04/20/05   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
ACCESS   Health Insurance   Page: 1
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label

This file summarizes current health insurance information for each person who completed an interview.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	$BSIDFMT				C Unique SP Identification Number
				17,794			LOW-HIGH BASEID Count
INTERVU	12	1	$INTRFMT				C Type of interview
				16,518			C Community
				1,276			F Facility

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_SUMINS  13   4  $CNTFMT                                C Summary insurance indicator

                               4,637                     1000 Medicare only
                                 308                     1001 Medicare, 1 Public
                                   6                     1002 Medicare, 2 Public
                                   1                     1003 Medicare, 3 Public
                                   1                     1004 Medicare, 4 Public
                               7,856                     1010 Medicare, 1 Private
                                 316                     1011 Medicare, 1 Private, 1 Public
                                   8                     1012 Medicare, 1 Private, 2 Public
                                   1                     1013 Medicare, 1 Private, 3 Public
                                   0                     1014 Medicare, 1 Private, 4 Public
                               1,283                     1020 Medicare, 2 Private
                                  31                     1021 Medicare, 2 Private, 1 Public
                                   2                     1022 Medicare, 2 Private, 2 Public
                                   0                     1023 Medicare, 2 Private, 3 Public
                                   0                     1024 Medicare, 2 Private, 4 Public
                                 230                     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
                                  27                     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
                                   4                     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
                                   0                     1080 Medicare, 8 Private
                                   0                     1090 Medicare, 9 Private
                               2,681                     1100 Medicare, Medicaid
                                 104                     1101 Medicare, Medicaid, 1 Public
                                   7                     1102 Medicare, Medicaid, 2 Public
                                   0                     1103 Medicare, Medicaid, 3 Public
                                   0                     1104 Medicare, Medicaid, 4 Public
                                 259                     1110 Medicare, Medicaid, 1 Private
                                  16                     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
                                  11                     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

                              14,715                     0 Not entitled to Medicaid
                               3,079                     1 Entitled to Medicaid
```

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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_HMOTYP   18  2  $PLNFMT                                 C Type of Medicare HMO

                             17,794                          No enrollment
                                  0                       01 Health care prepayment plan
                                  0                       02 Cost HMO
                                  0                       06 Risk HMO

D_HMOCOV   20  2  COVFMT                                  N SP covered by Medicare HMO at anytime?

                             17,794                       . Missing
                                  0                       0 No enrollment
                                  0                       1 Some enrollment

D_HMOCUR   22  2  CURFMT                                  N Is SP now enrolled in Medicare Risk HMO?

                             17,794                       . Missing
                                  0                       1 Currently enrolled
                                  0                       2 Not currently enrolled

MHMORX     24  2  YES1FMT                                 N Does Medicare HMO plan cover drugs?

                             13,998                       . Inapplicable
                                 50                       -8 Don't know
                              3,145                       1 Yes
                                601                       2 No

           Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3

MHMODENT   26  2  YES1FMT                                 N Does Medicare HMO plan cover dental?

                             13,998                       . Inapplicable
                                  3                       -9 Not ascertained
                                216                       -8 Don't know
                              1,804                       1 Yes
                              1,773                       2 No

           Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3

MHMOEYE    28  2  YES1FMT                                 N Does Medicare HMO plan cover eye exams?

                             13,998                       . Inapplicable
                                  3                       -9 Not ascertained
                                170                       -8 Don't know
                              2,869                       1 Yes
                                754                       2 No

           Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3

MHMOPCAR   30  2  YES1FMT                                 N Does Mcare HMO plan cover preventiv care

                             13,998                       . Inapplicable
                                  3                       -9 Not ascertained
                                139                       -8 Don't know
                              3,538                       1 Yes
                                116                       2 No

           Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3
```

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Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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MHMONH   32 2 YES1FMT   N Does Mcare HMO plan cover nursing home?

```
                           13,998                        . Inapplicable
                                1                       -9 Not ascertained
                            1,280                       -8 Don't know
                                2                       -7 Refused
                            1,058                        1 Yes
                            1,455                        2 No
```

             Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3

MHMOPAY   34 2 YES1FMT   N Does SP pay additional for HMO coverage?

```
                           13,998                        . Inapplicable
                                1                       -9 Not ascertained
                               32                       -8 Don't know
                              861                        1 Yes
                            2,902                        2 No
```

             Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3

D_ANHMO   36 8 PREM_F   N Annual additional cost for MHMO coverage

```
                           17,222                       . Inapplicable
                                5              0-100     $100 or less
                              320         100.01-500     $101-$500
                              142        500.01-1000     $501-$1000
                               68       1000.01-1500     $1001-$1500
                               15       1500.01-2000     $1501-$2000
                               12       2000.01-2500     $2001-$2500
                                3       2500.01-3000     $2501-$3000
                                3       3000.01-3500     $3001-$3500
                                2       3500.01-4000     $3501-$4000
                                0       4000.01-4500     $4001-$4500
                                0       4500.01-5000     $4501-$5000
                                2                        Over $5000
```

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

D_TYPPL1 44 2 PLANFMT   HI17   N Type of plan - Plan #1

```
                            7,745                        . Inapplicable
                                0                        1 Medicare
                                0                        2 Medicaid
                                0                        3 Public plan
                           10,049                        4 Private plan
                                0                        5 Medicare HMO
```

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

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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_PHREL1   46  2   RELFMT                                 N Policy holder relationship - Plan #1

                             8,098                        .  Inapplicable
                                 0                        -5 Never ask again
                             8,012                        1  Sample person
                             1,618                        2  Spouse
                                 9                        3  Son
                                 7                        4  Daughter
                                 0                        5  Brother
                                 1                        6  Sister
                                23                        7  Father
                                19                        8  Mother
                                 2                        9  Son-in-law
                                 2                        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
                                 1                        55 Guardian
                                 0                        91 Other relative
                                 2                        92 Other non-relative

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

D_COVNM1   48  2   COVGFMT                                N # of family members covered by Plan #1

                             8,097                        .  Inapplicable
                                 2                        -9 Not ascertained
                                15                        -8 Don't know
                             9,680                           Number reported covered

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

D_COVRX1   50  2   YES1FMT                                N Plan #1 covers prescribed medicines?

                             8,097                        .  Inapplicable
                               216                        -8 Don't know
                                 1                        -7 Refused
                             4,748                        1  Yes
                             4,732                        2  No

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

D_COVNH1   52  2   YES1FMT                                N Plan #1 covers stay in nursing home?

                             8,097                        .  Inapplicable
                             2,885                        -8 Don't know
                                 6                        -7 Refused
                             2,106                        1  Yes
                             4,700                        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
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D_PAYSP1  54  2  YES1FMT                                 N MIP pay any/all cost for Plan #1

                            8,097                         . Inapplicable
                              100                        -8 Don't know
                                7                        -7 Refused
                            7,439                         1 Yes
                            2,151                         2 No

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

D_ANAMT1  56  7  PREM_F                                  N Premium MIP pays for Plan #1-Annualized

                           11,503                         . Inapplicable
                              140              0-100 $100 or less
                              737        100.01-500 $101-$500
                            1,609        500.01-1000 $501-$1000
                            2,070       1000.01-1500 $1001-$1500
                              834       1500.01-2000 $1501-$2000
                              456       2000.01-2500 $2001-$2500
                              215       2500.01-3000 $2501-$3000
                               89       3000.01-3500 $3001-$3500
                               67       3500.01-4000 $3501-$4000
                               33       4000.01-4500 $4001-$4500
                               16       4500.01-5000 $4501-$5000
                               25                   Over $5000

          Note: Applies only if D_PAYSP1 = 1

D_HMOPL1  63  2  YES1FMT            HI25                 N Is Plan #1 an HMO

                            8,115                         . Inapplicable
                                4                        -9 Not ascertained
                              130                        -8 Don't know
                              989                         1 Yes
                            8,556                         2 No

