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Cost & Use
2001

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	1					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,864			LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG				C Medicare coverage - Jan
				341			0 No entitlement
				421			1 Part A only
				124			2 Part B only
				11,978			3 Both A and B
D_CAID1	13	1	\$SRC2FMT				C Source of Medicaid coverage status - Jan
				10,214			0 No entitlement
				382			1 Survey data only
				228			2 CMS administrative data only
				2,040			3 Both survey and administrative data
D_PHI1	14	1	\$PHIPLCY				C Private health insurance coverage - Jan
				6,217			0 No entitlement
				2,956			1 Employer-sponsored insurance (ESI)
				2,985			2 Self-purchased
				520			3 Both ESI and self-purchased
				186			4 Facility respondent, type unknown

Note: Applies only if D_PHI is greater than zero.

D_HMO1	15	1	\$HMOFMT				C HMO coverage - Jan
				10,030			0 No coverage
				910			1 Private coverage
				1,688			2 Medicare coverage
				236			3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT				C Number of other plans - Jan
				12,128			0 No other plans
				715			1 1 other plan
				20			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans

Note: Applies only if D_OTH is greater than zero.

D_CARE2	17	1	\$MEDCOVG				C Medicare coverage - Feb
				380			0 No entitlement
				419			1 Part A only
				123			2 Part B only
				11,942			3 Both A and B

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D_CAID2	18	1	\$SRC2FMT				C Source of Medicaid coverage status - Feb
				10,216			0 No entitlement
				380			1 Survey data only
				230			2 CMS administrative data only
				2,038			3 Both survey and administrative data

D_PHI2	19	1	\$PHIPLCY				C Private health insurance coverage - Feb
				6,198			0 No entitlement
				2,965			1 Employer-sponsored insurance (ESI)
				2,987			2 Self-purchased
				525			3 Both ESI and self-purchased
				189			4 Facility respondent, type unknown

Note: Applies only if D_PHI is greater than zero.

D_HMO2	20	1	\$HMOFMT				C HMO coverage - Feb
				10,112			0 No coverage
				832			1 Private coverage
				1,725			2 Medicare coverage
				195			3 Both Medicare and private coverage

D_OTH2	21	1	\$OTHFMT				C Number of other plans - Feb
				12,110			0 No other plans
				731			1 1 other plan
				21			2 2 other plans
				1			3 3 other plans
				1			4 4 other plans

Note: Applies only if D_OTH is greater than zero.

D_CARE3	22	1	\$MEDCOVG				C Medicare coverage - Mar
				398			0 No entitlement
				423			1 Part A only
				120			2 Part B only
				11,923			3 Both A and B

D_CAID3	23	1	\$SRC2FMT				C Source of Medicaid coverage status - Mar
				10,222			0 No entitlement
				376			1 Survey data only
				234			2 CMS administrative data only
				2,032			3 Both survey and administrative data

D_PHI3	24	1	\$PHIPLCY				C Private health insurance coverage - Mar
				6,171			0 No entitlement
				2,967			1 Employer-sponsored insurance (ESI)
				2,994			2 Self-purchased
				534			3 Both ESI and self-purchased
				198			4 Facility respondent, type unknown

Note: Applies only if D_PHI is greater than zero.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				467			0 No entitlement
				423			1 Part A only
				117			2 Part B only
				11,857			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				10,229			0 No entitlement
				373			1 Survey data only
				239			2 CMS administrative data only
				2,023			3 Both survey and administrative data
D_PHI5	34	1	\$PHIPLCY				C Private health insurance coverage - May
				6,183			0 No entitlement
				2,945			1 Employer-sponsored insurance (ESI)
				2,985			2 Self-purchased
				546			3 Both ESI and self-purchased
				205			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				10,219			0 No coverage
				768			1 Private coverage
				1,765			2 Medicare coverage
				112			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				12,087			0 No other plans
				727			1 1 other plan
				48			2 2 other plans
				1			3 3 other plans
				1			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				494			0 No entitlement
				423			1 Part A only
				116			2 Part B only
				11,831			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				10,228			0 No entitlement
				377			1 Survey data only
				248			2 CMS administrative data only
				2,011			3 Both survey and administrative data

