

01/11/07
ACCESS
1993

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 1
Version: 2

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

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 |
| | | | | 12,817 | | | LOW-HIGH BASEID Count |
| INTERVU | 12 | 1 | \$INTRFMT | | | | C Type of interview |
| | | | | 11,771 | | | C Community |
| | | | | 1,046 | | | F Facility |

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|----------|-----|-----|----------|-----------|----------|----------|----------------------------------------------|
| D_SUMINS | 13 | 4 | \$CNTFMT | | | | C Summary insurance indicator |
| | | | | 1,780 | | | 1000 Medicare only |
| | | | | 225 | | | 1001 Medicare, 1 Public |
| | | | | 12 | | | 1002 Medicare, 2 Public |
| | | | | 1 | | | 1003 Medicare, 3 Public |
| | | | | 0 | | | 1004 Medicare, 4 Public |
| | | | | 6,645 | | | 1010 Medicare, 1 Private |
| | | | | 319 | | | 1011 Medicare, 1 Private, 1 Public |
| | | | | 10 | | | 1012 Medicare, 1 Private, 2 Public |
| | | | | 3 | | | 1013 Medicare, 1 Private, 3 Public |
| | | | | 0 | | | 1014 Medicare, 1 Private, 4 Public |
| | | | | 1,183 | | | 1020 Medicare, 2 Private |
| | | | | 36 | | | 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 |
| | | | | 168 | | | 1030 Medicare, 3 Private |
| | | | | 4 | | | 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 |
| | | | | 25 | | | 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 |
| | | | | 0 | | | 1070 Medicare, 7 Private |
| | | | | 1 | | | 1080 Medicare, 8 Private |
| | | | | 1 | | | 1090 Medicare, 9 Private |
| | | | | 2,054 | | | 1100 Medicare, Medicaid |
| | | | | 95 | | | 1101 Medicare, Medicaid, 1 Public |
| | | | | 3 | | | 1102 Medicare, Medicaid, 2 Public |
| | | | | 0 | | | 1103 Medicare, Medicaid, 3 Public |
| | | | | 0 | | | 1104 Medicare, Medicaid, 4 Public |
| | | | | 220 | | | 1110 Medicare, Medicaid, 1 Private |
| | | | | 6 | | | 1111 Medicare, Medicaid, 1 Private, 1 Public |
| | | | | 1 | | | 1112 Medicare, Medicaid, 1 Private, 2 Public |
| | | | | 0 | | | 1113 Medicare, Medicaid, 1 Private, 3 Public |
| | | | | 0 | | | 1114 Medicare, Medicaid, 1 Private, 4 Public |
| | | | | 19 | | | 1120 Medicare, Medicaid, 2 Private |
| | | | | 1 | | | 1121 Medicare, Medicaid, 2 Private, 1 Public |
| | | | | 0 | | | 1130 Medicare, Medicaid, 3 Private |
| | | | | 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 | 17 | 1 | AIDFMT | | | | N Medicaid eligibility |
| | | | | 10,418 | | | 0 Not entitled to Medicaid |
| | | | | 2,399 | | | 1 Entitled to Medicaid |

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

| | | | | | | | |
|----------|----|---|---------|-------|------|--|--------------------------|
| D_TYPPL1 | 18 | 2 | PLANFMT | | HI17 | | N Type of plan - Plan #1 |
| | | | | 4,171 | | | . Inapplicable |
| | | | | 0 | | | 1 Medicare |
| | | | | 0 | | | 2 Medicaid |
| | | | | 0 | | | 3 Public plan |
| | | | | 8,646 | | | 4 Private plan |
| | | | | 0 | | | 5 Medicare HMO |

