

FINAL REPORT

Getting California Covered: A Qualitative Study of Uninsured and Individually Insured Californians

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Executive Summary

This report presents findings from 420 one-on-one, in-depth, qualitative interviews conducted in October and November, 2012, in order to guide the development of Covered California's statewide marketing and outreach campaign. The campaign is being designed to persuade millions of uninsured Californians to enroll in a health insurance plan under provisions of the Affordable Care Act. Interviews were conducted with uninsured and individually insured individuals in twelve languages. The study is preparatory for a large scale market segmentation study which will commence in early December. The work is being conducted for Ogilvy West, the marketing/outreach campaign prime contractor to Covered California.

Overall, we found consumers to be largely enthusiastic about the Covered California marketplace and open to exploring it to learn more about insurance, to shop for plans, and to actually enroll in a plan. Only a handful of respondents are not interested in at least exploring the marketplace to determine what benefit they might derive from it. We found substantial between-segment differences which are discussed throughout the report and summarized in the final section of this report.

Major findings from each section of the study are summarized below.

Level of awareness and knowledge about health insurance reforms

The data suggest that while many people are aware that major changes are coming in the health insurance system, few members of the study population have specific knowledge about what the changes mean for them or their families. Their sense is that the changes are positive, however, with approximately 60% reporting they felt the changes would generally be positive. Only 6% felt the changes would be negative, and a large proportion (35%) was unsure. When asked to give a one word description of the coming changes, respondents most frequently offered positive sentiment words such as 'good,' 'positive,' 'hopeful,' or 'happy.'

Interest in learning more about Covered California

Overwhelmingly, study respondents were interested in learning more about Covered California. Of the 420 respondents, only 16 said they were not interested or unsure if they were interested in learning more about the new California health insurance marketplace. Respondents tended to link "why" they would want to learn more with "what" it was they wanted learn about. For both questions, the most frequently given answers had to do with learning more about costs and coverage. Respondents continually returned to these two key (and intertwined) topics as primary concerns.

In addition to learning about cost and coverage, respondents offered a variety of other reasons why they would like to learn more about the marketplace. Respondents discussed a desire for general information about the upcoming changes, a belief that the marketplace would be easy to use, and the ability to compare plans, among reasons why they wished to learn more.

When asked to give more detail on the different things the respondent would like to learn more about, responses narrowed to a few key concerns. Approximately two-thirds of respondents mentioned cost or coverage as what they wished to learn about. Respondents also frequently mentioned the participation of doctors.

Interest in shopping for an insurance plan in the new marketplace

Virtually all respondents expressed some interest in shopping for plans using Covered California. After a brief description of the marketplace was read, respondents cited their ability to compare plans side-by-side as the primary driver of their desire to shop at the marketplace. Other factors mentioned were the desire to find a more affordable plan and to access the information online in an Expedia-like format with which they have experience and are comfortable using. The marketplace was also seen as a neutral third-party.

When asked to provide the most important information necessary when shopping for a plan, cost and coverage again were emphasized by respondents. Cost was rated most important by 48% of respondents, followed by coverage, which was rated most important by 31% of respondents. The participation of particular doctors and other concerns were mentioned by a minority of respondents (10% and 8%, respectively).

Interest in enrolling in a plan

After being told the likely premiums they would pay, a surprising 78% of respondents indicated they would likely purchase a plan when they become available in 2014. Among those who would not purchase a plan, cost and the lack of need were most often cited as the reasons for their reluctance. Among those who planned to purchase insurance from the marketplace, the primary sentiment expressed about how they would feel after the purchase was security. These respondents offered terms such as ‘at ease,’ ‘peace-of-mind,’ ‘secure,’ and ‘safe’ when asked to describe how they would feel in one or two words.

Study Background and Purpose

Covered California, California's new health benefit exchange mandated by the Affordable Care Act, is preparing to launch an ambitious statewide marketing and outreach campaign in 2013. The goal will be to persuade millions of uninsured Californians to enroll in a health insurance plan. In order to guide the development of the campaign, NORC at the University of Chicago is conducting a series of studies in order to better understand the uninsured population marketplace, as well as its characteristics, needs and preferences. The work is being conducted for Ogilvy West, the prime contractor to Covered California for the marketing and outreach campaign.

The basis of this report is a study that involved the collection of qualitative data from more than 400 uninsured and individually insured Californians. Interviews were conducted in twelve languages among thirteen race/ethnic populations. The purpose was two-fold—to aid in the development of survey measures to be used in a quantitative study that will follow, and to inform initial planning for the marketing/outreach campaign.

The main study objectives were to:

- ▶ Explore levels of awareness and knowledge about health insurance reforms;
- ▶ Explore general attitudes toward the reforms;
- ▶ Assess interest in shopping for an insurance plan in the new marketplace as well as interest in actually enrolling in a plan;
- ▶ Identify attitudinal drivers of interest as well as barriers;
- ▶ Identify important influencers on the decisions to shop and enroll;
- ▶ Explore differences in the above based on race/ethnicity;
- ▶ Explore differences in the above based on initial thinking about to best segment the Covered California marketplace

Study Methodology

In order to better understand consumer sentiment regarding the new health exchange marketplace, 420 one-on-one interviews were conducted with Californians who did not have health insurance or who had privately purchased health insurance. These interviews were held between October 12th and November 13th. Interviews took place in Los Angeles, Costa Mesa, San Francisco, Long Beach, and Fresno, and they were conducted in 11 languages in addition to English. English language participants were divided into a general market segment and an African American segment. Language segments were selected to cover the general population, the African American and Spanish speaking population, and each of the 11 threshold languages of California's Medi-Cal program. Languages, location, and number of completed interviews are summarized in Table 1.

Table 1: Languages and Location of Interviews

Language	Interviews Conducted	Location of Interviews
English	34	Los Angeles
English (African American segment)	33	Los Angeles
Spanish	32	Los Angeles
Korean	32	Los Angeles
Vietnamese	34	Costa Mesa
Chinese	33	San Francisco
Khmer	33	Long Beach
Armenian	29	Los Angeles
Farsi	32	Los Angeles
Arabic	32	Los Angeles
Russian	32	Los Angeles
Hmong	33	Fresno
Tagalog	31	Los Angeles
Total	420	

Respondent Demographics

Recruitment was stratified by language with a goal of approximately 32 interviews in each of 12 languages (with two English language segments). Participants were adults aged 18-64 years, U.S. residents, and primary decision makers about health insurance matters in their households. Adults who considered themselves to be in poor health were screened out. Screening of potential participants was designed to ensure a mix of participants across key characteristics. Specifically, the following screening goals were set:

- ▶ 75% uninsured (25% privately insured);
- ▶ 75% unemployed;
- ▶ 50% male;

- ▶ Even split across 4 age categories (18-24, 25-34, 35-44, 45-64);
- ▶ Even split across family types (married with no children, unmarried with no children, with children);
- ▶ Income split across income categories: 20% from <138% of poverty, 35% from 139-200% of poverty, 35% from 200-400% of poverty, and 10% from 400%+ of poverty

Table 2: Participant Characteristics by Language Segment

	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Age														
18-24	18%	9%	10%	27%	17%	21%	15%	24%	21%	21%	15%	22%	20%	19%
25-34	30%	31%	20%	36%	26%	25%	45%	15%	28%	37%	31%	25%	11%	28%
35-44	24%	37%	34%	15%	26%	28%	15%	27%	25%	18%	25%	25%	41%	26%
45-64	27%	21%	34%	21%	29%	25%	24%	33%	25%	21%	28%	25%	26%	26%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420
Gender														
Female	51%	50%	51%	48%	47%	50%	48%	48%	50%	56%	56%	48%	58%	51%
Male	48%	50%	48%	51%	52%	50%	51%	51%	50%	43%	43%	51%	41%	48%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420
Income														
139-199%	27%	31%	13%	24%	38%	31%	42%	30%	34%	31%	31%	29%	32%	30%
200-400%	42%	28%	55%	30%	35%	40%	18%	24%	31%	31%	40%	38%	26%	33%
400+%	9%	9%	13%	18%	8%	9%	6%	6%	12%	12%	9%	9%	5%	10%
Under 138%	21%	31%	17%	27%	17%	18%	33%	39%	21%	25%	18%	22%	35%	25%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420
Insurance Status														
Has Insurance	24%	37%	20%	18%	26%	28%	30%	39%	25%	31%	25%	25%	14%	26%
No Insurance	75%	62%	79%	81%	73%	71%	69%	60%	75%	68%	75%	74%	85%	73%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420
Family Type														
Married or not and have children	33%	21%	44%	24%	38%	28%	60%	51%	34%	28%	37%	32%	52%	37%
Married and no children	27%	31%	20%	9%	26%	31%	12%	0%	31%	28%	28%	32%	8%	21%
Not and no children	39%	46%	34%	66%	35%	40%	27%	48%	34%	43%	34%	35%	38%	40%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420
Employment Status														
Employed	75%	65%	82%	66%	82%	75%	90%	66%	78%	75%	71%	77%	70%	75%
Not employed	24%	34%	17%	33%	17%	25%	9%	33%	21%	25%	28%	22%	29%	24%
All	33	32	29	33	34	32	33	33	32	32	32	31	34	420

Ogilvy West, our collaborator for the study, also presented us with six audience segments based on age and income level. These segments were developed by Ogilvy West based on data from national syndicated surveys and are an initial attempt to segment the marketplace of the uninsured. In Table 3, we present the participant characteristics by audience/market segment.