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D_PHI6	39	1	\$PHIPLCY				C Private health insurance coverage - Jun
				6,155			0 No entitlement
				2,947			1 Employer-sponsored insurance (ESI)
				2,980			2 Self-purchased
				556			3 Both ESI and self-purchased
				226			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				10,230			0 No coverage
				766			1 Private coverage
				1,759			2 Medicare coverage
				109			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				12,055			0 No other plans
				769			1 1 other plan
				37			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				524			0 No entitlement
				402			1 Part A only
				115			2 Part B only
				11,823			3 Both A and B
D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				10,223			0 No entitlement
				390			1 Survey data only
				258			2 CMS administrative data only
				1,993			3 Both survey and administrative data
D_PHI7	44	1	\$PHIPLCY				C Private health insurance coverage - Jul
				6,126			0 No entitlement
				2,962			1 Employer-sponsored insurance (ESI)
				2,958			2 Self-purchased
				565			3 Both ESI and self-purchased
				253			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				10,249			0 No coverage
				750			1 Private coverage
				1,753			2 Medicare coverage
				112			3 Both Medicare and private coverage

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				12,003			0 No other plans
				822			1 1 other plan
				35			2 2 other plans
				4			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				538			0 No entitlement
				401			1 Part A only
				116			2 Part B only
				11,809			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				10,221			0 No entitlement
				389			1 Survey data only
				256			2 CMS administrative data only
				1,998			3 Both survey and administrative data
D_PHI8	49	1	\$PHIPLCY				C Private health insurance coverage - Aug
				6,120			0 No entitlement
				2,969			1 Employer-sponsored insurance (ESI)
				2,955			2 Self-purchased
				562			3 Both ESI and self-purchased
				258			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				10,268			0 No coverage
				738			1 Private coverage
				1,752			2 Medicare coverage
				106			3 Both Medicare and private coverage
D_OTH8	51	1	\$OTHFMT				C Number of other plans - Aug
				11,991			0 No other plans
				838			1 1 other plan
				33			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE9	52	1	\$MEDCOVG				C Medicare coverage - Sep
				553			0 No entitlement
				407			1 Part A only
				116			2 Part B only
				11,788			3 Both A and B

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D_CAID9	53	1	\$SRC2FMT				C Source of Medicaid coverage status - Sep
				10,226			0 No entitlement
				392			1 Survey data only
				259			2 CMS administrative data only
				1,987			3 Both survey and administrative data

D_PHI9	54	1	\$PHIPLCY				C Private health insurance coverage - Sep
				6,103			0 No entitlement
				2,973			1 Employer-sponsored insurance (ESI)
				2,954			2 Self-purchased
				578			3 Both ESI and self-purchased
				256			4 Facility respondent, type unknown

Note: Applies only if D_PHI is greater than zero.

D_HMO9	55	1	\$HMOFMT				C HMO coverage - Sep
				10,272			0 No coverage
				743			1 Private coverage
				1,732			2 Medicare coverage
				117			3 Both Medicare and private coverage

D_OTH9	56	1	\$OTHFMT				C Number of other plans - Sep
				11,975			0 No other plans
				861			1 1 other plan
				26			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans

Note: Applies only if D_OTH is greater than zero.

D_CARE10	57	1	\$MEDCOVG				C Medicare coverage - Oct
				564			0 No entitlement
				411			1 Part A only
				114			2 Part B only
				11,775			3 Both A and B

D_CAID10	58	1	\$SRC2FMT				C Source of Medicaid coverage status - Oct
				10,217			0 No entitlement
				401			1 Survey data only
				259			2 CMS administrative data only
				1,987			3 Both survey and administrative data

D_PHI10	59	1	\$PHIPLCY				C Private health insurance coverage - Oct
				6,114			0 No entitlement
				2,976			1 Employer-sponsored insurance (ESI)
				2,928			2 Self-purchased
				583			3 Both ESI and self-purchased
				263			4 Facility respondent, type unknown

Note: Applies only if D_PHI is greater than zero.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				10,264			0 No coverage
				757			1 Private coverage
				1,717			2 Medicare coverage
				126			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,962			0 No other plans
				871			1 1 other plan
				29			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
							Note: Applies only if D_OTH is greater than zero.
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				587			0 No entitlement
				413			1 Part A only
				113			2 Part B only
				11,751			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				10,227			0 No entitlement
				402			1 Survey data only
				272			2 CMS administrative data only
				1,963			3 Both survey and administrative data
D_PHI11	64	1	\$PHIPLCY				C Private health insurance coverage - Nov
				6,252			0 No entitlement
				2,965			1 Employer-sponsored insurance (ESI)
				2,893			2 Self-purchased
				558			3 Both ESI and self-purchased
				196			4 Facility respondent, type unknown
							Note: Applies only if D_PHI is greater than zero.
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				10,277			0 No coverage
				748			1 Private coverage
				1,717			2 Medicare coverage
				122			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				12,009			0 No other plans
				821			1 1 other plan
				32			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
							Note: Applies only if D_OTH is greater than zero.

