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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				16,119			LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT				C Type of interview
				14,742			C Community
				1,377			F Facility

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D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				2,152			1000 Medicare only
				305			1001 Medicare, 1 Public
				15			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				0			1004 Medicare, 4 Public
				8,438			1010 Medicare, 1 Private
				371			1011 Medicare, 1 Private, 1 Public
				16			1012 Medicare, 1 Private, 2 Public
				2			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,385			1020 Medicare, 2 Private
				45			1021 Medicare, 2 Private, 1 Public
				1			1022 Medicare, 2 Private, 2 Public
				2			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				198			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
				30			1040 Medicare, 4 Private
				1			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
				9			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				1			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				1			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,705			1100 Medicare, Medicaid
				121			1101 Medicare, Medicaid, 1 Public
				7			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				281			1110 Medicare, Medicaid, 1 Private
				11			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
				0			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
				12,977			0 Not entitled to Medicaid
				3,142			1 Entitled to Medicaid

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D_TYPPL1	18	2	PLANFMT		HI17		N Type of plan - Plan #1
				5,307			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				10,812			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
				5,611			. Inapplicable
				0			-5 Never ask again
				8,675			1 Sample person
				1,741			2 Spouse
				10			3 Son
				7			4 Daughter
				1			5 Brother
				1			6 Sister
				40			7 Father
				22			8 Mother
				5			9 Son-in-law
				1			10 Daughter-in-law
				1			11 Grandson
				0			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
				1			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
				5,611			. Inapplicable
				2			-9 Not ascertained
				13			-8 Don't know
				10,493			Number reported covered

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

D_COVRX1	24	2	YES1FMT				N Plan #1 covers prescribed medicines?
				5,611			. Inapplicable
				2			-9 Not ascertained
				240			-8 Don't know
				4,851			1 Yes
				5,415			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?
				5,611			. Inapplicable
				2			-9 Not ascertained
				2,823			-8 Don't know
				2			-7 Refused
				1,688			1 Yes
				5,993			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
				5,610			. Inapplicable
				2			-9 Not ascertained
				101			-8 Don't know
				6			-7 Refused
				8,028			1 Yes
				2,372			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
				9,026			. Inapplicable
				134			0-100 \$100 or less
				971			100.01-500 \$101-\$500
				2,463			500.01-1000 \$501-\$1000
				1,873			1000.01-1500 \$1001-\$1500
				908			1500.01-2000 \$1501-\$2000
				339			2000.01-2500 \$2001-\$2500
				200			2500.01-3000 \$2501-\$3000
				89			3000.01-3500 \$3001-\$3500
				48			3500.01-4000 \$3501-\$4000
				29			4000.01-4500 \$4001-\$4500
				15			4500.01-5000 \$4501-\$5000
				24			Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	37	2	YES1FMT		HI25		N Is Plan #1 an HMO
				5,650			. Inapplicable
				5			-9 Not ascertained
				141			-8 Don't know
				3			-7 Refused
				1,452			1 Yes
				8,868			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
				5,650			. Inapplicable
				9			-9 Not ascertained
				65			-8 Don't know
				2			-7 Refused
				4,519			1 Directly
				635			2 Main insured person's current employer
				3,714			3 Main insured person's prior employer
				210			4 Union
				89			5 Family business
				612			6 AARP
				404			7 Deceased spouse's employer
				20			8 Deceased spouse's union
				11			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
				11,457			Inapplicable
				4			-7 Refused
				2			-8 Don't know
				72			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				11			B Mining
				19			C Construction
				47			D Manufacturing
				12			E Transportation and public utilities
				5			F Wholesale trade
				19			G Retail trade
				13			H Finance, insurance, and real estate
				8			I Services
				187			J Public administration
				136			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				10			02 Agricultural production - livestock
				8			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				2			10 Metal mining
				21			12 Coal mining
				2			13 Oil and gas extraction
				7			14 Nonmetallic minerals, except fuels
				11			15 General building contractors
				36			16 Heavy construction, excluding building
				113			17 Special trade contractors
				2			20 Food and kindred products
				45			21 Tobacco products
				31			22 Textile mill products
				9			23 Apparel and other textile products
				20			24 Lumber and wood products
				22			25 Furniture and fixtures
				33			26 Paper and allied products
				95			27 Printing and publishing
				82			28 Chemicals and allied products
				38			29 Petroleum and coal products
				4			30 Rubber and misc. plastics products
				30			31 Leather and leather products
				171			32 Stone, clay, and glass products
				81			33 Primary metal industries
				121			34 Fabricated metal products
				96			35 Industrial machinery and equipment
				333			36 Electronic & other electric equipment
				19			37 Transportation equipment
				19			38 Instruments and related products
				68			39 Miscellaneous manufacturing industries
				19			40 Railroad transportation
				12			41 Local and interurban passenger transit
				138			42 Trucking and warehousing
				11			43 U.S. Postal Service
				20			44 Water transportation
				4			45 Transportation by air
				4			46 Pipelines, except natural gas
				156			47 Transportation services
				128			48 Communications
				16			49 Electric, gas, and sanitary services
				10			50 Wholesale trade - durable goods
				5			51 Wholesale trade - nondurable goods
				59			52 Building materials & garden supplies
							53 General merchandise stores

