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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

15,770	LOW-HIGH BASEID Count
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INTERVU	12	1	\$INTRFMT				C Type of interview
				14,732			C Community
				1,038			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				5			0 No entitlement
				607			1 Part A only
				80			2 Part B only
				15,078			3 Both A and B

Notes: See D_SUMINS in prior years for similar data.
First available in 1999

D_MCRHMO	14	1	SOURCE				N Source of Medicare HMO enrollment status
				12,686			0 No entitlement
				358			1 Survey data only
				447			2 CMS administrative data only
				2,279			3 Both survey and administrative data

D_PRIVAT	15	1	PHIFMT				N Private insurance coverage
				7,196			0 No entitlement
				4,129			1 Employer-sponsored insurance (ESI)
				3,372			2 Self-purchased
				681			3 Both ESI and self-purchased
				392			4 Unknown

Notes: See D_SUMINS in prior years for similar data.
First available in 1999

D_PUBLIC	16	1	POLICIES		HI11		N Public health coverage
				15,148			0 None
				622			One or more

Notes: See D_SUMINS in prior years for similar data.
First available in 1999

D_MCAID	17	1	SOURCE				N Medicaid eligibility
				12,140			0 No entitlement
				510			1 Survey data only
				546			2 CMS administrative data only
				2,574			3 Both survey and administrative data

Notes: See D_SUMINS in prior years for similar data.
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PART_D	18	1	YES1FMT				N Was SP enrolled in a Part D Plan?
				644			. Inapplicable
				2,869			1 Yes
				12,257			2 No
MCAIDHMO	19	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,641			. Inapplicable
				3			-9 Not ascertained
				185			-8 Don't know
				464			1 Yes
				2,477			2 No
Notes: Applies only if D_MCAID = 1 or 3 First available in 1998							
CHOICHMO	22	3	CHOICFMT				N SP given choice to enroll in Mcaid HMO?
				15,345			. Inapplicable
				8			-9 Not ascertained
				96			1 SP had choice
				201			2 SP had no choice
				120			3 SP does not remember if he/she had choic
Notes: Applies only if INTERVU = C and MCAIDHMO = 1 First available in 1998							
PUBRXCov	25	3	YES1FMT				N Does SPs public plan cover prescrib meds
				15,178			. Inapplicable
				2			-9 Not ascertained
				5			-8 Don't know
				541			1 Yes
				44			2 No
Notes: Applies only if INTERVU = C and D_PUBLIC > 0 First available in 1999							
PU_INS	28	2	INSPLFMT				N Type of insurance plan - Public
				15,180			. Inapplicable
				4			0 Other government program
				116			1 General insurance
				2			2 Dental only
				0			3 Vision only
				1			4 LTC
				465			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				1			9 Military/Other
PU_RX	30	2	RXPLFMT				N Type of drug coverage - Public
				15,180			. Inapplicable
				565			1 Plan covers prescription drugs
				3			2 Plan does not cover prescription drugs
				22			3 Drug discount card

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MTFCOVER	32	3	YES1FMT		HIT11		N SP rec'd svcs at military treatment fac.
				13,062			. Inapplicable
				3			-8 Don't know
				618			1 Yes
				2,087			2 No
Notes: Applies if RIC1, D_AFEVER = 1 First available in 2003							
D_DMEM	35	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
				1,038			. Inapplicable
				14,318			0 No discount card membership
				391			1 One discount card membership
				21			2 Two discount card memberships
				2			3 Three discount card memberships
Note: First available in 2002							
D_DMCCOST	38	7	PREM_F		DM6		N annual cost of discount card
				1,038			. Inapplicable
				14,712			0-100 \$100 or less
				16			100.01-500 \$101-\$500
				4			500.01-1000 \$501-\$1000
				0			1000.01-1500 \$1001-\$1500
				0			1500.01-2000 \$1501-\$2000
				0			2000.01-2500 \$2001-\$2500
				0			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
Notes: Applies only if D_ENROL1-5 = 1. First available in 2002							
D_HMOTYP	45	2	\$PLNFMT				C Type of Medicare HMO
				13,044			No enrollment
				34			01 Health care prepayment plan
				81			02 Cost HMO
				0			05 Old Risk HMO
				2,611			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
D_HMOCOV	47	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,133			0 No enrollment
				2,637			1 Some enrollment
D_HMOCUR	49	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,637			1 Currently enrolled
				13,133			2 Not currently enrolled

