	SKIP TO SECTION 3
77	Don't know	SKIP TO SECTION 3
99	Refused	SKIP TO SECTION 3

2.2A What is the **MAIN REASON** you do not have this health insurance now – Is it because you lost a job, because you left a job or changed jobs, because the cost was too high, because you didn’t like the coverage, or was there another reason? **[SELECT ONLY ONE]**

READ IF NECESSARY: I am referring to the last time you had health insurance.

INTERVIEWER INSTRUCTION: If more than one reason given, say “Which of those would be the main reason?”

1	Lost a job
2	Left a job or changed jobs
3	Cost was too high
4	Other (specify)
77	Don’t know
99	Refused

Q2_2A_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q4.1 IF (UNINSURED) Q1.5=2

Section 3. Questions for the Individually Insured

3.1 How satisfied are you with your current health insurance policy? Are you...**READ?**

1	Very satisfied	ASK Q3.1A
2	Somewhat satisfied	ASK Q3.1A
3	Neither satisfied nor dissatisfied	SKIP TO Q4.1
4	Somewhat dissatisfied	SKIP TO Q3.1B
5	Or very dissatisfied	SKIP TO Q3.1B
77	Don’t know	SKIP TO Q4.1
99	Refused	SKIP TO Q4.1

3.1A Please tell me about the reasons you are **SATISFIED** with your current health insurance policy? Is it because of cost, coverage, access to the right providers, or other reasons? **[MARK ALL THAT APPLY]**

INTERVIEWER INSTRUCTION: If respondent gives just one reason, ask “Are there any other reasons?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don’t know
99	Refused

Q3_1A_OTH ENTER OTHER SPECIFY _____

3.1B Please tell me about the reasons you are DISSATISFIED with your current health insurance policy? Is it because of cost, coverage, lack of access to the right providers, or other reasons? **[MARK ALL THAT APPLY]**

INTERVIEWER INSTRUCTION: If respondent gives just one reason, ask “Are there any other reasons?”

- 1 Cost
- 2 Coverage
- 3 Access to the right providers
- 4 Other (specify)
- 77 Don't know
- 99 Refused

Q3_1B_OTH ENTER OTHER SPECIFY _____

Check point: SKIP TO Q5.1 IF (INDIVIDUALLY INSURED) Q1.5A = 2

Section 4. Risks of Being Uninsured

4.1 What is your opinion: Are you taking a risk by being uninsured?

- 1 Yes CONTINUE
- 2 No SKIP TO Q4.2
- 77 Not sure SKIP TO Q4.2
- 99 Refused SKIP TO Q4.2

4.1A Which of the following are serious risks?

4.1A1 Having trouble getting good health care.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A2 Running up medical bills you can't pay and ruining your credit rating

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A3 Being at risk of major illness because you couldn't afford regular checkups.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A4 Having to spend too much time waiting to get the care you need.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A5 Worrying about how you would pay your medical bills if you or someone in your family got sick or was injured.

READ IF NECESSARY: Is this a serious risk?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A6 Are there any other serious risks?

- 1 Yes (specify)
- 2 No
- 77 Don't know
- 99 Refused

4.1A6OTH ENTER YES, SPECIFY _____

Reasons for Not Having Insurance

4.2 Today, nearly 50 million Americans do not have health insurance. I will read some reasons people have given us for not having health insurance. As I read each one, please tell me whether or not it is a reason you do not have health insurance today.

4.21 I cannot afford health insurance.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.22 I would be denied health insurance or charged a high price for it because of a pre-existing condition

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.24 I cannot get health insurance through an employer

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.26 I am in good health so I don’t need health insurance.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.27 I have learned how to live without health insurance. ASK Q4.2A

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.28 I am not sure how to get health insurance

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.23 (SHOW ONLY IF AGE 50+ IN Q1.4) I would be denied health insurance or charged a high price for it because of my age.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.25 (SHOW ONLY IF UNDER AGE 26 IN Q1.4) I am not eligible for my parents’ plan.

READ IF NECESSARY: “Is this a reason you do not have health insurance today?”

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

4.29 Are there any other reasons you don’t have health insurance? (Specify)

4.29OTH ENTER OTHER SPECIFY _____

Section 5. Psychographics

General Orientations: Planning, Risk-Taking, Finances

5.1 Now, I will read some statements people have made about their life styles. As I read each one, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.11 Life is full of risks that you can't plan for or insure against. You just have to take your chances.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.12 I am willing to sacrifice now to have peace-of-mind about the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.13 I am just starting out in life.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.14 I worry about money a lot.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.15 There is no way that I could take on another financial burden right now.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.16 It is a challenge for me to pay my bills every month.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.17 I focus on the challenges I face today, not the ones I might face in the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.18 I'm usually among the first to try new things.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.19 I have other people I can turn to if I need help.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

General Orientations: Health

5.2 Now I'll read some statements people have made about their health. As I do please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.20 I'm concerned about not being able to pay for health care.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.21 I don't worry about health care because I take good care of myself.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.22 It's very important for me to be informed how to best take care of my health.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.23 [If Q1.7 = 1 then, "I am"; if Q1.7 > 1 then "All the people in my immediate family are"] healthy and unlikely to need much medical care in the foreseeable future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.24 I am worried about [if Q1.7 = 1 then “my health”; if Q1.7 > 1 then “my health or the health of someone in my immediate family”].

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don’t know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.25 A major illness or injury would be a financial disaster for me.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don’t know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

I know how to get along without going to a doctor if I get sick.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 5.26 4 Disagree strongly
- 77 Don’t know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.28 I have looked for information on health topics recently.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don’t know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

Orientations toward Health Insurance

5.3 Now, I am going to read some statements about health insurance. As I read each one, please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.31 Getting health insurance is too complicated.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.32 I don't want to spend money insuring against health problems that probably won't happen.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.33 Health insurance can cost more than paying for my own health care.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.34 Health insurance is well worth the money it costs.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.35 It's smart to get insurance in case you get sick in the future.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.36 Health insurance is for sick people.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.37 The people I care most about want me to get health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.38 A lot of people who didn't have health insurance before are getting it now because it is the right thing to do.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.39 Most people like me don't have health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

5.310 Someone else takes care of my health care so I really don't need to think about health insurance.

- 1 Agree strongly
- 2 Agree somewhat
- 3 Disagree somewhat
- 4 Disagree strongly
- 77 Don't know/No opinion
- 99 Refused

READ IF NECESSARY: Please tell me whether you agree strongly, agree somewhat, disagree somewhat or disagree strongly.

What do you see as the main value of health insurance? Is it to

5.4

- (1) pay for expected day-to-day health care costs,
- (2) protect you against the cost of unexpected major illness or injury, or
- (3) give you peace-of-mind?

[SELECT ONLY ONE]

1	Pay for expected day-to-day health care costs
2	Protect you against the cost of unexpected major illness or injury
3	Give you peace-of-mind
77	Don't know
99	Refused

Section 6. ACA: Awareness and Perceptions

Awareness of and Perceptions about ACA

6.1 Have you heard, seen, or read anything about the Affordable Care Act, which is sometimes called Obamacare? It was passed by Congress and signed by the President in 2010?

1	Yes	CONTINUE
2	No	SKIP TO Q6.2
77	Don't know	SKIP TO Q6.2
99	Refused	SKIP TO Q6.2

6.1B Do you think the Affordable Care Act will be good for you, bad for you, or will it have no impact?

1	Good
2	Bad
3	No Impact
77	Don't know
99	Refused

Awareness of and Perceptions about Covered California

6.2 Under the Affordable Care Act, beginning on January 1, 2014, everyone will be able to get health insurance. Have you heard or read anything about where Californians can go to get health insurance when the law takes effect in 2014?

1	Yes	CONTINUE
2	No	SKIP TO Q6.3
77	Don't know	SKIP TO Q6.3
99	Refused	SKIP TO Q6.3

6.2A	Where can you go? [MARK UP TO 3]
1	Covered California SKIP TO Q6.4
2	California Health Benefit Exchange
3	California State Government
4	Other: specify
5	Cannot remember/Not Sure
77	Don't know
99	Refused

6.2AOTH ENTER OTHER SPECIFY _____

6.3B	Have you heard or read anything about an organization called Covered California?
1	Yes
2	No
77	Don't know
99	Refused

Knowledge about Covered California

6.4 Californians will be able to get coverage by going to a new health insurance marketplace called Covered California. Here are some statements that people have made about the new marketplace. For each, please tell me whether you think it is true, false or if you are not sure.

6.41 Covered California will be operated by the health insurance industry.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.42 Covered California will offer only government health insurance plans.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.44 The health plans will meet people’s basic needs but generally won’t be as good as the plans sold elsewhere.

- 1 True
- 2 False
- 77 Don’t know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.45 People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.

- 1 True
- 2 False
- 77 Don’t know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.46 People with lower incomes will pay less for out-of-pocket costs when they use health care.

- 1 True
- 2 False
- 77 Don’t know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.47 You can get information, compare plans and get health insurance by simply going online to the Covered California website.

- 1 True
- 2 False
- 77 Don’t know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.48 Most people who don't get health insurance will have to pay a penalty.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

Covered California is a welfare program.

6.49

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.410 Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.411 Covered California will offer private health insurance plans that will compete for your business.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

6.412 You will be able to get health insurance through Covered California even if you have a pre-existing condition.

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: This is a statement that people have made about the new marketplace. Please tell me whether you think it is true, false or if you are not sure.

Most Important Fact about Covered California

6.5 Now I will read you a list of facts about *Covered California*. As I read each one, please tell how important it will be in your decision about whether or not to shop for health insurance at *Covered California*. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.51 The California State Government will operate Covered California.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.52 (ALWAYS READ AFTER 01. DO NOT RANDOMIZE.) Covered California will offer a number of private health insurance plans.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.53 It will be easy to compare insurance plans and select the one that is best for you.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.54 All plans will be screened to make sure they offer the services people need, including preventive care.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.55 People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.56 (ALWAYS READ AFTER 05. DO NOT RANDOMIZE.) People with lower incomes will also pay less for out-of-pocket costs when they use health care.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

You cannot be denied because of a pre-existing condition.