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

| | | | | | | | |
|----------|----|---|--------|-------|--|--|----------------------------------------|
| D_PHREL1 | 20 | 2 | RELFMT | | | | N Policy holder relationship - Plan #1 |
| | | | | 4,392 | | | . Inapplicable |
| | | | | 0 | | | -5 Never ask again |
| | | | | 6,851 | | | 1 Sample person |
| | | | | 1,491 | | | 2 Spouse |
| | | | | 11 | | | 3 Son |
| | | | | 11 | | | 4 Daughter |
| | | | | 2 | | | 5 Brother |
| | | | | 1 | | | 6 Sister |
| | | | | 29 | | | 7 Father |
| | | | | 18 | | | 8 Mother |
| | | | | 2 | | | 9 Son-in-law |
| | | | | 2 | | | 10 Daughter-in-law |
| | | | | 1 | | | 11 Grandson |
| | | | | 1 | | | 12 Granddaughter |
| | | | | 0 | | | 13 Nephew |
| | | | | 0 | | | 14 Niece |
| | | | | 0 | | | 50 Partner/roommate |
| | | | | 1 | | | 51 Friend/neighbor |
| | | | | 0 | | | 52 Boarder |
| | | | | 0 | | | 53 Nurse/nurses aide |
| | | | | 0 | | | 54 Legal/financial officer |
| | | | | 0 | | | 55 Guardian |
| | | | | 2 | | | 91 Other relative |
| | | | | 2 | | | 92 Other non-relative |

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

| | | | | | | | |
|----------|----|---|---------|-------|--|--|------------------------------------------|
| D_COVNM1 | 22 | 2 | COVGFMT | | | | N # of family members covered by Plan #1 |
| | | | | 4,392 | | | . Inapplicable |
| | | | | 5 | | | -9 Not ascertained |
| | | | | 8 | | | -8 Don't know |
| | | | | 2 | | | -7 Refused |
| | | | | 8,410 | | | Number reported covered |

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

| | | | | | | | |
|----------|----|---|---------|-------|--|--|----------------------------------------|
| D_COVRX1 | 24 | 2 | YES1FMT | | | | N Plan #1 covers prescribed medicines? |
| | | | | 4,392 | | | . Inapplicable |
| | | | | 3 | | | -9 Not ascertained |
| | | | | 391 | | | -8 Don't know |
| | | | | 1 | | | -7 Refused |
| | | | | 3,803 | | | 1 Yes |
| | | | | 4,227 | | | 2 No |

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

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

| | | | | | | | |
|----------|----|---|---------|-------|--|--|----------------------------------------|
| D_COVNH1 | 26 | 2 | YES1FMT | | | | N Plan #1 covers stay in nursing home? |
| | | | | 4,392 | | | . Inapplicable |
| | | | | 5 | | | -9 Not ascertained |
| | | | | 2,431 | | | -8 Don't know |
| | | | | 14 | | | -7 Refused |
| | | | | 1,513 | | | 1 Yes |
| | | | | 4,462 | | | 2 No |

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

| | | | | | | | |
|----------|----|---|---------|-------|--|--|------------------------------------|
| D_PAYSP1 | 28 | 2 | YES1FMT | | | | N MIP pay any/all cost for Plan #1 |
| | | | | 4,389 | | | . Inapplicable |
| | | | | 3 | | | -9 Not ascertained |
| | | | | 83 | | | -8 Don't know |
| | | | | 2 | | | -7 Refused |
| | | | | 6,430 | | | 1 Yes |
| | | | | 1,910 | | | 2 No |

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

| | | | | | | | |
|----------|----|---|--------|-------|--|--|-------------------------------------------|
| D_ANAMT1 | 30 | 7 | PREM_F | | | | N Premium MIP pays for Plan #1-Annualized |
| | | | | 7,040 | | | . Inapplicable |
| | | | | 107 | | | 0-100 \$100 or less |
| | | | | 832 | | | 100.01-500 \$101-\$500 |
| | | | | 2,160 | | | 500.01-1000 \$501-\$1000 |
| | | | | 1,543 | | | 1000.01-1500 \$1001-\$1500 |
| | | | | 618 | | | 1500.01-2000 \$1501-\$2000 |
| | | | | 234 | | | 2000.01-2500 \$2001-\$2500 |
| | | | | 142 | | | 2500.01-3000 \$2501-\$3000 |
| | | | | 60 | | | 3000.01-3500 \$3001-\$3500 |
| | | | | 22 | | | 3500.01-4000 \$3501-\$4000 |
| | | | | 24 | | | 4000.01-4500 \$4001-\$4500 |
| | | | | 10 | | | 4500.01-5000 \$4501-\$5000 |
| | | | | 25 | | | Over \$5000 |

