

# AC1

- Allergy/immunology (allergies, asthma)
  - Anesthesiology
  - Cardiology (heart)
  - Dermatology (skin)
  - Endocrinology/metabolism (diabetes, thyroid)
  - Family practice
  - Gastroenterology
  - General practice
  - General surgery
  - Geriatrics (elderly)
  - Gynecology – obstetrics
  - Hematology (blood)
  - Hospital residence
  - Internal medicine (internist)
  - Nephrology (kidneys)
  - Neurology (nervous system)
- (continued)*

# AC1

- Nuclear medicine
- Oncology (tumors, cancer)
- Ophthalmology (eyes)
- Orthopedics (bones, joints)
- Osteopathy (DO)
- Otorhinolaryngology (ear, nose, throat)
- Pain Management Specialist
- Pathology
- Physical med/rehab
- Physician's Assistant
- Plastic surgery
- Podiatrist (ankle, foot)
- Proctology
- Psychiatry/psychiatrist (mental health)
- Pulmonary (lungs)

*(continued)*

# AC1

- Radiology
- Rheumatology (arthritis)
- Thoracic surgery (chest)
- Urology (urinary tract)
- Vascular Surgeon/Specialist (arteries, veins, lymphatic systems)



# DI1

- Mexican, Mexican American, Chicano(a)
- Puerto Rican
- Cuban

## DI2

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White

## DI3

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese

# DI4

- Native Hawaiian
- Guamanian or Chamorro
- Samoan



## DI5

- No schooling completed
- Nursery school to 8<sup>th</sup> grade
- 9<sup>th</sup>-12<sup>th</sup> grade, no diploma
- High school graduate (high school diploma or the equivalent)
- Vocational/technical/business/trade school certificate or diploma (beyond the high school level)
- Some college, but no degree
- Associate degree
- Bachelor's degree
- Master's, professional, or doctorate degree

## DI6

### Annual Income

A. Less than \$5,000
B. \$5,000 – less than \$10,000
C. \$10,000 – less than \$15,000
D. \$15,000 – less than \$20,000
E. \$20,000 – less than \$25,000
F. \$25,000 – less than \$30,000
G. \$30,000 – less than \$40,000
H. \$40,000 – less than \$50,000
I. \$50,000 – less than \$66,000
J. \$66,000 – less than \$109,000
K. \$109,000 or more

### Monthly Breakdown

A. Less than \$417
B. \$417 – less than \$834
C. \$834 – less than \$1,250
D. \$1,250 – less than \$1,667
E. \$1,667 – less than \$2,084
F. \$2,084 – less than \$2,500
G. \$2,500 – less than \$3,334
H. \$3,334 – less than \$4,167
I. \$4,167 – less than \$5,500
J. \$5,500 – less than \$9,084
K. \$9,084 or more

## DU1

- General exam, checkup or consultation
- Cleaning, prophylaxis, or polishing
- X-rays, radiographs, or bitewings
- Fluoride treatment
- Sealant (plastic coatings on back teeth)
- Fillings
- Inlays
- Crowns or caps
- Root canal
- Periodontal scaling, root planing, or gum surgery
- Periodontal recall visit (periodic or regular)

*(continued)*

## DU1

- Extraction, tooth pulled
- Implants
- Abscess or infection treatment
- Other oral surgery
- Fixed bridges
- Dentures or removable partial dentures
- Relining or repair of bridges or dentures
- Orthodontia, braces, or retainers
- Bond, whiten, or bleach
- Treatment for TMD or TMJ

# ENS1

- Iraq or Afghanistan Conflict (2001 – Present)
- Persian Gulf War (Aug 1990 – March 1991)
- Vietnam Era (Aug 1964 – May 1975)
- Korean Conflict (June 1950 – Jan 1955)
- World War II (Sept 1940 – July 1947)
- World War I (1917 – 1918)
- Peace time (all other times)



# HA1

- One-family, detached
- Two-family or duplex
- Apartment or condominium building
- Mobile home, trailer
- Rowhouse, townhouse
- “mother-in-law” apartment

## HA2

- Retirement community
- Senior citizens housing
- Assisted living facility
- Continuing care community
- Staged living community
- Retirement apartments
- Church-provided housing
- Personal or residential care home



## HA3

- Prepared meals
- Housekeeping, maid, or cleaning services
- Laundry services
- Help with medications
- Transportation
- Recreational services