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

ENTER NUMBER _____ (range: 0-10, 77, 99)

6.57 READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

6.58 Most people who don’t get health insurance will have to pay a penalty.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Please tell me how important this will be in your decision about whether or not to shop for health insurance at Covered California. Please use a scale of zero to 10, where “zero” means that it is not important at all and “10” means that it is extremely important.

Section 7. How to Access Covered California

7.1 You can use Covered California to shop for health insurance by going to the Covered California website, or you can get personal help by calling a toll free telephone number or by going to a neighborhood assistance center. What would you be MOST likely to do – go online, call a toll free number, or visit a neighborhood assistance center?

- 1 Go online
- 2 Call the toll free number
- 3 Visit a neighborhood assistance center
- 4 Wouldn’t do any of these
- 77 Don’t know
- 99 Refused

Section 8: Purchase Intent After Hearing Cost

8.0 I am now going to tell you what your health insurance plan would cost if you got it through Covered California. This cost depends on your age, income and the number of adults and children that would be covered by your health insurance policy, so I need to ask you a few questions.

- 8.1** What is your current age?
ENTER AGE _____ (range: 18-64) GO TO 8.2
- 77 Don’t know
- 99 Refused

8.1A I am only asking for your age so that I can give you a cost estimate for the health insurance plan through Covered California. Would you like to tell me your age?

1	Yes	GO BACK TO 8.1
77	Don't know	GO TO 8.6
99	Refused	GO TO 8.6

Check Point: IF 1.7=1, SKIP TO 8.5. ELSE, ASK 8.2

8.2 Do you have a spouse who would be covered under your policy?

1	Yes	
2	No	SKIP TO Q8.3
77	Don't know	SKIP TO Q8.3
99	Refused	SKIP TO Q8.3
8.2A	How old is your spouse?	
	ENTER AGE _____	
77	Don't know	
99	Refused	

8.3 How many children under age 21 would be covered by your insurance plan?

	RECORD NUMBER _____
77	Don't know
99	Refused

8.4 How many children age 21 to 25 would be covered by your insurance plan?

	RECORD NUMBER _____
77	Don't know
99	Refused

8.5 Total income includes all of the money anyone in your family brought in from any source. About what was your total income for 2012?

	ENTER NUMBER _____	IF FPL 100%-138% GO TO 8.51
		IF FPL 139% OR ABOVE, GO TO 8.52
77	Don't know	ASK Q8.5A
99	Refused	ASK Q8.5A

8.5A I only need a rough estimate of your total family income in 2012 to give you an idea of what it would cost you to get health insurance through Covered California. Please stop me when I read the category that best describes your total family income. Was your total family income... [READ CATEGORIES]?

PROGRAMMER: BASE RANGES BELOW ON FAMILY SIZE IN Q1.7)

1	\$XXX-\$XXX	(100%-138% PL)	GO TO 8.51
2	\$XXX-\$XXX	(139%-199% PL)	GO TO 8.52
3	\$XXX-\$XXX	(200%-249% PL)	GO TO 8.52
4	\$XXX-\$XXX	(250%-299% PL)	GO TO 8.52
5	\$XXX-\$XXX	(300%-349% PL)	GO TO 8.52
6	\$XXX-\$XXX	(350%-399% PL)	GO TO 8.52
7	\$XXX OR MORE	(400% OR MORE)	GO TO 8.52
77	Don't know		GO TO 8.6
99	Refused		GO TO 8.6

8.51 Based on your income and the size of your family, [IF 1.7=1, THEN “you”; IF 1.7 > 1, THEN “you and your family”] will not have to pay anything to get health insurance through Covered California.

GO TO 8.6

8.52 The cost of insurance plans will vary according to the level of coverage. Based on your income and the size of your family, it would cost you about [\$XXXX] a month to get a Silver plan, that is, a medium priced one, for [IF 1.7=1, THEN “you”; IF 1.7 > 1, THEN “you and your family”] through Covered California.

READ IF NECESSARY: This monthly cost is the premium cost.

GO TO 8.6

8.6 This question is about getting health insurance. [If 8.51 or 8.52 displayed, “Now that I have told you the estimated cost you could expect to pay for health insurance through Covered California, which of the following statements best describes what you think you will do once Covered California becomes available in 2014?”; ELSE, “Low and moderate income people will receive a tax credit to reduce the monthly cost of insurance and make it affordable. The lower your income, the less the plan will cost each month. Which of the following statements best describes what you think you will do once Covered California becomes available in 2014?”]

- (1) I will get health insurance through Covered California as soon possible.
- (2) I may get health insurance through Covered California but I am not sure that I will.
- (3) I will not get health insurance through Covered California.

1	I will get health insurance through Covered California as soon possible.	SKIP TO Q8.6A
2	I may get health insurance through Covered California but I am not sure that I will.	SKIP TO Q8.8
3	I will not get health insurance through Covered California.	SKIP TO 8.6B
77	Don't know	SKIP TO Q9.1
99	Refused	SKIP TO Q.91

Motivators

8.6A What are the main reasons you plan to get health insurance through Covered California as soon as possible? [ACCEPT UP TO 3] OPEN END.

INTERVIEWER INSTRUCTION: If only one or two reasons given, ask “Are there any other reasons?”

PROPOSED CATEGORIES FOR CODING.

- Save money/Lower cost of health insurance
- Better access to health care
- More choices about where to get health care
- Peace-of-mind
- Shorter time having to wait to get health care
- Safety/security
- Wouldn't have to put off getting health care
- Can cover my family/not just myself
- Avoid emergency rooms (except in emergencies)
- Can get checkups and other preventive care
- Ability to compare plans side by side

Barriers

8.6B What are the main reasons you **DO NOT** plan to get health insurance through the Covered California? **PROBE: Are there any other reasons? OPEN END. PROBE FOR MULTIPLE RESPONSES. ACCEPT UP TO 3.**

PROPOSED CATEGORIES FOR CODING.

Too expensive

Add a monthly expense I might not be able to manage.

Don't want to be forced to get insurance because of the government requirement.

Don't want to pay for something I don't need

I am healthy and don't need health insurance.

I am able to manage my health care without insurance

Section 9. Communications

Internet Access and Use

9.1 Do you use the Internet using a computer, tablet or smart phone? **[MARK ALL THAT APPLY]**

READ IF NECESSARY: Which do you use, a computer, tablet or smartphone?

1 Yes, computer

2 Yes, tablet

3 Yes, Smartphone

4 No, does not use the Internet

SKIP TO Q10.1

77 Don't know

SKIP TO Q10.1

99 Refused

SKIP TO Q10.1

9.1A How often do you use the Internet? Do you use it every day or almost every day, several days a week, once a week, several times a month, once a month, or less than once a month?

1 Every day or almost every day

2 Several days a week

3 Once a week

4 Several times a month

5 Once a month

6 Less than once a month

77 Don't know

99 Refused

9.2 Do you use the Internet to shop or pay bills using a computer, tablet or smart phone?
[MARK ALL THAT APPLY]

READ IF NECESSARY: Which do you use, a computer, tablet or smartphone?

- 1 Yes, computer
- 2 Yes, tablet
- 3 Yes, Smartphone
- 4 No
- 77 Don't know
- 99 Refused

Section 10. Access to Financial Services

10.1 Do you have a checking account that you use to pay bills?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

Section 11. Classification Variables

11.1 In general, would you say your health is excellent, very good, good, fair, or poor?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 77 Don't know
- 99 Refused

11.2 If Q.7 = 1 GO TO 11.3, ELSE DISPLAY

Are there any family members who would be included on your health insurance whose health is poor or only fair?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

11.3A Do [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or someone in your family”] have a disability that limits [IF 1.7=1, THEN “your”; IF 1.7 > 1, then “his or her”] activities?

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.3B Do [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or someone in your family”] have a chronic or long-lasting condition?

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.4 Have [IF 1.7=1, THEN “you”; IF 1.7 > 1 THEN “you or anyone in your family”] ever been denied health care coverage because of a health problem or pre-existing condition?

INTERVIEWER INSTRUCTION: A pre-existing condition is an existing health problem.

- 1 Yes
- 2 No
- 77 Don’t know
- 99 Refused

11.5 What is the highest grade in school or year of college that you have completed?

- 1 No schooling or less than grade school
- 2 Grade/elementary school
- 3 Some high school (did not graduate)
- 4 High school graduate
- 5 Vocational or technical school (not college)
- 6 Some college
- 7 4-year college graduate
- 8 Post-graduate degree
- 77 Don’t know
- 99 Refused

**Check Point: If RDD_NCCELL_CCELL IN (2,3) THEN
ASK SL_LANDLINE, ELSE SKIP TO C11Q15_CELL**

SL_LANDLINE The next few questions are about the telephones in your household.

Do you have a landline telephone in your household?

READ AS NECESSARY: Please do not include:

- modem-only lines,
- fax-only lines,
- lines used just for home security systems,
- beepers,
- Skype
- pagers, or
- cell phones.

Please include Voice Over I.P. or VOIP numbers.

1	Yes
2	No
77	Don't Know
99	Refused

C11Q15_CELL [IF SL_LANDLINE NOT DISPLAYED, THEN DISPLAY: “The next few questions are about the telephones in your household.”]

In total, how many working cell phones do you and your household members have available for personal use? Please do not count cell phones that are used exclusively for business purposes.

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display: “Please include [OLD_NUMBER].”]

[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.”]