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

D_OBTNP1  65  2  MIPFMT                                  N How did MIP get Plan #1

                            8,115                         . Inapplicable
                                8                        -9 Not ascertained
                               56                        -8 Don't know
                                4                        -7 Refused
                            4,142                         1 Directly
                              565                         2 Main insured person's current employer
                            3,547                         3 Main insured person's prior employer
                              162                         4 Union
                               62                         5 Family business
                              453                         6 AARP
                              505                         7 Deceased spouse's employer
                               15                         8 Deceased spouse's union
                               62                         9 Fraternal/professional organization
                               98                        91 Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	67	2	$IND1COD				C Industry of employer - Plan #1
				13,168			Inapplicable
				1			-7 Refused
				1			-8 Don't know
				6			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				16			B Mining
				23			C Construction
				47			D Manufacturing
				2			E Transportation and public utilities
				2			F Wholesale trade
				18			G Retail trade
				9			H Finance, insurance, and real estate
				3			I Services
				275			J Public administration
				130			K Nonclassifiable establishments
				6			01 Agricultural production - crops
				6			02 Agricultural production - livestock
				11			07 Agricultural services
				3			08 Forestry
				1			09 Fishing, hunting, and trapping
				2			10 Metal mining
				25			12 Coal mining
				43			13 Oil and gas extraction
				5			14 Nonmetallic minerals, except fuels
				8			15 General building contractors
				3			16 Heavy construction, excluding building
				44			17 Special trade contractors
				96			20 Food and kindred products
				2			21 Tobacco products
				37			22 Textile mill products
				31			23 Apparel and other textile products
				14			24 Lumber and wood products
				23			25 Furniture and fixtures
				37			26 Paper and allied products
				34			27 Printing and publishing
				114			28 Chemicals and allied products
				79			29 Petroleum and coal products
				36			30 Rubber and misc. plastics products
				5			31 Leather and leather products
				31			32 Stone, clay, and glass products
				161			33 Primary metal industries
				69			34 Fabricated metal products
				108			35 Industrial machinery and equipment
				83			36 Electronic & other electric equipment
				335			37 Transportation equipment
				20			38 Instruments and related products
				10			39 Miscellaneous manufacturing industries
				70			40 Railroad transportation
				14			41 Local and interurban passenger transit
				18			42 Trucking and warehousing
				142			43 U.S. Postal Service
				12			44 Water transportation
				25			45 Transportation by air
				2			46 Pipelines, except natural gas
				3			47 Transportation services
				164			48 Communications
				134			49 Electric, gas, and sanitary services
				20			50 Wholesale trade - durable goods
				16			51 Wholesale trade - nondurable goods
				7			52 Building materials & garden supplies
				50			53 General merchandise stores
				29			54 Food stores

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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                                 16               55 Automotive dealers & service stations
                                  3               56 Apparel and accessory stores
                                  7               57 Furniture and home furnishings stores
                                 11               58 Eating and drinking places
                                 23               59 Miscellaneous retail
                                 76               60 Depository institutions
                                  4               61 Nondepository institutions
                                  8               62 Security and commodity brokers
                                114               63 Insurance carriers
                                  6               64 Insurance agents, brokers, and services
                                 13               65 Real estate
                                  0               67 Holding and other investment offices
                                  7               70 Hotels and other lodging places
                                 13               72 Personal services
                                 28               73 Business services
                                  5               75 Auto repair, services, and parking
                                  5               76 Miscellaneous repair services
                                  4               78 Motion pictures
                                  9               79 Amusement & recreation services
                                164               80 Health services
                                 11               81 Legal services
                                596               82 Educational services
                                 21               83 Social services
                                  2               84 Museums, botanical, zoological gardens
                                 72               86 Membership organizations
                                 44               87 Engineering & management services
                                  0               88 Private households
                                  0               89 Services, nec
                                220               91 Executive, legislative, and general
                                112               92 Justice, public order, and safety
                                 24               93 Finance, taxation, & monetary policy
                                 46               94 Administration of Human Resources
                                 36               95 Environmental quality and housing
                                 44               96 Administration of economic programs
                                159               97 National security and inst. affairs
                                  0               99 Nonclassifiable establishments

