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

                          12,382   LOW-HIGH BASEID Count

INTERVU   12 1 $INTRFMT   C Type of interview

                          11,420   C Community
                             962   F Facility

D_SUMINS 13 4 $CNTFMT   C Summary insurance indicator

                           1,782   1000 Medicare only
                             220   1001 Medicare, 1 Public
                               8   1002 Medicare, 2 Public
                               0   1003 Medicare, 3 Public
                               0   1004 Medicare, 4 Public
                           6,446   1010 Medicare, 1 Private
                             301   1011 Medicare, 1 Private, 1 Public
                               7   1012 Medicare, 1 Private, 2 Public
                               1   1013 Medicare, 1 Private, 3 Public
                               0   1014 Medicare, 1 Private, 4 Public
                           1,163   1020 Medicare, 2 Private
                              33   1021 Medicare, 2 Private, 1 Public
                               0   1022 Medicare, 2 Private, 2 Public
                               0   1023 Medicare, 2 Private, 3 Public
                               0   1024 Medicare, 2 Private, 4 Public
                             157   1030 Medicare, 3 Private
                               3   1031 Medicare, 3 Private, 1 Public
                               0   1032 Medicare, 3 Private, 2 Public
                               0   1033 Medicare, 3 Private, 3 Public
                               0   1034 Medicare, 3 Private, 4 Public
                              18   1040 Medicare, 4 Private
                               0   1041 Medicare, 4 Private, 1 Public
                               0   1042 Medicare, 4 Private, 2 Public
                               0   1043 Medicare, 4 Private, 3 Public
                               0   1044 Medicare, 4 Private, 4 Public
                               5   1050 Medicare, 5 Private
                               0   1051 Medicare, 5 Private, 1 Public
                               0   1060 Medicare, 6 Private
                               0   1061 Medicare, 6 Private, 1 Public
                               1   1070 Medicare, 7 Private
                               1   1080 Medicare, 8 Private
                               0   1090 Medicare, 9 Private
                           1,902   1100 Medicare, Medicaid
                              71   1101 Medicare, Medicaid, 1 Public
                               1   1102 Medicare, Medicaid, 2 Public
                               1   1103 Medicare, Medicaid, 3 Public
                               0   1104 Medicare, Medicaid, 4 Public
                             233   1110 Medicare, Medicaid, 1 Private
                               9   1111 Medicare, Medicaid, 1 Private, 1 Public
                               0   1112 Medicare, Medicaid, 1 Private, 2 Public
                               0   1113 Medicare, Medicaid, 1 Private, 3 Public
                               0   1114 Medicare, Medicaid, 1 Private, 4 Public
                              17   1120 Medicare, Medicaid, 2 Private
                               1   1121 Medicare, Medicaid, 2 Private, 1 Public
                               1   1130 Medicare, Medicaid, 3 Private

04/11/07   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
ACCESS   Health Insurance   Page: 2
1992   Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				0		1131	Medicare, Medicaid, 3 Private, 1 Public
				0		1132	Medicare, Medicaid, 3 Private, 2 Public
				0		1140	Medicare, Medicaid, 4 Private
				0		1141	Medicare, Medicaid, 4 Private, 1 Public
				0		1150	Medicare, Medicaid, 5 Private
MEDICAID	29	2	AIDFMT				N Medicaid eligibility
				10,146		0	Not entitled to Medicaid
				2,236		1	Entitled to Medicaid
D_TYPPL1	31	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,986		.	Inapplicable
				0		1	Medicare
				0		2	Medicaid
				0		3	Public plan
				8,396		4	Private plan
				0		5	Medicare HMO

> Note: Applies only if D_PRIVAT is not equal to 0.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	45	2	RELFMT				N Policy holder relationship - Plan #1
				4,191		.	Inapplicable
				0		-5	Never ask again
				6,711		1	Sample person
				1,408		2	Spouse
				11		3	Son
				8		4	Daughter
				0		5	Brother
				1		6	Sister
				29		7	Father
				16		8	Mother
				3		9	Son-in-law
				1		10	Daughter-in-law
				0		11	Grandson
				1		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
				2		91	Other relative
				0		92	Other non-relative

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM1	47	2	COVGFMT				N # of family members covered by Plan #1
				4,189		.	Inapplicable
				4		-9	Not ascertained
				6		-8	Don't know
				2		-7	Refused
				8,181			Number reported covered

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

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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_COVRX1   49  2  YES1FMT                                 N Plan #1 covers prescribed medicines?

