

04/22/02
ACCESS
2000

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 1
Version: 2

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

16,581	LOW-HIGH BASEID Count
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INTERVU	12	1	\$INTRFMT				C Type of interview
				15,339			C Community
				1,242			F Facility

NOTE: First available in 1992

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				8			0 No entitlement
				505			1 Part A only
				153			2 Part B only
				15,915			3 Both A and B

NOTES: See D_SUMINS in prior years for similar data.
First available in 2000

D_MCRHMO	14	1	SOURCE				N Source of Medicare HMO enrollment status
				13,316			0 No entitlement
				400			1 Survey data only
				155			2 CMS administrative data only
				2,710			3 Both survey and administrative data

NOTE: First available in 2000

D_PRIVAT	15	1	PHIPLCY				N Private insurance coverage
				7,331			0 No entitlement
				4,357			1 Employer-sponsored insurance (ESI)
				3,831			2 Self-purchased
				654			3 Both ESI and self-purchased
				408			4 Unknown

NOTES: See D_SUMINS in prior years for similar data.
First available in 2000

D_PUBLIC	16	1	POLICIES			HI11	N Public health coverage
				15,602			0 None
				979			1-9 One or more

NOTES: See D_SUMINS in prior years for similar data.
First available in 2000

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_MCAID	17	1	SOURCE				N Medicaid eligibility
				13,229			0 No entitlement
				448			1 Survey data only
				428			2 CMS administrative data only
				2,476			3 Both survey and administrative data
				NOTES: See D_SUMINS in prior years for similar data.			
				First available in 2000			
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				14,265			. Inapplicable
				200			-9 Not ascertained
				125			-8 Don't know
				252			1 Yes
				1,739			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCAID = 1 or 3			
				First available in 1998			
CHOICHMO	21	3	CHOICFMT				N SP given choice to enroll in Mcaid HMO?
				16,329			. Inapplicable
				3			-9 Not ascertained
				6			-8 Don't know
				63			1 SP had choice
				132			2 SP had no choice
				48			3 SP does not remember if he/she had choic
				NOTES: Applies only if MCAIDHMO = 1			
				First available in 1998			
PUBRXCOV	24	3	YES1FMT				N Does SPs public plan cover prescrib meds
				15,736			. Inapplicable
				10			-8 Don't know
				706			1 Yes
				129			2 No
				NOTES: Applies only if INT_TYPE = C and D_PUBLIC > 0			
				First available in 1999			
MCDRXCOV	27	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				14,265			. Inapplicable
				187			-9 Not ascertained
				27			-8 Don't know
				1,854			1 Yes
				248			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCAID = 1 or 3			
				First available in 1999			
D_HMOTYP	30	2	\$PLNFMT				C Type of Medicare HMO
				13,716			No enrollment
				48			01 Health care prepayment plan
				100			02 Cost HMO
				2,717			06 Risk HMO
				NOTE: First available in 1996			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOCOV	32	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,462			0 No enrollment
				3,119			1 Some enrollment
				NOTE: First available in 1996			
D_HMOCUR	34	2	CURFMT				N Is SP currently covered by Mcare HMO?
				3,110			1 Currently enrolled
				13,471			2 Not currently enrolled
				NOTE: First available in 1996			
MHMORX	36	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,471			. Inapplicable
				2			-9 Not ascertained
				36			-8 Don't know
				2,585			1 Yes
				487			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3			
				First available in 1996			
MHMODENT	38	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,471			. Inapplicable
				2			-9 Not ascertained
				187			-8 Don't know
				1,201			1 Yes
				1,720			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3			
				First available in 1996			
MHMOEYE	40	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,471			. Inapplicable
				2			-9 Not ascertained
				153			-8 Don't know
				2,286			1 Yes
				669			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3			
				First available in 1996			
MHMOPCAR	42	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,471			. Inapplicable
				2			-9 Not ascertained
				100			-8 Don't know
				2,880			1 Yes
				128			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3			
				First available in 1996			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHMONH	44	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,471			. Inapplicable
				3			-9 Not ascertained
				871			-8 Don't know
				335			1 Yes
				1,901			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3 First available in 1996			
MHMOPAY	46	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,471			. Inapplicable
				8			-9 Not ascertained
				37			-8 Don't know
				1,281			1 Yes
				1,784			2 No
				NOTES: Applies only if INT_TYPE = C and D_MCRHMO = 1 or 3 First available in 1996			
MHMOCOST	48	3	YES1FMT				N Did anyone else pay portion of premium?
				15,300			. Inapplicable
				11			-8 Don't know
				159			1 Yes
				1,111			2 No
				NOTES: Applies only if MHMOPAY = 1 First available in 1999			
MHMOWHO	51	3	WHOFMT				N Who else pays a portion of the premium?
				16,422			. Inapplicable
				1			-8 Don't know
				21			1 Main insured person's current employer
				74			2 Main insured person's former employer
				8			3 Main insured person's union
				18			4 Spouse's current employer
				34			5 Spouse's former employer
				1			6 Professional/fraternal organization
				1			7 Medicaid/medical assistance
				1			91 Other
				NOTES: Applies only if MHMOCOST = 1 First available in 1999			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANHMO	54	8	PREM_F				N Annual amnt paid for Mcare HMO coverage?
				15,300			. Inapplicable
				67			-8 Dont Know
				18			0-100 \$100 or less
				580			100.01-500 \$101-\$500
				364			500.01-1000 \$501-\$1000
				151			1000.01-1500 \$1001-\$1500
				43			1500.01-2000 \$1501-\$2000
				22			2000.01-2500 \$2001-\$2500
				16			2500.01-3000 \$2501-\$3000
				8			3000.01-3500 \$3001-\$3500
				3			3500.01-4000 \$3501-\$4000
				5			4000.01-4500 \$4001-\$4500
				2			4500.01-5000 \$4501-\$5000
				2			5000.01-99999 Over \$5000