Table 3: Participant Characteristics by Audience Segment

	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Age									
18-24	100%	20%	11%	0%	0%	0%	0%	14%	19%
25-34	0%	79%	88%	44%	30%	0%	0%	35%	28%
35-44	0%	0%	0%	55%	69%	0%	11%	25%	26%
45-64	0%	0%	0%	0%	0%	100%	88%	24%	26%
All	56	34	9	45	76	54	34	112	420
Gender									
Female	41%	61%	44%	57%	46%	59%	44%	52%	51%
Male	58%	38%	55%	42%	53%	40%	55%	47%	48%
All	56	34	9	45	76	54	34	112	420
Income									
139-199%	50%	0%	0%	0%	63%	51%	0%	22%	30%
200-400%	0%	100%	0%	0%	36%	0%	76%	48%	33%
400+%	0%	0%	100%	0%	0%	0%	23%	22%	10%
Under 138%	50%	0%	0%	100%	0%	48%	0%	7%	25%
All	56	34	9	45	76	54	34	112	420
Insurance Status									
Has Insurance	0%	0%	0%	0%	0%	0%	0%	100%	26%
No Insurance	100%	100%	100%	100%	100%	100%	100%	0%	73%
All	56	34	9	45	76	54	34	112	420
Family Type									
Married or not and have children	83%	61%	33%	42%	30%	25%	23%	31%	40%
Married and no children	14%	20%	33%	13%	28%	12%	26%	26%	21%
Not and no children	1%	17%	33%	44%	40%	61%	50%	41%	37%
All	56	34	9	45	76	54	34	112	420
Employment Status									
Employed	66%	76%	100%	44%	85%	70%	85%	82%	75%
Not employed	33%	23%	0%	55%	14%	29%	14%	17%	24%
All	56	34	9	45	76	54	34	112	420

Data Collection Procedures

Participants were recruited by local market research organizations using their own respondent databases. Recruitment personnel contacted potential respondents and administered a short screening questionnaire. If the individuals contacted were qualified and interested in the study, they were asked to participate. Regardless of their qualifications and interest, they were asked for referrals of people they knew who might be qualified and interested in study participation. These referrals provided a pool of additional potential respondents for the study. It is important to note that respondents were not recruited in a probabilistic manner and collectively do not constitute a projectable sample of the populations studied. Screening questionnaires are included in the appendices to this report.

Once enrolled, respondents were guided through a semi-structured interview containing approximately 40 questions and lasting approximately 30 minutes. The interview was primarily qualitative in nature. Because of differences in cost of plans offered to individuals (free vs. requiring a premium), two versions of the interview were developed with slightly different wording of several questions. Appendices I and II present the English language versions of the interviews.

After a brief introduction and explanation of the process, interviews were divided into five sections:

- ▶ Insurance status and experience;
- ▶ Awareness of health insurance reforms and general attitudes toward the reforms;
- ▶ Interest in exploring/learning more about the new California health insurance marketplace;
- ▶ Interest in shopping at the new marketplace;
- ▶ Interest in actually enrolling in a health insurance plan at the new marketplace

The interview guides were translated from English into each of the 11 other interview languages. As the interviews were conducted, certified professional translators performed real-time translation of the interviews. These translations were DVD recorded and used for coding purposes.

Interviewers were recruited based on their interviewing experience as well as language expertise. All interviewers received extensive project training prior to conducting the first interview. Interviewers were instructed not to deviate from the interviewer guide and to carefully probe all responses.

Coding and Analysis Procedure

Trained NORC staff reviewed each interview and took detailed notes on each response. These notes were compiled into a database for analysis by question, language, and audience segment. In addition, responses to a number of questions were further codified by an NORC analyst in order to prepare the tables presented below.

Findings

Below, we present findings from the 420 one-on-one consumer interviews. We divide our discussion into five sections based on the layout of the interview itself.

Insurance Status and Experience

Approximately 75% of respondents in each language segment did not have insurance at the time of the interview. This is to be expected as the screener was designed so that approximately 75% of respondents from each language would be uninsured. Because no explicit stratifications by audience segment were made, there is slight variation in the proportion of uninsured respondents among those segments.

Among the 25% of respondents who currently have insurance, the vast majority (75%) said that it met their needs. Among the few respondents who said that it did not meet their needs, cost and coverage were the most frequently cited reasons for dissatisfaction with their existing coverage. A few respondents in this group had only catastrophic coverage and were dissatisfied with how much they needed to pay out of pocket before their coverage began.

Reasons for Not Having Health Insurance

When respondents were asked why they do not currently have insurance, cost was overwhelmingly given as a reason; it was cited by approximately three-quarters of respondents across language and audience segments. The lack of need for insurance was cited second most often. Here, there were clear audience segment differences. The “Calculated Risk Takers” and “Just Getting Started” segments more often cited a lack of need for insurance, while the “Aging and Denied” cited this as a reason for lack of insurance much less frequently.

Table 4: Reason Respondent Does Not Have Insurance by Language Segment¹

<i>2.3 Please tell me why you do not have insurance. (Code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	67%	75%	57%	59%	80%	96%	83%	85%	96%	68%	79%	61%	86%	76%
Don't need insurance	17%	25%	4%	48%	20%	4%	13%	30%	71%	32%	17%	26%	21%	25%
Other	13%	30%	17%	22%	24%	39%	26%	15%	13%	37%	33%	9%	14%	22%
Not offered by employer	8%	5%	9%	19%	16%	0%	17%	5%	8%	11%	25%	17%	17%	13%
Self employed	21%	20%	0%	0%	24%	0%	13%	5%	0%	21%	0%	0%	21%	10%
Lack information	4%	0%	0%	11%	16%	0%	9%	0%	29%	5%	13%	9%	10%	9%
Lost job	29%	10%	9%	26%	8%	4%	0%	0%	0%	16%	0%	13%	0%	9%
Left school/aged out of parents plan	0%	0%	0%	7%	0%	0%	4%	0%	0%	0%	4%	0%	3%	2%

Table 5: Reason Respondent Does Not Have Insurance by Audience Segment

<i>2.3 Please tell me why you do not have insurance. (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	72%	68%	56%	77%	88%	81%	62%	100%	76%
Don't need insurance	31%	26%	33%	20%	28%	25%	15%	0%	25%
Other	22%	32%	33%	9%	24%	19%	24%	100%	22%
Not offered by employer	11%	15%	0%	7%	20%	13%	6%	0%	13%
Self employed	4%	12%	0%	16%	11%	6%	15%	0%	10%
Lack information	6%	9%	22%	2%	18%	2%	6%	0%	9%
Lost job	11%	0%	0%	14%	3%	13%	15%	100%	9%
Left school/aged out of parents plan	2%	6%	22%	0%	0%	0%	0%	0%	2%

A substantial proportion of respondents across segments gave responses not classified below. A list of these responses is summarized in Appendix IV. Although these other reasons are quite individually specific, a few patterns in the responses can be seen. First, a number of respondents stated they would purchase insurance if they believed it was available to them (e.g. “business owned by respondent closed,” “missed employer enrollment deadline,” etc.) Second, a number of respondents felt that their existing options for insurance are

¹ Some tables, such as this one, allow respondents to be coded in multiple categories. For those tables, percentages may add to more or less than 100%. These table cells can be interpreted as “the percentage of [column variable] that responded with [row variable]”. Tables that fit this definition are indicated by the phrase “code all that apply” in the question text.

insufficient (e.g. “covered doctors too far away,” “don’t like need for referrals for HMO,” etc.). A third group of respondent received health care through other avenues (e.g. “Access to free clinics,” “coverage in home country,” etc.).

Reasons for Giving Up Insurance

Many of the respondents who do not currently have insurance did have insurance in the past (73%). This ranged from a high of 100% among African Americans, to a low of 50% among Khmer. Cost again was noted as the major reason why respondents no longer have insurance (see Tables 6 and 7). Cost was a particularly salient concern among the “Underserved Families,” “At Risk and Aging,” and “Aging and Denied” segments. Among young people, many lost insurance after they left their parents’ plan. As one respondent stated, “Yes, I had it through my parents while I was in school, but I lost it when I left school and moved to a different state.” Younger people were less likely to view having insurance as important, largely because they are currently healthy. Additional reasons for giving up insurance are noted in Appendix V.

Table 6: Reason Respondent Gave Up Previous Insurance by Language Segment

2.4 Have you had health insurance before and if so, why did you give up coverage? (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	63%	15%	22%	29%	20%	13%	35%	20%	8%	32%	4%	9%	25%	23%
Left school/aged out of parents plan	21%	10%	4%	11%	36%	22%	17%	15%	8%	5%	8%	9%	14%	14%
Not offered by employer	13%	35%	9%	25%	20%	4%	9%	10%	17%	11%	8%	4%	21%	14%
Don't need insurance	8%	5%	4%	18%	16%	13%	4%	5%	13%	5%	4%	4%	4%	8%
Lost job	0%	5%	30%	7%	0%	4%	9%	0%	4%	21%	0%	9%	4%	7%
Self employed	13%	0%	0%	7%	4%	4%	4%	0%	13%	0%	0%	4%	0%	4%
Dissatisfied	8%	10%	0%	0%	8%	4%	9%	0%	4%	0%	0%	0%	4%	4%
No reason	4%	0%	0%	4%	8%	0%	0%	0%	0%	0%	4%	4%	4%	2%
Other	0%	0%	9%	0%	0%	0%	4%	0%	0%	11%	0%	0%	4%	2%

Table 7: Reason Respondent Gave Up Previous Insurance by Audience Segment

<i>2.4 Have you had health insurance before and if so, why did you give up coverage? (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	7%	21%	0%	33%	20%	33%	32%	N/A	23%
Left school/aged out of parents plan	9%	9%	0%	14%	16%	17%	24%	N/A	14%
Not offered by employer	24%	18%	22%	16%	9%	12%	9%	N/A	14%
Don't need insurance	20%	15%	22%	7%	5%	0%	0%	N/A	8%
Lost job	4%	3%	22%	2%	13%	0%	15%	N/A	7%
Self employed	4%	0%	11%	0%	4%	6%	9%	N/A	4%
Dissatisfied	5%	0%	0%	2%	4%	6%	3%	N/A	4%
No reason	0%	0%	0%	0%	4%	6%	3%	N/A	2%
Other	0%	0%	0%	0%	3%	6%	3%	N/A	2%

Awareness of Health Insurance Changes

Most respondents felt that they personally knew very little about the health care changes arising from the Affordable Care Act. Even among respondents who were able to name some of the major components of the law, they felt generally confused about what the act would mean for them and their families. The majority of respondents referred to the Act as “ObamaCare.”

When asked to describe what the changes meant, less than half of respondents were able to offer anything concrete. The majority of respondents simply articulated a vague sense that the changes were supposed to make health care more affordable. “I know there will be lower premiums and pre-existing conditions have to be covered, which is really nice,” said an unemployed female.

