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

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

```
RIC        1  2                                          C Record Identification Code

VERSION    3  1                                          C Version Number

BASEID     4  8  $BSIDFMT                                C Unique SP Identification Number

                          20,889              LOW-HIGH  BASEID Count

INTERVU    12 1  $INTRFMT                                C Type of interview

                          19,651                        C Community
                           1,238                        F Facility
```

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

D_SUMINS  13  4   $CNTFMT                                C Summary insurance indicator

                              6,866             1000 Medicare only
                                468             1001 Medicare, 1 Public
                                 11             1002 Medicare, 2 Public
                                  0             1003 Medicare, 3 Public
                                  1             1004 Medicare, 4 Public
                              8,269             1010 Medicare, 1 Private
                                298             1011 Medicare, 1 Private, 1 Public
                                  8             1012 Medicare, 1 Private, 2 Public
                                  0             1013 Medicare, 1 Private, 3 Public
                                  0             1014 Medicare, 1 Private, 4 Public
                              1,535             1020 Medicare, 2 Private
                                 26             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
                                227             1030 Medicare, 3 Private
                                  5             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
                                 38             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
                                 10             1050 Medicare, 5 Private
                                  0             1051 Medicare, 5 Private, 1 Public
                                  1             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
                              2,653             1100 Medicare, Medicaid
                                217             1101 Medicare, Medicaid, 1 Public
                                  8             1102 Medicare, Medicaid, 2 Public
                                  0             1103 Medicare, Medicaid, 3 Public
                                  0             1104 Medicare, Medicaid, 4 Public
                                215             1110 Medicare, Medicaid, 1 Private
                                 20             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
                                  8             1120 Medicare, Medicaid, 2 Private
                                  1             1121 Medicare, Medicaid, 2 Private, 1 Public
                                  1             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

                             17,765                0 Not entitled to Medicaid
                              3,124                1 Entitled to Medicaid
```

08/18/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
ACCESS   Health Insurance   Page: 3
1998   Version: 2

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


MCAIDHMO   18  3  YES1FMT                                 N Was SP enrolled in a Medicaid HMO?

                              20,672                        . Inapplicable
                                 217                        1 Yes
                                   0                        2 No

              NOTES: Applies only if D_MCAID = 1 or 3
                     First available in 1998

CHOICHMO   21  3  CHOICFMT                                N SP given choice to enroll in Mcaid HMO?

                              20,672                        . Inapplicable
                                   4                       -9 Not ascertained
                                   5                       -8 Don't know
                                  58                        1 SP had choice
                                  92                        2 SP had no choice
                                  58                        3 SP does not remember if he/she had choic

              NOTES: Applies only if INTERVU = C and MCAIDHMO = 1
                     First available in 1998

D_HMOTYP   24  2  $PLNFMT                                 C Type of Medicare HMO

                              15,303                          No enrollment
                                 145                        01 Health care prepayment plan
                                 117                        02 Cost HMO
                               5,324                        06 Risk HMO

D_HMOCOV   26  2  COVFMT                                  N SP covered by Medicare HMO at anytime?

                              15,109                        0 No enrollment
                               5,780                        1 Some enrollment

D_HMOCUR   28  2  CURFMT                                  N Is SP now enrolled in Medicare Risk HMO?

                               5,586                        1 Currently enrolled
                              15,303                        2 Not currently enrolled

MHMORX     30  2  YES1FMT                                 N Does Medicare HMO plan cover drugs?

                              15,013                        . Inapplicable
                                   5                       -9 Not ascertained
                                  76                       -8 Don't know
                               4,835                        1 Yes
                                 960                        2 No

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

MHMODENT   32  2  YES1FMT                                 N Does Medicare HMO plan cover dental?

                              14,997                        . Inapplicable
                                   5                       -9 Not ascertained
                                 378                       -8 Don't know
                               3,206                        1 Yes
                               2,303                        2 No

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

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

MHMOEYE   34 2 YES1FMT   N Does Medicare HMO plan cover eye exams?