NOTES: Applies only if MHMOPAY = 1
First available in 1996

D_TYPPL1	62	2	PLANFMT		HI17		N Type of plan - Plan #1
				7,331			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				9,250			4 Private plan
				0			5 Medicare HMO

NOTE: Applies only if D_PRIVAT is not equal to 0.

D_PHREL1	64	2	RELFMT				N Policy holder relationship - Plan #1
				7,672			. Inapplicable
				1			-9 Not ascertained
				0			-5 Never ask again
				7,282			1 Sample Person
				1,564			2 Spouse
				7			3 Son
				7			4 Daughter
				1			5 Brother
				0			6 Sister
				17			7 Father
				18			8 Mother
				1			9 Son-in-law
				1			10 Daughter-in-law
				1			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				3			50 Partner/roommate
				2			51 Friend/neighbor
				0			52 Boarder
				1			53 Nurse/nurses' aide
				1			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				1			92 Other non-relative

NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM1	66	2	COVGFM1				N # of family members covered by Plan #1
				7,672			. Inapplicable
				7			-9 Not ascertained
				8			-8 Don't know
				8,894			1-15 Number reported covered
							NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4
D_COVRX1	68	2	YES1FM1				N Plan #1 covers prescribed medicines?
				7,672			. Inapplicable
				5			-9 Not ascertained
				170			-8 Don't know
				4,726			1 Yes
				4,008			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4
D_COVNH1	70	2	YES1FM1				N Plan #1 covers stay in nursing home?
				7,672			. Inapplicable
				7			-9 Not ascertained
				2,282			-8 Don't know
				1,787			1 Yes
				4,833			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4
D_PAYSP1	72	2	YES1FM1				N MIP pay any/all cost for Plan #1
				7,672			. Inapplicable
				11			-9 Not ascertained
				102			-8 Don't know
				1			-7 Refused
				6,947			1 Yes
				1,848			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4
D_ANAMT1	74	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,628			. Inapplicable
				6			-9 not Ascertained
				985			-8 Dont Know
				6			-7 Refused
				701			0-100 \$100 or less
				527		100.01-500	\$101-\$500
				711		500.01-1000	\$501-\$1000
				1,648		1000.01-1500	\$1001-\$1500
				1,086		1500.01-2000	\$1501-\$2000
				511		2000.01-2500	\$2001-\$2500
				309		2500.01-3000	\$2501-\$3000
				174		3000.01-3500	\$3001-\$3500
				96		3500.01-4000	\$3501-\$4000
				61		4000.01-4500	\$4001-\$4500
				58		4500.01-5000	\$4501-\$5000
				74		5000.01-99999	Over \$5000
							NOTE: Applies only if D_PAYSP1 = 1