When a respondent offered a concrete change resulting from the Act, three components were most often mentioned. First, 15% of respondent noted that health insurance would be mandatory. Those mentioning this aspect tended to have a negative view of the Act. Second, 15% of respondents noted that healthcare would be universal. These respondents tended to view the act positively. Third, 15% of respondents mentioned that the Act would reduce health care costs. These respondents also tended to view the Act positively, and they frequently mentioned the reduced cost and universality of the Act together. A number of additional aspects of the Affordable Care Act were also noted, but with much less frequency. These included coverage for pre-existing conditions, the ability to stay on one’s parents plan longer, and the belief that it would result in increased costs, cuts to Medicare, or the rationing of healthcare.

Virtually all respondents indicated that they heard about the forthcoming changes via television. Respondents frequently cited cable news and local news as sources of information. The Internet was the most often cited second source of information. Respondents mentioned social media (especially Facebook) along with Internet news sites and weblogs as sources of information. Newspapers were frequently mentioned, but it was often unclear if the respondent was referring to the paper or Internet version of the publication. Word of mouth (from friends, family, and co-workers) was also cited frequently. Also mentioned, but less often, were radio, and the presidential debates and general election coverage. A small number of respondents also cited learning about the law from work (including their union, their HR department, and job interviews).

Opinions on Upcoming Changes to Health Care System

When asked to indicate if they felt the changes would be mostly good or bad for their family, the majority of respondents felt the changes would be good (Table 8 and 9 summarize these results). The proportion of respondents who felt the changes would be good far surpasses the proportion of respondents who felt the changes would be bad for their family. However, there is still a large proportion that is unsure whether the changes will be good or bad. Among the language groups, the Farsi, Korean, Russian, and Tagalog segments all had fewer respondents who felt the changes would be good for them than respondents who were unsure what the changes would mean for them.

Table 8: Opinions about Upcoming Changes by Language Segment

3.4 What's your opinion (of the coming changes to the healthcare system)?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Good	72%	68%	85%	51%	54%	40%	54%	66%	43%	32%	80%	29%	62%	57%
Bad	6%	3%	10%	3%	12%	13%	3%	3%	3%	19%	3%	7%	3%	6%
Unsure	21%	27%	3%	45%	33%	46%	42%	30%	53%	48%	16%	62%	34%	35%

Variation also existed among the audience segments. The “Just Getting Started” and “Calculated Risk Takers” segments were the most unsure about whether the changes would be good for them. Among “Underserved Families” and “Working Families,” most believed the changes would be good for them.

Level of Interest in Exploring/Learning About Covered California

Before discussing their level of interest towards the new marketplace, respondents were read the following statement:

In January, 2014 there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll-free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

Reasons Respondents Wish to Learn More

Respondents were asked if they would be interested in learning more about the new insurance marketplace. Of the 420 respondents, only 16 said they were not interested in learning more, and only seven were unsure. When asked why they would be interested in learning more, respondents tended to respond that they wanted to learn about costs, coverage, and get general information about the marketplace. Respondents also raised the issue of societal benefits of participating in the marketplace, and some also appreciated the ease and accessibility offered by the online nature of the marketplace. Detailed tabulations are presented in Tables 10 and 11.

Table 10: Why Respondent is Interested in Learning About Covered California by Language Segment

<i>4.2 Why would you be interested (in learning more about the marketplace)? (Code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Learn about costs	27%	14%	12%	9%	17%	33%	23%	29%	11%	41%	32%	19%	25%	23%
General information	24%	14%	35%	16%	21%	7%	23%	19%	15%	19%	16%	19%	28%	20%
Learn about coverage	12%	0%	8%	0%	21%	30%	6%	26%	19%	22%	32%	19%	19%	16%
Ease of use	9%	3%	12%	6%	17%	0%	3%	13%	0%	0%	3%	8%	0%	6%
Other	9%	0%	0%	6%	7%	4%	6%	3%	7%	7%	3%	0%	0%	4%
Learn about doctors	3%	0%	4%	0%	3%	11%	0%	3%	4%	7%	13%	0%	3%	4%
Compare plans	3%	3%	0%	3%	0%	4%	3%	6%	0%	4%	0%	4%	3%	3%
Learn about eligibility	3%	0%	0%	0%	0%	7%	0%	0%	0%	0%	10%	4%	0%	2%
Native language	0%	0%	0%	6%	3%	0%	6%	0%	0%	0%	3%	0%	0%	2%
Societal Benefit	0%	10%	0%	0%	0%	0%	6%	0%	0%	0%	6%	0%	0%	2%

A number of relatively large differences between languages exist. For example, the Russian group is extremely interested in price, while the Chinese group is relatively less interested in price. Comparatively smaller differences exist between audience segments. Generally, those individually insured and “Just Getting Started” are most concerned about learning about costs, while the “Calculated Risk Takers” are least concerned.

Table 11: Why Respondent is Interested in Learning About Covered California by Audience Segment

<i>4.2 Why would you be interested (in learning more about the marketplace)? (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Learn about costs	25%	23%	13%	22%	21%	18%	21%	26%	23%
General information	13%	23%	25%	16%	17%	16%	15%	28%	20%
Learn about coverage	19%	3%	0%	16%	14%	8%	12%	27%	16%
Ease of use	10%	0%	13%	0%	7%	6%	12%	4%	6%
Other	2%	0%	13%	5%	4%	2%	6%	6%	4%
Learn about doctors	2%	3%	0%	0%	6%	0%	0%	9%	4%
Compare plans	0%	0%	0%	0%	0%	0%	6%	8%	3%
Learn about eligibility	8%	3%	0%	0%	0%	2%	0%	1%	2%
Native language	0%	0%	0%	0%	4%	2%	0%	2%	2%
Societal Benefit	4%	0%	0%	5%	1%	2%	0%	1%	2%

Type of Information Respondents Wish to Receive from Covered California

Of those interested in more information, most hoped to learn specifics about what exactly would be covered and what it would cost. Appendix VI presents additional details on other responses to this question.

Table 12: What Respondent Wishes to Learn from Covered California by Language Segment

<i>4.3 What would you be interested in learning about from marketplace? (Code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Learn about pricing	64%	55%	56%	66%	80%	52%	59%	55%	82%	68%	66%	76%	79%	66%
Learn about coverage	70%	65%	41%	69%	87%	69%	44%	39%	75%	64%	81%	55%	65%	63%
Other	52%	35%	15%	31%	37%	24%	38%	32%	39%	25%	22%	7%	18%	29%
Learn about doctors participating	45%	6%	30%	16%	30%	38%	9%	10%	21%	39%	50%	10%	12%	24%
Learn about eligibility requirements	0%	6%	22%	19%	0%	7%	9%	6%	4%	7%	19%	7%	3%	8%
Learn about application process	3%	3%	0%	0%	3%	10%	13%	0%	7%	0%	3%	3%	0%	4%

Table 13: What Respondent Wishes to Learn from Covered California by Audience Segment

4.3 What would you be interested in learning about from marketplace? (Code all that apply)	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Learn about coverage	74%	74%	75%	64%	63%	62%	53%	58%	63%
Learn about pricing	62%	77%	63%	67%	73%	70%	62%	59%	66%
Learn about doctors participating	25%	26%	50%	21%	24%	28%	24%	21%	24%
Other	25%	16%	25%	14%	25%	28%	38%	41%	29%
Learn about eligibility requirements	9%	16%	0%	2%	10%	6%	12%	8%	8%
Learn about application process	9%	3%	13%	2%	1%	4%	6%	1%	4%

Respondents who were unsure if they wanted to learn more about the marketplace generally had specific, personal reasons for their choice (for example, “leaving the country,” or “satisfied with existing insurance”). One respondent believed the marketplace would cause people to lose their existing coverage and he chose not to participate.

Among those who did not want to learn more, only one respondent gave a specific reason for not wishing to learn more. This respondent stated that she had previous experience with Medicaid that suggested to her that she would not qualify for the new marketplace.

Shopping at Covered California

Before discussing the likelihood of the respondent using the marketplace to compare plans, respondents were read the following statement:

The online part of the marketplace will consist of a website-like Amazon.com or Expedia.com-where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

After hearing the above statement, almost all respondents said they would visit the marketplace to compare and shop for plans. Of the eight who said they would not shop the marketplace, most articulated an assumption that they would not understand it. As one respondent put it, “I don’t use the Internet much so I wouldn’t understand it. Also, I wouldn’t want to go anywhere else (i.e., a community center) and talk to

someone about the plans because I probably won't understand it. I would just take the basic health plan. It might be confusing to compare all of the health plans.”

Drivers to Use Covered California to Shop for Insurance

Among respondents who did want to examine the marketplace, most often they cited a desire to compare plans in one convenient location (see Tables 14 and 15). Respondents repeatedly came back to the idea that by having an easy-to-comprehend site, they would be able to pick the best plan for themselves and their families. Many respondents also mentioned that they were familiar with sites like Expedia and Amazon, and therefore they appreciated the ease of use and ability to compare plans on their own time. Respondents frequently indicated that they thought it would be efficient and quicker to go through the marketplace than to find the information on their own.

The desire to compare plans side-by-side was salient with most respondents, but it was particularly strong among the Chinese, African American, English, and Spanish groups.

Table 14: Main Reason Respondent Would Like to Shop at Covered California by Language Segment

5.2 What would be the main reason for wanting to go to the marketplace to shop for insurance? (Code all that apply)	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Compare plans side-by-side	70%	58%	21%	70%	72%	55%	45%	59%	62%	39%	78%	55%	56%	57%
More affordable plans	18%	32%	17%	30%	21%	19%	10%	24%	24%	29%	19%	10%	24%	21%
Other	27%	13%	7%	18%	21%	10%	23%	7%	24%	16%	22%	16%	9%	16%
Accessible online	21%	13%	10%	12%	17%	3%	32%	17%	17%	26%	9%	23%	0%	15%
Obtain general information	0%	0%	28%	3%	0%	19%	16%	10%	3%	6%	0%	16%	24%	10%
One-stop shopping	18%	6%	0%	21%	31%	3%	6%	0%	21%	0%	3%	10%	3%	9%
Neutral third-party site	3%	10%	0%	27%	17%	3%	0%	0%	7%	6%	3%	0%	3%	6%
Easy to use	12%	6%	0%	0%	17%	3%	0%	14%	10%	6%	3%	0%	0%	5%

Among audience segments the ability to compare plans side-by-side was salient across all groups. The “Calculated Risk Takers” were particularly concerned with finding more affordable plans, while the younger segments (“Just Getting Started” and “Independent and Connected”) appreciated the online aspect of the marketplace.