1	One	
2	Two	
3	Three or more	
4	None	GO TO C11Q16
77	Don't Know	
99	Refused	

C11Q15_CELL_USUALLY	<p>How many of these cell phones do the adults in this household usually use?</p> <p>[If RDD_NCCELL_CELL=2,3 and NEWPHONE_FLAG=0 then display: "Please include the number we called." ELSE If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 then display "Please include [OLD_NUMBER]."]</p> <p>[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]</p> <p>[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>
1	One
2	Two
3	Three or more
4	None
77	Don't Know
99	Refused

Check Point: IF (RDD_NCCELL_CCELL=2,3 AND SL_LANDLINE=2) THEN SKIP TO 11.8; ELSE ASK C11Q16

C11Q16	<p>Of all the telephone calls that you and your household receive, are nearly all received on cell phones, nearly all received on regular phones, or some received on cell phones and some received on regular phones?</p>
1	Nearly all received on cell phones
2	Nearly all received on landline phones
3	Some received on cell phones and some on landline phones
77	Don't Know
99	Refused

11.8 What is your zip code?

ENTER 77777 FOR Don't know
ENTER 99999 FOR REFUSED

ENTER ZIP CODE _____

11.8A What are the 4 digits that follow your zip code?

ENTER 7777 FOR DON'T KNOW
 ENTER 9999 FOR REFUSED

ENTER NUMBER _____

11.8B In what county do you live?

ENTER DK FOR DON'T KNOW
 ENTER REF FOR REFUSED

11.11 Would you say you speak English very well, well, a little, very little, or not at all?

1 Very well

2 Well

3 A little

4 Very little

5 Not at all

77 Don't know

99 Refused

11.12 Would you say you read English very well, well, a little, very little, or not at all?

1 Very well

2 Well

3 A little

4 Very little

5 Not at all

77 Don't know

99 Refused

11.13 SHOW LANGUAGE OF INTERVIEW

English

SKIP TO Q11.15

Spanish

Chinese

Korean

Tagalog

Vietnamese

Armenian

Farsi

Hmong

German

Russian

Arabic

Other: specify

Don't know/Refused

SKIP TO Q11.15

11.13A	Would you say you <u>read</u> (LANGUAGE from 11.13) very well, well, a little, very little, or not at all?
1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.15	Finally, would you say you are gay, lesbian, straight or heterosexual, bi-sexual, or transgender?
1	Gay
2	Lesbian
3	Straight or heterosexual
4	Bi-Sexual
5	Or transgender
77	Don't know
99	Refused

Appendix B: Questionnaire (Spanish language)

Covered California Market Baseline/Segmentation Study

Section 1. Respondent Selection and Screening

INTRO1 Hola, mi nombre es _____ y estoy llamando en nombre de NORC de la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada.

S1 ¿Estoy hablando con alguien que vive en esta casa que tenga más de 17 años de edad?

1	Yes	
2	This is a business	GO TO S1 EXIT
3	No, new person comes to phone	GO TO S3
4	No one over 17 lives in this household	GO TO S1 EXIT
5	No one over 17 is home right now	GO TO S1B
99	Refused	GO TO S1B

S3 Hola, mi nombre es _____ y estoy llamando en nombre de NORC en la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los Californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada. ¿Es usted mayor de 17 años de edad?

1	Yes	
2	No	GO TO S3B
77	Don't know	GO TO S1B
99	Refused	GO TO S1B

S3B ¿Puedo hablar con alguien mayor de 17 años de edad?

1	Yes	GO TO S3
2	No	GO TO S1B

S1B Voy a tratar de nuevo más tarde. Gracias.

S_CRIT Me gustaría hablar con una persona en su hogar que tenga entre 18 y 64 años de edad y que pueda tomar decisiones sobre el cuidado de la salud para sí mismo/a o sus familiares. ¿Sería usted u otra persona?

1	Respondent	CONTINUE
2	New person comes to phone	REPEAT INTRO1
3	No one between the ages of 18 and 64 lives here	THANK AND CLOSE ITS = 60
99	Refused	THANK AND CLOSE

1.2 [ASK ONLY IF RESPONDENT ANSWERS THE PHONE IN A LANGUAGE OTHER THAN ENGLISH.]

¿En qué idioma se siente usted más cómodo/a hablando?

English
Spanish
Chinese
Korean
Tagalog
Vietnamese
Armenian
Farsi
Hmong
German
Russian
Arabic
Or some other language: specify

1.4 Voy a leer algunas categorías. Por favor dígame cuando leí la categoría que mejor describa su edad. ¿Tiene 18 a 26 años de edad, de 27 a 49 años de edad, de 50 a 64 años de edad, o 65 años o más?

1	Under 18	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
2	18 – 25	CONTINUE TO 1.5
3	26- 49	CONTINUE TO 1.5
4	50 - 64	CONTINUE TO 1.5
5	65+	PROBE TO DETERMINE WHETHER THERE IS A PERSON AGE 18 TO 64 IN THE HOUSEHOLD. IF NOT, THANK AND CLOSE.
77	Don't know	THANK AND CLOSE
99	Refused	THANK AND CLOSE

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.4B ¿Hay alguien en este hogar que tenga entre 18 y 64 años de edad?

1	Yes, new person comes to phone	GO TO INTRO1
2	No	THANK AND CLOSE – SET ITS = 51
77	Don't know	THANK AND CLOSE – SET ITS = 51
99	Refused	THANK AND CLOSE – SET ITS = 51

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

55 Hola, mi nombre es _____ y estoy llamando de NORC en la Universidad de Chicago. Estamos llevando a cabo un estudio sobre los problemas de salud más importantes que afectan a todos los Californianos y nos gustaría pedir sus opiniones. No estamos vendiendo nada.

GO TO S_CRIT

1.5 ¿Está usted cubierto/a por un seguro de salud? Esto incluye el seguro de salud obtenido a través de un empleador, seguro comprado directamente, HMO o planes prepagados como Kaiser (KY-ZER), los programas de gobierno tales como Medi-Cal, Healthy Families o Healthy Kids, programas militares como Champus, Champ VA o el Servicio de Salud Indígena?

1	Yes	CONTINUE
2	No	CLASSIFY AS UNINSURED AND SKIP TO 1.6
77	Don't know	THANK AND CLOSE – SET ITS = 52
99	Refused	THANK AND CLOSE – SET ITS = 52

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.5A ¿Es un empleador o es el gobierno el que paga parte o todo el costo de su plan de seguro de salud?

1	Yes	THANK AND CLOSE – SET ITS = 53
2	No	CLASSIFY AS INDIVIDUALLY INSURED
77	Don't know	THANK AND CLOSE – SET ITS = 53
99	Refused	THANK AND CLOSE – SET ITS = 53

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.6 A lo mejor de su conocimiento, ¿es usted un/a residente legal de California?

READ IF NECESSARY: Para ser un/a residente legal de California, usted debe ser un/a ciudadano/a de los Estados Unidos o un/a residente permanente, vivir en California todo o la mayor parte del año, presentar una declaración de impuestos de California, y ser elegible para los beneficios del Estado.

1	Yes	CONTINUE
2	No	THANK AND CLOSE – SET ITS = 58
77	Don't know	THANK AND CLOSE – SET ITS = 58
99	Refused	THANK AND CLOSE

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.7 Su familia incluye a su cónyuge y a los hijos viviendo en casa o en el colegio o la universidad. Por cónyuge, me refiero a una persona que está legalmente casado/a con usted. Incluyendo usted mismo/a, ¿cuántas personas hay en su familia?

RECORD NUMBER IF MORE THAN ONE CLASSIFY AS “FAMILY”

77	DON'T KNOW	THANK AND CLOSE
99	REFUSED	THANK AND CLOSE

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CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

1.8 Su ingreso familiar incluye todo el dinero que cualquier miembro de la familia viviendo en su hogar trae de cualquier fuente antes de descontar los impuestos. A lo mejor de su conocimiento ¿ fue su ingreso familiar para el año 2012 por debajo o por encima de [100% PL for family size]?

1	Under [100% of PL]	THANK AND CLOSE – SET ITS = 63
2	Over	CONTINUE
77	Don't know	THANK AND CLOSE– SET ITS = 64
99	Refused	THANK AND CLOSE– SET ITS = 64

CLOSE: Esas son todas las preguntas que tengo. Gracias por su tiempo.

**1.9 DO NOT ASK UNLESS UNCERTAIN.
¿Es usted hombre o mujer?**

1	Male
2	Female
99	Refused

11.9 ¿Es usted hispano o latino?

1	Yes
2	No
77	Don't know
99	Refused

1.10 [IF OVERSAMPLE=1 THEN READ, “¿Cuál es su herencia racial principal?”, ELSE GO TO CONSENT]

1	African American or Black
2	Asian or Pacific Islander
3	American Indian or Alaska Native
4	White or Caucasian
5	Hispanic or Latino
6	Other: specify
77	Don't Know
99	Refused

CONSENT Antes de continuar, quiero que usted sepa que su participación en esta encuesta es voluntaria. Todo lo que diga es completamente confidencial. Usted puede optar por no responder a cualquier pregunta que no desee contestar o terminar la entrevista en cualquier momento sin ningún impacto en los beneficios que usted pueda recibir. La encuesta le tomará aproximadamente 20 minutos. Para revisar mi trabajo, esta llamada será grabada y mi supervisor puede escuchar mientras hago las preguntas.

READ IF NECESSARY:

La encuesta se trata de cuestiones de salud importantes que afectarán a todos los californianos. Si usted tiene alguna pregunta acerca de la encuesta, puedo darle un número de teléfono gratuito al que puede llamar.

Section 2. Employment and Employer Health Insurance

2.1 ¿Está usted actualmente empleado/a, trabaja por cuenta propia, jubilado/a, ama de casa a tiempo completo, un/a estudiante o desempleado/a?

1	Employed by someone else	CONTINUE
2	Self-employed (NOTE: Includes independent contractors)	CONTINUE
3	Retired	SKIP TO Q2.2
4	Full-time homemaker	SKIP TO Q2.2
5	Student	SKIP TO Q2.2
6	Unemployed	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1A ¿Trabaja usted a tiempo completo o tiempo parcial?