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				38			54 Food stores
				20			55 Automotive dealers & service stations
				10			56 Apparel and accessory stores
				12			57 Furniture and home furnishings stores
				23			58 Eating and drinking places
				28			59 Miscellaneous retail
				91			60 Depository institutions
				3			61 Nondepository institutions
				8			62 Security and commodity brokers
				77			63 Insurance carriers
				26			64 Insurance agents, brokers, and services
				14			65 Real estate
				1			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				9			72 Personal services
				48			73 Business services
				13			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				7			78 Motion pictures
				14			79 Amusement & recreation services
				184			80 Health services
				21			81 Legal services
				582			82 Educational services
				21			83 Social services
				2			84 Museums, botanical, zoological gardens
				57			86 Membership organizations
				27			87 Engineering & management services
				0			88 Private households
				3			89 Services, nec
				288			91 Executive, legislative, and general
				96			92 Justice, public order, and safety
				13			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				23			95 Environmental quality and housing
				37			96 Administration of economic programs
				135			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
				14,425	. Inapplicable
				0	1 Medicare
				0	2 Medicaid
				0	3 Public plan
				1,694	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
				14,436			. Inapplicable
				0			-5 Never ask again
				1,386			1 Sample person
				292			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				3			7 Father
				2			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
				14,436			. Inapplicable
				1			-9 Not ascertained
				2			-8 Don't know
				1,680			Number reported covered

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

D_COVRX2	49	2	YES1FMT				N Plan #2 covers prescribed medicines?
				14,436			. Inapplicable
				1			-9 Not ascertained
				83			-8 Don't know
				498			1 Yes
				1,101			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?
				14,436			. Inapplicable
				1			-9 Not ascertained
				200			-8 Don't know
				384			1 Yes
				1,098			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
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14,436	.	Inapplicable
3	-9	Not ascertained
36	-8	Don't know
1	-7	Refused
1,107	1	Yes
536	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
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15,160	.	Inapplicable
110	0-100	\$100 or less
338	100.01-500	\$101-\$500
216	500.01-1000	\$501-\$1000
148	1000.01-1500	\$1001-\$1500
65	1500.01-2000	\$1501-\$2000
31	2000.01-2500	\$2001-\$2500
26	2500.01-3000	\$2501-\$3000
6	3000.01-3500	\$3001-\$3500
10	3500.01-4000	\$3501-\$4000
1	4000.01-4500	\$4001-\$4500
4	4500.01-5000	\$4501-\$5000
4		Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2	62	2	YES1FMT	HI25			N Is Plan #2 an HMO
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14,438	.	Inapplicable
9	-9	Not ascertained
21	-8	Don't know
110	1	Yes
1,541	2	No

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

D_OBTNP2	64	2	MIPFMT				N How did MIP get Plan #2
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14,438	.	Inapplicable
9	-9	Not ascertained
9	-8	Don't know
742	1	Directly
100	2	Main insured person's current employer
572	3	Main insured person's prior employer
55	4	Union
6	5	Family business
103	6	AARP
56	7	Deceased spouse's employer
1	8	Deceased spouse's union
1	9	Fraternal/professional organization
27	91	Other