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

D_TYPPL2  69  2  PLANFMT          HI17            N Type of plan - Plan #2

                             16,202              . Inapplicable
                                  0              1 Medicare
                                  0              2 Medicaid
                                  0              3 Public plan
                              1,592              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
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D_PHREL2   71  2  RELFMT                                 N Policy holder relationship - Plan #2

                            16,211                       .  Inapplicable
                                 0                       -5 Never ask again
                             1,300                       1  Sample person
                               279                       2  Spouse
                                 1                       3  Son
                                 0                       4  Daughter
                                 0                       5  Brother
                                 1                       6  Sister
                                 2                       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_TYPPL2 = 4

D_COVNM2   73  2  COVGFMT                                 N # of family members covered by Plan #2

                            16,211                       .  Inapplicable
                                 1                       -9 Not ascertained
                                 5                       -8 Don't know
                             1,577                          Number reported covered

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

D_COVRX2   75  2  YES1FMT                                 N Plan #2 covers prescribed medicines?

                            16,211                       .  Inapplicable
                                78                       -8 Don't know
                               509                       1  Yes
                               996                       2  No

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

D_COVNH2   77  2  YES1FMT                                 N Plan #2 covers stay in nursing home?

                            16,211                       .  Inapplicable
                               200                       -8 Don't know
                               468                       1  Yes
                               915                       2  No

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

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D_PAYSP2	79	2	YES1FMT				N MIP pay any/all cost for Plan #2

```
                        16,211                        . Inapplicable
                            30                       -8 Don't know
                         1,026                        1 Yes
                           527                        2 No
```

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

| D_ANAMT2 | 81 | 7 | PREM_F | | | | N Premium MIP pays for Plan #2-Annualized |

```
                        16,944                              . Inapplicable
                           107                      0-100    $100 or less
                           247                100.01-500     $101-$500
                           177               500.01-1000     $501-$1000
                           139              1000.01-1500     $1001-$1500
                            77              1500.01-2000     $1501-$2000
                            41              2000.01-2500     $2001-$2500
                            20              2500.01-3000     $2501-$3000
                            16              3000.01-3500     $3001-$3500
                            12              3500.01-4000     $3501-$4000
                             3              4000.01-4500     $4001-$4500
                             2              4500.01-5000     $4501-$5000
                             9                              Over $5000
```

        Note: Applies only if D_PAYSP2 = 1

| D_HMOPL2 | 88 | 2 | YES1FMT | HI25 | | | N Is Plan #2 an HMO |

```
                        16,211                        . Inapplicable
                             6                       -9 Not ascertained
                            14                       -8 Don't know
                            84                        1 Yes
                         1,479                        2 No
```

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

| D_OBTNP2 | 90 | 2 | MIPFMT | | | | N How did MIP get Plan #2 |

```
                        16,211                        . Inapplicable
                             4                       -9 Not ascertained
                             4                       -8 Don't know
                           743                        1 Directly
                            86                        2 Main insured person's current employer
                           532                        3 Main insured person's prior employer
                            40                        4 Union
                             5                        5 Family business
                            59                        6 AARP
                            75                        7 Deceased spouse's employer
                             2                        8 Deceased spouse's union
                             9                        9 Fraternal/professional organization
                            24                       91 Other
```

        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_INDUS2  92  2   $IND2COD                              C Industry of employer - Plan #2

                             17,104                        Inapplicable
                                  2                     -9 Not ascertained
                                688                        Industry classification code