1	Full-time (IF NECESSARY: (30 horas por semana o más))
2	Part-time (IF NECESSARY: (Menos de 30 horas por semana))
3	Varies
77	Don't know
99	Refused

2.1B IF 2.1 = 1, THEN ASK [“¿Su empleador ofrece seguro de salud?”] IF 2.1 = 2, THEN ASK [“¿Su empresa le proporciona a usted seguro de salud?”]

1	Yes	CONTINUE
2	No	SKIP TO Q2.2
77	Don't know	SKIP TO Q2.2
99	Refused	SKIP TO Q2.2

2.1C ¿Por qué no usa el seguro de su empleador - ¿Es porque usted no es elegible

para él debido a su condición de empleo, porque cuesta demasiado, porque no le gusta la cobertura, o existen otras razones?

1	Not eligible because of employment status	
2	It costs too much	
3	Didn't like the coverage	
4	Other (specify)	
5	I am using my employer's insurance but employer doesn't pay any part of it	GO TO Q3_1
6	I am using my employer's insurance and employer pays some or all of the cost	THANK AND CLOSE
99	Don't know	
77	Refused	

Check point: SKIP TO Q3.1 IF (INDIVIDUALLY INSURED) Q1.5A=2

2.2 Alguna vez ha tenido usted seguro de salud - ya sea por su cuenta o a través de un empleador, un programa del gobierno, o un cónyuge o el empleador de su cónyuge?
READ IF NECESSARY:

¿Tuvo usted ese seguro por su cuenta, a través y de un empleador, a través de un programa del gobierno, o algo más?

1	Yes, on my own	CONTINUE
2	Yes, through employer	CONTINUE
3	Yes, through government program	CONTINUE
4	Yes, other: specify	CONTINUE
5	No	SKIP TO SECTION 3
77	Don't know	SKIP TO SECTION 3
99	Refused	SKIP TO SECTION 3

2.2A ¿Cuál es la RAZÓN PRINCIPAL por la que usted no tiene ese seguro de salud actualmente? ¿Es porque perdió un trabajo, porque usted dejó un trabajo o cambió de trabajo, porque el costo es demasiado alto, porque no le gustaba la cobertura, o hubo otra razón?

READ IF NECESSARY:

Me refiero a la última vez que usted tuvo seguro de salud.

INTERVIEWER INSTRUCTION: If more than one reason given, say ¿Cuál de esas sería la razón principal?

1	Lost a job
2	Left a job or changed jobs
3	Cost was too high
4	Other (specify)
77	Don't know
99	Refused

Check point: SKIP TO Q4.1 IF (UNINSURED) Q1.5=2

Section 3. Questions for the Individually Insured

3.1 ¿Qué tan satisfecho/a está usted con su póliza actual de seguro de salud? ¿Está usted muy satisfecho/a, algo satisfecho/a, ni satisfecho/a ni insatisfecho/a, algo insatisfecho/a, o muy insatisfecho/a?

1	Very satisfied	ASK Q3.1A
2	Somewhat satisfied	ASK Q3.1A
3	Neither satisfied nor dissatisfied	SKIP TO Q4.1
4	Somewhat dissatisfied	SKIP TO Q3.1B
5	Very dissatisfied	SKIP TO Q3.1B
77	Don't know	SKIP TO Q4.1
99	Refused	SKIP TO Q4.1

3.1A Por favor dígame acerca de las razones por las cuales usted está SATISFECHO/A con su actual póliza de seguro de salud? ¿Es debido a su costo, la cobertura, el acceso a los proveedores adecuados, o por otras razones?

INTERVIEWER INSTRUCTIONS: If respondent mentions coverage or services, ask, “¿Hay cosas específicas acerca de la cobertura de salud con las que usted está satisfecho/a?”

If respondent gives just one reason, ask “¿Hay otros motivos?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don't know
99	Refused

3.1B Por favor dígame acerca de las razones por las cuales usted NO ESTÁ SATISFECHO/A con su actual póliza de seguro de salud? ¿Es debido a su costo, la cobertura, el acceso a los proveedores adecuados, o por otras razones?

If respondent gives just one reason, ask “¿Hay otros motivos?”

1	Cost
2	Coverage
3	Access to the right providers
4	Other (specify)
77	Don't know
99	Refused

Check point: SKIP TO Q5.1 IF (INDIVIDUALLY INSURED) Q1.5A = 2

Section 4. Risks of Being Uninsured

4.1 ¿Cuál es su opinión?: ¿Está usted tomando un riesgo al no tener seguro?

1	Yes	CONTINUE
2	No	SKIP TO Q4.2
77	Not sure	SKIP TO Q4.2
99	Refused	SKIP TO Q4.2

4.1A ¿Cuáles de los siguientes son riesgos graves?

RANDOMIZE ORDER 4.11 – 4.15

4.1A1 Tener problemas para obtener buena atención médica.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A2 Corriendo las facturas médicas que no puede pagar y arruinar su calificación de crédito

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A3 Estar en riesgo de enfermedades graves, ya que no podía permitirse el lujo de chequeos regulares.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A4 Tener que pasar demasiado tiempo esperando a recibir la atención que necesita.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A5 La preocupación de cómo pagaría sus cuentas médicas si usted o alguien en su familia se enfermara o se lesiona.

READ IF NECESSARY: ¿Es este un grave riesgo?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.1A6 ¿Existen otros riesgos graves?

- 1 Yes (specify)
 - 2 No
 - 77 Don't know
 - 99 Refused
-

Reasons for Not Having Insurance

4.2 Hoy en día, casi 50 millones de estadounidenses no tienen seguro de salud. Le voy a leer algunas razones que la gente nos ha dado sobre no tener seguro de salud. A medida que lea cada una, por favor dígame si es o no es un motivo por el que no tiene seguro de salud hoy en día.

4.21 No puedo pagar un seguro de salud.
READ IF NECESSARY: ¿Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.22 Me negarían un seguro médico o me cobrarían un alto precio por ello debido a una condición pre-existente
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

INTERVIEWER INSTRUCTION: Una condición preexistente es un problema de salud.

- 1 Yes
 - 2 No
 - 77 Don't know
 - 99 Refused
-

4.24 No puedo obtener seguro de salud a través de un empleador
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.26 Estoy en buena salud, así que no necesito un seguro de salud.
READ IF NECESSARY: Esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.27 He aprendido cómo vivir sin seguro de salud. ASK Q4.2A
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.28 No estoy seguro/a de cómo obtener un seguro de salud
READ IF NECESSARY: Es esta alguna razón por la cual usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.23 (SHOW ONLY IF AGE 50+ IN Q1.4) Me negarían un seguro médico o me cobrarían un alto precio por ello debido a mi edad.
READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
 - 2 No
 - 77 Don't know
 - 99 Refused
-

4.25 (SHOW ONLY IF UNDER AGE 26 IN Q1.4) No soy elegible para entrar el plan de mis padres.

READ IF NECESSARY: Es esta una razón por la que usted no tiene seguro de salud hoy en día?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

4.29 ¿Hay otras razones por las que usted no tiene seguro de salud hoy en día? (Specify)

4.29OTH ENTER OTHER SPECIFY _____

Section 5. Psychographics

General Orientations: Planning, Risk-Taking, Finances

5.1 Ahora, voy a leerle algunas afirmaciones que las personas han hecho sobre sus estilos de vida. Al leer cada una, por favor dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

5.11 La vida está llena de riesgos y uno no puede planificar, ni asegurarse contra ellos. Uno sólo tiene que tomar ciertos riesgos.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.12 Estoy dispuesto/a a sacrificarme ahora para tener la paz de mente en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.13 Yo estoy apenas empezando con mi vida.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.14 Yo me preocupo mucho por el dinero.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.15 No hay ninguna manera en que yo pudiera aceptar otra carga financiera en estos momentos.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.16 Es difícil para mí poder pagar mis cuentas cada mes.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly

77 Don't know

99 Refused

5.17 Yo me concentro en los desafíos que enfrentamos hoy en día, no en los que podría enfrentar en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

1 Agree strongly

2 Agree somewhat

3 No opinion

4 Disagree somewhat

5 Disagree strongly

77 Don't know

99 Refused

5.18 Normalmente yo estoy entre los primeros en probar cosas nuevas.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

1 Agree strongly

2 Agree somewhat

3 No opinion

4 Disagree somewhat

5 Disagree strongly

77 Don't know

99 Refused

5.19 Yo tengo otras personas en quienes puedo acudir si necesito ayuda.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

1 Agree strongly

2 Agree somewhat

3 No opinion

4 Disagree somewhat

5 Disagree strongly

77 Don't know

99 Refused

General Orientations: Health

5.2 Ahora voy a leerle algunas afirmaciones que las personas han hecho acerca de su salud. Al leer cada una, por favor dígame si usted está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

5.20 Estoy preocupado/a por no poder pagar el cuidado de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.21 Yo no me preocupo acerca del cuidado de la salud porque me cuido bien de mí mismo.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

Es muy importante para mí estar informado/a de cómo cuidar bien de mi salud.

5.22 **READ IF NECESSARY:** Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.23 [If Q1.7 = 1 then, “Yo soy ”; if Q1.7 > 1 then “Todos los miembros de mi familia inmediata son] saludables y no parecen necesitar tanto cuidado de salud en el futuro inmediato.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de

acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.24 Me preocupa [if Q1.7 = 1 entonces "mi salud"; if Q1.7 > 1 then "mi salud o la salud de alguien de mi familia inmediata].