Table 15: Main Reason Respondent Would Like to Shop at Covered California by Audience Segment

<i>5.2 What would be the main reason for wanting to go to the marketplace to shop for insurance? (Code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Compare plans side-by-side	61%	56%	75%	58%	56%	49%	52%	60%	57%
More affordable plans	15%	12%	50%	23%	21%	30%	18%	22%	21%
Other	13%	12%	25%	19%	18%	17%	24%	14%	16%
Accessible online	26%	24%	13%	12%	17%	8%	9%	14%	15%
Obtain general information	7%	6%	0%	9%	14%	11%	15%	8%	10%
One-stop shopping	9%	15%	13%	2%	13%	4%	9%	11%	9%
Neutral third-party site	6%	12%	0%	7%	8%	2%	9%	5%	6%
Easy to use	7%	6%	0%	2%	8%	2%	0%	8%	5%

What Respondents Wish to Know About Plans

Respondents were asked what they would want to know about different plans when making side-by-side comparisons. They offered a host of ideas but, as shown in Tables 16 and 17, most frequently mentioned cost, coverage of particular types of care, and the doctors available on the plan. Additionally, deductibles, coverage of services like prescriptions, and how long rates would remain unchanged were all mentioned as areas where comparisons would be useful. Appendix VII displays examples of other answers given to this question.

Table 16: What Respondents Wish to Learn When Comparing Plans by Language Segment

<i>5.3 In comparing plans, what would you want to know? (code all that apply)</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	70%	65%	69%	85%	90%	87%	74%	59%	90%	94%	78%	45%	74%	75%
Coverage	70%	71%	76%	85%	72%	74%	68%	38%	83%	74%	63%	61%	44%	67%
Doctors available	33%	35%	41%	33%	41%	35%	23%	24%	31%	48%	41%	6%	6%	31%
Other	33%	23%	14%	18%	34%	10%	26%	34%	38%	29%	34%	23%	9%	25%
Eligibility requirements	3%	3%	3%	0%	10%	0%	0%	0%	3%	3%	9%	0%	0%	3%

Table 17: What Respondents Wish to Learn When Comparing Plans by Language Segment

<i>5.3 In comparing plans, what would you want to know? (code all that apply)</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	81%	79%	75%	60%	74%	83%	64%	77%	75%
Coverage	78%	79%	100%	65%	71%	53%	67%	62%	67%
Doctors available	30%	32%	38%	37%	24%	30%	36%	30%	31%
Other	20%	35%	38%	21%	24%	17%	36%	25%	25%
Eligibility requirements	0%	9%	0%	0%	3%	6%	3%	2%	3%

Most Important Information When Shopping for Plan

When asked the most important information they would receive when comparing plans, respondents gave a slight preference for cost over coverage. This was true for all language groups with the exception of English, Farsi, and Russian.

Table 18: Most Important Information When Shopping for a Plan by Language Segment

<i>5.4 What information would be the most important to you?</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Cost	51%	50%	40%	48%	39%	36%	53%	67%	55%	30%	50%	53%	50%	48%
Coverage	31%	32%	25%	32%	39%	36%	39%	17%	31%	34%	41%	23%	28%	31%
Doctors participating	3%	17%	10%	9%	10%	23%	3%	7%	10%	13%	0%	7%	18%	10%
Other	13%	0%	25%	9%	7%	3%	3%	7%	3%	17%	8%	15%	3%	8%
Eligibility requirements	0%	0%	0%	0%	3%	0%	0%	0%	0%	4%	0%	0%	0%	0%

Stark differences exist in the most important aspect of comparing plans by audience segment. Though cost was important across groups, it was less important than comparing coverage for both the “Independent and Connected” and the “Underserved Families” segments. Doctor choice was strongest among the older populations, especially the “Aging and Denied.” “Calculated Risk Takers” were most likely to indicate that the most important thing to compare was some other aspect particular to their situations (see Appendix VII for a list of some of these concerns).

Table 19: Most Important Information When Shopping for a Plan by Audience Segment

<i>5.4 What information would be the most important to you?</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Cost	54%	25%	37%	37%	47%	57%	42%	57%	48%
Coverage	33%	46%	25%	42%	37%	11%	32%	27%	31%
Doctors participating	8%	12%	12%	14%	2%	16%	21%	9%	10%
Other	4%	12%	25%	5%	10%	14%	3%	6%	8%
Eligibility requirements	0%	3%	0%	0%	1%	0%	0%	0%	0%

Respondents were asked which method of using the marketplace they most preferred. Tables 20 and 21 summarize these choices. Though there was an overall preference for online access, there were clear language segment differences. Spanish and Khmer speakers both had a preference for contacting the marketplace at a neighborhood center, while a large proportion of Farsi speakers would prefer to contact Covered California by telephone. Chinese speakers overwhelmingly preferred the Internet.

Table 20: Preferred Mode of Contacting Covered California by Language Segment

<i>5.6 Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center?</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Internet	59%	76%	64%	84%	75%	50%	46%	37%	75%	77%	34%	60%	69%	62%
Neighborhood center	28%	16%	17%	12%	13%	20%	46%	48%	20%	6%	53%	28%	24%	26%
Phone	12%	6%	17%	3%	10%	30%	6%	13%	3%	16%	12%	12%	6%	11%

Preferred Mode of Contact

Small differences exist between audience segments in their preferred method of contacting the marketplace (Table 21). “Calculated Risk Takers,” for example, vastly prefer the Internet, while “At Risk and Aging” respondents voiced a slight preference for neighborhood centers over the Internet. All groups expressed mild preference for the telephone option.

Table 21: Preferred Mode of Contacting Covered California by Audience Segment

<i>5.6 Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center?</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Internet	71%	64%	87%	58%	76%	40%	51%	61%	62%
Neighborhood center	20%	20%	0%	32%	20%	44%	25%	24%	26%
Phone	7%	14%	12%	9%	2%	15%	22%	13%	11%

Sources of Advice

Respondents were also asked if there was a person or organization that they would turn to for advice or information when shopping for a new plan (Tables 22 and 23). Close family members (parents, grandparents, and siblings) were most often cited as the people respondents would turn to for advice. Friends were also frequently mentioned, particularly if they were employed in the medical sector. A few respondents also mentioned turning to their current doctor for advice.

Table 22: Source of Advice for Respondent by Language Segment

<i>5.8 Is there any person you would get advice from...about whether to shop for a plan in the new marketplace?</i>	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Family members	42%	16%	17%	42%	38%	26%	39%	62%	28%	23%	34%	26%	56%	35%
Friends	24%	23%	14%	52%	38%	6%	10%	38%	34%	39%	16%	26%	44%	28%
Doctor	18%	29%	10%	6%	10%	13%	16%	28%	10%	16%	28%	10%	12%	16%
Significant other	9%	16%	31%	21%	7%	6%	42%	21%	17%	6%	3%	0%	18%	15%
Other	12%	3%	7%	42%	21%	3%	6%	17%	38%	26%	0%	10%	15%	15%
Insurance agent	0%	3%	0%	9%	3%	13%	19%	10%	14%	10%	0%	3%	3%	7%
Co-workers	3%	0%	10%	12%	0%	0%	6%	7%	14%	3%	3%	0%	12%	5%
Ask around - no one specific	0%	0%	3%	0%	0%	0%	3%	0%	3%	0%	0%	13%	3%	2%

Table 23: Source of Advice for Respondent by Audience Segment

<i>5.8 Is there any person you would get advice from...about whether to shop for a plan in the new marketplace?</i>	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Family members	59%	47%	25%	33%	31%	28%	15%	32%	35%
Friends	31%	32%	25%	23%	31%	21%	21%	31%	28%
Doctor	6%	18%	13%	21%	19%	11%	12%	20%	16%
Significant other	9%	6%	13%	12%	29%	8%	9%	19%	15%
Other	17%	24%	38%	16%	4%	26%	6%	15%	15%
Insurance agent	6%	3%	0%	9%	8%	4%	6%	8%	7%
Co-workers	2%	9%	13%	2%	4%	6%	9%	7%	5%
Ask around - no one specific	2%	0%	0%	2%	1%	6%	6%	0%	2%

Most respondents (70%) said there was no particular organization that they would turn to for advice. Respondents did offer a few potential organizations where they personally might turn look for advice (Web MD, AARP, LGBT organizations), but few were offered by more than a handful of respondents. The most frequently cited organization was the church. Additionally, several ethnicity-specific organizations were cited frequently among certain segments. This was particularly true of the Asian language segments (particularly the Khmer, Chinese, Tagalog, and Vietnamese segments), in which a quarter to a third of respondents mentioned an ethnicity-specific organization.

Enrolling in a Health Plan at Covered California

Respondents were asked if they would enroll in a plan in 2014, once they are available. Before being asked, they were read one of two statements, depending upon their income. If they currently earned less than 138% of the poverty level they were told:

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. At your income level there would be no monthly premium cost. The premium cost is what people pay monthly to have the plan.

If they earned more than 138% of poverty they were told:

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health

insurance. Here is an example of what the monthly premium cost will be for someone at about your income level. The premium cost is what you would pay monthly to have the plan. [RESPONDENTS WERE SHOWN PRICING CARDS FOR THEIR INCOME GROUP AS THEY APPEAR IN THE APPENDIX.]

Plan to Purchase a Plan from Covered California

Respondents were asked, given what they now knew about the likely price, if they were likely to enroll when the plan was available in 2014. Responses are summarized in Tables 24 and 25. Surprisingly, 4 out of 5 respondents indicated that they would enroll. The remaining respondents were about evenly split among those who would not enroll and those indicating that they were unsure.

Minor differences were seen between language segments regarding intention to enroll. Though a majority of respondents in each segment intended to enroll, substantially fewer Chinese, English, and African American respondents were sure they will enroll. African American and Armenian respondents were most sure they will not enroll.