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

D_TYPPL3  94  2   PLANFMT          HI17                 N Type of plan - Plan #3

                             17,529                     . Inapplicable
                                  0                     1 Medicare
                                  0                     2 Medicaid
                                  0                     3 Public plan
                                265                     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  96  2   RELFMT                                N Policy holder relationship - Plan #3

                             17,530                     .  Inapplicable
                                  0                     -5 Never ask again
                                212                     1  Sample person
                                 51                     2  Spouse
                                  0                     3  Son
                                  1                     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  98  2   COVGFMT                               N # of family members covered by Plan #3

                             17,529                     . Inapplicable
                                  1                     -9 Not ascertained
                                  2                     -8 Don't know
                                262                        Number reported covered

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

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

D_COVRX3 100 2 YES1FMT   N Plan #3 covers prescribed medicines?

```
                         17,529                          . Inapplicable
                              9                         -8 Don't know
                             84                          1 Yes
                            172                          2 No
```

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

D_COVNH3 102 2 YES1FMT   N Plan #3 covers stay in nursing home?

```
                         17,529                          . Inapplicable
                             21                         -8 Don't know
                             45                          1 Yes
                            199                          2 No
```

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

D_PAYSP3 104 2 YES1FMT   N MIP pay any/all cost for Plan #3

```
                         17,529                          . Inapplicable
                              3                         -8 Don't know
                            138                          1 Yes
                            124                          2 No
```

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

D_ANAMT3 106 7 PREM_F   N Premium MIP pays for Plan #3-Annualized

```
                         17,683                          . Inapplicable
                             20            0-100          $100 or less
                             43       100.01-500          $101-$500
                             20      500.01-1000          $501-$1000
                             13     1000.01-1500          $1001-$1500
                              6     1500.01-2000          $1501-$2000
                              3     2000.01-2500          $2001-$2500
                              3     2500.01-3000          $2501-$3000
                              0     3000.01-3500          $3001-$3500
                              1     3500.01-4000          $3501-$4000
                              0     4000.01-4500          $4001-$4500
                              1     4500.01-5000          $4501-$5000
                              1                           Over $5000
```

          Note: Applies only if D_PAYSP3 = 1

D_HMOPL3 113 2 YES1FMT   HI25   N Is Plan #3 an HMO

```
                         17,529                          . Inapplicable
                              4                         -8 Don't know
                              7                          1 Yes
                            254                          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_OBTNP3  115  2  MIPFMT                                 N How did MIP get Plan #3

                            17,529                       . Inapplicable
                                91                       1 Directly
                                20                       2 Main insured person's current employer
                               118                       3 Main insured person's prior employer
                                13                       4 Union
                                 1                       5 Family business
                                 5                       6 AARP
                                 8                       7 Deceased spouse's employer
                                 1                       8 Deceased spouse's union
                                 2                       9 Fraternal/professional organization
                                 6                      91 Other

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

D_INDUS3  117  2  $IND2COD                               C Industry of employer - Plan #3

                            17,647                         Inapplicable
                               147                         Industry classification code

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

D_TYPPL4  119  2  PLANFMT         HI17                   N Type of plan - Plan #4

                            17,763                       . Inapplicable
                                 0                       1 Medicare
                                 0                       2 Medicaid
                                 0                       3 Public plan
                                31                       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
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```

D_PHREL4 121 2 RELFMT   N Policy holder relationship - Plan #4

```
                            17,763                       . Inapplicable
                                 0                      -5 Never ask again
                                25                       1 Sample person
                                 6                       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 123 2 COVGFMT   N # of family members covered by Plan #4

```
                            17,763                       . Inapplicable
                                31                         Number reported covered
```

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

D_COVRX4 125 2 YES1FMT   N Plan #4 covers prescribed medicines?

```
                            17,763                       . Inapplicable
                                 2                      -8 Don't know
                                 8                       1 Yes
                                21                       2 No
```