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.25 Una enfermedad grave o lesión sería un desastre financiero para mí.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.26 Sé cómo cuidarme bien sin ir al médico si me enfermo.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.28 Yo he buscado información sobre temas de salud recientemente.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

Orientations toward Health Insurance

5.3 Ahora voy a leerle algunas afirmaciones acerca de seguro de salud. Al leer cada una, por favor dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

RANDOMIZE ORDER 5.31-5.310

5.31 Obtener un seguro de salud es demasiado complicado.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.32 No quiero gastar dinero asegurándome contra problemas de salud que probablemente no van a suceder.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.33 Un seguro de salud puede costar más que pagar por mi propio cuidado de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.34 El seguro de salud vale el dinero que cuesta.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
 - 2 Agree somewhat
 - 3 No opinion
 - 4 Disagree somewhat
 - 5 Disagree strongly
 - 77 Don't know
 - 99 Refused
-

5.35 Es inteligente obtener un seguro de salud en caso de que usted se enferme en el futuro.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.36 El seguro de salud es para la gente enferma.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.37 Las personas de quienes yo más me preocupo, quieren que yo consiga seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
 - 2 Agree somewhat
 - 3 No opinion
 - 4 Disagree somewhat
 - 5 Disagree strongly
 - 77 Don't know
 - 99 Refused
-

5.38 Una gran cantidad de personas que no tenían seguro de salud antes lo están consiguiendo ahora, y eso es porque es la cosa correcta de hacer.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.39 La mayoría de las personas como yo no tienen seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
- 2 Agree somewhat
- 3 No opinion
- 4 Disagree somewhat
- 5 Disagree strongly
- 77 Don't know
- 99 Refused

5.310 Otra persona se encarga del cuidado de mi salud, así que realmente no tengo que pensar en un seguro de salud.

READ IF NECESSARY: Por favor, dígame si está muy de acuerdo, algo de acuerdo, algo en desacuerdo o muy en desacuerdo.

- 1 Agree strongly
 - 2 Agree somewhat
 - 3 No opinion
 - 4 Disagree somewhat
 - 5 Disagree strongly
 - 77 Don't know
 - 99 Refused
-

5.4	¿Qué es lo que usted ve como el valor principal de un seguro de salud? ¿Es para (1) pagar los costos de cuidado de la salud del día a día, (2) protegerlo/a contra el costo de la enfermedad grave o lesión, inesperados, o (3) darle la paz de mente? [SELECT ONLY ONE]	
1	Pay for expected day-to-day health care costs	
2	Protect you against the cost of unexpected major illness or injury	
3	Give you peace of mind	
77	Don't know	
99	Refused	

Section 6. ACA: Awareness and Perceptions

Awareness of and Perceptions about ACA

6.1	¿Usted ha oído, visto o leído algo acerca de la Ley de Asistencia Accesible, que a veces se llama Obamacare? Fue aprobada por el Congreso y firmada por el presidente en 2010?	
1	Yes	CONTINUE
2	No	SKIP TO Q6.2
77	Don't know	SKIP TO Q6.2
99	Refused	SKIP TO Q6.2

6.1B ¿Cree usted que la Ley de Asistencia Accesible será buena para usted, mala para usted, o no va a tener ningún impacto para usted?

1	Good	
2	Bad	
3	No Impact	
77	Don't know	
99	Refused	

Awareness of and Perceptions about Covered California

6.2	En virtud de la Ley de Asistencia Accesible, comenzando el 1 de enero de 2014, todo el mundo será capaz de obtener un seguro de salud. ¿Usted ha oído o leído algo acerca de dónde los californianos pueden ir para obtener un seguro de salud cuando la ley entre en vigor en 2014?	
1	Yes	CONTINUE
2	No	SKIP TO Q6.3
77	Don't know	SKIP TO Q6.3
99	Refused	SKIP TO Q6.3

6.2A	¿Dónde puede ir usted? [MARK UP TO 3] OPEN END	
1	Covered California	SKIP TO Q6.4
2	California Health Benefit Exchange	
3	California State Government	
4	Other: specify	
5	Cannot remember/Not Sure	
77	Don't know	
99	Refused	

6.2AOTH ENTER OTHER SPECIFY _____

6.3B	¿Usted ha oído o leído algo sobre una organización llamada California Cubierta?	
1	Yes	
2	No	
77	Don't know	
99	Refused	

Knowledge about Covered California

6.4 Los californianos podrán obtener cobertura yendo a un nuevo mercado de seguros de salud llamada California Cubierta. Estas son algunas de las declaraciones que la gente ha hecho sobre el nuevo mercado. Para cada una, por favor dígame si usted piensa que es verdadero, falso o si no está seguro/a.

6.41	California Cubierta será operada por la industria de seguros de salud.	
1	True	
2	False	
77	Don't know	
99	Refused	

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.42	California Cubierta ofrecerá sólo planes de seguro de salud del gobierno.	
1	True	
2	False	
77	Don't know	
99	Refused	

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.43 Habrá muchos planes de diferentes tipos para elegir y los precios van a variar.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.44 Los planes de salud satisfacen las necesidades básicas de la gente, pero en general no serán tan buenos como los planes vendidos en otros lugares.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.45 Las personas con ingresos bajos y moderados recibirán un crédito fiscal para reducir su costo o cuota mensual.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.46 Las personas con ingresos más bajos pagarán menos por los gastos directos de su bolsillo cuando utilizan servicios de salud.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.47 Usted puede obtener información, comparar los planes y obtener un seguro de salud con sólo ir a la página web de California Cubierta.

- 1 True

- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.48 La mayoría de personas que no reciben seguro de salud tendrán que pagar una multa.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.49 California Cubierta es un programa de bienestar.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.410 California Cubierta es el único lugar donde la gente de bajos y moderados ingresos pueden obtener créditos fiscales para ayudar a reducir el costo de un plan de salud.

- 1 True
- 2 False
- 77 Don't know
- 99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.411 California Cubierta ofrecerá planes de seguro de salud privado que competirán por su negocio.

- 1 True
- 2 False

77 Don't know

99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

6.412 Usted será capaz de obtener un seguro de salud a través de California Cubierta incluso si usted tiene una condición pre-existente.

INTERVIEWER INSTRUCTION: Una condición preexistente es un problema de salud existente.

1 True

2 False

77 Don't know

99 Refused

READ IF NECESSARY: Esta es una afirmación que la gente ha hecho sobre el nuevo mercado. Por favor dígame si cree que es verdad, es falso o si no está seguro/a.

Most Important Fact about Covered California

6.5 Ahora le voy a leer una lista de datos acerca de California Cubierta. Al leer cada uno, por favor diga lo importante que será esto en su decisión sobre si debe o no comprar un seguro de salud de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

6.51 El Gobierno Estatal de California operará California Cubierta.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

6.52 (ALWAYS READ AFTER 01. DO NOT RANDOMIZE.)
California Cubierta ofrecerá una serie de planes de seguros de salud privados.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

6.53 Será fácil comparar los planes de seguros y seleccionar el que es mejor para usted.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.54 Todos los planes serán revisados para asegurarse de que ofrecen los servicios que las personas necesitan, **incluyendo la atención preventiva**.
ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.55 Las personas con ingresos bajos y moderados recibirán un crédito fiscal para reducir su costo o cuota mensual.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.56 (ALWAYS READ AFTER 05. DO NOT RANDOMIZE.)
Las personas con ingresos más bajos pagarán menos por los gastos directos de su bolsillo cuando utilizan servicios de salud.

Algunas personas serán elegibles para créditos de impuestos que reducirían aún más el costo de su seguro de salud.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

- 6.57 A usted, no se le puede negar cobertura debido a una condición pre-existente.
INTERVIEWER INSTRUCTION:

Una condición preexistente es un problema de salud existente.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta. Por favor, utilice una

escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

6.58 La mayoría de las personas que no reciben seguro de salud tendrán que pagar una multa.

ENTER NUMBER _____ (range: 0-10, 77, 99)

READ IF NECESSARY: Por favor, dígame lo importante que será en su decisión sobre si debe o no comprar un seguro de California Cubierta . Por favor, utilice una escala de cero a 10, donde "cero" significa que no es importante en absoluto, y "10" significa que es extremadamente importante.

Section 7. How to Access Covered California

7.1 Usted puede utilizar California Cubierta para comprar un seguro de salud al entrar a la página web de California Cubierta o puede conseguir ayuda personal llamando a un número de teléfono gratuito o yendo a un centro de ayuda en su vecindario. ¿Qué es más probable que haga – entrar a la página web, llamar un número gratuito, o visitar un centro de asistencia en su vecindario?

- 1 Ir en línea
- 2 Llamar un número gratuito
- 3 Visitar un centro de ayuda de su vecindario
- 4 Wouldn't do any of these
- 77 Don't know
- 99 Refused

Section 8: Purchase Intent After Hearing Cost

8.0 Ahora voy a decirle lo que su plan de seguro médico costaría si lo consiguiera a través de California Cubierta. Este costo depende de su edad, los ingresos y el número de adultos y niños que estarían cubiertos por su póliza de seguro de salud, por lo tanto tengo que hacerle unas cuantas preguntas.

- 8.1 ¿Cuál es su edad actual?
ENTER AGE _____ (range: 18-64) GO TO 8.2
- 77 Don't know
- 99 Refused

8.1A Sólo le pido su edad, para poder darle un costo aproximado para el plan de seguro de salud a través de California Cubierta. ¿Podría decirme su edad?

- 1 Yes GO BACK TO 8.1
- 77 Don't know GO TO 9.1

99	Refused	GO TO 9.1
----	---------	-----------

Check Point: IF 1.7=1, SKIP TO 8.5. ELSE, ASK 8.2

8.2	¿Tiene usted un cónyuge que también estaría cubierto por la póliza?	
1	Yes	
2	No	SKIP TO Q8.3
77	Don't know	SKIP TO Q8.3
99	Refused	SKIP TO Q8.3

8.2A	¿Cuántos años tiene su cónyuge?	
	ENTER AGE _____	
77	Don't know	
99	Refused	

8.3	¿Cuántos niños menores de 21 años de edad estarían cubiertos por su plan de seguro?	
	RECORD NUMBER _____	
77	Don't know	
99	Refused	

8.4	¿Cuántos niños entre las edades de 21 a 25 años estarían cubiertos por su plan de seguro?	
	RECORD NUMBER _____	
77	Don't know	
99	Refused	

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8.5 Los ingresos totales incluyen todo el dinero que alguien en su familia ganó de cualquier fuente. Aproximadamente, ¿cuánto fueron sus ingresos totales en el año 2012?