Note: Applies only if D_PAYSP1 = 1

| | | | | | | | |
|----------|----|---|---------|-------|------|--|---------------------|
| D_HMOPL1 | 37 | 2 | YES1FMT | | HI25 | | N Is Plan #1 an HMO |
| | | | | 4,418 | | | . Inapplicable |
| | | | | 3 | | | -9 Not ascertained |
| | | | | 108 | | | -8 Don't know |
| | | | | 3 | | | -7 Refused |
| | | | | 1,145 | | | 1 Yes |
| | | | | 7,140 | | | 2 No |

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

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|----------|-----|-----|--------|-----------|----------|----------|------------------------------------------|
| D_OBTNP1 | 39 | 2 | MIPFMT | | | | N How did MIP get Plan #1 |
| | | | | 4,418 | | | . Inapplicable |
| | | | | 6 | | | -9 Not ascertained |
| | | | | 59 | | | -8 Don't know |
| | | | | 1 | | | -7 Refused |
| | | | | 3,472 | | | 1 Directly |
| | | | | 558 | | | 2 Main insured person's current employer |
| | | | | 3,042 | | | 3 Main insured person's prior employer |
| | | | | 178 | | | 4 Union |
| | | | | 84 | | | 5 Family business |
| | | | | 538 | | | 6 AARP |
| | | | | 273 | | | 7 Deceased spouse's employer |
| | | | | 9 | | | 8 Deceased spouse's union |
| | | | | 0 | | | 9 Fraternal/professional organization |
| | | | | 179 | | | 91 Other |