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHMORX	51	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,133			. Inapplicable
				18			-8 Don't know
				2,277			1 Yes
				342			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMODENT	53	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,134			. Inapplicable
				2			-9 Not ascertained
				131			-8 Don't know
				756			1 Yes
				1,747			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOEYE	55	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,134			. Inapplicable
				2			-9 Not ascertained
				165			-8 Don't know
				1,687			1 Yes
				782			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	57	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,134			. Inapplicable
				2			-9 Not ascertained
				154			-8 Don't know
				2,306			1 Yes
				174			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMONH	59	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,134			. Inapplicable
				3			-9 Not ascertained
				757			-8 Don't know
				291			1 Yes
				1,585			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPAY	61	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,134			. Inapplicable
				2			-9 Not ascertained
				60			-8 Don't know
				1,078			1 Yes
				1,496			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			

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MTRIDENT	82	2	YES1FMT			HIST4	N Does tricare plan cover dental?
				15,114			. Inapplicable
				36			-8 Don't know
				77			1 Yes
				543			2 No
				Note: First available in 2003			
MTRIEYE	84	2	YES1FMT			HIST5	N Does tricare plan cover eye exams?
				15,114			. Inapplicable
				60			-8 Don't know
				140			1 Yes
				456			2 No
				Note: First available in 2003			
MTRIPCAR	86	2	YES1FMT			HIST6	N Does tricare plan cover preventiv care
				15,114			. Inapplicable
				69			-8 Don't know
				441			1 Yes
				146			2 No
				Note: First available in 2003			
MTRINH	88	2	YES1FMT			HIST7	N Does tricare plan cover nursing home?
				15,114			. Inapplicable
				225			-8 Don't know
				85			1 Yes
				346			2 No
				Note: First available in 2003			
TRIMEDS	90	2	MEMMEDFM			HIT4a	N Where Tricare members get medicine
				15,370			. Missing
				2			-8 Don't know
				92			1 Mail order pharmacy
				80			2 Retail network pharmacy
				141			3 Military treatment facility
				79			4 Non-network retail pharmacy
				6			91 Other
				Note: First available in 2005			
D_TYPPL1	92	2	PLANFMT			HI17	N Type of plan - Plan #1
				7,196			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				8,574			4 Private plan
				0			5 Medicare HMO
				Note: Applies only if D_PRIVAT is not equal to 0.			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	94	2	RELFMT				N Policy holder relationship - Plan #1
				7,533			. Inapplicable
				3			-9 Not ascertained
				0			-5 Never ask again
				6,787			1 Sample person
				1,370			2 Spouse
				3			3 Son
				5			4 Daughter
				1			5 Brother
				2			6 Sister
				29			7 Father
				24			8 Mother
				1			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				2			50 Partner/roommate
				3			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				6			91 Other relative
				1			92 Other non-relative

Note: Applies only if INTERVU = C and D_TYPP11 = 4

D_COVNM1	96	2	COVGFMT				N # of family members covered by Plan #1
				7,533			. Inapplicable
				10			-9 Not ascertained
				23			-8 Don't know
				8,204			Number reported covered

Note: Applies only if INTERVU = C and D_TYPP11 = 4

D_COVRX1	98	2	YES1FMT				N Plan #1 covers prescribed medicines?
				7,533			. Inapplicable
				2			-9 Not ascertained
				123			-8 Don't know
				4,314			1 Yes
				3,798			2 No

Note: Applies only if INTERVU = C and D_TYPP11 = 4

D_COVNH1	100	2	YES1FMT				N Plan #1 covers stay in nursing home?
				7,533			. Inapplicable
				7			-9 Not ascertained
				1,490			-8 Don't know
				1			-7 Refused
				1,727			1 Yes
				5,012			2 No

Note: Applies only if INTERVU = C and D_TYPP11 = 4

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D_PAYSP1	102	2	YES1FMT				N MIP pay any/all cost for Plan #1
				7,533			. Inapplicable
				6			-9 Not ascertained
				108			-8 Don't know
				2			-7 Refused
				6,536			1 Yes
				1,585			2 No

