

## Appendix B

### Experimental Materials for Study 2

**Points Spent: 0/47**

	Coverage	No Coverage	Basic	Medium	High
Complementary Pays for "Alternative" treatments.	<input type="radio"/> 0	<input checked="" type="radio"/> 1			
Dental Pays for care of your teeth.	<input type="radio"/> 0	<input type="radio"/> 2	<input checked="" type="radio"/> 6		
Home Health Pays for in-home care if you are chronically ill/too disabled to care for yourself.	<input type="radio"/> 0	<input type="radio"/> 2	<input checked="" type="radio"/> 3		
Hospitalization Pays for hospital bills - you need approval before the hospital will admit you, excepting emergency.	<input type="radio"/> 0	<input type="radio"/> 10	<input checked="" type="radio"/> 11	<input type="radio"/> 14	
Infertility Pays for tests and special procedures for someone having trouble getting pregnant.	<input type="radio"/> 0	<input checked="" type="radio"/> 1			
Last Chance Pays for special treatment in life-threatening situations.	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2		
Long-Term Pays for your care over a long period of time in a residential or nursing home.	<input type="radio"/> 0	<input type="radio"/> 4	<input checked="" type="radio"/> 8		
Mental Health and Substance Abuse Pays for counseling and therapy, treatment of mental illness, and alcohol and drug abuse.	<input type="radio"/> 0	<input type="radio"/> 2	<input checked="" type="radio"/> 3		
Other Medical Pays for equipment like physical therapy, occupational therapy, ambulance service, wheel chair, hospital beds, etc.	<input type="radio"/> 0	<input type="radio"/> 2	<input checked="" type="radio"/> 3		
Pharmacy Pays for medicines your doctor prescribes	<input type="radio"/> 0	<input type="radio"/> 3	<input checked="" type="radio"/> 6	<input type="radio"/> 8	
Primary Pays for your primary or "family" doctor and staff. Your primary doctor can refer you to other doctors, order special services and tests.	<input type="radio"/> 0	<input type="radio"/> 4	<input checked="" type="radio"/> 5	<input type="radio"/> 6	
Specialty Pays for special problems your primary doctor and staff don't handle	<input type="radio"/> 0	<input type="radio"/> 9	<input checked="" type="radio"/> 11	<input type="radio"/> 16	
Tests Pays for blood work, x-rays, or other tests you need.	<input type="radio"/> 0	<input type="radio"/> 3	<input checked="" type="radio"/> 4		
Vision Pays for eye exams, glasses, and contact lenses.	<input type="radio"/> 0	<input type="radio"/> 1	<input checked="" type="radio"/> 2		

Figure 1: Screenshot of Web Exercise for Intervention Condition

Restart Survey Place Bookmark Mobile view off Tools Reset Points Spent: 0/47

Type	Description	Basic	Medium	High
Complementary	Pays for "alternative" treatments  Covers "alternative" services including acupuncture (for pain), chiropractic care (back, neck or bone problems), and therapeutic massage.			
Dental	Pays for care of your teeth  You get regular cleanings and x-rays every 6 months. You have cavities filled and bad teeth extracted. You get minimal dental care.	You get regular cleanings and x-rays every 6 months. You have cavities filled and bad teeth extracted. You get complete dental care including repairs and crowns.		
Home Health	Pays for in-home care if you are chronically ill or too disabled to care for yourself  Your insurance pays in full for up to 2 weekly visits from a nurse OR 2, 1/2 hr daily care from a nurse's aide.	Your insurance pays in full for up to 4 weekly visits from a nurse OR 5 hr daily care from a nurse's aide.		
Hospitalization	Pays for hospital bills - Note: except in an emergency, you need to get your insurance plan's approval before the hospital will admit you.  You pay \$50 per day for your first 5 days in the hospital. You have little choice about which hospital (i.e., it could be far from your home). There is pressure on your doctor to discharge you as soon as possible.	You pay nothing per day. You have a large selection of hospitals. There's probably one near your home. You have many special facilities to choose from. There is pressure on your doctor to discharge you as soon as possible.	You pay nothing per day. You have a large selection of hospitals. There's probably one near your home. You have many special facilities to choose from. There is pressure on your doctor to discharge you as soon as possible.	
Infertility	Pays for tests and special procedures for someone having trouble getting pregnant  Infertility services are in the plan. However, expensive tests or procedures may require the insurance company's approval.			