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D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				630			0 No entitlement
				412			1 Part A only
				112			2 Part B only
				11,710			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				10,255			0 No entitlement
				421			1 Survey data only
				277			2 CMS administrative data only
				1,911			3 Both survey and administrative data
D_PHI12	69	1	\$PHIPLCY				C Private health insurance coverage - Dec
				6,407			0 No entitlement
				2,933			1 Employer-sponsored insurance (ESI)
				2,852			2 Self-purchased
				547			3 Both ESI and self-purchased
				125			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				10,295			0 No coverage
				738			1 Private coverage
				1,711			2 Medicare coverage
				120			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				12,061			0 No other plans
				769			1 1 other plan
				32			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				0			0 No entitlement
				395			1 Part A only
				122			2 Part B only
				12,347			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,941			0 No entitlement
				444			1 Survey data only
				254			2 CMS administrative data only
				2,225			3 Both survey and administrative data

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI	74	1	\$PHIPLCY				C Annual private health insurance coverage
				5,654			0 No entitlement
				3,099			1 Employer-sponsored insurance (ESI)
				3,085			2 Self-purchased
				689			3 Both ESI and self-purchased
				337			4 Facility respondent, type unknown
D_HMO	75	1	\$HMOFMT				C HMO coverage for the year
				9,825			0 No coverage
				1,013			1 Private coverage
				1,708			2 Medicare coverage
				318			3 Both Medicare and private coverage
D_OTH	76	1	\$OTHFMT				C Number of other plans for the year
				11,841			0 No other plans
				923			1 1 other plan
				95			2 2 other plans
				3			3 3 other plans
				2			4 4 other plans
TOT_PREM	77	8	PREM_F				N Total health insurance premiums
				4,017			. Inapplicable
				2,162		0-100	\$100 or less
				1,149		100.01-500	\$101-\$500
				1,246		500.01-1000	\$501-\$1000
				2,057		1000.01-1500	\$1001-\$1500
				1,004		1500.01-2000	\$1501-\$2000
				539		2000.01-2500	\$2001-\$2500
				295		2500.01-3000	\$2501-\$3000
				130		3000.01-3500	\$3001-\$3500
				108		3500.01-4000	\$3501-\$4000
				55		4000.01-4500	\$4001-\$4500
				43		4500.01-5000	\$4501-\$5000
				59		5000.01-99999	Over \$5000

Note: See Notes for derivation

DRUGCAID	85	2	YES1FMT				N Medicaid prescription drug coverage
				10,999			. Inapplicable
				1			-9 Not ascertained
				16			-8 Don't know
				1,634			1 Yes
				214			2 No

Notes: Applies only if D_CAID is greater than zero.
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Note: Applies only if D TYPPL1 is greater than zero.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	111	2	RELFMT				N Policy holder relationship - Plan #1
				4,466			. Inapplicable
				0			-5 Never ask again
				7,167			1 Sample person
				1,179			2 Spouse
				2			3 Son
				7			4 Daughter
				0			5 Brother
				0			6 Sister
				16			7 Father
				18			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				3			92 Other non-relative
D_COVNM1	113	2	COVGFMT				N # of family members covered by Plan #1
				4,466			. Inapplicable
				11			-8 Don't know
				8,387			Number reported covered
D_COVRX1	115	2	YES1FMT				N Does Plan #1 cover prescribed medicines?
				3,870			. Inapplicable
				5,716			1 Yes
				3,278			2 No
D_COVNH1	117	2	YES1FMT				N Does Plan #1 cover stay in nursing home?
				3,870			. Inapplicable
				2			-9 Not ascertained
				2,264			-8 Don't know
				1			-7 Refused
				1,664			1 Yes
				5,063			2 No
D_PAYSP1	119	2	PAYSPFMT				N MIP pay any/all cost for Plan #1
				3,870			. Inapplicable
				1			-9 Not ascertained
				110			-8 Don't know
				5,575			1 Yes
				2,422			2 No
				886			3 Yes, but don't know how much