```
                         14,997                            . Inapplicable
                              5                           -9 Not ascertained
                            280                           -8 Don't know
                          4,285                            1 Yes
                          1,322                            2 No
```

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

MHMOPCAR 36 2 YES1FMT   N Does Mcare HMO plan cover preventiv care

```
                         14,997                            . Inapplicable
                              5                           -9 Not ascertained
                            187                           -8 Don't know
                          5,490                            1 Yes
                            210                            2 No
```

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

MHMONH   38 2 YES1FMT   N Does Mcare HMO plan cover nursing home?

```
                         15,013                            . Inapplicable
                              5                           -9 Not ascertained
                          2,032                           -8 Don't know
                              1                           -7 Refused
                            834                            1 Yes
                          3,004                            2 No
```

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

MHMOPAY   40 2 YES1FMT   N Does SP pay additional for HMO coverage?

```
                         15,013                            . Inapplicable
                              7                           -9 Not ascertained
                             87                           -8 Don't know
                              1                           -7 Refused
                          1,554                            1 Yes
                          4,227                            2 No
```

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

D_ANHMO   42 8 PREM_F   N Annual additional cost for MHMO coverage

```
                         19,448                  .          Inapplicable
                             34            0-100            $100 or less
                            516       100.01-500            $101-$500
                            535      500.01-1000            $501-$1000
                            176     1000.01-1500            $1001-$1500
                             81     1500.01-2000            $1501-$2000
                             59     2000.01-2500            $2001-$2500
                             19     2500.01-3000            $2501-$3000
                              6     3000.01-3500            $3001-$3500
                              3     3500.01-4000            $3501-$4000
                              4     4000.01-4500            $4001-$4500
                              3     4500.01-5000            $4501-$5000
                              5   5000.01-99999            Over $5000
```

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

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


D_TYPPL1  50  2  PLANFMT              HI17                N Type of plan - Plan #1

                               10,224                     . Inapplicable
                                    0                     1 Medicare
                                    0                     2 Medicaid
                                    0                     3 Public plan
                               10,665                     4 Private plan
                                    0                     5 Medicare HMO

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

D_PHREL1  52  2  RELFMT                                   N Policy holder relationship - Plan #1

                               10,609                     . Inapplicable
                                    0                    -5 Never ask again
                                8,384                     1 Sample Person
                                1,843                     2 Spouse
                                    3                     3 Son
                                   12                     4 Daughter
                                    0                     5 Brother
                                    1                     6 Sister
                                   21                     7 Father
                                   11                     8 Mother
                                    1                     9 Son-in-law
                                    1                    10 Daughter-in-law
                                    0                    11 Grandson
                                    0                    12 Granddaughter
                                    0                    13 Nephew
                                    0                    14 Niece
                                    2                    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
                                    0                    92 Other non-relative

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

D_COVNM1  54  2  COVGFMT                                  N # of family members covered by Plan #1

                               10,609                     . Inapplicable
                                    8                    -9 Not ascertained
                                    9                    -8 Don't know
                                    1                    -7 Refused
                               10,262                  1-15 Number reported covered

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

D_COVRX1  56  2  YES1FMT                                  N Plan #1 covers prescribed medicines?

                               10,609                     . Inapplicable
                                    6                    -9 Not ascertained
                                  233                    -8 Don't know
                                    3                    -7 Refused
                                5,329                     1 Yes
                                4,709                     2 No

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

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

D_COVNH1  58  2  YES1FMT                                 N Plan #1 covers stay in nursing home?

                             10,609                      . Inapplicable
                                  9                     -9 Not ascertained
                              2,723                     -8 Don't know
                                  3                     -7 Refused
                              2,101                      1 Yes
                              5,444                      2 No

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

D_PAYSP1  60  2  YES1FMT                                 N MIP pay any/all cost for Plan #1