Coverage  
Pays for "Alternative" treatments.  
**Complementary**  
Pays for care of your teeth.  
**Dental**  
Pays for in-home care if you are chronically ill/ too disabled to care for yourself.  
**Home Health**  
Pays for hospital bills - you need approval before the hospital will admit you, excepting emergency.  
**Hospitalization**  
Pays for tests and special procedures for someone having trouble getting pregnant.  
**Infertility**  
Pays for special treatment in life-threatening situations.  
**Last Chance**  
Pays for equipment like physical therapy, occupational therapy, ambulance service, wheel chair, hospital beds, etc.  
**Long-Term**  
Pays for your care over a long period of time in a residential or nursing home.  
**Mental Health and Substance Abuse**  
Pays for counseling and therapy, treatment of mental illness, and alcohol and drug abuse.  
**Other Medical**  
Pays for medicines your doctor prescribes.  
**Primary**  
Pays for your primary or "family" doctor and staff. Your primary doctor can refer you to other doctors, order special services and tests.  
**Specialty**  
Pays for special problems your primary doctor and staff don't handle.  
**Tests**  
Pays for blood work, x-rays, or other tests you need.  
**Vision**  
Pays for eye exams, glasses, and contact lenses.

No Coverage Basic Medium High  
 0    1  
 0    2    6  
 0    2    3  
 0    10    11    14  
 0    1  
 0    1    2  
 0    4    8  
 0    2    3  
 0    2    3  
 0    2    3  
 0    3    6    8  
 0    4    5    6  
 0    9    11    16  
 0    3    4  
 0    1    2

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Figure 2: Screenshot showing legend and web exercise for intervention condition