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

D_COVNH4 127 2 YES1FMT   N Plan #4 covers stay in nursing home?

```
                            17,763                       . Inapplicable
                                 3                      -8 Don't know
                                 6                       1 Yes
                                22                       2 No
```

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

D_PAYSP4 129 2 YES1FMT   N MIP pay any/all cost for Plan #4

```
                            17,763                       . Inapplicable
                                17                       1 Yes
                                14                       2 No
```

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

```
Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_ANAMT4   131  7  PREM_F                                 N Premium MIP pays for Plan #4-Annualized

                            17,782                         . Inapplicable
                                 3               0-100 $100 or less
                                 4          100.01-500 $101-$500
                                 2         500.01-1000 $501-$1000
                                 1        1000.01-1500 $1001-$1500
                                 0        1500.01-2000 $1501-$2000
                                 1        2000.01-2500 $2001-$2500
                                 0        2500.01-3000 $2501-$3000
                                 1        3000.01-3500 $3001-$3500
                                 0        3500.01-4000 $3501-$4000
                                 0        4000.01-4500 $4001-$4500
                                 0        4500.01-5000 $4501-$5000

           Note: Applies only if D_PAYSP4 = 1

D_HMOPL4   138  2  YES1FMT         HI25                    N Is Plan #4 an HMO

                            17,763                         . Inapplicable
                                 3                         1 Yes
                                28                         2 No

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

D_OBTNP4   140  2  MIPFMT                                  N How did MIP get Plan #4

                            17,763                         . Inapplicable
                                 7                         1 Directly
                                 3                         2 Main insured person's current employer
                                17                         3 Main insured person's prior employer
                                 2                         4 Union
                                 0                         5 Family business
                                 0                         6 AARP
                                 1                         7 Deceased spouse's employer
                                 0                         8 Deceased spouse's union
                                 0                         9 Fraternal/professional organization
                                 1                        91 Other

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

D_INDUS4   142  2  $IND2COD                                C Industry of employer - Plan #4

                            17,773                           Inapplicable
                                21                           Industry classification code

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

D_TYPPL5   144  2  PLANFMT         HI17                    N Type of plan - Plan #5

                            17,790                         . Inapplicable
                                 0                         1 Medicare
                                 0                         2 Medicaid
                                 0                         3 Public plan
                                 4                         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 146 2 RELFMT   N Policy holder relationship - Plan #5

```
                           17,790                          . Inapplicable
                                0                          -5 Never ask again
                                2                          1 Sample person
                                2                          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 148 2 COVGFMT   N # of family members covered by Plan #5

```
                           17,790                          . Inapplicable
                                4                            Number reported covered
```

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

D_COVRX5 150 2 YES1FMT   N Plan #5 covers prescribed medicines?

```
                           17,790                          . Inapplicable
                                1                          1 Yes
                                3                          2 No
```

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

D_COVNH5 152 2 YES1FMT   N Plan #5 covers stay in nursing home?

```
                           17,790                          . Inapplicable
                                1                          1 Yes
                                3                          2 No
```

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

D_PAYSP5 154 2 YES1FMT   N MIP pay any/all cost for Plan #5

```
                           17,790                          . Inapplicable
                                2                          1 Yes
                                2                          2 No
```

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

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

D_ANAMT5  156  7  PREM_F                                 N Premium MIP pays for Plan #5-Annualized

                            17,792                       . Inapplicable
                                 1          0-100 $100 or less
                                 0        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  163  2  YES1FMT         HI25                    N Is Plan #5 an HMO

                            17,790                       . Inapplicable
                                 0                       1 Yes
                                 4                       2 No

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

D_OBTNP5  165  2  MIPFMT                                  N How did MIP get Plan #5

                            17,790                       . Inapplicable
                                 2                       1 Directly
                                 0                       2 Main insured person's current employer
                                 2                       3 Main insured person's prior employer
                                 0                       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  167  2  $IND2COD                                C Industry of employer - Plan #5

                            17,792                       Inapplicable
                                 2                       Industry classification code

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