                             10,609                      . Inapplicable
                                  7                     -9 Not ascertained
                                 95                     -8 Don't know
                                  5                     -7 Refused
                              7,856                      1 Yes
                              2,317                      2 No

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

D_ANAMT1  62  7  PREM_F                                  N Premium MIP pays for Plan #1-Annualized

                             14,222                      . Inapplicable
                                140          0-100       $100 or less
                                732     100.01-500       $101-$500
                              1,324    500.01-1000       $501-$1000
                              2,145   1000.01-1500       $1001-$1500
                              1,111   1500.01-2000       $1501-$2000
                                467   2000.01-2500       $2001-$2500
                                315   2500.01-3000       $2501-$3000
                                168   3000.01-3500       $3001-$3500
                                119   3500.01-4000       $3501-$4000
                                 63   4000.01-4500       $4001-$4500
                                 38   4500.01-5000       $4501-$5000
                                 45  5000.01-99999       Over $5000

          NOTE: Applies only if D_PAYSP1 = 1

D_HMOPL1  69  2  YES1FMT               HI25              N Is Plan #1 an HMO

                             10,582                      . Inapplicable
                                 10                     -9 Not ascertained
                                110                     -8 Don't know
                                613                      1 Yes
                              9,574                      2 No

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

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

D_OBTNP1  71  2   MIPFMT                                N How did MIP get Plan #1

                              10,582                     . Inapplicable
                                  12                    -9 Not ascertained
                                  62                    -8 Don't know
                                   3                    -7 Refused
                               4,096                     1 Directly
                                 726                     2 Main insured person's current employer
                               4,001                     3 Main insured person's prior employer
                                 160                     4 Union
                                  69                     5 Family business
                                 384                     6 AARP
                                 580                     7 Deceased spouse's employer
                                  25                     8 Deceased spouse's union
                                  96                     9 Fraternal/professional organization
                                  93                    91 Other

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

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

D_INDUS1 73 2 $IND1COD   C Industry of employer - Plan #1

				Frequency			
				15,548			Inapplicable
				2			A Agriculture, forestry, and fishing
				23			B Mining
				21			C Construction
				40			D Manufacturing
				4			E Transportation and public utilities
				2			F Wholesale trade
				21			G Retail trade
				6			H Finance, insurance, and real estate
				4			I Services
				552			J Public administration
				0			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				6			02 Agricultural production - livestock
				5			07 Agricultural services
				5			08 Forestry
				0			09 Fishing, hunting, and trapping
				2			10 Metal mining
				26			12 Coal mining
				25			13 Oil and gas extraction
				1			14 Nonmetallic minerals, except fuels
				10			15 General building contractors
				12			16 Heavy construction, excluding building
				54			17 Special trade contractors
				86			20 Food and kindred products
				1			21 Tobacco products
				42			22 Textile mill products
				29			23 Apparel and other textile products
				13			24 Lumber and wood products
				14			25 Furniture and fixtures
				48			26 Paper and allied products
				39			27 Printing and publishing
				145			28 Chemicals and allied products
				113			29 Petroleum and coal products
				56			30 Rubber and misc. plastics products
				4			31 Leather and leather products
				33			32 Stone, clay, and glass products
				187			33 Primary metal industries
				78			34 Fabricated metal products
				127			35 Industrial machinery and equipment
				119			36 Electronic & other electric equipment
				362			37 Transportation equipment
				13			38 Instruments and related products
				7			39 Miscellaneous manufacturing industries
				69			40 Railroad transportation
				11			41 Local and interurban passenger transit
				26			42 Trucking and warehousing
				185			43 U.S. Postal Service
				8			44 Water transportation
				37			45 Transportation by air
				1			46 Pipelines, except natural gas
				4			47 Transportation services
				214			48 Communications
				160			49 Electric, gas, and sanitary services
				32			50 Wholesale trade - durable goods
				24			51 Wholesale trade - nondurable goods
				8			52 Building materials & garden supplies
				61			53 General merchandise stores
				33			54 Food stores
				23			55 Automotive dealers & service stations
				0			56 Apparel and accessory stores

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

5	57 Furniture and home furnishings stores
6	58 Eating and drinking places
20	59 Miscellaneous retail
87	60 Depository institutions
8	61 Nondepository institutions
10	62 Security and commodity brokers
143	63 Insurance carriers
3	64 Insurance agents, brokers, and services
14	65 Real estate
0	67 Holding and other investment offices
11	70 Hotels and other lodging places
16	72 Personal services
34	73 Business services
10	75 Auto repair, services, and parking
5	76 Miscellaneous repair services
8	78 Motion pictures
13	79 Amusement & recreation services
195	80 Health services
12	81 Legal services
672	82 Educational services
5	83 Social services
1	84 Museums, botanical, zoological gardens
117	86 Membership organizations
81	87 Engineering & management services
0	88 Private households
1	89 Services, nec
87	91 Executive, legislative, and general
111	92 Justice, public order, and safety
30	93 Finance, taxation, & monetary policy
55	94 Administration of Human Resources
27	95 Environmental quality and housing
27	96 Administration of economic programs
207	97 National security and inst. affairs
79	99 Nonclassifiable establishments

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