                              4,189                        . Inapplicable
                                  2                       -9 Not ascertained
                                380                       -8 Don't know
                                  1                       -7 Refused
                              3,638                        1 Yes
                              4,172                        2 No

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

D_COVNH1   51  2  YES1FMT                                 N Plan #1 covers stay in nursing home?

                              4,189                        . Inapplicable
                                  3                       -9 Not ascertained
                              2,449                       -8 Don't know
                                 14                       -7 Refused
                              1,451                        1 Yes
                              4,276                        2 No

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

D_PAYSP1   53  2  YES1FMT                                 N MIP pay any/all cost for Plan #1

                              4,188                        . Inapplicable
                                  4                       -9 Not ascertained
                                 60                       -8 Don't know
                                  3                       -7 Refused
                              6,328                        1 Yes
                              1,799                        2 No

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

D_ANAMT1   55  7  PREM_F                                  N Premium MIP pays for Plan #1-Annualized

                              6,780                        . Inapplicable
                                 98            0-100       $100 or less
                                883      100.01-500        $101-$500
                              2,252      500.01-1000       $501-$1000
                              1,433     1000.01-1500       $1001-$1500
                                497     1500.01-2000       $1501-$2000
                                214     2000.01-2500       $2001-$2500
                                109     2500.01-3000       $2501-$3000
                                 45     3000.01-3500       $3001-$3500
                                 25     3500.01-4000       $3501-$4000
                                 13     4000.01-4500       $4001-$4500
                                 11     4500.01-5000       $4501-$5000
                                 22                        Over $5000

           Note: Applies only if D_PAYSP1 = 1
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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_PUNIT1  62  2  PREMFMT                                N Unit of premium that MIP pays - Plan #1

                            12,382                       . Inapplicable
                                 0                       1 Yearly
                                 0                       2 Quarterly
                                 0                       3 Bimonthly
                                 0                       4 Monthly
                                 0                       5 Weekly
                                 0                       6 Every 6 months
                                 0                       7 Every 2 weeks
                                 0                      91 Other

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

D_HMOPL1  64  2  YES1FMT         HI25                   N Is Plan #1 an HMO

                             4,208                       . Inapplicable
                                 1                      -9 Not ascertained
                               102                      -8 Don't know
                                 3                      -7 Refused
                             1,037                       1 Yes
                             7,031                       2 No

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

D_OBTNP1  66  2  MIPFMT                                 N How did MIP get Plan #1

                             4,208                       . Inapplicable
                                 2                      -9 Not ascertained
                                59                      -8 Don't know
                                 1                      -7 Refused
                             3,326                       1 Directly
                               503                       2 Main insured person's current employer
                             3,006                       3 Main insured person's prior employer
                               178                       4 Union
                                85                       5 Family business
                               562                       6 AARP
                               251                       7 Deceased spouse's employer
                                 9                       8 Deceased spouse's union
                                 0                       9 Fraternal/professional organization
                               192                      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
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D_INDUS1  68  2   $IND1COD                              C Industry of employer - Plan #1