Table 24: Would Respondent Purchase/Acquire a Plan Through Covered California by Language Segment

6.1 If the cost were about this amount for a plan selected, would you actually purchase it in 2014 when it is available?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Yes	66%	75%	72%	62%	61%	90%	93%	75%	81%	71%	90%	93%	82%	78%
No	21%	15%	24%	9%	16%	3%	3%	15%	18%	3%	3%	0%	5%	10%
Unsure	12%	9%	3%	28%	22%	6%	3%	9%	0%	25%	6%	6%	11%	11%

Much more profound differences exist between the audience segments. Though all groups but “Calculated Risk Takers” had a majority of respondents saying they will enroll, almost all (95%) of the “Underserved Families” stated that they will enroll, and even 87% of the “Just Getting Started” segment plan to enroll. “Calculated Risk Takers” were most adamant that they will not enroll, while both the “Calculated Risk takers” and “Independent and Connected” segments had a large number of respondents who were unsure if they will enroll.

Table 25: Would Respondent Purchase/Acquire a Plan Through Covered California by Audience Segment

6.1 If the cost were about this amount for a plan selected, would you actually purchase it in 2014 when it is available?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Yes	87%	61%	33%	95%	78%	85%	72%	73%	78%
No	9%	17%	33%	0%	12%	5%	18%	10%	10%
Unsure	3%	20%	33%	4%	9%	9%	9%	15%	11%

Overwhelmingly, respondents mentioned the need to have coverage for peace of mind and for their families. As one young man put it, “It would be a big weight taken off my shoulders. If I’m playing basketball, I think, wow, I don’t have insurance, I better not go after that ball too hard...” Another middle-aged female noted that it would allow her kids to get free check-ups. Tables 26 and 27 display the reasons respondents gave for planning to enroll in a plan. The desire to save money was cited most frequently. Access to health care and peace of mind were both mentioned by more than a quarter of respondents, while improving health was mentioned by about 10% of respondents. Most language segments followed this pattern, though there were some differences, particularly among the African American, Armenian, and Farsi groups.

Table 26: Primary Reason for Desire to Purchase Plan from Covered California by Language Segment

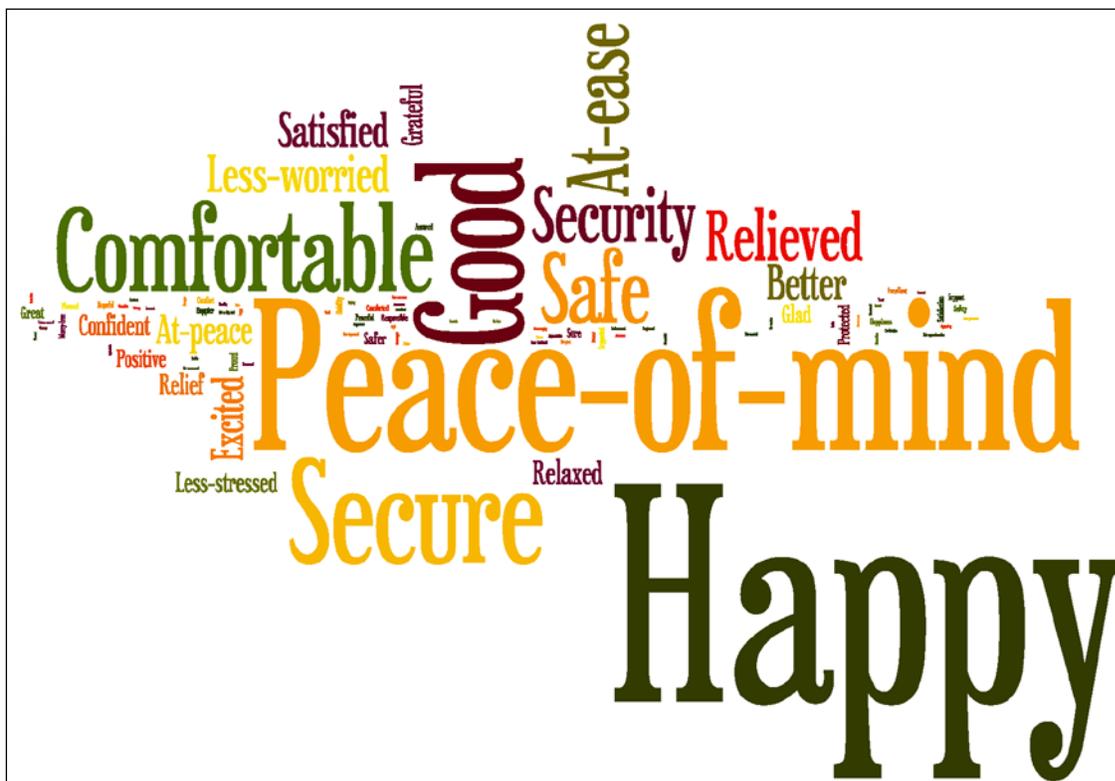
6.2 What would be your main reasons for purchasing a plan?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Save money/affordability	36%	54%	29%	77%	70%	48%	84%	92%	69%	74%	70%	52%	86%	65%
Access to health care	45%	21%	24%	9%	55%	38%	19%	38%	38%	48%	57%	28%	31%	35%
Peace of mind	45%	21%	24%	32%	35%	52%	3%	38%	19%	43%	27%	0%	10%	26%
Other	27%	21%	5%	14%	20%	14%	13%	8%	12%	9%	13%	0%	10%	12%
Improve health	5%	4%	14%	9%	15%	17%	0%	25%	12%	13%	23%	3%	7%	11%
Comply with individual mandate	0%	0%	0%	0%	0%	0%	3%	4%	19%	13%	3%	0%	0%	3%

Table 27: Primary Reason for Desire to Purchase Plan from Covered California by Audience Segment

6.2 What would be your main reasons for purchasing a plan?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Save money/affordability	60%	62%	100%	60%	69%	66%	48%	74%	65%
Access to health care	52%	33%	33%	40%	44%	38%	28%	14%	35%
Peace of mind	24%	19%	0%	30%	30%	32%	36%	18%	26%
Other	10%	10%	0%	14%	7%	13%	16%	18%	12%
Improve health	14%	5%	67%	9%	13%	13%	8%	9%	11%
Comply with individual mandate	2%	10%	0%	2%	0%	0%	12%	5%	3%

Respondents who said they would purchase a plan were also probed regarding how they would feel after purchasing an insurance plan. Relief that they were covered if something happened was the predominant response. A word cloud of the terms offered by respondents is displayed in Figure 2.

Figure 2: Word Cloud of One Word Summary of Health Care Changes



Advice on Purchasing a Plan

Respondents were asked if there was a person or organization that they would turn to for advice or information when enrolling in a new plan. Responses to this question were virtually identical to the responses given when they were asked who they would turn to for advice when shopping for a new plan. Generally, close family was most often cited, followed by friends and doctors. As with advice on shopping, respondents were not able to name particular organizations that they would turn to for advice on enrolling in a plan.

Reasons for Not purchasing a Plan

Respondents who indicated that they would not purchase insurance or who were unsure consistently indicated that the price was too high (see tables 28 and 29, but keep in mind that they are based on the very small number people who said they would not purchase a plan). Many respondents indicated that their perceived benefit for the cost was not good (i.e., they felt that they are currently healthy and therefore would receive no benefit from a plan). Those who were unsure whether or not they would purchase had difficulty determining if they could fit the cost of the plan into their budget.

Table 28: Primary Reason for Desire to Not Purchase Plan from Covered California by Language Segment

6.9 What would be your main reason for not actually purchasing a health plan?	African American	Arabic	Armenian	Chinese	English	Farsi	Hmong	Khmer	Korean	Russian	Spanish	Tagalog	Vietnamese	All
Too expensive	100%	100%	86%	100%	83%	100%	100%	40%	33%	100%	100%	0%	100%	80%
Don't need insurance	14%	0%	14%	67%	33%	0%	0%	60%	67%	100%	0%	0%	0%	31%
Too little coverage	14%	0%	0%	0%	17%	0%	0%	0%	0%	0%	0%	0%	0%	4%
Other	0%	0%	14%	0%	17%	0%	0%	60%	33%	0%	0%	0%	0%	16%

Table 29: Primary Reason for Desire to Not Purchase Plan from Covered California by Audience Segment

6.9 What would be your main reason for not actually purchasing a health plan?	Just Getting Started	Independent & Connected	Calculated Risk Takers	Underserved Families	Working Families	At Risk & Aging	Aging and Denied	Individually Insured	All
Too expensive	33%	83%	100%	0%	89%	67%	100%	83%	80%
Don't need insurance	83%	33%	0%	0%	22%	33%	0%	33%	31%
Too little coverage	0%	0%	0%	0%	11%	0%	0%	8%	4%
Other	0%	0%	33%	0%	11%	33%	17%	25%	16%

Summary of Segment Differences

Below, we present summaries of the segments referenced in the report. For each segment, we focus on the characteristics that differentiate the group from others. We first cover the language segments before turning to the audience segments.

Language Segments

English (general market segment)

- Attracted to the marketplace’s ease of use
- Significant minority feel they do not need insurance
- Not interested in neighborhood centers as ways of accessing the exchange
- Most are resistant to enrolling in a plan for the prices suggested
- Place great emphasis on access to health care as a reason for acquiring insurance

English (African American segment)

- Place great importance on the participation of particular doctors
- Frequently gave up previous insurance due to cost
- Rely greatly on family for marketplace advice
- Resistant to enrolling in a plan for the prices suggested

Spanish

- Very high current uninsured rate
- Very supportive of the aim of Covered California and eager to learn more
- Strong interest in comparing plans side-by-side
- Very strong preference for neighborhood centers as ways of accessing the exchange

Korean

- Frequently feel they have no need for insurance
- Low interest in learning about plan pricing
- Low interest in using telephone to contact marketplace
- High utilization of co-workers for advice
- Individual mandate is salient among this group

Vietnamese

- Very interested in learning about price to the exclusion of almost all other plan aspects
- Not particularly interested in the side-by-side comparison of plans
- Low interest in using telephone to contact marketplace
- Very likely to consult friends and family for marketplace advice

Chinese

- Appreciate “one-stop shopping” element of marketplace
- Very interested in using Internet to access marketplace
- Interest in comparing coverage specifics
- Feel they currently can access healthcare through Chinese doctors

Khmer

- Little interest in using Internet to access marketplace
- Focus on neighborhood centers for contacting marketplace and advice on acquiring insurance
- View offered prices as affordable
- View improving health as a primary benefit of acquiring a plan

Armenian

- Highly supportive of changes to healthcare system
- Low interest in coverage specifics
- High interest in learning about eligibility requirements