# HF1

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same
- Somewhat worse now than one year ago
- Much worse now than one year ago

## HF2

- It will get much better
- It will get somewhat better
- It will not change
- It will get somewhat worse
- It will get much worse

## HF3

- No difficulty at all
- A little difficulty
- Some difficulty
- A lot of difficulty
- Not able to do it

## HF4

- Bladder
- Blood
- Bone
- Brain
- Breast
- Cervix
- Colon (bowel)
- Esophagus
- Gall Bladder
- Kidney
- Larynx (windpipe)
- Leukocytes (Leukemia)
- Liver

*(continued)*

## HF4

- Lung
- Lymph Nodes (Lymphoma)
- Mouth/Tongue/Lip
- Ovary
- Pancreas
- Prostate
- Rectum
- Soft Tissue/Fat
- Stomach
- Testis
- Throat
- Thyroid
- Uterus

## HF5

- Type 1
- Type 2
- Borderline
- Pre-Diabetes
- Gestational (Pregnancy-related)



## HF6

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

## HF7

- Just about everything you need to know
- Most of what you need to know
- Some of what you need to know
- A little of what you need to know
- Almost none of what you need to know about managing Diabetes

## HF8

- Not at all
- Several days
- More than half the days
- Nearly every day

## HF9

- Not at all difficult
- Somewhat difficult
- Very difficult
- Extremely difficult

## HF10

- More than one a week
- About once a week
- 2-3 times a month
- About once a month
- Every 2-3 months
- Once or twice a year
- Not at all



## **Home Help by Health or Medical Professionals**

- Nurse (visiting nurse, private duty nurse, etc.)
- Doctor
- Social worker
- Therapist
- Hospice worker

## HH2

### **Medical or Nursing Treatment**

- Applying sterile bandages or dressings
- Giving medications
- Taking blood pressure
- Giving shots or injections



## **Help With Daily Needs**

- Using the telephone
- Doing housework
- Preparing meals

## HH4

- Bathing
- Showering
- Dressing
- Eating
- Walking
- Using the toilet

## HH5

### **Personal Care or Help with Daily Needs from Persons Who Do Not Live with You**

- Home health aides
- Homemakers
- Friends
- Neighbors
- Relatives



# HI1

## Health Insurance Coverage Options

- “Original” Medicare
- “Medicare Advantage” (MA) plan
  - with Prescription Drug Plan (MA-PD) **or** without
- Medicaid
- TRICARE/TRICARE for Life
- Public Programs (other than Medicaid)
- Medicare Part D Prescription Drug Plan (PDP)
- Private/Supplemental Insurance Plan
  - Purchased directly from an insurance company, *or*
  - Obtained through an employer, union, or other group, such as AARP



# HI1

ORIGINAL MEDICARE	MEDICARE ADVANTAGE
<ul style="list-style-type: none"> <li>• You have your choice of doctors and hospitals.</li> <li>• Generally, you or your supplemental coverage pay deductibles and coinsurance.</li> <li>• If you want drug coverage, you must join a <b><i>stand-alone Medicare prescription drug plan</i></b>—a separate policy just for drugs.</li> <li>• You can buy a <b><i>Medigap plan</i></b>, which can help pay expenses not covered by Medicare.</li> </ul>	<ul style="list-style-type: none"> <li>• May either require you to see medical providers in their <b><i>network</i></b> or let you choose and pay more of the costs.</li> <li>• You usually pay a <b><i>copay</i></b> or coinsurance for covered services.</li> <li>• If you want drug coverage, you must join a plan that includes drug coverage. This will give you all of your coverage in one plan.</li> <li>• A Medigap plan is not available.</li> </ul>
MEDICAID	TRICARE/TRICARE FOR LIFE
<ul style="list-style-type: none"> <li>• Public health care plan that helps make Medicare affordable for beneficiaries with low incomes and modest assets.</li> <li>• Medicare beneficiaries who are also enrolled in Medicaid are referred to as “<b><i>dual eligibles</i></b>.”</li> <li>• Will be automatically enrolled in a Medicare prescription drug plan and be eligible for a <b><i>low-income subsidy</i></b> or “<b><i>extra help</i></b>.”</li> </ul>	<ul style="list-style-type: none"> <li>• Covers active-duty service members, retirees, and their families.</li> <li>• TRICARE generally pays the fees left outstanding after Medicare has made their payment.</li> </ul>