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D_ANAMT1	121	8	PREM_F				N Premium MIP pays for Plan #1-Annualized
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4,867	.	Inapplicable
2,700	0-100	\$100 or less
1,115	100.01-500	\$101-\$500
1,053	500.01-1000	\$501-\$1000
1,226	1000.01-1500	\$1001-\$1500
811	1500.01-2000	\$1501-\$2000
424	2000.01-2500	\$2001-\$2500
263	2500.01-3000	\$2501-\$3000
134	3000.01-3500	\$3001-\$3500
105	3500.01-4000	\$3501-\$4000
45	4000.01-4500	\$4001-\$4500
45	4500.01-5000	\$4501-\$5000
76	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	129	2	YES1FMT	HI25			N Is Plan #1 an HMO
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6,214	.	Inapplicable
10	-9	Not ascertained
85	-8	Don't know
409	1	Yes
6,146	2	No

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

D_PLNUM1	131	5					C Medicare HMO code or other plan code #1
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Notes: Applies only if D_HMOPL1 equals 1.
First available in 1999

D_OBTNP1	136	2	MIPFMT				N How did MIP get Plan #1
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6,213	.	Inapplicable
63	-8	Don't know
2,730	1	Directly
531	2	Main insured person's current employer
2,524	3	Main insured person's prior employer
87	4	Union
51	5	Family business
231	6	AARP
350	7	Deceased spouse's employer
18	8	Deceased spouse's union
49	9	Fraternal/professional organization
17	91	Other

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

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D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				9,030			Inapplicable
				1			-7 Refused
				5			-8 Don't know
				21			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				15			B Mining
				24			C Construction
				30			D Manufacturing
				4			E Transportation and public utilities
				2			F Wholesale trade
				16			G Retail trade
				3			H Finance, insurance, and real estate
				0			I Services
				108			J Public administration
				64			K Nonclassifiable establishments
				1			01 Agricultural production - crops
				8			02 Agricultural production - livestock
				7			07 Agricultural services
				8			08 Forestry
				2			09 Fishing, hunting, and trapping
				0			10 Metal mining
				29			12 Coal mining
				12			13 Oil and gas extraction
				4			14 Nonmetallic minerals, except fuels
				4			15 General building contractors
				11			16 Heavy construction, excluding building
				46			17 Special trade contractors
				64			20 Food and kindred products
				4			21 Tobacco products
				23			22 Textile mill products
				26			23 Apparel and other textile products
				13			24 Lumber and wood products
				10			25 Furniture and fixtures
				31			26 Paper and allied products
				27			27 Printing and publishing
				128			28 Chemicals and allied products
				73			29 Petroleum and coal products
				34			30 Rubber and misc. plastics products
				5			31 Leather and leather products
				19			32 Stone, clay, and glass products
				139			33 Primary metal industries
				67			34 Fabricated metal products
				85			35 Industrial machinery and equipment
				66			36 Electronic & other electric equipment
				214			37 Transportation equipment
				20			38 Instruments and related products
				2			39 Miscellaneous manufacturing industries
				43			40 Railroad transportation
				10			41 Local and interurban passenger transit
				23			42 Trucking and warehousing
				132			43 U.S. Postal Service
				7			44 Water transportation
				20			45 Transportation by air
				0			46 Pipelines, except natural gas
				0			47 Transportation services
				141			48 Communications
				103			49 Electric, gas, and sanitary services
				14			50 Wholesale trade - durable goods
				12			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				42			53 General merchandise stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				40			54 Food stores
				7			55 Automotive dealers & service stations
				0			56 Apparel and accessory stores
				1			57 Furniture and home furnishings stores
				22			58 Eating and drinking places
				15			59 Miscellaneous retail
				36			60 Depository institutions
				1			61 Nondepository institutions
				3			62 Security and commodity brokers
				87			63 Insurance carriers
				0			64 Insurance agents, brokers, and services
				13			65 Real estate
				0			67 Holding and other investment offices
				4			70 Hotels and other lodging places
				12			72 Personal services
				28			73 Business services
				6			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				2			78 Motion pictures
				18			79 Amusement & recreation services
				146			80 Health services
				11			81 Legal services
				498			82 Educational services
				3			83 Social services
				1			84 Museums, botanical, zoological gardens
				83			86 Membership organizations
				60			87 Engineering & management services
				0			88 Private households
				2			89 Services, nec
				332			91 Executive, legislative, and general
				86			92 Justice, public order, and safety
				25			93 Finance, taxation, & monetary policy
				30			94 Administration of Human Resources
				10			95 Environmental quality and housing
				28			96 Administration of economic programs
				196			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