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

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D_INDUS2	66	2	\$IND2COD				C Industry of employer - Plan #2
				15,406			Inapplicable
				6			-9 Not ascertained
				707			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
				15,875			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				244			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
				15,875			. Inapplicable
				0			-5 Never ask again
				193			1 Sample person
				51			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	COVGFM3				N # of family members covered by Plan #3
				15,875			. Inapplicable
				244			Number reported covered
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

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D_COVRX3	74	2	YES1FMT				N Plan #3 covers prescribed medicines?
				15,875			. Inapplicable
				11			-8 Don't know
				61			1 Yes
				172			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?
				15,875			. Inapplicable
				24			-8 Don't know
				34			1 Yes
				186			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
				15,875			. Inapplicable
				3			-8 Don't know
				128			1 Yes
				113			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
				16,013			. Inapplicable
				21		0-100	\$100 or less
				45		100.01-500	\$101-\$500
				20		500.01-1000	\$501-\$1000
				16		1000.01-1500	\$1001-\$1500
				1		1500.01-2000	\$1501-\$2000
				2		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
				1		4500.01-5000	\$4501-\$5000
							Note: Applies only if D_PAYSP3 = 1
D_HMOPL3	87	2	YES1FMT		HI25		N Is Plan #3 an HMO
				15,875			. Inapplicable
				2			-9 Not ascertained
				3			-8 Don't know
				20			1 Yes
				219			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4

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D_OBTNP3	89	2	MIPFMT				N How did MIP get Plan #3
				15,875			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				95			1 Directly
				15			2 Main insured person's current employer
				108			3 Main insured person's prior employer
				7			4 Union
				1			5 Family business
				5			6 AARP
				5			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				5			91 Other

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

D_INDUS3	91	2	\$IND2COD				C Industry of employer - Plan #3
				15,994			Inapplicable
				2			-9 Not ascertained
				123			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
				16,077			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				42			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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D_PHREL4	95	2	REL4FMT				N Policy holder relationship - Plan #4
				16,077			. Inapplicable
				0			-5 Never ask again
				32			1 Sample person
				10			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	COVG4FMT				N # of family members covered by Plan #4
				16,077			. Inapplicable
				42			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	99	2	YES1FMT				N Plan #4 covers prescribed medicines?
				16,077			. Inapplicable
				2			-8 Don't know
				11			1 Yes
				29			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?
				16,077			. Inapplicable
				3			-8 Don't know
				4			1 Yes
				35			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
				16,077			. Inapplicable
				16			1 Yes
				26			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
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16,107	.	Inapplicable
1	0-100	\$100 or less
7	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
1	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
1	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
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16,077	.	Inapplicable
2	1	Yes
40	2	No

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

D_OBTNP4	114	2	MIPFMT				N How did MIP get Plan #4
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16,077	.	Inapplicable
10	1	Directly
2	2	Main insured person's current employer
25	3	Main insured person's prior employer
2	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
3	91	Other

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

D_INDUS4	116	2	\$IND2COD				C Industry of employer - Plan #4
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16,092		Inapplicable
27		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
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16,108	.	Inapplicable
0	1	Medicare
0	2	Medicaid
0	3	Public plan
11	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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D_PHREL5	120	2	REL5FMT				N Policy holder relationship - Plan #5
				16,108			. Inapplicable
				0			-5 Never ask again
				7			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_TYPPL5 = 4
D_COVNM5	122	2	COVG5FMT				N # of family members covered by Plan #5
				16,108			. Inapplicable
				1			-9 Not ascertained
				10			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	124	2	YES1FMT				N Plan #5 covers prescribed medicines?
				16,108			. Inapplicable
				1			1 Yes
				10			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?
				16,108			. Inapplicable
				2			-8 Don't know
				1			1 Yes
				8			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
				16,108			. Inapplicable
				6			1 Yes
				5			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_ANAMT5	130	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
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16,113	.	Inapplicable
2	0-100	\$100 or less
3	100.01-500	\$101-\$500
1	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
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16,108	.	Inapplicable
0	1	Yes
11	2	No

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

D_OBTNP5	139	2	MIPFMT				N How did MIP get Plan #5
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16,108	.	Inapplicable
3	1	Directly
0	2	Main insured person's current employer
3	3	Main insured person's prior employer
4	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_TYPPL5 = 4

D_INDUS5	141	2	\$IND2COD				C Industry of employer - Plan #5
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16,116		Inapplicable
3		Industry classification code

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