# HI1

PRIVATE SUPPLEMENTAL INSURANCE	MEDICARE PART D PRESCRIPTION DRUG PLAN
<ul style="list-style-type: none"><li>• Separate plans that help pay for Medicare deductibles and coinsurance, and/or provide coverage for services not covered under Medicare.</li><li>• Available to beneficiaries who are covered by Original Medicare.</li><li>• Obtained from previous employers, private companies, union, associations, and other groups.</li></ul>	<ul style="list-style-type: none"><li>• Separate policies that cover only prescribed medicines.</li><li>• Beneficiaries pay a monthly premium and copay or coinsurance for their required prescriptions.</li><li>• Standalone plans are only available to beneficiaries who are covered by Original Medicare; otherwise drug coverage is available as part of Medicare Advantage plans.</li></ul>
PUBLIC PROGRAMS (OTHER THAN MEDICAID)	
<ul style="list-style-type: none"><li>• Include state, county, or city-based programs such as a pharmacy program, where the local government provides at least partial coverage for the cost of prescribed medicines.</li><li>• Insurance comes from a <b>public source</b> other than Medicare or Medicaid.</li></ul>	



# HIT1

## **TRICARE Plan Names**

- A. TRICARE for Life
- B. TRICARE Plus
- C. TRICARE Prime
- D. TRICARE Extra
- E. TRICARE Standard
- F. TRICARE Pharmacy / TRICARE Senior  
Pharmacy
- G. TRICARE Dental Program
- H. TRICARE Retiree Dental Program
- I. TRICARE Reserve Select (TRS)
- J. TRICARE US Family Health Plan

*(continued)*

HIT1

# Beneficiary Information Card for TRICARE For Life

## FRONT OF CARD

### *TRICARE For Life*

**To Provider:** File claims in the usual manner to Medicare.

**To Patient :** *Services that are a benefit of both Medicare and TRICARE :* No deductible or cost share is required.

*Medicare only benefit :* Medicare deductible and cost share required.

*TRICARE only benefit:* TRICARE deductible and cost share required.

*For benefit questions call 1-888-DoD-LIFE (1-888-363-5433)      [www.tricare.osd.mil](http://www.tricare.osd.mil)*

*For more information call 1-800-977-6753      [www.hnfs.net](http://www.hnfs.net)*

## BACK OF CARD

### *TRICARE Senior Pharmacy*

**Military Treatment Facility:** No Co-pay

**National Mail Order Pharmacy:** \$3 generic; \$9 brand name  
(90 day supply)

**TRICARE Network Pharmacy:** \$3 generic; \$9 brand name  
(30 day supply)

**TRICARE Non-network Pharmacy:** \$9 or 20% of cost (30 day supply)  
\$150/person or \$300/family  
annual deductible applies.

*For pharmacy questions call 1-877-DoD-MEDS (1-877-363-6337)*

(Co-pays subject to change)

5007334 (9/01 T85)

## HIT2

### **Places to Obtain Medicines in Tricare Plan**

- TRICARE Mail Order Pharmacy (TMOP)
- TRICARE Retail Pharmacy Network Pharmacy (TRRx)
- Military Treatment Facility Pharmacy (MTF)
- Non-network retail pharmacy



IA1
-----

## Monthly Mortgage Payments

A. Less than \$250
B. \$250 – less than \$500
C. \$500 – less than \$1,000
D. \$1,000 – less than \$3,000
E. \$3,000 – less than \$5,000
F. \$5,000 or more

## IA2

### **Present Value of Home/Apartment/Condo**

A. Less than \$50,000
B. \$50,000 – less than \$75,000
C. \$75,000 – less than \$100,000
D. \$100,000 – less than \$200,000
E. \$200,000 – less than \$300,000
F. \$300,000 – less than \$500,000
G. \$500,000 – less than \$750,000
H. \$750,000 or more

## IA3

### Monthly Rent

A. Less than \$250
B. \$250 – less than \$500
C. \$500 – less than \$1,000
D. \$1,000 – less than \$3,000
E. \$3,000 – less than \$5,000
F. \$5,000 or more