D_PLLTR1	140	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				12,036			Inapplicable
				78			-8 Don't know
				34			A Plan A
				47			B Plan B
				164			C Plan C
				37			D Plan D
				18			E Plan E
				276			F Plan F
				13			G Plan G
				15			H Plan H
				18			I Plan I
				93			J Plan J
				0			99 SP reports plan does not have a letter
				35			-8 Other plan letter

Notes: Applies only if INTERVU = C, D_TYPP1 = 4, and D_OBTNP1 = 1, 5, or 6
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI1	142	2	YES1FMT				N TRICARE plan letter #1
				12,826			. Inapplicable
				38			1 Yes
				0			2 No
							Notes: Note not created
							First available in 2001
D_INS1	144	2	INSPLFMT				N Insurance coverage plan letter #1
				6,654			. Inapplicable
				6,050			1 General insurance
				43			2 Dental only
				2			3 Vision only
				27			4 LTC
				75			5 Rx only
				2			6 Dental/Vision
				3			7 Life insurance
				8			8 Cancer/Dread Decease/Military/Other
							Notes: Applies only if D_TYPL1 = 1 or 2
							First available in 2001
D_RX1	146	2	RXPLFMT				N Drug coverage plan letter #1
				6,654			. Inapplicable
				2,858			1 Plan covers prescription drugs
				3,178			2 Plan does not cover prescription drugs
				174			3 Drug discount card
							Notes: Applies only if D_TYPL1 = 1 or 2
							First available in 2001
D_TYPPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				9,064			. Inapplicable
				1,373			1 Employer-sponsored insurance (ESI)
				1,616			2 Self-purchased
				70			3 Private unknown
				306			4 Private HMO
				435			5 Medicare HMO
							Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero
D_BEGPL2	150	8	DTE8FMT				N Date coverage began - plan #2
				9,064			. Inapplicable
				3,800			Date as YYYYMMDD
							Note: Applies only if D_TYPPL2 is greater than zero.
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				9,064			. Inapplicable
				3,800			Date as YYYYMMDD
							Note: Applies only if D_TYPPL2 is greater than zero.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				9,293			. Inapplicable
				0			-5 Never ask again
				2,976			1 Sample person
				582			2 Spouse
				0			3 Son
				2			4 Daughter
				0			5 Brother
				0			6 Sister
				2			7 Father
				3			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			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
				1			92 Other non-relative
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				9,293			. Inapplicable
				11			-9 Not ascertained
				7			-8 Don't know
				1			-7 Refused
				3,552			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				9,185			. Inapplicable
				1,790			1 Yes
				1,889			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				9,185			. Inapplicable
				4			-9 Not ascertained
				560			-8 Don't know
				2			-7 Refused
				845			1 Yes
				2,268			2 No
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				9,185			. Inapplicable
				4			-9 Not ascertained
				71			-8 Don't know
				3			-7 Refused
				2,103			1 Yes
				1,110			2 No
				388			3 Yes, but don't know how much

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT2	176	8	PREM_F				N Premium MIP pays for Plan #2-Annualized
				9,651			. Inapplicable
				1,354			0-100 \$100 or less
				583			100.01-500 \$101-\$500
				552			500.01-1000 \$501-\$1000
				348			1000.01-1500 \$1001-\$1500
				179			1500.01-2000 \$1501-\$2000
				70			2000.01-2500 \$2001-\$2500
				55			2500.01-3000 \$2501-\$3000
				26			3000.01-3500 \$3001-\$3500
				12			3500.01-4000 \$3501-\$4000
				9			4000.01-4500 \$4001-\$4500
				11			4500.01-5000 \$4501-\$5000
				14			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2	184	2	YES1FMT		HI25		N Is Plan #2 an HMO
				9,728			. Inapplicable
				19			-9 Not ascertained
				54			-8 Don't know
				146			1 Yes
				2,917			2 No

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

D_PLNUM2	186	5					C Medicare HMO code or other plan code #2
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Notes: Applies only if D_HMOPL2 equals 1.
First available in 1999