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D_HMOPL1	81	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,672			. Inapplicable
				19			-9 Not ascertained
				114			-8 Don't know
				528			1 Yes
				8,248			2 No

NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4

D_OBTNP1	83	2	MIPFMT				N How did MIP get Plan #1
				7,672			. Inapplicable
				22			-9 Not ascertained
				54			-8 Don't know
				1			-7 Refused
				3,320			1 Directly
				661			2 Main insured person's current employer
				3,441			3 Main insured person's prior employer
				131			4 Union
				56			5 Family business
				563			6 AARP
				492			7 Deceased spouse's employer
				17			8 Deceased spouse's union
				82			9 Fraternal/professional organization
				69			91 Other

NOTE: Applies only if INT_TYPE = C and D_TYPPL1 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	85	2	\$IND1COD				C Industry of employer - Plan #1
				11,941			Inapplicable
				1			-7 Refused
				3			-8 Don't know
				19			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				16			B Mining
				21			C Construction
				32			D Manufacturing
				8			E Transportation and public utilities
				0			F Wholesale trade
				15			G Retail trade
				3			H Finance, insurance, and real estate
				4			I Services
				564			J Public administration
				0			K Nonclassifiable establishments
				6			01 Agricultural production - crops
				8			02 Agricultural production - livestock
				4			07 Agricultural services
				9			08 Forestry
				0			09 Fishing, hunting, and trapping
				1			10 Metal mining
				29			12 Coal mining
				20			13 Oil and gas extraction
				2			14 Nonmetallic minerals, except fuels
				4			15 General building contractors
				13			16 Heavy construction, excluding building
				36			17 Special trade contractors
				72			20 Food and kindred products
				5			21 Tobacco products
				40			22 Textile mill products
				17			23 Apparel and other textile products
				9			24 Lumber and wood products
				12			25 Furniture and fixtures
				43			26 Paper and allied products
				36			27 Printing and publishing
				157			28 Chemicals and allied products
				90			29 Petroleum and coal products
				41			30 Rubber and misc. plastics products
				3			31 Leather and leather products
				24			32 Stone, clay, and glass products
				166			33 Primary metal industries
				59			34 Fabricated metal products
				105			35 Industrial machinery and equipment
				107			36 Electronic & other electric equipment
				315			37 Transportation equipment
				13			38 Instruments and related products
				7			39 Miscellaneous manufacturing industries
				53			40 Railroad transportation
				14			41 Local and interurban passenger transit
				19			42 Trucking and warehousing
				153			43 U.S. Postal Service
				6			44 Water transportation
				24			45 Transportation by air
				1			46 Pipelines, except natural gas
				0			47 Transportation services
				197			48 Communications
				138			49 Electric, gas, and sanitary services
				19			50 Wholesale trade - durable goods
				14			51 Wholesale trade - nondurable goods
				4			52 Building materials & garden supplies
				37			53 General merchandise stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				45			54 Food stores
				13			55 Automotive dealers & service stations
				1			56 Apparel and accessory stores
				3			57 Furniture and home furnishings stores
				16			58 Eating and drinking places
				9			59 Miscellaneous retail
				59			60 Depository institutions
				3			61 Nondepository institutions
				7			62 Security and commodity brokers
				105			63 Insurance carriers
				3			64 Insurance agents, brokers, and services
				11			65 Real estate
				1			67 Holding and other investment offices
				3			70 Hotels and other lodging places
				13			72 Personal services
				32			73 Business services
				13			75 Auto repair, services, and parking
				5			76 Miscellaneous repair services
				4			78 Motion pictures
				21			79 Amusement & recreation services
				183			80 Health services
				12			81 Legal services
				610			82 Educational services
				4			83 Social services
				1			84 Museums, botanical, zoological gardens
				91			86 Membership organizations
				76			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				9			91 Executive, legislative, and general
				123			92 Justice, public order, and safety
				27			93 Finance, taxation, & monetary policy
				33			94 Administration of Human Resources
				13			95 Environmental quality and housing
				15			96 Administration of economic programs
				206			97 National security and inst. affairs
				52			99 Nonclassifiable establishments