# IA4

## **Retirement Plans**

- 401(k)
- 403(b)
- IRA
- Keogh



**IA5**

**Combined Monthly Social  
Security or Railroad Retirement  
Amount**

A. Less than \$1,300
B. \$1,300 – less than \$1,700
C. \$1,700 – less than \$2,200
D. \$2,200 – less than \$2,600
E. \$2,600 or more

**IA6**

**Individual Monthly Social  
Security or Railroad  
Retirement Amount**

A. Less than \$700
B. \$700 – less than \$1,000
C. \$1,000 – less than \$1,300
D. \$1,300 – less than \$1,600
E. \$1,600 or more

**IA7**

**Combined Monthly  
Supplemental Security  
Income Amount**

A. Less than \$300
B. \$300 – less than \$700
C. \$700 – less than \$1,000
D. \$1,000 or more

**IA8**

**Individual Monthly  
Supplemental Security  
Income Amount**

A. Less than \$100
B. \$100 – less than \$200
C. \$200 – less than \$400
D. \$400 – less than \$700
E. \$700 or more

IA9

**Combined Monthly Veterans  
Administration Income  
Amount**

A. Less than \$1,000
B. \$1,000 – less than \$1,400
C. \$1,400 – less than \$1,800
D. \$1,800 – less than \$2,200
E. \$2,200 or more

IA10
------

**Individual Monthly Veterans  
Administration Income  
Amount**

A. Less than \$500
B. \$500 – less than \$700
C. \$700 – less than \$900
D. \$900 – less than \$1,100
E. \$1,100 or more

IA11
------

## **Combined Monthly Pension Payment**

A. Less than \$600
B. \$600 – less than \$1,300
C. \$1,300 – less than \$2,100
D. \$2,100 – less than \$5,900
E. \$5,900 or more

IA12

## **Individual Monthly Pension Payment**

A. Less than \$400
B. \$400 – less than \$900
C. \$900 – less than \$1,600
D. \$1,600 – less than \$3,800
E. \$3,800 or more



## IA13

### **Combined Total Retirement Accounts**

A. Less than \$34,000
B. \$34,000 – less than \$82,000
C. \$82,000 – less than \$175,000
D. \$175,000 – less than \$413,000
E. \$413,000 or more

## IA14

### **Individual Total Retirement Accounts**

A. Less than \$20,000
B. \$20,000 – less than \$47,000
C. \$47,000 – less than \$92,000
D. \$92,000 – less than \$218,000
E. \$218,000 or more

**IA15**

**Combined Monthly Amount  
Received from Retirement  
Account**

A. Less than \$200
B. \$200 – less than \$500
C. \$500 – less than \$1,000
D. \$1,000 – less than \$2,500
E. \$2,500 or more

**IA16**

**Individual Monthly Amount  
Received from Retirement  
Account**

A. Less than \$100
B. \$100 – less than \$300
C. \$300 – less than \$700
D. \$700 – less than \$1,700
E. \$1,700 or more

IA17

**Combined Amount Received  
from Retirement Account Last  
Year**

A. Less than \$2,400
B. \$2,400 – less than \$6,000
C. \$6,000 – less than \$12,000
D. \$12,000 – less than \$30,000
E. \$30,000 or more

**IA18**

**Individual Amount Received  
from Retirement Account Last  
Year**

A. Less than \$1,200
B. \$1,200 – less than \$3,600
C. \$3,600 – less than \$8,400
D. \$8,400 – less than \$20,400
E. \$20,400 or more

## IA19

### **Combined Mutual Funds/Stocks/Bonds Not Part of Retirement Account**

A. Less than \$9,000
B. \$9,000 – less than \$18,000
C. \$18,000 – less than \$93,000
D. \$93,000 – less than \$350,000
E. \$350,000 or more

IA20
------

**IAQ35C- Mutual  
Funds/Stocks/Bonds Not Part  
of Retirement Account**

A. Less than \$600
B. \$600 – less than \$5,000
C. \$5,000 – less than \$16,000
D. \$16,000 – less than \$62,000
E. \$62,000 or more



IA21
------

**IAC26A- Mutual  
Funds/Stocks/Bonds Not Part  
of Retirement Account**

A. Less than \$8,000
B. \$8,000 – less than \$62,000
C. \$62,000 – less than \$192,000
D. \$192,000 – less than \$213,000
E. \$213,000 or more