Farsi

- Uncertain about the upcoming changes to health insurance system
- Interested in learning about doctor participation and coverage from the marketplace
- Highest group interest in contacting marketplace via telephone
- Believe acquiring insurance will lead to “peace of mind”

Arabic

- Dissatisfied with current insurance
- Emphasis on societal benefit of marketplace
- Likely to consult doctors about acquiring a plan

Russian

- High uncertainty about upcoming changes to health insurance system
- Very concerned about comparing cost across plans
- Low interest in using neighborhood centers to contact exchange
- High uncertainty about purchasing a plan at the price offered
- Believe they would gain “peace of mind” from acquiring a plan

Hmong

- Highly negative feelings about upcoming changes to health insurance system
- Very interested in learning about application process
- High cost sensitivity when shopping for a plan
- View neighborhood centers as important method of contacting marketplace

Tagalog

- High uncertainty about upcoming changes to health insurance system
- Very likely to sign up for a plan at presented cost

Audience Segments

Just Getting Started

- Unsure if the changes will be good for them
- Feel they don't need insurance
- Most concerned with cost
- Heavily reliant on family for advice
- High likelihood of acquiring insurance through exchange
- Likely to use marketplace due to online accessibility

Independent & Connected

- Believe changes will be good for them
- Relatively high proportion believe changes will be bad for them
- Appreciate online access
- Individual mandate is a salient issue
- Less sensitive to cost when shopping for plans

Calculated Risk Takers

- Unsure whether changes will be good for them
- Little interest in learning about coverage
- Most interested in learning about doctors on plan
- Lack information necessary to obtain insurance
- Unlikely to feel need for insurance
- Strong desire to elect insurance to improve health
- Unstable labor force participation
- Indecisive about whether to elect coverage under selected plan

Underserved Families

- Believe changes will be good for them
- High likelihood of acquiring insurance through exchange
- Changes to law are generally viewed positively

Working Families

- Highly cost-sensitive
- Most likely to lack employer coverage
- Doctors available on plans not a salient issue
- Supportive of changes to law
- Cost is barrier to those without coverage
- Concern about eligibility requirements
- Attracted to convenience

At Risk & Aging

- Particularly interested in looking for more affordable plan
- Not concerned with online access
- Most concerned with cost
- High likelihood of acquiring insurance through exchange
- Little interest in coverage when shopping for plans

Aging and Denied

- Most interested in doctors available on plans when shopping
- Most likely to prefer contact by telephone
- Comparatively high proportion who believe changes will be bad for them
- Peace of mind from purchasing insurance very important
- Individual mandate is a salient issue

Individually Insured

- Highly interested in coverage and costs
- Interested in learning about costs and coverage through the marketplace
- Greatest desire for general information about plans

Appendices

Appendix I: Moderator Guide (0-138%)

California Health Benefit Exchange In-Depth Interviews *INTERVIEW GUIDE*

(This guide was translated to each of the 13 interview languages)

I. Introduction, and Explanation of Process (1 minute)

Thank you for agreeing to talk with us today. My name is _____, and I'm doing research for NORC at the University of Chicago. NORC is an independent, non-profit organization that conducts social science research in the public interest.

NORC is conducting this study to learn about what information people need to help them make decisions about their health insurance, as well as their experiences with and opinions about health insurance.

Our talk today will take about 30 minutes. NORC would like to record this discussion to make sure that our notes are correct and complete. We appreciate your open and honest feedback, but you can choose to skip questions or to end the discussion at any time. Is that OK with you?

IF YES, BEGIN RECORDING AND CONTINUE

IF NO, END INTERVIEW

II. Insurance Status and Experience (5 minutes)

1. Do you currently have health insurance?

YES - CONTINUE

NO - GO TO Q4

2. **[IF Q1 = YES]** Does your current health insurance plan meet the needs of you and your family? [MENTION FAMILY ONLY IF APPLICABLE. GET YES, NO OR UNSURE. IF NO OR UNSURE ASK WHY. PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

GO TO SECTION III

3. **[IF Q1 = NO]** There are many reasons that people don't have insurance today. Please tell me why you do not have insurance? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

4. Have you had health insurance before? [GET A YES OR NO. IF YES, ASK WHY THEY LOST OR GAVE UP COVERAGE. GET REASON FOR MOST RECENT LOSS OF COVERAGE.]

III. Awareness of Health Insurance Changes (5 minutes)

1. What, if anything, have you heard about the changes that are coming in the health care system and the way that individuals can buy health insurance? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3.]

2. Have you heard about the recent healthcare law passed by Congress and signed by President Obama in 2010?

IFYES, CONTINUE. ELSE SKIP TO SECTION IV.

3. How have you heard about these changes?
4. What's your opinion? Will these changes be mostly good or bad for you and your family? [EXPLAIN IF NEEDED: I am talking about immediate family such as your partner/ spouse and/or children.]
5. In what ways will these changes be (good/ bad) for you and your family? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. What one word summarizes your feelings about these changes? [GET ONE WORD ONLY]

IV. The New Marketplace: Awareness and General Attitudes (Exploring) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

Now I'd like to talk with you about a new health insurance marketplace that is being created here in California. I'll give you some information about it, and then I'll ask you some questions.

In January, 2014 there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

1. Would you be interested in learning more about the new insurance marketplace?

YES - CONTINUE

NO - GO TO Q7

UNSURE – GO TO Q4

2. **[IF Q1 = YES]** Why would you be interested? What are your main reasons for wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. What would you want to learn? What information would you would want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION V

4. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are some reasons you might be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
5. What are some reasons you might not be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. Is there anything else you can say about why you are uncertain?

GO TO SECTION V

7. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

EVERYONE CONTINUES TO THE NEXT SECTION, UNLESS NO ON Q1

V. Seeking Information at the Marketplace (“Shopping”) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

The online part of the marketplace will consist of a website—like Amazon.com or Expedia.com—where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

1. Based on what I have told you, do you think you would go to the new marketplace to compare the plans and shop for the best one for yourself or your family? [IF NECESSARY, CLARIFY THAT WE MEAN THE FIRST STEP OF COMPARING AND SHOPPING, NOT ACTUALLY PURCHASING A PLAN.]

YES - CONTINUE

NO - GO TO Q15

UNSURE - GO TO Q10

2. **[IF Q1= YES]** Why? What would be your main reasons for wanting to go to the marketplace to shop for a health insurance plan? What would be good about shopping in the new marketplace? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. In comparing the plans what would you want to know about them? What information would you want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
4. What information would be most important to you? [RECORD THE MOST IMPORTANT FROM PREVIOUS LIST]
5. Would you be looking for a plan for yourself or one for others in your family too? [GET WHETHER SELF OR FAMILY]
6. To use the marketplace which would you most prefer? Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center? [GET ONE ANSWER ONLY]
7. Why is that? [GET WHY THEY SELECTED THE PREVIOUS RESPONSE.]
8. Is there any **person** you would get advice from, or talk to, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
9. Is there any **organization** you would turn to for advice, or get information from, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

10. **[IF Q1 = UNSURE]** Can you tell me more about why you are unsure about whether you would use the new marketplace to compare and shop for an insurance plan? First, what are some reasons you might want to shop for plan in the marketplace? What might be good about it? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
11. What are some reasons you might not want to shop for a plan in the marketplace? What problems or concerns would you have? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
12. Is there anything else you can say about why you are uncertain?
13. Is there any **person** you would turn to for advice, or talk to, about whether to use the new marketplace to shop for an insurance plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]

14. Is there any **organization** you would turn to for advice, or get information from, about whether shopping in the marketplace is the right thing to do? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

15. [IF Q1=NO] Why not? What would be your main reasons for not wanting to use the new marketplace to shop for an insurance plan? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

ALL RESPONDENTS COMPLETING THE ABOVE SECTION GO TO THE NEXT, FINAL SECTION. EVEN IF RESPONDENT DOES NOT PLAN ON SHOPPING AT THE MARKETPLACE, THE SAME PLANS WILL BE STILL BE AVAILABLE FROM INSURANCE AGENTS AND OTHER SOURCES

VI. Enrolling in a Health Plan at the Marketplace (Enrolling)

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. At your income level there would be no monthly premium cost. The premium cost is what people pay monthly to have the plan. .

1. If you shopped for a plan and selected one, would you actually enroll in it in 2014 when it is available? [GET YES, NO OR UNSURE. IF NECESSARY, CLARIFY THAT WE MEAN ACTUALLY ENROLL IN A PLAN AFTER SHOPPING IS COMPLETED.]

YES - CONTINUE

NO - GO TO Q9

UNSURE - GO TO Q6

2. What would be your main reasons for enrolling in a plan? What good things would happen for you or your family as a result of enrolling in a plan? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. Imagine that you enrolled in an insurance plan. How do you think you would feel after doing it? [PROBE FOR UP TO THREE EMOTIONS OR FEELINGS.]
4. Is there any **person** you would turn to for advice, or talk to, about whether to actually enroll in a plan? [IF NO, WRITE NO. IF YES OR UNSURE, ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. RECORD RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
5. Is there any **organization** you would turn to for advice or get information from before actually enrolling in a plan? [GET YES, NO OR UNSURE. IF YES OR UNSURE, ASK WHAT THE ORGANIZATION IS. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE NAME OR DESCRIPTION OF ORGANIZATION.]

GO TO SECTION VII

6. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are the reasons you might actually enroll in a plan? What good things might happen for you and your family if you did so? [PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
7. What are the reasons you might not enroll in a plan? What problems might this cause?[PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
8. Is there anything else you can say about why you are uncertain about whether to actually enroll in a plan?

GO TO SECTION VII

9. **[IF Q1=NO]** Why not? What would be your main reasons for not actually enrolling in a health plan? What problems might result? [PROBE FOR MUTLIPLRE RESPONSES AND ACCEPT UP TO 3]

VII. Thanks and Conclusion

Thank you for sharing your thoughts with us today.
[TOTAL INTERVIEW LENGTH: 30 MINUTES]

Appendix II: English Moderator Guide (139%+)

California Health Benefit Exchange In-Depth Interviews *INTERVIEW GUIDE*

(This guide was translated to each of the 13 interview languages)

I. Introduction, and Explanation of Process (1 minute)

Thank you for agreeing to talk with us today. My name is _____, and I'm doing research for NORC at the University of Chicago. NORC is an independent, non-profit organization that conducts social science research in the public interest.