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

D_PLLTR1	87	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				7,945			Missing
				7,331			. Inapplicable
				87			-8 Don't know
				84			A Plan A
				94			B Plan B
				284			C Plan C
				64			D Plan D
				33			E Plan E
				452			F Plan F
				25			G Plan G
				39			H Plan H
				32			I Plan I
				66			J Plan J
				45			Other plan letter

NOTES: Applies only if INT_TYPE = C and D_TYPPL1 = 4
First available in 2000

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL2	89	2	PLANFMT	HI17			N Type of plan - Plan #2
				14,684			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,897			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.

D_PHREL2	91	2	RELFMT				N Policy holder relationship - Plan #2
				14,726			. Inapplicable
				1			-9 Not ascertained
				0			-5 Never ask again
				1,507			1 Sample Person
				337			2 Spouse
				0			3 Son
				2			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				3			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
				0			51 Friend/neighbor
				0			52 Boarder
				1			53 Nurse/nurses' aide
				1			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4

D_COVNM2	93	2	COVGFMT				N # of family members covered by Plan #2
				14,726			. Inapplicable
				9			-9 Not ascertained
				1			-8 Don't know
				1,845			1-15 Number reported covered

NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4

D_COVRX2	95	2	YES1FMT				N Plan #2 covers prescribed medicines?
				14,726			. Inapplicable
				5			-9 Not ascertained
				77			-8 Don't know
				618			1 Yes
				1,155			2 No

NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH2	97	2	YES1FMT				N Plan #2 covers stay in nursing home?
				14,726			. Inapplicable
				6			-9 Not ascertained
				123			-8 Don't know
				654			1 Yes
				1,072			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4			
D_PAYSP2	99	2	YES1FMT				N MIP pay any/all cost for Plan #2
				14,726			. Inapplicable
				8			-9 Not ascertained
				25			-8 Don't know
				1			-7 Refused
				1,286			1 Yes
				535			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4			
D_ANAMT2	101	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				15,294			. Inapplicable
				2			-9 not Ascertained
				208			-8 Dont Know
				2			-7 Refused
				476		0-100	\$100 or less
				188		100.01-500	\$101-\$500
				117		500.01-1000	\$501-\$1000
				109		1000.01-1500	\$1001-\$1500
				68		1500.01-2000	\$1501-\$2000
				42		2000.01-2500	\$2001-\$2500
				31		2500.01-3000	\$2501-\$3000
				13		3000.01-3500	\$3001-\$3500
				13		3500.01-4000	\$3501-\$4000
				10		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
				7		5000.01-99999	Over \$5000
				NOTE: Applies only if D_PAYSP2 = 1			
D_HMOPL2	108	2	YES1FMT		HI25		N Is Plan #2 an HMO
				14,732			. Inapplicable
				22			-9 Not ascertained
				31			-8 Don't know
				53			1 Yes
				1,743			2 No
				NOTE: Applies only if INT TYPE = C and D TYPPL2 = 4			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_OBTNP2	110	2	MIPFMT				N How did MIP get Plan #2
				14,732			. Inapplicable
				12			-9 Not ascertained
				3			-8 Don't know
				1			-7 Refused
				873			1 Directly
				131			2 Main insured person's current employer
				608			3 Main insured person's prior employer
				44			4 Union
				6			5 Family business
				65			6 AARP
				70			7 Deceased spouse's employer
				6			8 Deceased spouse's union
				16			9 Fraternal/professional organization
				14			91 Other

NOTE: Applies only if INT_TYPE = C and D_TYPPL2 = 4

D_INDUS2	112	2	\$IND2COD				C Industry of employer - Plan #2
				15,768			Inapplicable
				6			-9 Not ascertained
				807			A-99 Industry classification code

NOTE: Applies only if D_OBTNP2 = 2, 3, 5, or 8

D_PLLTR2	114	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				1,842			Missing
				14,684			. Inapplicable
				4			-8 Don't know
				51			A-99 Plan letter