                              8,748                       Inapplicable
                                  6                     -7 Refused
                                  3                     -8 Don't know
                                103                     -9 Not ascertained
                                  2                      A Agriculture, forestry, and fishing
                                 10                      B Mining
                                 10                      C Construction
                                 40                      D Manufacturing
                                 16                      E Transportation and public utilities
                                  1                      F Wholesale trade
                                 17                      G Retail trade
                                 17                      H Finance, insurance, and real estate
                                  7                      I Services
                                137                      J Public administration
                                 53                      K Nonclassifiable establishments
                                  8                     01 Agricultural production - crops
                                  4                     02 Agricultural production - livestock
                                  5                     07 Agricultural services
                                  1                     08 Forestry
                                  2                     09 Fishing, hunting, and trapping
                                  1                     10 Metal mining
                                 14                     12 Coal mining
                                 12                     13 Oil and gas extraction
                                  1                     14 Nonmetallic minerals, except fuels
                                  3                     15 General building contractors
                                 15                     16 Heavy construction, excluding building
                                 24                     17 Special trade contractors
                                 77                     20 Food and kindred products
                                  3                     21 Tobacco products
                                 39                     22 Textile mill products
                                 33                     23 Apparel and other textile products
                                 11                     24 Lumber and wood products
                                 13                     25 Furniture and fixtures
                                  8                     26 Paper and allied products
                                 25                     27 Printing and publishing
                                 87                     28 Chemicals and allied products
                                 86                     29 Petroleum and coal products
                                 31                     30 Rubber and misc. plastics products
                                  5                     31 Leather and leather products
                                 23                     32 Stone, clay, and glass products
                                123                     33 Primary metal industries
                                 62                     34 Fabricated metal products
                                101                     35 Industrial machinery and equipment
                                 82                     36 Electronic & other electric equipment
                                254                     37 Transportation equipment
                                 16                     38 Instruments and related products
                                 16                     39 Miscellaneous manufacturing industries
                                 54                     40 Railroad transportation
                                 15                     41 Local and interurban passenger transit
                                 14                     42 Trucking and warehousing
                                 96                     43 U.S. Postal Service
                                  3                     44 Water transportation
                                 20                     45 Transportation by air
                                  5                     46 Pipelines, except natural gas
                                  4                     47 Transportation services
                                118                     48 Communications
                                 88                     49 Electric, gas, and sanitary services
                                 17                     50 Wholesale trade - durable goods
                                 14                     51 Wholesale trade - nondurable goods
                                  9                     52 Building materials & garden supplies
                                 50                     53 General merchandise stores
```

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
--------  --- --- -------- --------- -------- --------  -----------------------------------------
                                 36                     54 Food stores
                                 17                     55 Automotive dealers & service stations
                                  7                     56 Apparel and accessory stores
                                  6                     57 Furniture and home furnishings stores
                                 15                     58 Eating and drinking places
                                 19                     59 Miscellaneous retail
                                 73                     60 Depository institutions
                                  5                     61 Nondepository institutions
                                  5                     62 Security and commodity brokers
                                 51                     63 Insurance carriers
                                 27                     64 Insurance agents, brokers, and services
                                  9                     65 Real estate
                                  2                     67 Holding and other investment offices
                                  9                     70 Hotels and other lodging places
                                 14                     72 Personal services
                                 43                     73 Business services
                                 13                     75 Auto repair, services, and parking
                                  2                     76 Miscellaneous repair services
                                  6                     78 Motion pictures
                                  8                     79 Amusement & recreation services
                                144                     80 Health services
                                 18                     81 Legal services
                                422                     82 Educational services
                                 13                     83 Social services
                                  1                     84 Museums, botanical, zoological gardens
                                 51                     86 Membership organizations
                                 16                     87 Engineering & management services
                                  0                     88 Private households
                                  4                     89 Services, nec
                                232                     91 Executive, legislative, and general
                                 61                     92 Justice, public order, and safety
                                 14                     93 Finance, taxation, & monetary policy
                                 21                     94 Administration of Human Resources
                                 16                     95 Environmental quality and housing
                                 30                     96 Administration of economic programs