IA22
------

**IAQ36C- Mutual  
Funds/Stocks/Bonds Not Part  
of Retirement Account**

A. Less than \$300
B. \$300 – less than \$2,500
C. \$2,500 – less than \$8,000
D. \$8,000 – less than \$37,000
E. \$37,000 or more

IA23
------

**IAQ38B – All Accounts Last  
Month**

A. Less than \$11,000
B. \$11,000 – less than \$25,000
C. \$25,000 – less than \$50,000
D. \$50,000 – less than \$108,000
E. \$108,000 or more

IA24
------

**IAQ38C – All Accounts Last  
Month**

A. Less than \$2,000
B. \$2,000 – less than \$7,000
C. \$7,000 – less than \$17,000
D. \$17,000 – less than \$57,000
E. \$57,000 or more

IA25
------

**IAQ39B/IAQ40B – All Accounts  
Last Month**

A. Less than \$8,000
B. \$8,000 – less than \$13,000
C. \$13,000 – less than \$28,000
D. \$28,000 – less than \$54,000
E. \$54,000 or more

IA26
------

**IAQ39C/IAQ40C – All Accounts  
Last Month**

A. Less than \$500
B. \$500 – less than \$1,900
C. \$1,900 – less than \$5,000
D. \$5,000 – less than \$20,000
E. \$20,000 or more

## IA27

### **IAQ41 – Combined Interest and Dividends Last Year**

A. Less than \$200
B. \$200 – less than \$1,000
C. \$1,000 – less than \$4,000
D. \$4,000 – less than \$16,000
E. \$16,000 or more

## IA28

### **IAQ42B/IAQ43B – Individual Interest and Dividend Income**

A. Less than \$400
B. \$400 – less than \$1,000
C. \$1,000 – less than \$2,000
D. \$2,000 – less than \$11,000
E. \$11,000 or more



## IA29

### **IAQ44A – Value of Business, Farm, or Real Estate**

A. Less than \$30,000
B. \$30,000 – less than \$101,000
C. \$101,000 – less than \$247,000
D. \$247,000 – less than \$703,000
E. \$703,000 or more

IA30

**IAQ45B/IAQ46A – Value of  
Business, Farm, or Real Estate**

A. Less than \$18,000
B. \$18,000 – less than \$68,000
C. \$68,000 – less than \$122,000
D. \$122,000 – less than \$293,000
E. \$293,000 or more

IA31
------

## **IAQ47B – Income from Businesses or Property**

A. Less than \$3,600
B. \$3,600 – less than \$12,000
C. \$12,000 – less than \$25,000
D. \$25,000 – less than \$64,000
E. \$64,000 or more

IA32
------

**IAQ48B/IAQ49B – Income from  
Businesses or Property**

A. Less than \$3,600
B. \$3,600 – less than \$7,200
C. \$7,200 – less than \$14,000
D. \$14,000 – less than \$38,000
E. \$38,000 or more

# IA33

## IAQ51A – Total Income

A. Less than \$30,000
B. \$30,000 – less than \$43,000
C. \$43,000 – less than \$66,000
D. \$66,000 – less than \$109,000
E. \$109,000 or more

IA34
------

## **IAQ51B – Total Income**

A. Less than \$18,000
B. \$18,000 – less than \$22,000
C. \$22,000 – less than \$36,000
D. \$36,000 – less than \$56,000
E. \$56,000 or more

## **Lump Sum Payments**

A. Insurance Settlement
B. Pension Settlement
C. Inheritance (or Trust)
D. Gift
E. Lawsuit

## IA36

### **Present Value of Vehicles**

A. Less than \$2,500
B. \$2,500 – less than \$5,000
C. \$5,000 – less than \$7,500
D. \$7,500 – less than \$10,000
E. \$10,000 – less than \$20,000
F. \$20,000 or more



## **Long Term Care Places**

- Skilled nursing homes
- Intermediate care facilities
- Board and care homes
- Nursing home units in hospitals
- Facilities for the mentally retarded
- Psychiatric facilities
- Group homes



# KN1

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

## KN2

- Just about everything you need to know
- Most of what you need to know
- Some of what you need to know
- A little of what you need to know
- Almost none of what you need to know

## KN3

- Very interested
- Somewhat interested
- Not very interested
- Not at all interested