Note: Applies only if INTERVU = C and D_TYPPL1 = 4

D_ANAMT1	104	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,234			. Inapplicable
				3			-9 Not ascertained
				1,062			-8 Don't know
				21			-7 Refused
				94			0-100 \$100 or less
				479			100.01-500 \$101-\$500
				563			500.01-1000 \$501-\$1000
				1,031			1000.01-1500 \$1001-\$1500
				1,376			1500.01-2000 \$1501-\$2000
				845			2000.01-2500 \$2001-\$2500
				366			2500.01-3000 \$2501-\$3000
				191			3000.01-3500 \$3001-\$3500
				177			3500.01-4000 \$3501-\$4000
				104			4000.01-4500 \$4001-\$4500
				75			4500.01-5000 \$4501-\$5000
				149			Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	111	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,533			. Inapplicable
				14			-9 Not ascertained
				214			-8 Don't know
				2			-7 Refused
				905			1 Yes
				7,102			2 No

Note: Applies only if INTERVU = C and D_TYPPL1 = 4

D_OBTNP1	113	2	MIPFMT				N How did MIP get Plan #1
				7,533			. Inapplicable
				11			-9 Not ascertained
				54			-8 Don't know
				1			-7 Refused
				3,090			1 Directly
				742			2 Main insured person's current employer
				3,182			3 Main insured person's prior employer
				133			4 Union
				41			5 Family business
				421			6 AARP
				473			7 Deceased spouse's employer
				19			8 Deceased spouse's union
				30			9 Fraternal/professional organization
				40			91 Other

Note: Applies only if INTERVU = C and D_TYPPL1 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	115	2	\$IND1COD				C Industry of employer - Plan #1
				7,533			Inapplicable
				49			-1 Inapplicable
				2			-8 Don't know
				5,271			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				14			B Mining
				13			C Construction
				30			D Manufacturing
				11			E Transportation and public utilities
				2			F Wholesale trade
				15			G Retail trade
				1			H Finance, insurance, and real estate
				1			I Services
				176			J Public administration
				42			K Nonclassifiable establishments
				5			01 Agricultural production - crops
				3			02 Agricultural production - livestock
				3			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				9			10 Metal mining
				32			12 Coal mining
				35			13 Oil and gas extraction
				12			14 Nonmetallic minerals, except fuels
				2			15 General building contractors
				9			16 Heavy construction, excluding building
				31			17 Special trade contractors
				30			20 Food and kindred products
				2			21 Tobacco products
				11			22 Textile mill products
				2			23 Apparel and other textile products
				5			24 Lumber and wood products
				4			25 Furniture and fixtures
				23			26 Paper and allied products
				22			27 Printing and publishing
				93			28 Chemicals and allied products
				9			29 Petroleum and coal products
				18			30 Rubber and misc. plastics products
				0			31 Leather and leather products
				17			32 Stone, clay, and glass products
				52			33 Primary metal industries
				15			34 Fabricated metal products
				67			35 Industrial machinery and equipment
				66			36 Electronic & other electric equipment
				219			37 Transportation equipment
				31			38 Instruments and related products
				5			39 Miscellaneous manufacturing industries
				22			40 Railroad transportation
				12			41 Local and interurban passenger transit
				10			42 Trucking and warehousing
				95			43 U.S. Postal Service
				7			44 Water transportation
				12			45 Transportation by air
				0			46 Pipelines, except natural gas
				0			47 Transportation services
				110			48 Communications
				108			49 Electric, gas, and sanitary services
				6			50 Wholesale trade - durable goods
				5			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				22			53 General merchandise stores
				15			54 Food stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label

				9			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				1			57 Furniture and home furnishings stores
				3			58 Eating and drinking places
				9			59 Miscellaneous retail
				39			60 Depository institutions
				1			61 Nondepository institutions
				5			62 Security and commodity brokers
				50			63 Insurance carriers
				1			64 Insurance agents, brokers, and services
				9			65 Real estate
				1			67 Holding and other investment offices
				3			70 Hotels and other lodging places
				3			72 Personal services
				21			73 Business services
				5			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				3			78 Motion pictures
				14			79 Amusement & recreation services
				129			80 Health services
				5			81 Legal services
				435			82 Educational services
				10			83 Social services
				0			84 Museums, botanical, zoological gardens
				49			86 Membership organizations
				55			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				160			91 Executive, legislative, and general
				73			92 Justice, public order, and safety
				13			93 Finance, taxation, & monetary policy
				67			94 Administration of Human Resources
				27			95 Environmental quality and housing
				47			96 Administration of economic programs
				93			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