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

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|----------|-----|-----|-----------|-----------|----------|----------|-------------------------------------------|
| D_INDUS1 | 41 | 2 | \$IND1COD | | | | C Industry of employer - Plan #1 |
| | | | | 9,038 | | | Inapplicable |
| | | | | 3 | | | -7 Refused |
| | | | | 2 | | | -8 Don't know |
| | | | | 89 | | | -9 Not ascertained |
| | | | | 2 | | | A Agriculture, forestry, and fishing |
| | | | | 9 | | | B Mining |
| | | | | 11 | | | C Construction |
| | | | | 37 | | | D Manufacturing |
| | | | | 11 | | | E Transportation and public utilities |
| | | | | 3 | | | F Wholesale trade |
| | | | | 16 | | | G Retail trade |
| | | | | 19 | | | H Finance, insurance, and real estate |
| | | | | 10 | | | I Services |
| | | | | 170 | | | J Public administration |
| | | | | 65 | | | K Nonclassifiable establishments |
| | | | | 7 | | | 01 Agricultural production - crops |
| | | | | 6 | | | 02 Agricultural production - livestock |
| | | | | 6 | | | 07 Agricultural services |
| | | | | 0 | | | 08 Forestry |
| | | | | 0 | | | 09 Fishing, hunting, and trapping |
| | | | | 1 | | | 10 Metal mining |
| | | | | 16 | | | 12 Coal mining |
| | | | | 18 | | | 13 Oil and gas extraction |
| | | | | 4 | | | 14 Nonmetallic minerals, except fuels |
| | | | | 4 | | | 15 General building contractors |
| | | | | 16 | | | 16 Heavy construction, excluding building |
| | | | | 30 | | | 17 Special trade contractors |
| | | | | 89 | | | 20 Food and kindred products |
| | | | | 2 | | | 21 Tobacco products |
| | | | | 42 | | | 22 Textile mill products |
| | | | | 32 | | | 23 Apparel and other textile products |
| | | | | 9 | | | 24 Lumber and wood products |
| | | | | 14 | | | 25 Furniture and fixtures |
| | | | | 11 | | | 26 Paper and allied products |
| | | | | 22 | | | 27 Printing and publishing |
| | | | | 91 | | | 28 Chemicals and allied products |
| | | | | 75 | | | 29 Petroleum and coal products |
| | | | | 33 | | | 30 Rubber and misc. plastics products |
| | | | | 3 | | | 31 Leather and leather products |
| | | | | 26 | | | 32 Stone, clay, and glass products |
| | | | | 133 | | | 33 Primary metal industries |
| | | | | 60 | | | 34 Fabricated metal products |
| | | | | 106 | | | 35 Industrial machinery and equipment |
| | | | | 82 | | | 36 Electronic & other electric equipment |
| | | | | 272 | | | 37 Transportation equipment |
| | | | | 17 | | | 38 Instruments and related products |
| | | | | 17 | | | 39 Miscellaneous manufacturing industries |
| | | | | 56 | | | 40 Railroad transportation |
| | | | | 14 | | | 41 Local and interurban passenger transit |
| | | | | 13 | | | 42 Trucking and warehousing |
| | | | | 107 | | | 43 U.S. Postal Service |
| | | | | 7 | | | 44 Water transportation |
| | | | | 23 | | | 45 Transportation by air |
| | | | | 3 | | | 46 Pipelines, except natural gas |
| | | | | 4 | | | 47 Transportation services |
| | | | | 130 | | | 48 Communications |
| | | | | 94 | | | 49 Electric, gas, and sanitary services |
| | | | | 17 | | | 50 Wholesale trade - durable goods |
| | | | | 9 | | | 51 Wholesale trade - nondurable goods |
| | | | | 6 | | | 52 Building materials & garden supplies |
| | | | | 49 | | | 53 General merchandise stores |

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| | | | | | | | ----- |
| | | | | 39 | | | 54 Food stores |
| | | | | 16 | | | 55 Automotive dealers & service stations |
| | | | | 9 | | | 56 Apparel and accessory stores |
| | | | | 8 | | | 57 Furniture and home furnishings stores |
| | | | | 16 | | | 58 Eating and drinking places |
| | | | | 19 | | | 59 Miscellaneous retail |
| | | | | 80 | | | 60 Depository institutions |
| | | | | 5 | | | 61 Nondepository institutions |
| | | | | 7 | | | 62 Security and commodity brokers |
| | | | | 61 | | | 63 Insurance carriers |
| | | | | 25 | | | 64 Insurance agents, brokers, and services |
| | | | | 6 | | | 65 Real estate |
| | | | | 1 | | | 67 Holding and other investment offices |
| | | | | 10 | | | 70 Hotels and other lodging places |
| | | | | 11 | | | 72 Personal services |
| | | | | 44 | | | 73 Business services |
| | | | | 12 | | | 75 Auto repair, services, and parking |
| | | | | 2 | | | 76 Miscellaneous repair services |
| | | | | 6 | | | 78 Motion pictures |
| | | | | 9 | | | 79 Amusement & recreation services |
| | | | | 150 | | | 80 Health services |
| | | | | 17 | | | 81 Legal services |
| | | | | 458 | | | 82 Educational services |
| | | | | 12 | | | 83 Social services |
| | | | | 1 | | | 84 Museums, botanical, zoological gardens |
| | | | | 44 | | | 86 Membership organizations |
| | | | | 14 | | | 87 Engineering & management services |
| | | | | 0 | | | 88 Private households |
| | | | | 3 | | | 89 Services, nec |
| | | | | 205 | | | 91 Executive, legislative, and general |
| | | | | 73 | | | 92 Justice, public order, and safety |
| | | | | 15 | | | 93 Finance, taxation, & monetary policy |
| | | | | 16 | | | 94 Administration of Human Resources |
| | | | | 19 | | | 95 Environmental quality and housing |
| | | | | 34 | | | 96 Administration of economic programs |
| | | | | 109 | | | 97 National security and inst. affairs |
| | | | | 0 | | | 99 Nonclassifiable establishments |