NOTES: Applies only if INT_TYPE = C and D_TYPPL2 = 4
First available in 2000

D_TYPPL3	116	2	PLANFMT		HI17		N Type of plan - Plan #3
				16,277			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				304			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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL3	118	2	REL FMT				N Policy holder relationship - Plan #3
				16,285			. Inapplicable
				0			-5 Never ask again
				236			1 Sample Person
				60			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 INT_TYPE = C and D_TYPPL3 = 4
D_COVNM3	120	2	COVG FMT				N # of family members covered by Plan #3
				16,285			. Inapplicable
				296			1-15 Number reported covered
							NOTE: Applies only if INT_TYPE = C and D_TYPPL3 = 4
D_COVRX3	122	2	YES1 FMT				N Plan #3 covers prescribed medicines?
				16,285			. Inapplicable
				10			-8 Don't know
				102			1 Yes
				184			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL3 = 4
D_COVNH3	124	2	YES1 FMT				N Plan #3 covers stay in nursing home?
				16,285			. Inapplicable
				14			-8 Don't know
				61			1 Yes
				221			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL3 = 4
D_PAYSP3	126	2	YES1 FMT				N MIP pay any/all cost for Plan #3
				16,285			. Inapplicable
				1			-9 Not ascertained
				6			-8 Don't know
				158			1 Yes
				131			2 No
							NOTE: Applies only if INT TYPE = C and D_TYPPL3 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT3	128	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				16,423			. Inapplicable
				30			-8 Dont Know
				64			0-100 \$100 or less
				25			100.01-500 \$101-\$500
				15			500.01-1000 \$501-\$1000
				8			1000.01-1500 \$1001-\$1500
				6			1500.01-2000 \$1501-\$2000
				5			2000.01-2500 \$2001-\$2500
				3			2500.01-3000 \$2501-\$3000
				1			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				1			5000.01-99999 Over \$5000

NOTE: Applies only if D_PAYSP3 = 1

D_HMOPL3	135	2	YES1FMT		HI25		N Is Plan #3 an HMO
				16,285			. Inapplicable
				1			-9 Not ascertained
				4			-8 Don't know
				7			1 Yes
				284			2 No

NOTE: Applies only if INT_TYPE = C and D_TYPPL3 = 4

D_OBTNP3	137	2	MIPFMT				N How did MIP get Plan #3
				16,285			. Inapplicable
				1			-9 Not ascertained
				2			-8 Don't know
				97			1 Directly
				17			2 Main insured person's current employer
				137			3 Main insured person's prior employer
				10			4 Union
				2			5 Family business
				5			6 AARP
				14			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				5			9 Fraternal/professional organization
				6			91 Other

NOTE: Applies only if INT_TYPE = C and D_TYPPL3 = 4

D_INDUS3	139	2	\$IND2COD				C Industry of employer - Plan #3
				16,411			Inapplicable
				170			A-99 Industry classification code

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

D_PLLTR3	141	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				294			Missing
				16,277			. Inapplicable
				1			-8 Don't know
				9			A-99 Plan letter

NOTES: Applies only if INT_TYPE = C and D_TYPPL3 = 4
First available in 2000

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL4	143	2	PLANFMT	HI17			N Type of plan - Plan #4
				16,529			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				52			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.

D_PHREL4	145	2	RELFMT				N Policy holder relationship - Plan #4
				16,529			. Inapplicable
				0			-5 Never ask again
				37			1 Sample Person
				15			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 INT_TYPE = C and D_TYPPL4 = 4

D_COVNM4	147	2	COVGFM				N # of family members covered by Plan #4
				16,529			. Inapplicable
				52			1-15 Number reported covered

NOTE: Applies only if INT_TYPE = C and D_TYPPL4 = 4

D_COVRX4	149	2	YES1FMT				N Plan #4 covers prescribed medicines?
				16,529			. Inapplicable
				1			-8 Don't know
				17			1 Yes
				34			2 No