                                110                     97 National security and inst. affairs
                                  0                     99 Nonclassifiable establishments

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

D_TYPPL2  70  2 PLANFMT          HI17              N Type of plan - Plan #2

                             10,984              . Inapplicable
                                  0              1 Medicare
                                  0              2 Medicaid
                                  0              3 Public plan
                              1,398              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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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_PHREL2   84  2  RELFMT                                  N Policy holder relationship - Plan #2

                              10,999                       . Inapplicable
                                   0                      -5 Never ask again
                               1,135                       1 Sample person
                                 239                       2 Spouse
                                   1                       3 Son
                                   0                       4 Daughter
                                   0                       5 Brother
                                   1                       6 Sister
                                   4                       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
                                   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_TYPPL2 = 4

D_COVNM2   86  2  COVGFMT                                 N # of family members covered by Plan #2

                              10,999                       . Inapplicable
                                   3                      -9 Not ascertained
                                   1                      -8 Don't know
                               1,379                         Number reported covered

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

D_COVRX2   88  2  YES1FMT                                 N Plan #2 covers prescribed medicines?

                              10,999                       . Inapplicable
                                   2                      -9 Not ascertained
                                 120                      -8 Don't know
                                   1                      -7 Refused
                                 411                       1 Yes
                                 849                       2 No

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

D_COVNH2   90  2  YES1FMT                                 N Plan #2 covers stay in nursing home?

                              10,999                       . Inapplicable
                                   1                      -9 Not ascertained
                                 203                      -8 Don't know
                                 321                       1 Yes
                                 858                       2 No

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

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Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_PAYSP2  92  2  YES1FMT                                 N MIP pay any/all cost for Plan #2

                             10,998                      . Inapplicable
                                  2                     -9 Not ascertained
                                 21                     -8 Don't know
                                  1                     -7 Refused
                                969                      1 Yes
                                391                      2 No

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

D_ANAMT2  94  7  PREM_F                                  N Premium MIP pays for Plan #2-Annualized

                             11,550                      . Inapplicable
                                116            0-100     $100 or less
                                340       100.01-500     $101-$500
                                193       500.01-1000    $501-$1000
                                 89      1000.01-1500    $1001-$1500
                                 53      1500.01-2000    $1501-$2000
                                 14      2000.01-2500    $2001-$2500
                                 10      2500.01-3000    $2501-$3000
                                  6      3000.01-3500    $3001-$3500
                                  7      3500.01-4000    $3501-$4000
                                  1      4000.01-4500    $4001-$4500
                                  2      4500.01-5000    $4501-$5000
                                  1                      Over $5000

          Note: Applies only if D_PAYSP2 = 1

D_PUNIT2  101 2  PREMFMT                                 N Unit of premium that MIP pays - Plan #2

                             12,382                      . Inapplicable
                                  0                      1 Yearly
                                  0                      2 Quarterly
                                  0                      3 Bimonthly
                                  0                      4 Monthly
                                  0                      5 Weekly
                                  0                      6 Every 6 months
                                  0                      7 Every 2 weeks
                                  0                     91 Other

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

D_HMOPL2  103 2  YES1FMT              HI25               N Is Plan #2 an HMO

                             10,998                      . Inapplicable
                                  4                     -9 Not ascertained
                                 21                     -8 Don't know
                                 68                      1 Yes
                              1,291                      2 No

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

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

D_OBTNP2  105  2  MIPFMT                                 N How did MIP get Plan #2

                            10,998                       . Inapplicable
                                 5                      -9 Not ascertained
                                 4                      -8 Don't know
                               600                       1 Directly
                                72                       2 Main insured person's current employer
                               439                       3 Main insured person's prior employer
                                54                       4 Union
                                 5                       5 Family business
                               127                       6 AARP
                                37                       7 Deceased spouse's employer
                                 0                       8 Deceased spouse's union
                                 0                       9 Fraternal/professional organization
                                41                      91 Other

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

D_INDUS2  107  2  $IND2COD                               C Industry of employer - Plan #2

                            11,866                         Inapplicable
                                 9                      -9 Not ascertained
                               507                         Industry classification code

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

D_TYPPL3  109  2  PLANFMT            HI17                 N Type of plan - Plan #3

                            12,196                       . Inapplicable
                                 0                       1 Medicare
                                 0                       2 Medicaid
                                 0                       3 Public plan
                               186                       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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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_PHREL3 123 2 RELFMT   N Policy holder relationship - Plan #3