ENTER NUMBER _____ IF FPL 100%-138% GO TO 8.51
IF FPL 139% OR ABOVE, GO TO 8.52

77 Don't know ASK Q8.5A

99 Refused ASK Q8.5A

Check point: Use questions 8.1-8.5 to calculate insurance cost using pricing calculator.

8.5A Sólo necesito un estimado aproximado de los ingresos totales de su familia en el 2012 para darle una idea de lo que le costaría obtener un seguro de salud a través de California Cubierta. Por favor avíseme la categoría que mejor describe su ingreso familiar total. ¿Fue su ingreso total de la familia ... [READ CATEGORIES]?

PROGRAMMER: BASE RANGES BELOW ON FAMILY SIZE IN Q1.7)

1	\$XXX-\$XXX	(100%-138% PL) GO TO 8.51
2	\$XXX-\$XXX	(139%-199% PL) GO TO 8.52
3	\$XXX-\$XXX	(200%-249% PL) GO TO 8.52
4	\$XXX-\$XXX	(250%-299% PL) GO TO 8.52
5	\$XXX-\$XXX	(300%-349% PL) GO TO 8.52
6	\$XXX-\$XXX	(350%-399% PL) GO TO 8.52
7	\$XXX OR MORE	(400% OR MORE) GO TO 8.52
77	Don't know	GO TO 8.53
99	Refused	GO TO 8.53

8.51 Basado en sus ingresos y en el tamaño de su familia, [[IF 1.7=1, THEN "usted"; IF 1.7 > 1, THEN "usted y su familia"]] no tendrá que pagar nada para obtener un seguro de salud a través de California Cubierta
GO TO 8.6

8.52 El costo de los planes de seguro variará según el nivel de cobertura. Basado en sus ingresos y el tamaño de su familia, le costaría alrededor de [\$XXXX] al mes para obtener un plan de Plateado, un precio medio para [2.8 IF = 1, entonces "usted"; IF 1.7 > 1, entonces "usted y su familia"]] a través de California Cubierta.

READ IF NECESSARY: Este costo mensual es el costo de la prima.

GO TO 8.6

8.6 Esta pregunta es acerca de cómo obtener un seguro de salud. Ahora que le he contado el costo aproximado que tendría que pagar por el seguro de salud a través de California Cubierta, ¿cuál de las siguientes afirmaciones describe mejor lo que usted piensa que va a hacer una vez que California Cubierta esté disponible en el 2014?

- (1) Voy a obtener un seguro de salud a través de California Cubierta lo antes posible.
- (2) Es posible que yo obtenga seguro médico a través de California Cubierta, pero no estoy seguro/a de que lo haré.
- (3) No voy a obtener un seguro de salud a través de California Cubierta.

1	Voy a obtener un seguro de salud a través de California Cubierta lo antes posible.	SKIP TO Q8.6A
2	Es posible que yo obtenga seguro médico a través de California Cubierta, pero no estoy seguro/a de que lo haré.	SKIP TO Q8.6B
3	No voy a obtener un seguro de salud a través de California Cubierta.	SKIP TO Q8.6B
77	Don't know	SKIP TO Q9.1
99	Refused	SKIP TO Q9.1

Motivators

8.6A ¿Cuáles son las razones principales por las que usted planea obtener un seguro de salud a través de California Cubierta tan pronto como le sea posible? [ACCEPT UP TO 3] OPEN END.
 INTERVIEWER INSTRUCTION: If only one or two reasons given, ask “¿Hay otros motivos?”

GO TO CHECK POINT

PROPOSED CATEGORIES FOR CODING.

- Save money/Lower cost of health insurance
- Better access to health care
- More choices about where to get health care
- Peace-of-mind
- Shorter time having to wait to get health care
- Safety/security
- Wouldn't have to put off getting health care
- Can cover my family/not just myself
- Avoid emergency rooms (except in emergencies)
- Can get checkups and other preventive care
- Ability to compare plans side by side

Barriers

8.6B ¿Cuáles son las razones principales por las que usted NO planea obtener un seguro de salud a través de California Cubierta tan pronto como le sea posible? [ACCEPT UP TO 3] OPEN END

PROBE: ¿Hay otros motivos?

PROPOSED CATEGORIES FOR CODING.

Too expensive

Add a monthly expense I might not be able to manage.

Don't want to be forced to get insurance because of the government requirement.

Don't want to pay for something I don't need

I am healthy and don't need health insurance.

I am able to manage my health care without insurance

Section 9. Communications

Internet Access and Use

9.1 ¿Utiliza usted el Internet a través de una computadora, tableta o teléfono inteligente?
[MARK ALL THAT APPLY]

READ IF NECESSARY: ¿Cuál de estos utiliza usted, computadora, tableta o teléfono inteligente?

1 Yes, computer

2 Yes, tablet

3 Yes, Smartphone

4 No, does not use the Internet SKIP TO Q10.1

77 Don't know SKIP TO Q10.1

99 Refused SKIP TO Q10.1

9.1A ¿Con qué frecuencia utiliza usted el Internet? ¿Lo utiliza todos los días o casi todos los días, varios días a la semana, una vez a la semana, varias veces al mes, una vez al mes, o menos de una vez al mes?

1 Every day or almost every day

2 Several days a week

3 Once a week

4 Several times a month

5 Once a month

6 Less than once a month

77 Don't know

99 Refused

9.2 ¿Utiliza usted el Internet para hacer compras o pagar cuentas usando una computadora, tableta o teléfono inteligente?[MARK ALL THAT APPLY]

READ IF NECESSARY: ¿Cuál de estos utiliza usted, computadora, tableta o teléfono

inteligente?

- 1 Yes, computer
- 2 Yes, tablet
- 3 Yes, Smartphone
- 4 No
- 77 Don't know
- 99 Refused

Section 10. Access to Financial Services

10.1 ¿Tiene usted una cuenta de cheques que utiliza para pagar las cuentas?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

Section 11. Classification Variables

11.1 En general, ¿diría usted que su salud está excelente, muy buena, buena, regular o mala?

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 77 Don't know
- 99 Refused

11.2 If Q.7 = 1 GO TO 11.3, ELSE DISPLAY

¿Hay algún miembro de su familia que incluiría en su seguro de salud cuyo estado de salud está malo o más o menos?

- 1 Yes
- 2 No
- 77 Don't know
- 99 Refused

11.3A ¿Tiene [IF 1.7 = 1, THEN usted; IF 1.7 > 1 THEN usted o alguien de su familia] una discapacidad que limita [IF 1.7 = 1, THEN su, IF 1.7 > 1, entonces las actividades de él o de ella]?

- 1 Yes
- 2 No
- 77 Don't know

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99	Refused
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11.3B ¿Tiene [IF 1.7 = 1, THEN usted; IF 1.7 > 1 THEN usted o alguien de su familia] una condición crónica o de larga duración?

1	Yes
2	No
77	Don't know
99	Refused

11.4 ¿Usted [IF 1.7 = 1, THEN; IF 1.7> 1 THEN " o alguien de su familia"] alguna vez ha sido negado/a cobertura de salud a causa de un problema de salud o una condición pre-existente?

1	Yes
2	No
77	Don't know
99	Refused

11.5 ¿Cuál es el grado más alto en la escuela o año de la universidad que usted ha completado?

1	No schooling or less than grade school
2	Grade/elementary school
3	Some high school (did not graduate)
4	High school graduate
5	Vocational or technical school (not college)
6	Some college
7	4-year college graduate
8	Post-graduate degree
77	Don't know
99	Refused

**Check Point: If RDD_NCCELL_CCELL IN (2,3) THEN
ASK SL_LANDLINE, ELSE SKIP TO C11Q15_CELL**

SL_LANDLINE Las siguientes preguntas son acerca de los teléfonos de su hogar.
¿Tiene usted un teléfono fijo en su hogar?

READ AS NECESSARY:

Por favor no incluya:

- líneas sólo de módem
- las líneas sólo del fax
- líneas utilizadas sólo por los sistemas de seguridad
- buscapersonas
- Skype
- localizadores de personas
- teléfonos celulares.

Por favor incluya Voz Sobre I.P. o números VOIP.

1	Yes
2	No
77	Don't Know
99	Refused

C11Q15_CELL	<p>[IF SL_LANDLINE NOT DISPLAYED, THEN DISPLAY: “Las siguientes preguntas son acerca de los teléfonos de su hogar.”]</p> <p>En total ¿cuántos teléfonos celulares funcionando tienen usted y los miembros de su familia disponibles para su uso personal? Por favor no incluya teléfonos celulares que se utilizan exclusivamente con fines profesionales.</p> <p>[If RDD_NCCELL_CCELL = 2,3 and NEWPHONE_FLAG = 0 then display: y por favor incluya el número al que llamamos. ELSE IF RDD_NCCELL_CCELL = 2,3 and NEWPHONE_FLAG = 1, then display: ". y por favor incluya [OLD_NUMBER]"] [If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display</p> <p>INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>	
1	One	
2	Two	
3	Three or more	
4	None	GO TO C11Q16
77	Don't Know	
99	Refused	

C11Q15_CELL_USUALLY	<p>Normalmente ¿cuántos de estos teléfonos son usados por los adultos en este hogar?</p> <p>[If RDD_NCCELL_CELL = 2,3 and NEWPHONE_FLAG = 0 then display:: "Por favor, incluya el número al que llamamos." Else if RDD_NCCELL_CCELL = 1 then display = 2,3 and NEWPHONE_FLAG Por favor, incluya [OLD_NUMBER]."]</p> <p>[IF RDD_NCCELL_CELL=2,3 then display: "INTERVIEWER NOTE: THE NUMBER WE CALLED IS ASSUMED TO BE USUALLY USED, SO THE ANSWER MUST BE AT LEAST "ONE""]</p> <p>[If RDD_NCCELL_CCELL=2,3 and NEWPHONE_FLAG=1 display "INTERVIEWER NOTE: THE NUMBER FOR THIS CASE WAS CHANGED BY THE RESPONDENT ON A PREVIOUS CALL.]</p>	
1	One	
2	Two	
3	Three or more	
4	None	
77	Don't Know	
99	Refused	

**Check Point: IF (RDD_NCCELL_CCELL=2,3 AND SL_LANDLINE=2)
THEN SKIP TO 11.8; ELSE ASK C11Q16**

C11Q16	¿De todas las llamadas telefónicas que usted y su familia reciben, son casi todas recibidas a los teléfonos celulares, casi todas son recibidas en los teléfonos regulares, o algunas son recibidas a los teléfonos celulares y algunas son recibidas en los teléfonos regulares?
1	Nearly all received on cell phones
2	Nearly all received on landline phones
3	Some received on cell phones and some on landline phones
77	Don't Know
99	Refused

11.8 ¿Cuál es su código postal?