```
D_TYPPL2  75  2  PLANFMT          HI17              N Type of plan - Plan #2
```

19,035	. Inapplicable
0	1 Medicare
0	2 Medicaid
0	3 Public plan
1,854	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
--------  --- --- -------- --------- -------- --------  ----------------------------------------

D_PHREL2  77  2  RELFMT                                 N Policy holder relationship - Plan #2

                            19,067                      . Inapplicable
                                 0                      -5 Never ask again
                             1,474                      1 Sample Person
                               347                      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
                                 1                      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  79  2  COVGFMT                                N # of family members covered by Plan #2

                            19,067                      . Inapplicable
                                 3                      -9 Not ascertained
                                 1                      -8 Don't know
                             1,818                      1-15 Number reported covered

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

D_COVRX2  81  2  YES1FMT                                N Plan #2 covers prescribed medicines?

                            19,067                      . Inapplicable
                                 2                      -9 Not ascertained
                               105                      -8 Don't know
                               580                      1 Yes
                             1,135                      2 No

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

D_COVNH2  83  2  YES1FMT                                N Plan #2 covers stay in nursing home?

                            19,067                      . Inapplicable
                                 2                      -9 Not ascertained
                               154                      -8 Don't know
                               611                      1 Yes
                             1,055                      2 No

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

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

D_PAYSP2 85 2 YES1FMT   N MIP pay any/all cost for Plan #2

                       19,067   . Inapplicable
                            2   -9 Not ascertained
                           30   -8 Don't know
                            1   -7 Refused
                        1,252   1 Yes
                          537   2 No

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

D_ANAMT2 87 7 PREM_F   N Premium MIP pays for Plan #2-Annualized

                       19,842   . Inapplicable
                          111   0-100 $100 or less
                          287   100.01-500 $101-$500
                          170   500.01-1000 $501-$1000
                          170   1000.01-1500 $1001-$1500
                          125   1500.01-2000 $1501-$2000
                           65   2000.01-2500 $2001-$2500
                           57   2500.01-3000 $2501-$3000
                           24   3000.01-3500 $3001-$3500
                           13   3500.01-4000 $3501-$4000
                            7   4000.01-4500 $4001-$4500
                            9   4500.01-5000 $4501-$5000
                            9   5000.01-99999 Over $5000

              NOTE: Applies only if D_PAYSP2 = 1

D_HMOPL2 94 2 YES1FMT   HI25   N Is Plan #2 an HMO

                       19,071   . Inapplicable
                           11   -9 Not ascertained
                           23   -8 Don't know
                           51   1 Yes
                        1,733   2 No

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

D_OBTNP2 96 2 MIPFMT   N How did MIP get Plan #2

                       19,071   . Inapplicable
                            9   -9 Not ascertained
                            6   -8 Don't know
                          895   1 Directly
                          121   2 Main insured person's current employer
                          560   3 Main insured person's prior employer
                           35   4 Union
                            6   5 Family business
                           55   6 AARP
                           77   7 Deceased spouse's employer
                            3   8 Deceased spouse's union
                           21   9 Fraternal/professional organization
                           30   91 Other

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

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

D_INDUS2   98  2  $IND2COD                              C Industry of employer - Plan #2

                            20,132                        Inapplicable
                               757                        A-99 Industry classification code

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

D_TYPPL3  100  2  PLANFMT         HI17                  N Type of plan - Plan #3

                            20,607                        . Inapplicable
                                 0                        1 Medicare
                                 0                        2 Medicaid
                                 0                        3 Public plan
                               282                        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  102  2  RELFMT                                N Policy holder relationship - Plan #3

                            20,607                        . Inapplicable
                                 0                        -5 Never ask again
                               216                        1 Sample Person
                                66                        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  104  2  COVGFMT                               N # of family members covered by Plan #3