```
                          12,198                        . Inapplicable
                               0                       -5 Never ask again
                             154                        1 Sample person
                              30                        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_TYPPL3 = 4

D_COVNM3 125 2 COVGFMT   N # of family members covered by Plan #3

```
                          12,198                        . Inapplicable
                               2                       -9 Not ascertained
                               1                       -8 Don't know
                             181                          Number reported covered
```

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

D_COVRX3 127 2 YES1FMT   N Plan #3 covers prescribed medicines?

```
                          12,198                        . Inapplicable
                               2                       -9 Not ascertained
                              13                       -8 Don't know
                              47                        1 Yes
                             122                        2 No
```

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

D_COVNH3 129 2 YES1FMT   N Plan #3 covers stay in nursing home?

```
                          12,198                        . Inapplicable
                               2                       -9 Not ascertained
                              17                       -8 Don't know
                              31                        1 Yes
                             134                        2 No
```

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

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

D_PAYSP3 131 2 YES1FMT   N MIP pay any/all cost for Plan #3

                        12,198   . Inapplicable
                             2   -8 Don't know
                           116   1 Yes
                            66   2 No

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

D_ANAMT3 133 7 PREM_F   N Premium MIP pays for Plan #3-Annualized

                        12,295   . Inapplicable
                            19   0-100 $100 or less
                            27   100.01-500 $101-$500
                            13   500.01-1000 $501-$1000
                            13   1000.01-1500 $1001-$1500
                             6   1500.01-2000 $1501-$2000
                             5   2000.01-2500 $2001-$2500
                             4   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

          Note: Applies only if D_PAYSP3 = 1

D_PUNIT3 140 2 PREMFMT   N Unit of premium that MIP pays - Plan #3

                        12,382   . Inapplicable
                             0   1 Yearly
                             0   2 Quarterly
                             0   3 Bimonthly
                             0   4 Monthly
                             0   5 Weekly
                             0   6 Every 6 months
                             0   7 Every 2 weeks
                             0   91 Other

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

D_HMOPL3 142 2 YES1FMT   HI25   N Is Plan #3 an HMO

                        12,198   . Inapplicable
                             2   -9 Not ascertained
                             1   -8 Don't know
                             9   1 Yes
                           172   2 No

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

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

D_OBTNP3  144  2  MIPFMT                                 N How did MIP get Plan #3

                            12,198                       . Inapplicable
                                 1                      -9 Not ascertained
                                72                       1 Directly
                                11                       2 Main insured person's current employer
                                78                       3 Main insured person's prior employer
                                 5                       4 Union
                                 0                       5 Family business
                                 6                       6 AARP
                                 5                       7 Deceased spouse's employer
                                 0                       8 Deceased spouse's union
                                 0                       9 Fraternal/professional organization
                                 6                      91 Other

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

D_INDUS3  146  2  $IND2COD                               C Industry of employer - Plan #3

                            12,295                         Inapplicable
                                 2                      -9 Not ascertained
                                85                         Industry classification code

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

D_TYPPL4  148  2  PLANFMT           HI17                 N Type of plan - Plan #4

                            12,357                       . Inapplicable
                                 0                       1 Medicare
                                 0                       2 Medicaid
                                 0                       3 Public plan
                                25                       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
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D_PHREL4 162  2  RELFMT                                 N Policy holder relationship - Plan #4

                            12,357                      . Inapplicable
                                0                      -5 Never ask again
                               21                       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_TYPPL4 = 4

D_COVNM4 164  2  COVGFMT                                 N # of family members covered by Plan #4

                            12,357                      . Inapplicable
                               25                        Number reported covered

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

D_COVRX4 166  2  YES1FMT                                 N Plan #4 covers prescribed medicines?

                            12,357                      . Inapplicable
                               12                       1 Yes
                               13                       2 No

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

D_COVNH4 168  2  YES1FMT                                 N Plan #4 covers stay in nursing home?

                            12,357                      . Inapplicable
                                5                       1 Yes
                               20                       2 No

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

D_PAYSP4 170  2  YES1FMT                                 N MIP pay any/all cost for Plan #4

                            12,357                      . Inapplicable
                               13                       1 Yes
                               12                       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 172  7  PREM_F                                  N Premium MIP pays for Plan #4-Annualized

                            12,372                     . Inapplicable
                                 2          0-100      $100 or less
                                 6       100.01-500    $101-$500
                                 2       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

          Note: Applies only if D_PAYSP4 = 1

D_PUNIT4 179  2  PREMFMT                                 N Unit of premium that MIP pays - Plan #4