D_OBTNP2	191	2	MIPFMT				N How did MIP get Plan #2
				9,728			. Inapplicable
				6			-9 Not ascertained
				23			-8 Don't know
				1			-7 Refused
				1,490			1 Directly
				256			2 Main insured person's current employer
				1,055			3 Main insured person's prior employer
				43			4 Union
				15			5 Family business
				92			6 AARP
				102			7 Deceased spouse's employer
				7			8 Deceased spouse's union
				22			9 Fraternal/professional organization
				24			91 Other

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

D_INDUS2	193	2	\$IND2COD				C Industry of employer - Plan #2
				11,394			Inapplicable
				1			-8 Don't know
				24			-9 Not ascertained
				1,445			Industry classification code

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	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				12,604			Missing
				27			-8 Don't know
				0			99 SP reports plan does not have a letter
				233			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6 First available in 1999
D_TRI2	197	2	YES1FMT				N TRICARE plan letter #2
				12,714			. Inapplicable
				150			1 Yes
				0			2 No
							Notes: Note not created First available in 2001
D_INS2	199	2	INSPLFMT				N Insurance coverage plan letter #2
				9,875			. Inapplicable
				2,184			1 General insurance
				334			2 Dental only
				8			3 Vision only
				179			4 LTC
				225			5 Rx only
				20			6 Dental/Vision
				6			7 Life insurance
				33			8 Cancer/Dread Decease/Military/Other
							Notes: Applies only if D_TYPL2 = 1 or 2 First available in 2001
D_RX2	201	2	RXPLFMT				N Drug coverage plan letter #2
				9,875			. Inapplicable
				979			1 Plan covers prescription drugs
				1,842			2 Plan does not cover prescription drugs
				168			3 Drug discount card
							Notes: Applies only if D_TYPL2 = 1 or 2 First available in 2001
D_TYPPL3	203	2	PLANFMT		HI17		N Type of plan - Plan #3
				11,618			. Inapplicable
				548			1 Employer-sponsored insurance (ESI)
				477			2 Self-purchased
				30			3 Private unknown
				84			4 Private HMO
				107			5 Medicare HMO
							Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero
D_BEGPL3	205	8	DTE8FMT				N Date coverage began - plan #3
				11,618			. Inapplicable
				1,246			Date as YYYYMMDD
							Note: Applies only if D_TYPPL3 is greater than zero.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_ENDPL3	213	8	DTE8FMT				N Date coverage ended - plan #3
				11,618			. Inapplicable
				1,246			Date as YYYYMMDD
Note: Applies only if D_TYPPL3 is greater than zero.							
D_PHREL3	221	2	REL FMT				N Policy holder relationship - Plan #3
				11,691			. Inapplicable
				0			-5 Never ask again
				945			1 Sample person
				224			2 Spouse
				1			3 Son
				1			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
				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
D_COVNM3	223	2	COVG FMT				N # of family members covered by Plan #3
				11,691			. Inapplicable
				1			-9 Not ascertained
				5			-8 Don't know
				1,167			Number reported covered
D_COVRX3	225	2	YES1 FMT				N Does Plan #3 cover prescribed medicines?
				11,693			. Inapplicable
				542			1 Yes
				629			2 No
D_COVNH3	227	2	YES1 FMT				N Does Plan #3 cover stay in nursing home?
				11,693			. Inapplicable
				1			-9 Not ascertained
				136			-8 Don't know
				1			-7 Refused
				260			1 Yes
				773			2 No