Note: Applies only if D_OBTNP1 = 2, 3, 5, or 8

D_PLLTR1	117	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				12,218			Inapplicable
				160			-8 Don't know
				1,527			-9 Not ascertained
				35			A Plan A
				50			B Plan B
				146			C Plan C
				46			D Plan D
				34			E Plan E
				460			F Plan F
				53			G Plan G
				19			H Plan H
				18			I Plan I
				59			J Plan J
				929			99 SP reports plan does not have a letter
				16			Other plan

Notes: Applies only if INTERVU = C, D_TYPP1 = 4, and D_OBTNP1 = 1, 5, or 6
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D_COVIP1	119	2	YES1FMT			HIS29b	N Plan #1 covers some inpatient costs
				7,533			. Inapplicable
				13			-9 Not ascertained
				139			-8 Don't know
				7,221			1 Yes
				864			2 No
Notes: Applies if D_TYPPL1 > 0 First available in 2003							
D_COVMD1	121	2	YES1FMT			HIS29b	N Plan #1 covers some MD/lab visit costs
				7,535			. Inapplicable
				9			-9 Not ascertained
				74			-8 Don't know
				7,266			1 Yes
				886			2 No
Notes: Applies if D_TYPPL1 > 0 First available in 2003							
D_RX1	123	2	RXPLFMT				N Type of drug coverage - Priv1
				7,582			. Inapplicable
				4,519			1 Plan covers prescription drugs
				3,341			2 Plan does not cover prescription drugs
				328			3 Drug discount card
D_INS1	125	2	INSPLFMT				N Type of insurance plan - Priv1
				7,582			. Inapplicable
				0			0 Other government program
				7,698			1 General insurance
				257			2 Dental only
				10			3 Vision only
				134			4 LTC
				70			5 Rx only
				3			6 Dental/Vision
				9			7 Life insurance
				5			8 Cancer/Dread disease
				2			9 Military/Other
D_TYPPL2	127	2	PLANFMT			HI17	N Type of plan - Plan #2
				13,587			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				2,183			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 1 plan.

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D_PHREL2	129	2	REL FMT				N Policy holder relationship - Plan #2
				13,757			. Inapplicable
				0			-5 Never ask again
				1,523			1 Sample person
				469			2 Spouse
				0			3 Son
				4			4 Daughter
				0			5 Brother
				0			6 Sister
				6			7 Father
				6			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				2			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				2			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_COVNM2	131	2	COVG FMT				N # of family members covered by Plan #2
				13,757			. Inapplicable
				5			-8 Don't know
				2,008			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_COVRX2	133	2	YES1 FMT				N Plan #2 covers prescribed medicines?
				13,757			. Inapplicable
				54			-8 Don't know
				499			1 Yes
				1,460			2 No
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_COVNH2	135	2	YES1 FMT				N Plan #2 covers stay in nursing home?
				13,757			. Inapplicable
				66			-8 Don't know
				772			1 Yes
				1,175			2 No
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_PAYSP2	137	2	YES1 FMT				N MIP pay any/all cost for Plan #2
				13,757			. Inapplicable
				31			-8 Don't know
				1,433			1 Yes
				549			2 No
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4

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Note: Applies only if D PAYSP2 = 1

Note: Applies only if INTERVU = C and D_TYPPL2 = 4

Note: Applies only if INTERVU = C and D_TYPPL2 = 4

Note: Applies only if D OBTNP2 = 2, 3, 5, or 8

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR2	152	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				14,870			Missing
				5			-8 Don't know
				358			-9 Not ascertained
				509			99 SP reports plan does not have a letter
				28			Plan letter
Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6 First available in 2000							
D_COVIP2	154	2	YES1FMT		HIS29b		N Plan #2 covers some inpatient costs
				13,757			. Inapplicable
				52			-8 Don't know
				415			1 Yes
				1,546			2 No
Notes: Applies if D_TYPPL2 > 0 First available in 2003							
D_COVMD2	156	2	YES1FMT		HIS29b		N Plan #2 covers some MD/lab visit costs
				13,757			. Inapplicable
				42			-8 Don't know
				419			1 Yes
				1,552			2 No
Notes: Applies if D_TYPPL2 > 0 First available in 2003							
D_RX2	158	2	RXPLFMT				N Type of drug coverage - Priv2
				13,776			. Inapplicable
				509			1 Plan covers prescription drugs
				1,467			2 Plan does not cover prescription drugs
				18			3 Drug discount card
D_INS2	160	2	INSPLFMT				N Type of insurance plan - Priv2
				13,776			. Inapplicable
				0			0 Other government program
				982			1 General insurance
				464			2 Dental only
				54			3 Vision only
				285			4 LTC
				189			5 Rx only
				8			6 Dental/Vision
				8			7 Life insurance
				4			8 Cancer/Dread disease
				0			9 Military/Other
D_TYPPL3	162	2	PLANFMT		HI17		N Type of plan - Plan #3
				15,304			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				466			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 2 plans.