                            12,382                     . Inapplicable
                                 0                     1 Yearly
                                 0                     2 Quarterly
                                 0                     3 Bimonthly
                                 0                     4 Monthly
                                 0                     5 Weekly
                                 0                     6 Every 6 months
                                 0                     7 Every 2 weeks
                                 0                    91 Other

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

D_HMOPL4 181  2  YES1FMT          HI25                   N Is Plan #4 an HMO

                            12,357                     . Inapplicable
                                 1                    -8 Don't know
                                 0                     1 Yes
                                24                     2 No

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

D_OBTNP4 183  2  MIPFMT                                  N How did MIP get Plan #4

                            12,357                     . Inapplicable
                                10                     1 Directly
                                 1                     2 Main insured person's current employer
                                10                     3 Main insured person's prior employer
                                 3                     4 Union
                                 0                     5 Family business
                                 0                     6 AARP
                                 0                     7 Deceased spouse's employer
                                 0                     8 Deceased spouse's union
                                 0                     9 Fraternal/professional organization
                                 1                    91 Other

          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_INDUS4 185  2  $IND2COD                             C Industry of employer - Plan #4

                            12,371                      Inapplicable
                                11                      Industry classification code

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

D_TYPPL5 187  2  PLANFMT        HI17                  N Type of plan - Plan #5

                            12,375                    . Inapplicable
                                 0                    1 Medicare
                                 0                    2 Medicaid
                                 0                    3 Public plan
                                 7                    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 201  2  RELFMT                               N Policy holder relationship - Plan #5

                            12,375                    . Inapplicable
                                 0                   -5 Never ask again
                                 4                    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 INTERVU = C and D_TYPPL5 = 4

D_COVNM5 203  2  COVGFMT                              N # of family members covered by Plan #5

                            12,375                    . Inapplicable
                                 7                      Number reported covered

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4

D_COVRX5 205  2  YES1FMT                              N Plan #5 covers prescribed medicines?

                            12,375                    . Inapplicable
                                 3                    1 Yes
                                 4                    2 No

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4
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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_COVNH5   207  2  YES1FMT                                N Plan #5 covers stay in nursing home?

                             12,375                       . Inapplicable
                                  1                      -8 Don't know
                                  0                       1 Yes
                                  6                       2 No

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4

D_PAYSP5   209  2  YES1FMT                                N MIP pay any/all cost for Plan #5

                             12,375                       . Inapplicable
                                  3                       1 Yes
                                  4                       2 No

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4

D_ANAMT5   211  7  PREM_F                                 N Premium MIP pays for Plan #5-Annualized

                             12,379                       . Inapplicable
                                  1             0-100 $100 or less
                                  2       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

            Note: Applies only if D_PAYSP5 = 1

D_PUNIT5   218  2  PREMFMT                                N Unit of premium that MIP pays - Plan #5

                             12,382                       . Inapplicable
                                  0                       1 Yearly
                                  0                       2 Quarterly
                                  0                       3 Bimonthly
                                  0                       4 Monthly
                                  0                       5 Weekly
                                  0                       6 Every 6 months
                                  0                       7 Every 2 weeks
                                  0                      91 Other

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4

D_HMOPL5   220  2  YES1FMT            HI25                N Is Plan #5 an HMO

                             12,375                       . Inapplicable
                                  0                       1 Yes
                                  7                       2 No

            Note: Applies only if INTERVU = C and D_TYPPL5 = 4
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04/11/07   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
ACCESS   Health Insurance   Page: 17
1992   Version: 2

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_OBTNP5 222  2  MIPFMT                                 N How did MIP get Plan #5

                           12,375                       . Inapplicable
                               2                        1 Directly
                               0                        2 Main insured person's current employer
                               2                        3 Main insured person's prior employer
                               3                        4 Union
                               0                        5 Family business
                               0                        6 AARP
                               0                        7 Deceased spouse's employer
                               0                        8 Deceased spouse's union
                               0                        9 Fraternal/professional organization
                               0                        91 Other

              Note: Applies only if INTERVU = C and D_TYPPL5 = 4

D_INDUS5 224  2  $IND2COD                               C Industry of employer - Plan #5

                           12,380                       Inapplicable
                               2                        Industry classification code

              Note: Applies only if D_OBTNP5 = 2, 3, 5, or 8
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