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PAYSP3	229	2	PAYSPFMT				N MIP pay any/all cost for Plan #3
				11,693			. Inapplicable
				2			-9 Not ascertained
				27			-8 Don't know
				1			-7 Refused
				567			1 Yes
				448			2 No
				126			3 Yes, but don't know how much
D_ANAMT3	231	8	PREM_F				N Premium MIP pays for Plan #3-Annualized
				11,849			. Inapplicable
				559		0-100	\$100 or less
				178		100.01-500	\$101-\$500
				124		500.01-1000	\$501-\$1000
				66		1000.01-1500	\$1001-\$1500
				41		1500.01-2000	\$1501-\$2000
				15		2000.01-2500	\$2001-\$2500
				14		2500.01-3000	\$2501-\$3000
				6		3000.01-3500	\$3001-\$3500
				6		3500.01-4000	\$3501-\$4000
				3		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
				2		5000.01-99999	Over \$5000
				Note: Applies only if D_PAYSP3 = 1			
D_HMOPL3	239	2	YES1FMT		HI25		N Is Plan #3 an HMO
				11,798			. Inapplicable
				9			-9 Not ascertained
				14			-8 Don't know
				41			1 Yes
				1,002			2 No
				Note: Applies only if INTERVU = C and D_TYPPL3 = 4			
D_PLNUM3	241	5					C Medicare HMO code or other plan code #3
				Notes: Applies only if D_HMOPL3 equals 1. First available in 1999			
D_OBTNP3	246	2	MIPFMT				N How did MIP get Plan #3
				11,798			. Inapplicable
				15			-8 Don't know
				1			-7 Refused
				427			1 Directly
				81			2 Main insured person's current employer
				429			3 Main insured person's prior employer
				17			4 Union
				5			5 Family business
				30			6 AARP
				35			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				12			9 Fraternal/professional organization
				13			91 Other
				Note: Applies only if INTERVU = C and D_TYPPL3 = 4			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS3	248	2	\$IND2COD				C Industry of employer - Plan #3
				12,312			Inapplicable
				3			-9 Not ascertained
				549			Industry classification code
							Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8
D_PLLTR3	250	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				12,808			Missing
				3			-8 Don't know
				0			99 SP reports plan does not have a letter
				53			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 1999
D_TRI3	252	2	YES1FMT				N TRICARE plan letter #3
				12,806			. Inapplicable
				58			1 Yes
				0			2 No
							Notes: Note not created First available in 2001
D_INS3	254	2	INSPLFMT				N Insurance coverage plan letter #3
				11,839			. Inapplicable
				643			1 General insurance
				161			2 Dental only
				20			3 Vision only
				66			4 LTC
				115			5 Rx only
				4			6 Dental/Vision
				2			7 Life insurance
				14			8 Cancer/Dread Decease/Military/Other
							Notes: Applies only if D_TYPL3 = 1 or 2 First available in 2001
D_RX3	256	2	RXPLFMT				N Drug coverage plan letter #3
				11,839			. Inapplicable
				347			1 Plan covers prescription drugs
				620			2 Plan does not cover prescription drugs
				58			3 Drug discount card
							Notes: Applies only if D_TYPL3 = 1 or 2 First available in 2001

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TYPPL4	258	2	PLANFMT		HI17		N Type of plan - Plan #4
				12,493			. Inapplicable
				190			1 Employer-sponsored insurance (ESI)
				119			2 Self-purchased
				5			3 Private unknown
				25			4 Private HMO
				32			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL4	260	8	DTE8FMT				N Date coverage began - plan #4
				12,493			. Inapplicable
				371			Date as YYYYMMDD
Note: Applies only if D_TYPPL4 is greater than zero.							
D_ENDPL4	268	8	DTE8FMT				N Date coverage ended - plan #4
				12,493			. Inapplicable
				371			Date as YYYYMMDD
Note: Applies only if D_TYPPL4 is greater than zero.							
D_PHREL4	276	2	RELFMT				N Policy holder relationship - Plan #4
				12,512			. Inapplicable
				0			-5 Never ask again
				261			1 Sample person
				89			2 Spouse
				1			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
				1			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
D_COVNM4	278	2	COVGFM				N # of family members covered by Plan #4
				12,512			. Inapplicable
				2			-8 Don't know
				1			-7 Refused
				349			Number reported covered

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX4	280	2	YES1FMT				N Does Plan #4 cover prescribed medicines?
				12,515			. Inapplicable
				203			1 Yes
				146			2 No
D_COVNH4	282	2	YES1FMT				N Does Plan #4 cover stay in nursing home?
				12,515			. Inapplicable
				30			-8 Don't know
				1			-7 Refused
				60			1 Yes
				258			2 No
D_PAYSP4	284	2	PAYSPFMT				N MIP pay any/all cost for Plan #4
				12,515			. Inapplicable
				8			-8 Don't know
				1			-7 Refused
				134			1 Yes
				172			2 No
				34			3 Yes, but don't know how much
D_ANAMT4	286	8	PREM_F				N Premium MIP pays for Plan #4-Annualized
				12,558			. Inapplicable
				200		0-100	\$100 or less
				39		100.01-500	\$101-\$500
				34		500.01-1000	\$501-\$1000
				16		1000.01-1500	\$1001-\$1500
				8		1500.01-2000	\$1501-\$2000
				3		2000.01-2500	\$2001-\$2500
				3		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				1		3500.01-4000	\$3501-\$4000
				1		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
				1		5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4	294	2	YES1FMT		HI25		N Is Plan #4 an HMO
				12,544			. Inapplicable
				3			-8 Don't know
				11			1 Yes
				306			2 No