NORC is conducting this study to learn about what information people need to help them make decisions about their health insurance, as well as their experiences with and opinions about health insurance.

Our talk today will take about 30 minutes. NORC would like to record this discussion to make sure that our notes are correct and complete. We appreciate your open and honest feedback, but you can choose to skip questions or to end the discussion at any time. Is that OK with you?

IF YES, BEGIN RECORDING AND CONTINUE

IF NO, END INTERVIEW

II. Insurance Status and Experience (5 minutes)

1. Do you currently have health insurance?

YES - CONTINUE

NO - GO TO Q4

2. **[IF Q1 = YES]** Does your current health insurance plan meet the needs of you and your family? [MENTION FAMILY ONLY IF APPLICABLE. GET YES, NO OR UNSURE. IF NO OR UNSURE ASK WHY. PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

GO TO SECTION III

3. **[IF Q1 = NO]** There are many reasons that people don't have insurance today. Please tell me why you do not have insurance? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

4. Have you had health insurance before? [GET A YES OR NO. IF YES, ASK WHY THEY LOST OR GAVE UP COVERAGE. GET REASON FOR MOST RECENT LOSS OF COVERAGE.]

III. Awareness of Health Insurance Changes (5 minutes)

1. What, if anything, have you heard about the changes that are coming in the health care system and the way that individuals can buy health insurance? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3.]

2. Have you heard about the recent healthcare law passed by Congress and signed by President Obama in 2010?

IFYES, CONTINUE. ELSE SKIP TO SECTION IV.

3. How have you heard about these changes?
4. What's your opinion? Will these changes be mostly good or bad for you and your family? [EXPLAIN IF NEEDED: I am talking about immediate family such as your partner/ spouse and/or children.]
5. In what ways will these changes be (good/ bad) for you and your family? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. What one word summarizes your feelings about these changes? [GET ONE WORD ONLY]

IV. The New Marketplace: Awareness and General Attitudes (Exploring) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

Now I'd like to talk with you about a new health insurance marketplace that is being created here in California. I'll give you some information about it, and then I'll ask you some questions.

In January, 2014 there will be a new way for all Californians, even those with pre-existing health conditions, to get health insurance through what is called a health insurance marketplace. The new marketplace is being organized by California state government. It will offer a number of different health insurance plans that are designed to be affordable for everyone. The monthly cost of the plan will depend on your income. You'll be able to use the marketplace by going on-line, or by calling a toll free telephone number, or contacting a neighborhood assistance center. Live assistance will be available to anyone who needs it and will be available in many languages.

1. Would you be interested in learning more about the new insurance marketplace?

YES - CONTINUE

NO - GO TO Q7

UNSURE – GO TO Q4

2. **[IF Q1 = YES]** Why would you be interested? What are your main reasons for wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. What would you want to learn? What information would you would want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION V

4. **[IF Q1= UNSURE]** Can you tell me more about why you are unsure? First, what are some reasons you might be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
5. What are some reasons you might not be interested in learning more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
6. Is there anything else you can say about why you are uncertain?

GO TO SECTION V

7. **[IF Q1=NO]** Why not? What would be your main reasons for not wanting to learn more? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

EVERYONE CONTINUES TO THE NEXT SECTION, UNLESS NO ON Q1

V. Seeking Information at the Marketplace (“Shopping”) (5 minutes)

[READ THE FOLLOWING INFORMATION TO THE PARTICIPANT]

The online part of the marketplace will consist of a website—like Amazon.com or Expedia.com—where Californians can go to shop of affordable health insurance. Consumers will have a number of different health insurance plans to choose from. Many will be private plans but there will also be some offered by the government. All the plans will have been prescreened by state government to ensure that they meet certain quality standards. It will be easy to compare the plans and select the one that is best for you or your family.

1. Based on what I have told you, do you think you would go to the new marketplace to compare the plans and shop for the best one for yourself or your family? [IF NECESSARY, CLARIFY THAT WE MEAN THE FIRST STEP OF COMPARING AND SHOPPING, NOT ACTUALLY PURCHASING A PLAN.]

YES - CONTINUE

NO - GO TO Q15

UNSURE - GO TO Q10

2. **[IF Q1= YES]** Why? What would be your main reasons for wanting to go to the marketplace to shop for a health insurance plan? What would be good about shopping in the new marketplace? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. In comparing the plans what would you want to know about them? What information would you want to get? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
4. What information would be most important to you? [RECORD THE MOST IMPORTANT FROM PREVIOUS LIST]
5. Would you be looking for a plan for yourself or one for others in your family too? [GET WHETHER SELF OR FAMILY]
6. To use the marketplace which would you most prefer? Would you prefer to go online, call the toll free telephone number or visit a neighborhood assistance center? [GET ONE ANSWER ONLY]
7. Why is that? [GET WHY THEY SELECTED THE PREVIOUS RESPONSE.]
8. Is there any **person** you would get advice from, or talk to, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
9. Is there any **organization** you would turn to for advice, or get information from, about whether to shop for a plan in the new marketplace? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

10. **[IF Q1 = UNSURE]** Can you tell me more about why you are unsure about whether you would use the new marketplace to compare and shop for an insurance plan? First, what are some reasons you might want to shop for plan in the marketplace? What might be good about it? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
11. What are some reasons you might not want to shop for a plan in the marketplace? What problems or concerns would you have? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
12. Is there anything else you can say about why you are uncertain?
13. Is there any **person** you would turn to for advice, or talk to, about whether to use the new marketplace to shop for an insurance plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]

14. Is there any **organization** you would turn to for advice, or get information from, about whether shopping in the marketplace is the right thing to do? [GET YES, NO, OR UNSURE. ASK FOR NAME OR DESCRIPTION OF ORGANIZATION. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]

GO TO SECTION VI

15. [IF Q1=NO] Why not? What would be your main reasons for not wanting to use the new marketplace to shop for an insurance plan? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

ALL RESPONDENTS COMPLETING THE ABOVE SECTION GO TO THE NEXT, FINAL SECTION. EVEN IF RESPONDENT DOES NOT PLAN ON SHOPPING AT THE MARKETPLACE, THE SAME PLANS WILL BE STILL BE AVAILABLE FROM INSURANCE AGENTS AND OTHER SOURCES

VI. Buying a Health Plan at the Marketplace (Purchasing) (10 minutes)

The cost of health plans in the marketplace will vary according to income. People with lower incomes will pay less than people with higher incomes, so more people will be able to afford health insurance. Here is an example of what the monthly premium cost will be for someone at about your income level. The premium cost is what you would pay monthly to have the plan. . [SHOW PRICING CARD FOR THE APPROPRIATE PARTICIPANT GROUP.]

1. If the cost were about this amount for a plan you selected, would you actually purchase it in 2014 when it is available? [GET YES, NO OR UNSURE. IF NECESSARY, CLARIFY THAT WE MEAN ACTUALLY MAKE THE PURCHASE AFTER THE SHOPPING IS COMPLETED.]

[IF RESPONDENT REFUSES BECAUSE PRICE IS NOT CLEAR ENOUGH, ASK: Assume that the price was one that you could afford. If that was the price, would you purchase a plan?]

[IF RESPONDENT REFUSES BECAUSE THE NATURE OF THE COVERAGE IS UNCLEAR, ASK: Assume that the coverage was satisfactory to you. If that were the case, would you purchase a plan?]

YES- CONTINUE

NO- GO TO Q9

UNSURE-GO TO Q6

2. What would be your main reasons for purchasing a plan? What good things would happen for you or your family as a result of purchasing a plan? [PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3]
3. Imagine that you purchased an insurance plan. How do you think you would feel after doing it? [PROBE FOR UP TO THREE EMOTIONS OR FEELINGS]

4. Is there any **person** you would talk to about whether to actually purchase a plan? [GET YES, NO, OR UNSURE. ASK WHO PERSON IS OR MIGHT BE. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE RELATIONSHIP E.G. WIFE, SON, PHYSICIAN]
5. Is there any **organization** you would turn to for advice or information before actually purchasing a plan? [GET YES, NO OR UNSURE. IF YES OR UNSURE, ASK WHAT THE ORGANIZATION IS. PROBE FOR MULTIPLE ANSWERS AND ACCEPT UP TO 3. PROBE NAME OR DESCRIPTION OF ORGANIZATION.]

GO TO SECTION VII

6. **[IF Q1 = UNSURE]** Can you tell me more about why you are unsure? First, what are the reasons you might actually purchase a plan? What good things might happen for you and your family if you did so? PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
7. What are the reasons you might not purchase a plan? What problems might this cause?[PROBE FOR MULTIPLE ANSWERS AND SELECT UP TO 3]
8. Is there anything else you can say about why you are uncertain about whether to actually purchase a plan for you or your family?

GO TO SECTION VII

9. **[IF Q1 = NO]** Why not? What would be your main reasons for not actually purchasing a health plan? What problems might result? [PROBE FOR MULTIPLE RESPONSES AND ACCEPT UP TO 3]

VII. Thanks and Conclusion

Thank you for sharing your thoughts with us today.
 [TOTAL INTERVIEW LENGTH: 30 MINUTES]

Appendix III: Premium Cards (English)

Examples of Premium Costs for Group 1

(To be shown to lower income participants, 139% of poverty to 199% of poverty)

	Single, 25 Years Old, Income: \$18,989 No Children	Married, 35 Years Old, Income: \$25,721 No children	Unmarried, 45 Years Old, Income: \$32,453 2 children
Total Monthly Premium	\$280	\$1013	\$1266
What the Government Would Pay	\$202	\$907	\$1133
What You Would Pay	\$78	\$105	\$133
Percent Discount	72%	90%	89%

Examples of Premium Costs for Group 2

(To be shown to lower income participants, 200% of poverty to 400% of poverty)

	Single, 25 Years Old, Income: \$33,510 No Children	Married, 35 Years Old, Income: \$45,390 No children	Unmarried, 45 Years Old, Income: \$57,270 2 children
Total Monthly Premium	\$280	\$1013	\$1266
What the Government Would Pay	\$15	\$653	\$812
What You Would Pay	\$265	\$359	\$453
Percent Discount	5%	65%	64%

Examples of Premium Costs for Group 3

(To be shown to higher income participants, 400% of poverty and over)

Government subsidies are available only for families with low or moderate income.