**ENTER 77777 FOR Don't know
ENTER 99999 FOR REFUSED**

ENTER ZIP CODE _____

11.8A ¿Cuáles son los 4 dígitos que le siguen a su código postal?

11.8B ¿En qué condado vive?

11.10 IF 1.10 NE MISSING, THEN ASK 11.10; ELSE, FILL WITH 1.10 AND GO TO 11.11.

[IF Q11.9=1, "Los hispanos / latinos pueden ser de cualquier raza."] ¿Cuál es su herencia racial primaria?

1	African American or Black
2	Asian or Pacific Islander
3	American Indian or Alaska Native
4	White or Caucasian
5	Hispanic or Latino
6	Other: specify
77	Don't Know
99	Refused

11.10OTH ENTER OTHER SPECIFY _____

11.11 ¿Diría usted que habla inglés muy bien, bien, un poco, muy poco, o nada en absoluto?

1	Very well
2	Well

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3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.12 ¿Diría usted que lee inglés muy bien, bien, un poco, muy poco, o nada en absoluto?

1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.13 SHOW LANGUAGE OF INTERVIEW

English	inglés	SKIP TO Q11.15
Spanish	español	
Chinese	chino	
Korean	coreano	
Tagalog	tagalog	
Vietnamese	vietnamita	
Armenian	armenio	
Farsi	farsi	
Hmong	hmong	
German	alemán	
Russian	ruso	
Arabic	árabe	
Other: specify		
Don't know/Refused		SKIP TO Q11.15

11.13A	¿Diría usted que lee [LANGUAGE from 11.13] inglés muy bien, bien, un poco, muy poco, o nada en absoluto?
1	Very well
2	Well
3	A little
4	Very little
5	Not at all
77	Don't know
99	Refused

11.15	Por último, ¿diría que usted es gay, lesbiana, heterosexual, bisexual o transgénero?
1	Gay
2	Lesbian
3	Straight or heterosexual
4	Bi-Sexual
5	Or transgender
77	Don't know
99	Refused

TERM Esas son todas las preguntas que tengo. Gracias por tomarse el tiempo para hablar conmigo hoy. Sus opiniones serán muy útiles para California Cubierta, ya que esperamos iniciar el intercambio del seguro de salud en enero de 2014.

Appendix C: Areas and Counties in California

<i>Los Angeles County County-Area 1</i>
Los Angeles County
<i>Other Southern California-Area 2</i>
Imperial County
Orange County
Riverside County
San Bernardino County
San Diego County
San Luis Obispo County
Santa Barbara County
Ventura County
<i>Central Valley-Area 3</i>
Alpine County
Amador County
Calaveras County
El Dorado County
Fresno County
Inyo County
Kern County
Kings County
Madera County
Mariposa County
Merced County
Mono County
Sacramento County
San Benito County
San Joaquin County
Stanislaus County
Tulare County
Tuolumne County
<i>San Francisco Bay Area-Area 4</i>
Alameda County
Contra Costa County

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Marin County
Monterey County
Napa County
San Francisco County
San Mateo County
Santa Clara County
Santa Cruz County
Solano County
Sonoma County
Yolo County
<i>Other Northern California –Area 5</i>
Butte County
Colusa County
Del Norte County
Glenn County
Humboldt County
Lake County
Lassen County
Mendocino County
Modoc County
Nevada County
Placer County
Plumas County
Shasta County
Sierra County
Siskiyou County
Sutter County
Tehama County
Trinity County
Yuba County

Appendix D: Additional Tables

ACA Awareness and Stance Additional Tables

Percent Heard, Seen, or Read Anything About the Affordable Care Act by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Yes	76%	77%	76%	79%	88%	79%
No	21%	22%	23%	20%	12%	19%
Don't know	3%	1%	1%	0%	1%	1%

Percent Heard, Seen, or Read Anything About the Affordable Care Act by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Yes	70%	80%	84%	89%	88%	79%
No	28%	18%	16%	11%	8%	19%
Don't know	1%	2%	0%	0%	4%	1%

Percent Heard, Seen, or Read Anything About the Affordable Care Act by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Yes	77%	76%	85%	83%	86%	79%
No	21%	23%	13%	16%	13%	19%
Don't know	2%	1%	1%	1%	1%	1%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by Age (n=2,296)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Good	44%	43%	46%	48%	44%	45%
Bad	28%	23%	19%	24%	22%	23%
No impact	17%	18%	14%	16%	19%	17%
Don't know/refused	12%	16%	21%	12%	15%	15%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by Race/Ethnicity (n=2,336)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Good	52%	47%	57%	36%	37%	45%
Bad	13%	16%	6%	37%	35%	23%
No impact	16%	19%	26%	15%	17%	17%
Don't know/refused	18%	17%	11%	12%	10%	15%

Among Those Who Have Heard of the ACA, Percent Who Think the Affordable Care Act Will Be Good, Bad or Will Have no Impact by CA Region (n=2,311)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Good	52%	42%	38%	48%	34%	45%
Bad	16%	30%	27%	14%	45%	23%
No impact	17%	15%	16%	21%	15%	17%
Don't know/refused	15%	13%	18%	18%	7%	15%

Covered California Awareness Additional Tables

Percent That Named Specific Entities by Age (n=681)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Covered CA	6%	15%	12%	14%	13%	13%
California Health Benefit Exchange	6%	16%	24%	22%	19%	18%
California State Government	6%	7%	9%	6%	13%	9%
Other	35%	52%	24%	32%	35%	37%
Don't know/refused	51%	22%	33%	35%	31%	32%

Percent That Named Specific Entities by Race/Ethnicity (n=697)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Covered CA	6%	10%	9%	17%	26%	13%
California Health Benefit Exchange	11%	16%	16%	23%	23%	18%
California State Government	8%	11%	6%	10%	11%	9%
Other	36%	40%	46%	34%	39%	37%
Don't know	41%	33%	28%	28%	17%	32%

Percent That Named Specific Entities by CA Region (n=683)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Covered CA	9%	11%	10%	18%	18%	13%
California Health Benefit Exchange	31%	14%	11%	14%	12%	18%
California State Government	11%	10%	11%	8%	3%	9%
Other	35%	27%	43%	38%	66%	37%
Don't know	27%	41%	30%	31%	21%	32%

Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Aided awareness	2%	7%	9%	11%	17%	9%
Unaided awareness	1%	2%	2%	4%	4%	3%
Not aware	97%	90%	89%	85%	79%	88%

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Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Covered CA	1%	3%	2%	4%	7%	3%
California Health Benefit Exchange	2%	4%	4%	6%	7%	4%
California State Government	1%	3%	1%	2%	3%	2%
Other	5%	10%	11%	9%	11%	8%
Don't know	6%	9%	6%	7%	5%	7%

Percent That Demonstrated Aided Awareness, Unaided Awareness, or No Awareness of Covered California by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Aided awareness	9%	7%	8%	13%	13%	9%
Unaided awareness	2%	2%	2%	5%	4%	3%
Not aware	89%	91%	90%	82%	83%	88%

Knowledge about Covered California Additional Tables

Overall Knowledge of Covered California – Percent Correct by Item and Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	97%	97%	86%	94%	93%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	82%	87%	89%	96%	95%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	83%	86%	87%	80%	84%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	79%	85%	76%	76%	86%	81%
Most people who don't get health insurance will have to pay a penalty.	60%	82%	70%	79%	87%	77%
Covered California will offer private health insurance plans that will compete for your business.	64%	76%	76%	79%	84%	76%
Covered California is a welfare program.	63%	67%	56%	61%	65%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	66%	57%	59%	59%	63%	60%
Covered California will offer only government health insurance plans.	53%	45%	57%	64%	72%	58%
Covered California will be operated by the health insurance industry.	51%	47%	53%	47%	54%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	45%	45%	47%	51%	49%	47%

Overall Knowledge of Covered California - Percent Correct by Item and Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	92%	93%	95%	97%	95%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	90%	89%	85%	92%	92%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	82%	83%	85%	88%	75%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	76%	85%	85%	87%	70%	81%
Most people who don't get health insurance will have to pay a penalty.	71%	70%	61%	88%	81%	77%
Covered California will offer private health insurance plans that will compete for your business.	71%	69%	71%	86%	77%	76%
Covered California is a welfare program.	49%	65%	84%	76%	64%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	65%	69%	57%	52%	39%	60%
Covered California will offer only government health insurance plans.	53%	49%	61%	68%	59%	58%
Covered California will be operated by the health insurance industry.	42%	54%	47%	59%	51%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	44%	47%	54%	48%	51%	47%