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D_PHREL3	164	2	REL FMT				N Policy holder relationship - Plan #3
				15,324			. Inapplicable
				0			-5 Never ask again
				300			1 Sample person
				142			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				1			7 Father
				1			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				2			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVNM3	166	2	COVG FMT				N # of family members covered by Plan #3
				15,324			. Inapplicable
				1			-8 Don't know
				445			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVRX3	168	2	YES1 FMT				N Plan #3 covers prescribed medicines?
				15,324			. Inapplicable
				6			-8 Don't know
				117			1 Yes
				323			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVNH3	170	2	YES1 FMT				N Plan #3 covers stay in nursing home?
				15,324			. Inapplicable
				6			-8 Don't know
				63			1 Yes
				377			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_PAYSP3	172	2	YES1 FMT				N MIP pay any/all cost for Plan #3
				15,324			. Inapplicable
				8			-8 Don't know
				254			1 Yes
				184			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4

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D_ANAMT3	174	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				15,516			. Inapplicable
				1			-9 Not ascertained
				76			-8 Don't know
				28			0-100 \$100 or less
				76			100.01-500 \$101-\$500
				20			500.01-1000 \$501-\$1000
				18			1000.01-1500 \$1001-\$1500
				10			1500.01-2000 \$1501-\$2000
				9			2000.01-2500 \$2001-\$2500
				5			2500.01-3000 \$2501-\$3000
				3			3000.01-3500 \$3001-\$3500
				3			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				1			4500.01-5000 \$4501-\$5000
				3			Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3	181	2	YES1FMT		HI25		N Is Plan #3 an HMO
				15,324			. Inapplicable
				14			-8 Don't know
				36			1 Yes
				396			2 No

Note: Applies only if INTERVU = C and D_TYPPL3 = 4

D_OBTNP3	183	2	MIPFMT				N How did MIP get Plan #3
				15,324			. Inapplicable
				2			-8 Don't know
				88			1 Directly
				58			2 Main insured person's current employer
				247			3 Main insured person's prior employer
				15			4 Union
				0			5 Family business
				3			6 AARP
				24			7 Deceased spouse's employer
				2			8 Deceased spouse's union
				5			9 Fraternal/professional organization
				2			91 Other

Note: Applies only if INTERVU = C and D_TYPPL3 = 4

D_INDUS3	185	2	\$IND2COD				C Industry of employer - Plan #3
				15,324			Inapplicable
				11			-1 Inapplicable
				225			-9 Not ascertained
				210			Industry classification code

Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8

D_PLLTR3	187	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				15,679			Missing
				33			-9 Not ascertained
				56			99 SP reports plan does not have a letter
				2			Plan letter

Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6
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D_COVIP3	189	2	YES1FMT		HIS29b		N Plan #3 covers some inpatient costs
				15,324			. Inapplicable
				7			-8 Don't know
				58			1 Yes
				381			2 No
				Notes: Applies if D_TYPPL3 > 0			
				First available in 2003			
D_COVMD3	191	2	YES1FMT		HIS29b		N Plan #3 covers some MD/lab visit costs
				15,324			. Inapplicable
				6			-8 Don't know
				57			1 Yes
				383			2 No
				Notes: Applies if D_TYPPL3 > 0			
				First available in 2003			
D_RX3	193	2	RXPLFMT				N Type of drug coverage - Priv3
				15,335			. Inapplicable
				118			1 Plan covers prescription drugs
				316			2 Plan does not cover prescription drugs
				1			3 Drug discount card
D_INS3	195	2	INSPLFMT				N Type of insurance plan - Priv3
				15,335			. Inapplicable
				0			0 Other government program
				153			1 General insurance
				125			2 Dental only
				70			3 Vision only
				19			4 LTC
				65			5 Rx only
				3			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/Dread disease
				0			9 Military/Other
D_TYPPL4	197	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,701			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				69			4 Private plan
				0			5 Medicare HMO
				Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	199	2	REL FMT				N Policy holder relationship - Plan #4
				15,701			. Inapplicable
				0			-5 Never ask again
				41			1 Sample person
				27			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				1			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNM4	201	2	COVG FMT				N # of family members covered by Plan #4
				15,701			. Inapplicable
				69			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	203	2	YES1 FMT				N Plan #4 covers prescribed medicines?
				15,701			. Inapplicable
				14			1 Yes
				55			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	205	2	YES1 FMT				N Plan #4 covers stay in nursing home?
				15,701			. Inapplicable
				1			-8 Don't know
				16			1 Yes
				52			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	207	2	YES1 FMT				N MIP pay any/all cost for Plan #4
				15,701			. Inapplicable
				41			1 Yes
				28			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT4	209	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				15,729			. Inapplicable
				8			-8 Don't know
				9			0-100 \$100 or less
				10			100.01-500 \$101-\$500
				5			500.01-1000 \$501-\$1000
				3			1000.01-1500 \$1001-\$1500
				1			1500.01-2000 \$1501-\$2000
				1			2000.01-2500 \$2001-\$2500
				3			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4	216	2	YES1FMT		HI25		N Is Plan #4 an HMO
				15,701			. Inapplicable
				1			-8 Don't know
				6			1 Yes
				62			2 No