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

D_PLNUM4	296	5					C Medicare HMO code or other plan code #4
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Notes: Applies only if D_HMOPL4 equals 1.
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Notes: Applies only if D_TYPL4 = 1 or 2
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX4	311	2	RXPLFMT				N Drug coverage plan letter #4
				12,555			. Inapplicable
				146			1 Plan covers prescription drugs
				155			2 Plan does not cover prescription drugs
				8			3 Drug discount card
Notes: Applies only if D_TYPL4 = 1 or 2							
First available in 2001							
D_TYPPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				12,771			. Inapplicable
				57			1 Employer-sponsored insurance (ESI)
				24			2 Self-purchased
				0			3 Private unknown
				7			4 Private HMO
				5			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL5	315	8	DTE8FMT				N Date coverage began - plan #5
				12,771			. Inapplicable
				93			Date as YYYYMMDD
Note: Applies only if D_TYPPL5 is greater than zero.							
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				12,771			. Inapplicable
				93			Date as YYYYMMDD
Note: Applies only if D_TYPPL5 is greater than zero.							
D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				12,774			. Inapplicable
				0			-5 Never ask again
				64			1 Sample person
				25			2 Spouse
				1			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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM5	333	2	COVGFM				N # of family members covered by Plan #5
				12,774			. Inapplicable
				90			Number reported covered
D_COVRX5	335	2	YES1FM				N Does Plan #5 cover prescribed medicines?
				12,774			. Inapplicable
				34			1 Yes
				56			2 No
D_COVNH5	337	2	YES1FM				N Does Plan #5 cover stay in nursing home?
				12,774			. Inapplicable
				7			-8 Don't know
				15			1 Yes
				68			2 No
D_PAYSP5	339	2	PAYSPFM				N MIP pay any/all cost for Plan #5
				12,774			. Inapplicable
				1			-9 Not ascertained
				4			-8 Don't know
				28			1 Yes
				50			2 No
				7			3 Yes, but don't know how much
D_ANAMT5	341	8	PREM_F				N Premium MIP pays for Plan #5-Annualized
				12,786			. Inapplicable
				56		0-100	\$100 or less
				13		100.01-500	\$101-\$500
				6		500.01-1000	\$501-\$1000
				2		1000.01-1500	\$1001-\$1500
				0		1500.01-2000	\$1501-\$2000
				0		2000.01-2500	\$2001-\$2500
				1		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
				0		5000.01-99999	Over \$5000
							Note: Applies only if D_PAYSP5 = 1
D_HMOPL5	349	2	YES1FM		HI25		N Is Plan #5 an HMO
				12,779			. Inapplicable
				2			-8 Don't know
				3			1 Yes
				80			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PLNUM5	351	5					C Medicare HMO code or other plan code #5

Notes: Applies only if D_HMOPL5 equals 1.
First available in 1999

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP5	356	2	MIPFMT				N How did MIP get Plan #5
				12,779			. Inapplicable
				2			-8 Don't know
				22			1 Directly
				8			2 Main insured person's current employer
				45			3 Main insured person's prior employer
				2			4 Union
				1			5 Family business
				0			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_TYPL5 = 4
D_INDUS5	358	2	\$IND2COD				C Industry of employer - Plan #5
				12,802			Inapplicable
				62			Industry classification code
							Note: Applies only if D_OBTNP5 = 2, 3, 5, or 8
D_PLLTR5	360	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				12,863			Missing
				0			99 SP reports plan does not have a letter
				1			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPL5 = 4, and D_OBTNP5 = 1, 5, or 6
							First available in 1999
D_TRI5	362	2	YES1FMT				N TRICARE plan letter #5
				12,859			. Inapplicable
				5			1 Yes
				0			2 No
							Notes: Note not created
							First available in 2001
D_INS5	364	2	INSPLFMT				N Insurance coverage plan letter #5
				12,783			. Inapplicable
				52			1 General insurance
				14			2 Dental only
				5			3 Vision only
				3			4 LTC
				7			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/Dread Decease/Military/Other
							Notes: Applies only if D_TYPL5 = 1 or 2
							First available in 2001

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX5	366	2	RXPLFMT				N Drug coverage plan letter #5
				12,783			. Inapplicable
				28			1 Plan covers prescription drugs
				51			2 Plan does not cover prescription drugs
				2			3 Drug discount card

Notes: Applies only if D_TYPL5 = 1 or 2
First available in 2001