Examples of Potential Premium Costs

	Single, 25 Years Old, Income: \$50,680 No Children	Married, 35 Years Old, Income: \$60,520 No children	Unmarried, 45 Years Old, Income: \$76,360 2 children
What You Would Pay	\$280	\$1,013	\$1,266

Appendix IV: Other Reasons Why Respondent Doesn't Have Insurance

Access to free clinics
Available insurance had insufficient coverage
Business owned by respondent closed
Cannot find an acceptable doctor
Company was bought out and is looking for new insurance for employees
Coverage in home country
Coverage is insufficient; Don't like needing referrals for HMO
Covered doctors too far away
Denied coverage
Distrust doctors
Does not qualify for MediCal
Have access to health care in home country
Illegal alien
Insurance doesn't really help when it's needed
Joining the military
Lazy
Lost MediCal; No time to search for insurance
Missed employer enrollment deadline
New immigrant
No time to search for insurance
Not a permanent resident
Not accessible
Not receiving benefits at new job yet
Pre-existing condition
Recent immigrant
Too complicated
Too recently employed to be eligible for insurance
Travel insurance expired
Use herbal medicines

Appendix V: Other Reason Respondent Gave Up Insurance:

Accident prevented school attendance	Income too high to qualify
Aged out at 18	Injury prevented work
Aged out of government insurance	Insurance during pregnancy only
Aged out of insurance	Insurance no longer accepted by doctors
Aged out of Medi-Cal	Left home country
Became part-time	Left military
Became pregnant and couldn't work	Lost Medicare when children turned 21
Broke up with significant other	Lost temporary visitor's insurance
Business owned by respondent closed	Medicaid benefits expired
Changed jobs	No longer eligible for Healthy Families
Company shut down	No longer qualified for state insurance
Cumbersome re-application process	No longer qualifies for state benefits
Divorce	Pre-existing condition
Does not qualify for state insurance	State benefits expired
Employer switched management company	Temporary tourist coverage expired
Husband died	Will soon be eligible for Medi-Cal

Appendix VI: Other Reasons Respondent Would Want to Learn More

Access information locally or online	Learn about changes to healthcare system
Accessibility of information	Learn about eligibility requirements
Accessible	Learn about individual mandate
Accessible online	Learn about U.S. healthcare system
Available in multiple languages	Learn how changes will promote social equality
Backup source of insurance; Look for info for others	Learn where tax dollars are going; investigate all options
Benefits to self and society	Look for info for others
Better care	Look for information for family
Compare government and private plans	Marketplace is accessible and available in multiple languages
Compare new plans to current government plans	More convenient
Compare to current insurance	More flexible
Compare to current plan	Never had insurance before
Comply with individual mandate	No salespeople
Convenience	Not forced to buy the plans
Curiosity	Offered in various languages; Live assistance
Easier process for obtaining insurance	Qualification requirements
General health information	Search for information for others
Good for the economy	Seems easy to use
Have a backup plan for insurance; Look for information for others	Specific to California residents
Help others by participating	Tailor plans to family's needs
How will the marketplace affect taxes and Medicaid	Talk to someone in person
Impact on taxes and future income	Targeted to California residents
Improve health	User friendly
Information available in native language	What has been offered in the past
Innovative system	

Appendix VII: Other Things Respondent Would Want to Learn From Marketplace

Ability to bundle with car insurance	How the insurance system works
Ability to cancel plan	How the marketplace will allow plans to be compared
Ability to change plans or providers	How to seek medical care
Age to which children can be covered	Impact of income changes
Benefits for particular age group	Impact on taxes
Benefits for specific populations	Income definition; Privacy concerns
Benefits to self and community	Income tiers
Changes in the health care system	Information about health care system changes
Changes to Medicare; Similarities to Taiwanese system	Information in native language
Company contributions	Insurance company information
Company information	Languages offered
Company profiles	New taxes; How it will be fair for businesses
Customer service	Number of family members that can join
Customizability	Patient choice
Details about how the marketplace works; Where a neighborhood assistance center would be located	Perks for healthy lifestyles
Difference between state and national plans	Plan equity based on income
Doctor/nurse phone line; How money will be used	Plan type; How plans are verified
Effects on the economy	Plans for seniors
Equitability of plans	Policy duration; Whether insurance can drop patients
Equity of plans at different income levels	Pre-existing conditions
Fine print	Price comparison through other platforms compared to the marketplace
General comparison to current plan	Public vs private; sustainability
General effects on family	Quality of service
General health information	Recent medical research
General information about the plans	Services for Cambodian community
Government rationale	Side-by-side comparison; Source of funds; Societal benefits
Government reimbursement level	Side-by-side comparisons
HMO or PPO	Side-by-side comparisons; Advice for selecting a plan
Homeopathic coverage	Source of funding
How age affects prices	Student discounts
How benefits may change	Sustainability
How care is managed	Transferability; Late payment penalties
How change in employment status may affect price; How taxes will be affected	Treatments
How fees collected are used	Trustworthiness
How immigration status affects eligibility	Voucher system or cards issued
How insurance will change if children are added	Wait time
How long coverage will last	Waiting period
How marketplace can be accessed; Language services	When it will become available; Reliability of the information

Appendix VIII: Sources of Advice for Shopping

Church members	Past marketplace users
Community resource	Pastor
Community service center	People who developed the plans
Company representative	Pharmacy
Current insurance customers	Previous marketplace customers
Current plan enrollee	Professors
Customer reviews	Radio/TV
Everyone	Russian operators on the toll-free number
Former marketplace users	Social media
HR department	Social worker
Insurance customers	Someone bilingual
Internet search	Someone in charge of the marketplace
Marketplace assistance center	Someone recommended by the website
Marketplace representative	Someone who has purchased health insurance
Neighbors	Someone with the insurance
Online reviews	Someone working in healthcare
Other Cambodians; an interpreter	Teachers

Appendix IX: Other Reasons for Wanting to Shop at the Marketplace

Ability to read customer reviews	Get updates through social media
Able to receive health insurance information in multiple languages	Go to doctor rather than a clinic
Able to visit an assistance center	Government approved plans
Access to hotline	Government will be able to settle disputes over premiums
Accessibility	Increased competition between companies
Accurate information	Learn about eligibility requirements
Allows him to take care of himself	Learn about future options
Better doctors	Learn about plans
Better service due to competition	Look for information about how health insurance works
Can find a suitable plan	Look for insurance to comply with the mandate
Can speak to someone in native language	Multiple ways of accessing the marketplace
Change is always good	Need insurance (no specifics)
Compare to current coverage	Obtain information about doctors
Curiosity	Plans are government-approved
Customize plans	Pre-screened plans
Easier to understand	Provides choices
Exercise personal responsibility	Research companies
Find info about insurance companies	Search from home
Find out how the marketplace works	Service equity based on income
Get advice from an expert	Take care of herself
Get basic plan information	Time saver

Appendix X: Other Things Respondent Wishes to Learn When Comparing Plans

How to use insurance	How plans cater to specific age group
Ability to bundle with car insurance	How plans may change in the future
Ability to change plans	How the plans were created
Age limits for child's coverage	Incentives for specific age group
Automatic payments	Incentives; Health savings account
Availability of family plans	Insurance company characteristics
Company characteristics	Insurance company qualifications
Company customer service	Insurance company reputation
Company information	Length of coverage
Company rating	Mandatory visits
Company reliability	Options for pooling costs
Company reputation	Other health-related resources
Comparison to current plan	Personal health information
Convenience of process for filing claims	Plan changes over time
Coverage for children	Plan customizability
Customer feedback	Preventive care incentives
Customer reviews	Privacy controls
Customer service	Quality of care
Definitions for terminology in plans	Quality of service
Discounts offered	Quality standards for insurers
Doctor qualifications and hours	Referral system
Duration of coverage	Reputation of the insurance company
Enrollment process	Rewards for healthy lifestyle
Fine print	Savings plan
Flexibility of plans	Service for prescriptions by mail
General information	Service ratings
Government certification	Size and reputation of insurance companies
Guarantees	Speed of service
HMO vs PPO	Visit caps
How age affects insurance	Wait times to schedule an appointment
How consumer funds will be used by the company	Where to go with questions
How easy it is to use the plan	Whether a contract is required
How family circumstances may affect insurance	Whether extended family members may be added
How long it takes to make an appointment	Whether plans are legal

Appendix XI: Organizations Where Respondent Might Seek Purchasing Advice

AARP	Easy choice
Church	Federal Health Department
Insurance company	Filipino community center
Marketplace	First Care
Community organizations	GLBT organizations
Google	Government agency
Internet search	HR
Non profit	Health organization
Cambodian community center	Health fair
Employer	HealthNet, First California, Medicare
Hmong agency	Hmong New Americans
KHEIR	Independent companies
Kaiser	Industry watch dog
UCC	Khmer community office
WebMD	Large company
American Heart Association	Medical clinic
Armenian TV	Medical journals
Asian health organization	Neighborhood clinic
Assistance center	New American
BlueCross BlueShield	Newcomer Organization
Boy Scouts	News
CCHB	Non profit organization
California health department	Nonprofit
Cambodian community organization	Northeast Health Center
Chinese hospital	Online reviews
Clinic case worker	Professional organization
Clinics	Provider
Community Youth Center	Red Cross
Community center	Social Security office
Community clinic	State government
Doctor's office	Vietnamese community center
Doctors	Westminster Center
E Surance	Women's legal organization
	World Financial Group

Appendix XII: Other Reasons Respondent Desires to Purchase Plan

Ability to choose doctors
Ability to customize plan
Avoid being a burden on society
Avoid long ER wait times
Being uninsured is shameful
Better and more conveniently located doctors
Better coverage
Convenience
Coverage for whole family
Covers pre-existing conditions
Current plan in unsatisfactory
Current plan is unsatisfactory
Doctors nearby and translators available
Easier to apply for than Medicare
Good doctors
Government-run
Higher quality care than free clinics
Information available online
Marketplace is accessible
More benefits than current plan
More reliable because of government support
Obtain support
Offered by the government
Peace of mind
Plan for emergencies
Prepare for emergencies and old age
Prepare for old age
Receive better medical care
Regulated by the government
Responsibility toward family and society
Take care of family
Taking responsibility
Trust