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

| | | | | | |
|----------|----|---|---------|--------|--------------------------|
| D_TYPPL2 | 43 | 2 | PLANFMT | HI17 | N Type of plan - Plan #2 |
| | | | | 11,376 | . Inapplicable |
| | | | | 0 | 1 Medicare |
| | | | | 0 | 2 Medicaid |
| | | | | 0 | 3 Public plan |
| | | | | 1,441 | 4 Private plan |
| | | | | 0 | 5 Medicare HMO |

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

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| | | | | | | | |
|----------|----|---|--------|--|--|--|----------------------------------------|
| D_PHREL2 | 45 | 2 | RELFMT | | | | N Policy holder relationship - Plan #2 |
|----------|----|---|--------|--|--|--|----------------------------------------|

| | | |
|--------|----|-------------------------|
| 11,388 | . | Inapplicable |
| 0 | -5 | Never ask again |
| 1,147 | 1 | Sample person |
| 272 | 2 | Spouse |
| 1 | 3 | Son |
| 1 | 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 | 47 | 2 | COVGFM | | | | N # of family members covered by Plan #2 |
|----------|----|---|--------|--|--|--|------------------------------------------|

| | | |
|--------|----|-------------------------|
| 11,386 | . | Inapplicable |
| 5 | -9 | Not ascertained |
| 2 | -8 | Don't know |
| 1,424 | | Number reported covered |

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

| | | | | | | | |
|----------|----|---|---------|--|--|--|----------------------------------------|
| D_COVRX2 | 49 | 2 | YES1FMT | | | | N Plan #2 covers prescribed medicines? |
|----------|----|---|---------|--|--|--|----------------------------------------|

| | | |
|--------|----|-----------------|
| 11,386 | . | Inapplicable |
| 3 | -9 | Not ascertained |
| 118 | -8 | Don't know |
| 447 | 1 | Yes |
| 863 | 2 | No |

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

| | | | | | | | |
|----------|----|---|---------|--|--|--|----------------------------------------|
| D_COVNH2 | 51 | 2 | YES1FMT | | | | N Plan #2 covers stay in nursing home? |
|----------|----|---|---------|--|--|--|----------------------------------------|

| | | |
|--------|----|-----------------|
| 11,386 | . | Inapplicable |
| 2 | -9 | Not ascertained |
| 200 | -8 | Don't know |
| 308 | 1 | Yes |
| 921 | 2 | No |

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

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| | | | | | | | |
|----------|----|---|---------|--------|--|--|------------------------------------|
| D_PAYSP2 | 53 | 2 | YES1FMT | | | | N MIP pay any/all cost for Plan #2 |
| | | | | 11,386 | | | . Inapplicable |
| | | | | 2 | | | -9 Not ascertained |
| | | | | 21 | | | -8 Don't know |
| | | | | 950 | | | 1 Yes |
| | | | | 458 | | | 2 No |

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

| | | | | | | | |
|----------|----|---|--------|--------|--|--------------|-------------------------------------------|
| D_ANAMT2 | 55 | 7 | PREM_F | | | | N Premium MIP pays for Plan #2-Annualized |
| | | | | 11,991 | | | . Inapplicable |
| | | | | 111 | | 0-100 | \$100 or less |
| | | | | 330 | | 100.01-500 | \$101-\$500 |
| | | | | 172 | | 500.01-1000 | \$501-\$1000 |
| | | | | 110 | | 1000.01-1500 | \$1001-\$1500 |
| | | | | 52 | | 1500.01-2000 | \$1501-\$2000 |
| | | | | 19 | | 2000.01-2500 | \$2001-\$2500 |
| | | | | 19 | | 2500.01-3000 | \$2501-\$3000 |
| | | | | 1 | | 3000.01-3500 | \$3001-\$3500 |
| | | | | 7 | | 3500.01-4000 | \$3501-\$4000 |
| | | | | 0 | | 4000.01-4500 | \$4001-\$4500 |
| | | | | 3 | | 4500.01-5000 | \$4501-\$5000 |
| | | | | 2 | | | Over \$5000 |