NOTE: Applies only if INT_TYPE = C and D_TYPPL4 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH4	151	2	YES1FMT				N Plan #4 covers stay in nursing home?
				16,529			. Inapplicable
				2			-8 Don't know
				8			1 Yes
				42			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL4 = 4
D_PAYSP4	153	2	YES1FMT				N MIP pay any/all cost for Plan #4
				16,529			. Inapplicable
				21			1 Yes
				31			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL4 = 4
D_ANAMT4	155	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				16,560			. Inapplicable
				6			-8 Dont Know
				5			0-100 \$100 or less
				4			100.01-500 \$101-\$500
				2			500.01-1000 \$501-\$1000
				3			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_PAYSP4 = 1
D_HMOPL4	162	2	YES1FMT		HI25		N Is Plan #4 an HMO
				16,529			. Inapplicable
				1			-8 Don't know
				0			1 Yes
				51			2 No
							NOTE: Applies only if INT_TYPE = C and D_TYPPL4 = 4
D_OBTN4	164	2	MIPFMT				N How did MIP get Plan #4
				16,529			. Inapplicable
				13			1 Directly
				2			2 Main insured person's current employer
				31			3 Main insured person's prior employer
				1			4 Union
				0			5 Family business
				1			6 AARP
				4			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other
							NOTE: Applies only if INT TYPE = C and D TYPPL4 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS4	166	2	\$IND2COD				C Industry of employer - Plan #4
				16,544			Inapplicable
				37			A-99 Industry classification code
							NOTE: Applies only if D_OBTNP4 = 2, 3, 5, or 8
D_PLLTR4	168	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #4
				51			Missing
				16,529			. Inapplicable
				1			A-99 Plan letter
							NOTES: Applies only if INT_TYPE = C and D_TYPPL4 = 4 First available in 2000
D_TYPPL5	170	2	PLANFMT		HI17		N Type of plan - Plan #5
				16,572			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				9			4 Private plan
				0			5 Medicare HMO
							NOTE: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.
D_PHREL5	172	2	RELFMT				N Policy holder relationship - Plan #5
				16,572			. Inapplicable
				0			-5 Never ask again
				6			1 Sample Person
				3			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 INT_TYPE = C and D_TYPPL5 = 4
D_COVNM5	174	2	COVGFM				N # of family members covered by Plan #5
				16,572			. Inapplicable
				1			-8 Don't know
				8			1-15 Number reported covered
							NOTE: Applies only if INT TYPE = C and D TYPPL5 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX5	176	2	YES1FMT				N Plan #5 covers prescribed medicines?
				16,572			. Inapplicable
				4			1 Yes
				5			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL5 = 4			
D_COVNH5	178	2	YES1FMT				N Plan #5 covers stay in nursing home?
				16,572			. Inapplicable
				0			1 Yes
				9			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL5 = 4			
D_PAYSP5	180	2	YES1FMT				N MIP pay any/all cost for Plan #5
				16,572			. Inapplicable
				2			1 Yes
				7			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL5 = 4			
D_ANAMT5	182	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				16,579			. Inapplicable
				2			-8 Dont Know
				0		0-100	\$100 or less
				0		100.01-500	\$101-\$500
				0		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
				0		5000.01-99999	Over \$5000
				NOTE: Applies only if D_PAYSP5 = 1			
D_HMOPL5	189	2	YES1FMT		HI25		N Is Plan #5 an HMO
				16,572			. Inapplicable
				1			1 Yes
				8			2 No
				NOTE: Applies only if INT_TYPE = C and D_TYPPL5 = 4			

Variable	Col	Len	Format	Frequency	ComQuest#	FacQuest#	Variable Type & Label
D_OBTNP5	191	2	MIPFMT				N How did MIP get Plan #5
				16,572			. Inapplicable
				1			1 Directly
				0			2 Main insured person's current employer
				7			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			6 AARP
				1			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other
							NOTE: Applies only if INT_TYPE = C and D_TYPPL5 = 4
D_INDUS5	193	2	\$IND2COD				C Industry of employer - Plan #5
				16,573			Inapplicable
				8			A-99 Industry classification code
							NOTE: Applies only if D_OBTNP5 = 2, 3, 5, or 8
D_PLLTR5	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				9			Missing
				16,572			. Inapplicable
				0			A-99 Plan letter
							NOTES: Applies only if INT_TYPE = C and D_TYPPL5 = 4
							First available in 2000