                            20,607                        . Inapplicable
                               282                        1-15 Number reported covered

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

D_COVRX3  106  2  YES1FMT                               N Plan #3 covers prescribed medicines?

                            20,607                        . Inapplicable
                                 3                        -8 Don't know
                                86                        1 Yes
                               193                        2 No

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

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

D_COVNH3   108  2  YES1FMT                                N Plan #3 covers stay in nursing home?

                             20,607                       . Inapplicable
                                 19                      -8 Don't know
                                 43                       1 Yes
                                220                       2 No

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

D_PAYSP3   110  2  YES1FMT                                N MIP pay any/all cost for Plan #3

                             20,607                       . Inapplicable
                                  2                      -8 Don't know
                                150                       1 Yes
                                130                       2 No

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

D_ANAMT3   112  7  PREM_F                                 N Premium MIP pays for Plan #3-Annualized

                             20,774                       . Inapplicable
                                 17          0-100 $100 or less
                                 40    100.01-500 $101-$500
                                 22   500.01-1000 $501-$1000
                                 13  1000.01-1500 $1001-$1500
                                  9  1500.01-2000 $1501-$2000
                                  3  2000.01-2500 $2001-$2500
                                  5  2500.01-3000 $2501-$3000
                                  5  3000.01-3500 $3001-$3500
                                  0  3500.01-4000 $3501-$4000
                                  0  4000.01-4500 $4001-$4500
                                  0  4500.01-5000 $4501-$5000
                                  1  5000.01-99999 Over $5000

           NOTE: Applies only if D_PAYSP3 = 1

D_HMOPL3   119  2  YES1FMT          HI25                  N Is Plan #3 an HMO

                             20,607                       . Inapplicable
                                  2                      -9 Not ascertained
                                  2                      -8 Don't know
                                  5                       1 Yes
                                273                       2 No

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

D_OBTNP3   121  2  MIPFMT                                 N How did MIP get Plan #3

                             20,607                       . Inapplicable
                                  3                      -9 Not ascertained
                                 93                       1 Directly
                                 26                       2 Main insured person's current employer
                                126                       3 Main insured person's prior employer
                                  3                       4 Union
                                  0                       5 Family business
                                  3                       6 AARP
                                 18                       7 Deceased spouse's employer
                                  1                       8 Deceased spouse's union
                                  7                       9 Fraternal/professional organization
                                  2                      91 Other

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

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

D_INDUS3 123  2  $IND2COD                               C Industry of employer - Plan #3

                            20,719                         Inapplicable
                               170                       A-99 Industry classification code

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

D_TYPPL4 125  2  PLANFMT          HI17                  N Type of plan - Plan #4

                            20,840                       . Inapplicable
                                 0                       1 Medicare
                                 0                       2 Medicaid
                                 0                       3 Public plan
                                49                       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.

D_PHREL4 127  2  RELFMT                                 N Policy holder relationship - Plan #4

                            20,840                       . Inapplicable
                                 0                       -5 Never ask again
                                35                       1 Sample Person
                                14                       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 129  2  COVGFMT                                N # of family members covered by Plan #4

                            20,840                       . Inapplicable
                                49                       1-15 Number reported covered

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

D_COVRX4 131  2  YES1FMT                                N Plan #4 covers prescribed medicines?

                            20,840                       . Inapplicable
                                15                       1 Yes
                                34                       2 No

             NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
```