Note: Applies only if D_PAYSP2 = 1

| | | | | | | | |
|----------|----|---|---------|--------|------|--|---------------------|
| D_HMOPL2 | 62 | 2 | YES1FMT | | HI25 | | N Is Plan #2 an HMO |
| | | | | 11,388 | | | . Inapplicable |
| | | | | 4 | | | -9 Not ascertained |
| | | | | 21 | | | -8 Don't know |
| | | | | 81 | | | 1 Yes |
| | | | | 1,323 | | | 2 No |

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

| | | | | | | | |
|----------|----|---|--------|--------|--|--|------------------------------------------|
| D_OBTNP2 | 64 | 2 | MIPFMT | | | | N How did MIP get Plan #2 |
| | | | | 11,388 | | | . Inapplicable |
| | | | | 6 | | | -9 Not ascertained |
| | | | | 5 | | | -8 Don't know |
| | | | | 607 | | | 1 Directly |
| | | | | 81 | | | 2 Main insured person's current employer |
| | | | | 494 | | | 3 Main insured person's prior employer |
| | | | | 47 | | | 4 Union |
| | | | | 6 | | | 5 Family business |
| | | | | 109 | | | 6 AARP |
| | | | | 41 | | | 7 Deceased spouse's employer |
| | | | | 0 | | | 8 Deceased spouse's union |
| | | | | 0 | | | 9 Fraternal/professional organization |
| | | | | 33 | | | 91 Other |

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

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Health Insurance

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

| | | | | | | | |
|----------|----|---|-----------|--------|--|--|----------------------------------|
| D_INDUS2 | 66 | 2 | \$IND2COD | | | | C Industry of employer - Plan #2 |
| | | | | 12,221 | | | Inapplicable |
| | | | | 7 | | | -9 Not ascertained |
| | | | | 589 | | | Industry classification code |

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

| | | | | | | | |
|----------|----|---|---------|--------|------|--|--------------------------|
| D_TYPPL3 | 68 | 2 | PLANFMT | | HI17 | | N Type of plan - Plan #3 |
| | | | | 12,613 | | | . Inapplicable |
| | | | | 0 | | | 1 Medicare |
| | | | | 0 | | | 2 Medicaid |
| | | | | 0 | | | 3 Public plan |
| | | | | 204 | | | 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.

| | | | | | | | |
|----------|----|---|--------|--------|--|--|----------------------------------------|
| D_PHREL3 | 70 | 2 | RELFMT | | | | N Policy holder relationship - Plan #3 |
| | | | | 12,613 | | | . Inapplicable |
| | | | | 0 | | | -5 Never ask again |
| | | | | 165 | | | 1 Sample person |
| | | | | 39 | | | 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 | 72 | 2 | COVGFMT | | | | N # of family members covered by Plan #3 |
| | | | | 12,613 | | | . Inapplicable |
| | | | | 2 | | | -9 Not ascertained |
| | | | | 1 | | | -8 Don't know |
| | | | | 201 | | | Number reported covered |

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

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Note: Applies only if D PAYSP3 = 1

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Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.