## KN4

- At least once every year
- Once every few years
- Rarely
- Never
- Only once when first signed up for drug plan
- Only once when first signed up for Medicare
- Just signed up for Medicare

## KN5

- Completely agree
- Somewhat agree
- Somewhat disagree
- Completely disagree

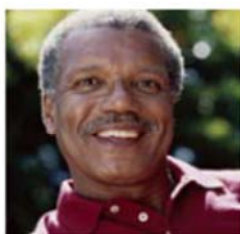
## KN6

- Very satisfied
- Satisfied
- Dissatisfied
- Very Dissatisfied



KN7

# & Medicare You



2014

This is the official U.S. government  
Medicare handbook:

- ★ What's important in 2014 (page 4)
- ★ What Medicare covers (page 29)



CENTERS FOR MEDICARE & MEDICAID SERVICES

Updated January 13, 2016



# MP1

## **Health Practitioners Who Are Not Medical Doctors**

- Acupuncturist
- Audiologist
- Optometrist
- Chiropractor
- Podiatrist (foot doctor)
- Homeopath
- Naturopath
- Any other kind of health provider who is not a medical doctor

## MP2

### **Mental Health Professionals**

- Psychiatrist
- Psychologist
- Clinical social worker
- Licensed professional counselor

## MP3

### **Therapists**

- Physical therapist
- Speech therapist
- (Intravenous) I.V. therapist
- Massage therapist
- Occupational therapist
- Respiratory therapist

# MP4

## **Other Medical Persons**

- Nurse
- Nurse practitioner
- Paramedic (not including ambulance services)
- Physician's assistant

## MP5

### **Other Types of Medical Places**

- Health clinic
- Neighborhood health center
- Rural health clinic
- Infirmary
- Mental health clinic
- Urgent care center
- Any other place





# NA1

- 12 oz. beer
- 5 oz. glass of wine
- One and a half ounces of liquor



# OM1

## **Orthopedic Items**

- Crutches
- Canes
- Wheelchairs
- Walkers
- Corrective shoes or inserts
- Support stockings
- Braces or supports

# OM2

## **Diabetic Equipment or Supplies**

- Syringes
- Test paper
- Test strips
- Blood monitoring kits

# OM3

## **Prostheses**

- Artificial leg or arm
- Mastectomy prosthesis
- Artificial or glass eye

# OM4

## **Other Medical Equipment and Supplies**

- Portable commode or raised toilet seat
- Portable tub seat
- Special chair or cushion
- Hospital bed
- Ostomy supplies
- Incontinence supplies (such as depends, serenity or other brands of disposable undergarments, pads, or briefs)
- Bandages, dressings, tape supplies
- Pulmonary equipment (nebulizer, CPAP, etc.)
- Blood pressure equipment (such as cuffs or monitors)

# OM5

## **Alterations Inside or Outside Home or Car**

- Ramps
- Handrails (other than tub handrails)
- Elevator or incline chair
- Tub seats
- Tub handrails
- Any car alteration





PM1

- Often
- Sometimes
- Never



# RX1

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

## RX2

- Just about everything you need to know
- Most of what you need to know
- Some of what you need to know
- A little of what you need to know
- Almost none of what you need to know

## RX3

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

## RX4

- Extremely confident
- Very confident
- Moderately confident
- Slightly confident
- Not confident

## SC1

- Very satisfied
- Satisfied
- Dissatisfied
- Very dissatisfied

## SC2

- Didn't think the problem was serious
- Thought it would cost too much
- Trouble finding or getting to the doctor
- Time, schedule, or personal conflicts
- Thought doctor couldn't do much about the problem
- Was afraid of finding out what was wrong
- Doctor would not accept my insurance



## SC3

- Thought it would cost too much
- Didn't think medicine would help the condition
- Was afraid of medicine reactions or contraindications
- Don't like to take medicine
- Didn't think medicine was necessary
- The medicine was not covered by insurance or not on the plan's formulary
- Trouble obtaining medicine
- Obtained or used samples
- Used another medicine as a substitution

## SC4

- Often
- Sometimes
- Never

# US1

- Less than 1 year
- 1 year to less than 3 years
- 3 years to less than 5 years
- 5 years to less than 10 years
- 10 years or more

## US2

- Never
- Sometimes
- Usually
- Always

## US3

- Strongly agree
- Agree
- Disagree
- Strongly disagree