Note: Applies only if INTERVU = C and D_TYPPL4 = 4

D_OBTNP4	218	2	MIPFMT				N How did MIP get Plan #4
				15,701			. Inapplicable
				12			1 Directly
				9			2 Main insured person's current employer
				40			3 Main insured person's prior employer
				2			4 Union
				0			5 Family business
				1			6 AARP
				4			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				0			91 Other

Note: Applies only if INTERVU = C and D_TYPPL4 = 4

D_INDUS4	220	2	\$IND2COD				C Industry of employer - Plan #4
				15,701			Inapplicable
				3			-1 Inapplicable
				43			-9 Not ascertained
				23			Industry classification code

Note: Applies only if D_OBTNP4 = 2, 3, 5, or 8

D_PLLTR4	222	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #4
				15,757			Missing
				4			-9 Not ascertained
				9			99 SP reports plan does not have a letter

Notes: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6
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Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	234	2	REL5FMT				N Policy holder relationship - Plan #5
				15,760			. Inapplicable
				0			-5 Never ask again
				6			1 Sample person
				4			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPP5 = 4
D_COVNM5	236	2	COVG5FMT				N # of family members covered by Plan #5
				15,760			. Inapplicable
				10			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPP5 = 4
D_COVRX5	238	2	YES1FMT				N Plan #5 covers prescribed medicines?
				15,760			. Inapplicable
				1			-8 Don't know
				2			1 Yes
				7			2 No
							Note: Applies only if INTERVU = C and D_TYPP5 = 4
D_COVNH5	240	2	YES1FMT				N Plan #5 covers stay in nursing home?
				15,760			. Inapplicable
				1			1 Yes
				9			2 No
							Note: Applies only if INTERVU = C and D_TYPP5 = 4
D_PAYSP5	242	2	YES1FMT				N MIP pay any/all cost for Plan #5
				15,760			. Inapplicable
				7			1 Yes
				3			2 No
							Note: Applies only if INTERVU = C and D_TYPP5 = 4

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Notes: Applies only if INTERVU = C, D_TYPL5 = 4, and D_OBTNP5 = 1, 5, or 6
First available in 2000

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVIP5	259	2	YES1FMT			HIS29b	N Plan #5 covers some inpatient costs
				15,760			. Inapplicable
				1			-8 Don't know
				2			1 Yes
				7			2 No
Notes: Applies if D_TYPPL5 > 0 First available in 2003							
D_COVMD5	261	2	YES1FMT			HIS29b	N Plan #5 covers some MD/lab visit costs
				15,760			. Inapplicable
				1			-8 Don't know
				0			1 Yes
				9			2 No
Notes: Applies if D_TYPPL5 > 0 First available in 2003							
D_RX5	263	2	RXPLFMT				N Type of drug coverage - Priv5
				15,762			. Inapplicable
				2			1 Plan covers prescription drugs
				6			2 Plan does not cover prescription drugs
				0			3 Drug discount card
D_INS5	265	2	INSPLFMT				N Type of insurance plan - Priv5
				15,762			. Inapplicable
				0			0 Other government program
				2			1 General insurance
				2			2 Dental only
				1			3 Vision only
				0			4 LTC
				2			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				0			9 Military/Other