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

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MEDICARE CURRENT BENEFICIARY SURVEY
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| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

| | | | | | | | |
|----------|-----|---|--------|--|--|--|-------------------------------------------|
| D_ANAMT4 | 105 | 7 | PREM_F | | | | N Premium MIP pays for Plan #4-Annualized |
|----------|-----|---|--------|--|--|--|-------------------------------------------|

| | | |
|--------|--------------|---------------|
| 12,804 | . | Inapplicable |
| 3 | 0-100 | \$100 or less |
| 6 | 100.01-500 | \$101-\$500 |
| 2 | 500.01-1000 | \$501-\$1000 |
| 1 | 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 |

Note: Applies only if D_PAYSP4 = 1

| | | | | | | | |
|----------|-----|---|---------|------|--|--|---------------------|
| D_HMOPL4 | 112 | 2 | YES1FMT | HI25 | | | N Is Plan #4 an HMO |
|----------|-----|---|---------|------|--|--|---------------------|

| | | |
|--------|----|--------------|
| 12,785 | . | Inapplicable |
| 1 | -8 | Don't know |
| 1 | 1 | Yes |
| 30 | 2 | No |

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

| | | | | | | | |
|----------|-----|---|--------|--|--|--|---------------------------|
| D_OBTNP4 | 114 | 2 | MIPFMT | | | | N How did MIP get Plan #4 |
|----------|-----|---|--------|--|--|--|---------------------------|

| | | |
|--------|----|----------------------------------------|
| 12,785 | . | Inapplicable |
| 9 | 1 | Directly |
| 1 | 2 | Main insured person's current employer |
| 17 | 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 |
| 2 | 91 | Other |

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

| | | | | | | | |
|----------|-----|---|-----------|--|--|--|----------------------------------|
| D_INDUS4 | 116 | 2 | \$IND2COD | | | | C Industry of employer - Plan #4 |
|----------|-----|---|-----------|--|--|--|----------------------------------|

| | | |
|--------|--|------------------------------|
| 12,799 | | Inapplicable |
| 18 | | Industry classification code |

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

| | | | | | | | |
|----------|-----|---|---------|------|--|--|--------------------------|
| D_TYPPL5 | 118 | 2 | PLANFMT | HI17 | | | N Type of plan - Plan #5 |
|----------|-----|---|---------|------|--|--|--------------------------|

| | | |
|--------|---|--------------|
| 12,810 | . | 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.

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| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|----------|-----------|----------|----------|-----------------------------------------------------|
| D_PHREL5 | 120 | 2 | REL5FMT | | | | N Policy holder relationship - Plan #5 |
| | | | | 12,810 | | | . Inapplicable |
| | | | | 0 | | | -5 Never ask again |
| | | | | 6 | | | 1 Sample person |
| | | | | 1 | | | 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_TYPPPL5 = 4 |
| D_COVNM5 | 122 | 2 | COVG5FMT | | | | N # of family members covered by Plan #5 |
| | | | | 12,810 | | | . Inapplicable |
| | | | | 7 | | | Number reported covered |
| | | | | | | | Note: Applies only if INTERVU = C and D_TYPPPL5 = 4 |
| D_COVRX5 | 124 | 2 | YES1FMT | | | | N Plan #5 covers prescribed medicines? |
| | | | | 12,810 | | | . Inapplicable |
| | | | | 2 | | | 1 Yes |
| | | | | 5 | | | 2 No |
| | | | | | | | Note: Applies only if INTERVU = C and D_TYPPPL5 = 4 |
| D_COVNH5 | 126 | 2 | YES1FMT | | | | N Plan #5 covers stay in nursing home? |
| | | | | 12,810 | | | . Inapplicable |
| | | | | 1 | | | 1 Yes |
| | | | | 6 | | | 2 No |
| | | | | | | | Note: Applies only if INTERVU = C and D_TYPPPL5 = 4 |
| D_PAYSP5 | 128 | 2 | YES1FMT | | | | N MIP pay any/all cost for Plan #5 |
| | | | | 12,810 | | | . Inapplicable |
| | | | | 2 | | | 1 Yes |
| | | | | 5 | | | 2 No |
| | | | | | | | Note: Applies only if INTERVU = C and D_TYPPPL5 = 4 |

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