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

D_COVNH4 133 2 YES1FMT   N Plan #4 covers stay in nursing home?

                            20,840   . Inapplicable
                                 4   -8 Don't know
                                 8   1 Yes
                                37   2 No

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

D_PAYSP4 135 2 YES1FMT   N MIP pay any/all cost for Plan #4

                            20,840   . Inapplicable
                                 1   -8 Don't know
                                20   1 Yes
                                28   2 No

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

D_ANAMT4 137 7 PREM_F   N Premium MIP pays for Plan #4-Annualized

                            20,877   . Inapplicable
                                 4   0-100 $100 or less
                                 5   100.01-500 $101-$500
                                 1   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
                                 0   5000.01-99999 Over $5000

          NOTE: Applies only if D_PAYSP4 = 1

D_HMOPL4 144 2 YES1FMT   HI25   N Is Plan #4 an HMO

                            20,840   . Inapplicable
                                 1   -8 Don't know
                                 1   1 Yes
                                47   2 No

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

D_OBTNP4 146 2 MIPFMT   N How did MIP get Plan #4

                            20,840   . Inapplicable
                                 9   1 Directly
                                 1   2 Main insured person's current employer
                                32   3 Main insured person's prior employer
                                 2   4 Union
                                 0   5 Family business
                                 0   6 AARP
                                 4   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

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

D_INDUS4  148  2  $IND2COD                              C Industry of employer - Plan #4

                             20,852                       Inapplicable
                                 37                       A-99 Industry classification code

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

D_TYPPL5  150  2  PLANFMT         HI17                  N Type of plan - Plan #5

                             20,878                     . 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.

D_PHREL5  152  2  RELFMT                                N Policy holder relationship - Plan #5

                             20,878                     . Inapplicable
                                  0                     -5 Never ask again
                                  6                     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_TYPPL5 = 4

D_COVNM5  154  2  COVGFMT                               N # of family members covered by Plan #5

                             20,878                     . Inapplicable
                                 11                     1-15 Number reported covered

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

D_COVRX5  156  2  YES1FMT                               N Plan #5 covers prescribed medicines?

                             20,878                     . Inapplicable
                                  5                     1 Yes
                                  6                     2 No

          NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
```

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

D_COVNH5  158  2  YES1FMT                                N Plan #5 covers stay in nursing home?

                            20,878                       . Inapplicable
                                 1                       1 Yes
                                10                       2 No

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

D_PAYSP5  160  2  YES1FMT                                N MIP pay any/all cost for Plan #5

                            20,878                       . Inapplicable
                                 3                       1 Yes
                                 8                       2 No

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

D_ANAMT5  162  7  PREM_F                                 N Premium MIP pays for Plan #5-Annualized

                            20,888                     . Inapplicable
                                 0            0-100 $100 or less
                                 1       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
                                 0    5000.01-99999 Over $5000

           NOTE: Applies only if D_PAYSP5 = 1

D_HMOPL5  169  2  YES1FMT          HI25                  N Is Plan #5 an HMO

                            20,878                       . Inapplicable
                                 1                       1 Yes
                                10                       2 No

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

D_OBTNP5  171  2  MIPFMT                                 N How did MIP get Plan #5

                            20,878                       . Inapplicable
                                 2                       1 Directly
                                 1                       2 Main insured person's current employer
                                 8                       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
```

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

D_INDUS5  173  2  $IND2COD                              C Industry of employer - Plan #5

                            20,880                        Inapplicable
                                 9                        A-99 Industry classification code

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