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ACCESS  
1993

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

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

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

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

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

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

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX3	74	2	YES1FMT				N Plan #3 covers prescribed medicines?
				12,613			. Inapplicable
				2			-9 Not ascertained
				15			-8 Don't know
				51			1 Yes
				136			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_COVNH3	76	2	YES1FMT				N Plan #3 covers stay in nursing home?
				12,613			. Inapplicable
				2			-9 Not ascertained
				20			-8 Don't know
				29			1 Yes
				153			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_PAYSP3	78	2	YES1FMT				N MIP pay any/all cost for Plan #3
				12,613			. Inapplicable
				1			-9 Not ascertained
				10			-8 Don't know
				115			1 Yes
				78			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_ANAMT3	80	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				12,720			. Inapplicable
				22		0-100	\$100 or less
				35		100.01-500	\$101-\$500
				20		500.01-1000	\$501-\$1000
				15		1000.01-1500	\$1001-\$1500
				1		1500.01-2000	\$1501-\$2000
				2		2000.01-2500	\$2001-\$2500
				2		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_HMOPL3	87	2	YES1FMT		HI25		N Is Plan #3 an HMO
				12,613			. Inapplicable
				3			-9 Not ascertained
				2			-8 Don't know
				12			1 Yes
				187			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP3	89	2	MIPFMT				N How did MIP get Plan #3
				12,613			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				81			1 Directly
				13			2 Main insured person's current employer
				89			3 Main insured person's prior employer
				4			4 Union
				0			5 Family business
				5			6 AARP
				4			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	91	2	\$IND2COD				C Industry of employer - Plan #3
				12,716			Inapplicable
				2			-9 Not ascertained
				99			Industry classification code

Note: Applies only if D\_OBTNP3 = 2, 3, 5, or 8

D_TYPPL4	93	2	PLANFMT		HI17		N Type of plan - Plan #4
				12,785			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				32			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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	95	2	RELFMT				N Policy holder relationship - Plan #4
				12,785			. Inapplicable
				0			-5 Never ask again
				27			1 Sample person
				5			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	97	2	COVGFMT				N # of family members covered by Plan #4
				12,785			. Inapplicable
				32			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	99	2	YES1FMT				N Plan #4 covers prescribed medicines?
				12,785			. Inapplicable
				11			1 Yes
				21			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	101	2	YES1FMT				N Plan #4 covers stay in nursing home?
				12,785			. Inapplicable
				2			1 Yes
				30			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	103	2	YES1FMT				N MIP pay any/all cost for Plan #4
				12,785			. Inapplicable
				1			-8 Don't know
				14			1 Yes
				17			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

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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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	120	2	RELFMT				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_TYPPL5 = 4
D_COVNM5	122	2	COVGFMT				N # of family members covered by Plan #5
				12,810			. Inapplicable
				7			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 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_TYPPL5 = 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_TYPPL5 = 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_TYPPL5 = 4

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_ANAMT5 130 7 PREM\_F N Premium MIP pays for Plan #5-Annualized  
 12,815 . Inapplicable  
 2 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

Note: Applies only if D\_PAYSP5 = 1

D\_HMOPL5 137 2 YES1FMT HI25 N Is Plan #5 an HMO  
 12,810 . Inapplicable  
 0 1 Yes  
 7 2 No

Note: Applies only if INTERVU = C and D\_TYPPPL5 = 4

D\_OBTNP5 139 2 MIPFMT N How did MIP get Plan #5  
 12,810 . Inapplicable  
 1 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  
 1 91 Other

Note: Applies only if INTERVU = C and D\_TYPPPL5 = 4

D\_INDUS5 141 2 \$IND2COD C Industry of employer - Plan #5  
 12,815 Inapplicable  
 2 Industry classification code

Note: Applies only if D\_OBTNP5 = 2, 3, 5, or 8