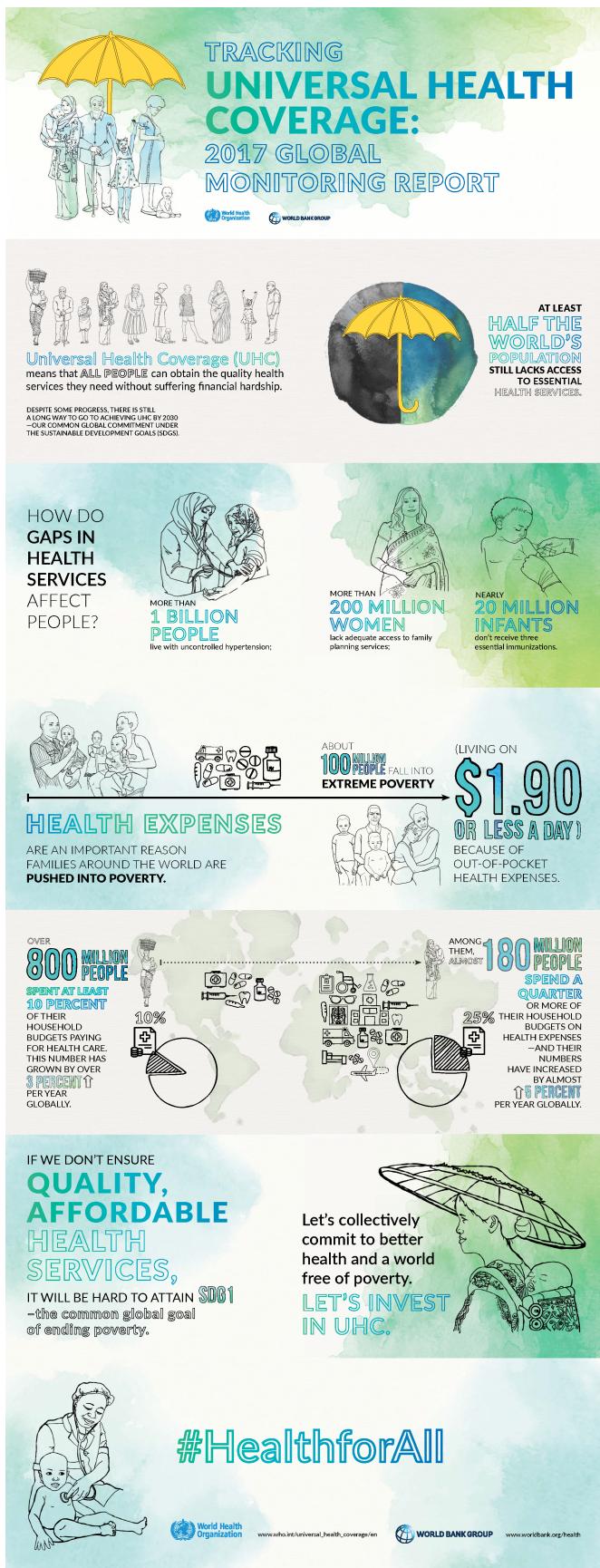


Figure 3: 1st Infographic for control condition

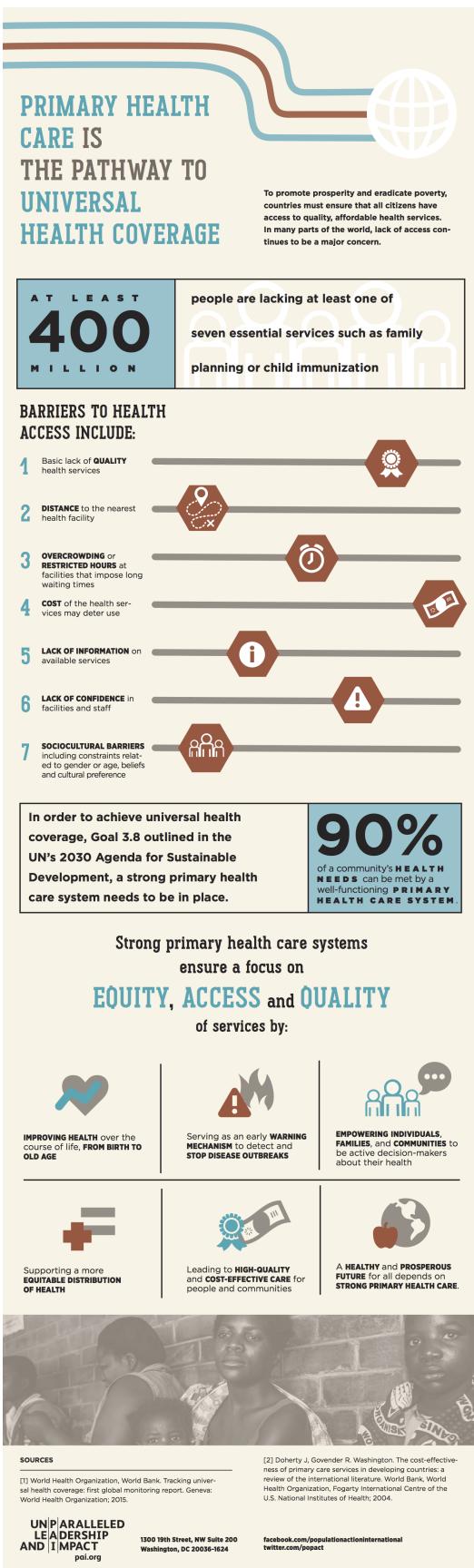


Figure 4: 2nd Infographic for control condition  
4

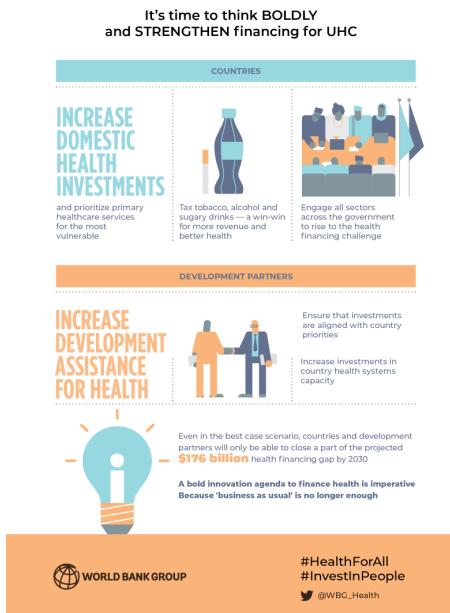
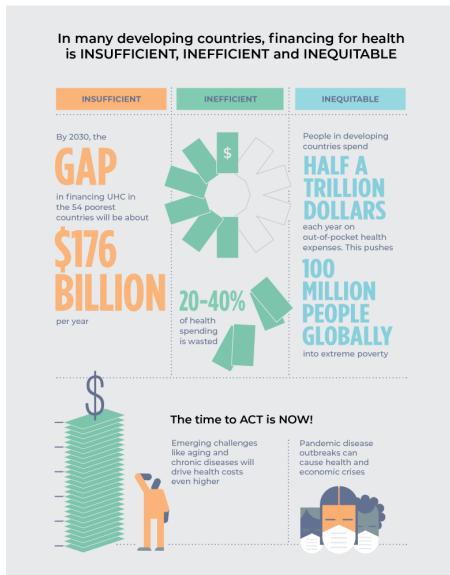
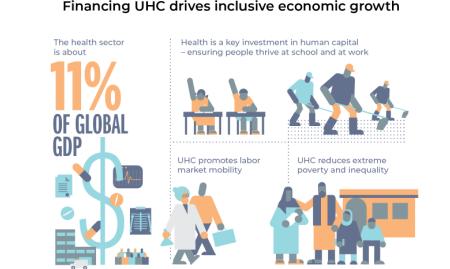


Figure 5: 3rd Infographic for control condition  
 5