Overall Knowledge of Covered California - Percent Correct by Item and CA Region
(n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
You can get information, compare plans and get health insurance by simply going online to the Covered California website.	94%	95%	95%	93%	91%	94%
You will be able to get health insurance through Covered California even if you have a pre-existing condition.	91%	90%	87%	92%	94%	91%
People with lower incomes will pay less for out-of-pocket costs when they use health care.	86%	81%	81%	85%	89%	84%
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	82%	82%	72%	83%	87%	81%
Most people who don't get health insurance will have to pay a penalty.	76%	76%	79%	75%	86%	77%
Covered California will offer private health insurance plans that will compete for your business.	75%	73%	72%	83%	85%	76%
Covered California is a welfare program.	67%	54%	53%	76%	56%	63%
Covered California is the only place low- and moderate-income people can get tax credits to help to reduce the cost of a health plan.	56%	64%	56%	65%	40%	60%
Covered California will offer only government health insurance plans.	61%	59%	48%	65%	41%	58%
Covered California will be operated by the health insurance industry.	47%	48%	40%	63%	54%	50%
The health plans will meet people's basic needs but generally won't be as good as the plans sold elsewhere.	50%	41%	34%	64%	33%	47%

Overall Percent Correct on Covered California Knowledge Questions by Age, Race/Ethnicity, Insurance Status, and CA Region

Overall Percent Correct	
18-25	38%
26-34	37%
35-44	33%
45-54	37%
55-64	44%
Race/Ethnicity (n=2,756)	
Hispanic	34%
Asian	40%
Black	41%
White	42%
Other	36%
Insurance Status (n=2,658)	
Privately insured	43%
Uninsured	
100%-138% FPL	36%
139%-199% FPL	34%
200%-399% FPL	35%
400%+	44%
CA Region (n=2,722)	
LA County	38%
Other Southern CA	35%
Central Valley	36%
SF Bay Area	44%
Other Northern CA	35%

Important Factors in Decision Making Additional Tables

Important Factors in Consumer Decision Making by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
You cannot be denied because of a pre-existing condition.	9.0	9.3	9.7	9.4	9.6	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.2	9.1	9.5	9.2	9.2	9.2
It will be easy to compare insurance plans and select the one that is best for you.	8.9	8.8	9.2	8.8	8.7	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.4	8.4	8.6	7.8	8.2	8.3
Covered California will offer a number of private health insurance plans.	7.8	7.9	8.4	8.2	8.6	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.2	8.3	8.5	7.9	7.9	8.1
The California State Government will operate Covered California.	7.4	7.0	7.2	7.3	7.7	7.3
Most people who don't get health insurance will have to pay a penalty.	6.9	6.6	6.1	6.6	6.7	6.6

Important Factors in Consumer Decision Making by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
You cannot be denied because of a pre-existing condition.	9.4	9.6	9.5	9.3	9.6	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.4	9.6	9.6	8.9	8.5	9.2
It will be easy to compare insurance plans and select the one that is best for you.	8.9	9.3	9.2	8.7	8.4	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.7	8.5	8.3	7.7	7.9	8.3
Covered California will offer a number of private health insurance plans.	8.4	7.8	8.2	7.9	8.1	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.6	8.4	8.2	7.5	7.7	8.1
The California State Government will operate Covered California.	8.1	7.3	7.5	6.4	5.9	7.3
Most people who don't get health insurance will have to pay a penalty.	7.0	6.3	6.0	6.4	6.3	6.6

Important Factors in Consumer Decision Making by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
You cannot be denied because of a pre-existing condition.	9.6	9.4	9.1	9.4	9.4	9.4
All plans will be screened to make sure they offer the services people need, including preventive care.	9.5	9.1	9.0	9.2	8.6	9.2
It will be easy to compare insurance plans and select the one that is best for you.	9.1	8.6	8.6	9.2	8.1	8.9
People with lower incomes will also pay less for out-of-pocket costs when they use health care.	8.5	8.2	8.0	8.5	7.7	8.3
Covered California will offer a number of private health insurance plans.	8.5	8.1	8.4	7.9	7.7	8.1
People with low and moderate incomes will receive a tax credit to reduce their monthly cost or premium.	8.4	8.1	7.8	8.2	7.9	8.1
The California State Government will operate Covered California.	7.9	7.2	7.2	7.0	6.7	7.3
Most people who don't get health insurance will have to pay a penalty.	6.4	6.8	7.0	6.2	6.9	6.6

Overall Resonance Index (Summarizing the Importance of Factors in Consumer Decision Making) by Age, Race/Ethnicity, Insurance status, and CA Region

	Overall resonance index
Age	
18-25	7.3
26-34	7.3
35-44	7.5
45-54	7.2
55-64	7.4
Race/Ethnicity	
Hispanic	7.6
Asian	7.4
Black	7.4
White	6.9
Other	6.9
Insurance status	
Privately insured	7.1
Uninsured	
100%-138% FPL	7.8
139%-199% FPL	7.6
200%-399% FPL	7.3
400%+	7.2
CA Region	
LA County	7.5
Other Southern CA	7.3
Central Valley	7.2
SF Bay Area	7.3
Other Northern CA	6.9

Purchase Intent Additional Tables

Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Age (n=2,587)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Committed	33%	18%	30%	19%	17%	22%
Receptive	42%	50%	51%	45%	43%	47%
Resistant	23%	30%	18%	33%	35%	29%
Don't know/refused	1%	2%	1%	3%	5%	3%

Among Respondents Who Heard Monthly Premium Cost, Likelihood of Purchasing Insurance through Covered California by Race/Ethnicity (n=2,604)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Committed	30%	27%	17%	12%	12%	22%
Receptive	46%	49%	49%	47%	46%	47%
Resistant	22%	23%	32%	39%	34%	29%
Don't know/refused	3%	1%	2%	2%	9%	3%

Purchase Motivators among the Committed Additional Tables

Purchase Motivators among the Committed by Age (n=603)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Take advantage of a good deal	51%	39%	34%	39%	41%	41%
Security/peace-of-mind	17%	25%	29%	26%	21%	24%
Need coverage/care	22%	8%	22%	26%	36%	22%
Family benefits	11%	29%	13%	15%	10%	16%
Preventative benefits	13%	17%	14%	10%	5%	12%
Other	14%	6%	6%	17%	13%	11%

Purchase Motivators among the Committed by Race/Ethnicity (n=605)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Take advantage of a good deal	33%	42%	58%	57%	66%	41%
Security/peace-of-mind	28%	25%	15%	13%	11%	24%
Need coverage/care	21%	25%	22%	20%	38%	22%
Family benefits	21%	15%	10%	3%	26%	16%
Preventative benefits	13%	16%	3%	12%	2%	12%
Other	9%	14%	9%	14%	5%	11%

Purchase Motivators among the Committed by CA Region (n=596)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Take advantage of a good deal	42%	37%	45%	47%	30%	41%
Security/peace-of-mind	33%	14%	25%	25%	30%	24%
Need coverage/care	15%	27%	19%	27%	21%	22%
Family benefits	19%	18%	9%	16%	2%	16%
Preventative benefits	10%	14%	14%	13%	7%	12%
Other	9%	16%	6%	8%	16%	11%

Purchase Barriers among the Resistant Additional Tables

Purchase Barriers among the Resistant by Age (n=717)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Too expensive	48%	65%	68%	66%	64%	63%
Don't need it	46%	27%	19%	19%	21%	25%
Oppose ACA	2%	6%	5%	2%	2%	3%
Concern about quality of plans	17%	7%	17%	10%	14%	12%
Don't know how to apply	0%	0%	1%	2%	1%	1%
Moving out of state	1%	0%	0%	0%	0%	0%
Other reasons	0%	4%	2%	6%	3%	3%

Purchase Barriers among the Resistant by Race/Ethnicity (n=724)

	Race					All
	Hispanic	Asian	Black	White	Other	
Too expensive	60%	72%	61%	63%	69%	63%
Don't need it	25%	24%	24%	27%	12%	25%
Oppose ACA	3%	1%	1%	4%	3%	3%
Concern about quality of plans	13%	6%	2%	13%	12%	12%
Don't know how to apply	1%	0%	2%	1%	0%	1%
Moving out of state	0%	0%	0%	0%	1%	0%
Other reasons	3%	5%	13%	2%	7%	3%

Purchase Barriers among the Resistant by CA Region (n=717)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Too expensive	58%	70%	47%	72%	57%	63%
Don't need it	29%	16%	38%	26%	26%	25%
Oppose ACA	0%	6%	5%	1%	8%	3%
Concern about quality of plans	10%	15%	19%	6%	4%	12%
Don't know how to apply	1%	1%	0%	1%	1%	1%
Moving out of state	0%	0%	0%	0%	2%	0%
Other reasons	11%	1%	4%	0%	0%	3%

Covered California Access Preferences Additional Tables

Covered California Access Preference by Age (n=2,713)

	Age					All
	18-25	26-34	35-44	45-54	55-64	
Online	71%	69%	62%	57%	57%	63%
Phone	9%	12%	14%	19%	21%	15%
Neighborhood assistance provider	19%	16%	23%	22%	18%	19%
None of these	0%	3%	1%	2%	3%	2%
Don't know/refused	0%	0%	0%	0%	0%	0%

Covered California Access Preference by Race/Ethnicity (n=2,756)

	Race/Ethnicity					All
	Hispanic	Asian	Black	White	Other	
Online	53%	67%	69%	74%	66%	63%
Phone	19%	9%	14%	14%	9%	15%
Neighborhood assistance provider	27%	22%	12%	8%	21%	19%
None of these	1%	1%	4%	3%	2%	2%
Don't know/refused	0%	1%	0%	0%	2%	0%

Covered California Access Preference by CA Region (n=2,722)

	CA Region					All
	LA County	Other Southern CA	Central Valley	SF Bay Area	Other Northern CA	
Online	63%	63%	63%	65%	69%	63%
Phone	14%	17%	16%	14%	11%	15%
Neighborhood assistance provider	19%	19%	17%	20%	19%	19%
None of these	3%	1%	3%	1%	1%	2%
Don't know/refused	0%	0%	0%	0%	0%	0%