

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
				17,936		LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT			C Type of interview
				16,670		C Community
				1,266		F Facility
D_MCARE	13	1	MEDCOVG			N Medicare coverage
				7		0 No entitlement
				537		1 Part A only
				152		2 Part B only
				17,240		3 Both A and B

NOTES: See D\_SUMINS in prior years for similar data.  
 First available in 1999

D_MCRHMO	14	1	SOURCE			N Source of Medicare HMO enrollment status
				13,534		0 No entitlement
				405		1 Survey data only
				182		2 CMS administrative data only
				3,815		3 Both survey and administrative data
D_PRIVAT	15	1	PHIPLCY			N Private insurance coverage
				8,339		0 No entitlement
				4,505		1 Employer sponsored
				4,021		2 Medigap
				614		3 Both ESI and Medigap
				457		4 Unknown

NOTES: See D\_SUMINS in prior years for similar data.  
 First available in 1999

D_PUBLIC	16	1	POLICIES	HI11		N Public health coverage
				16,907		0 None
				1,029		1-9 One or more

NOTES: See D\_SUMINS in prior years for similar data.  
 First available in 2000

D_MCAID	17	1	SOURCE			N Source of Medicaid entitlement status
				14,548		0 No entitlement
				440		1 Survey data only
				464		2 CMS administrative data only
				2,484		3 Both survey and administrative data

NOTES: See D\_SUMINS in prior years for similar data.  
 First available in 1999

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				14,976			. Inapplicable
				4			-9 Not ascertained
				97			-8 Don't know
				1			-7 Refused
				291			1 Yes
				2,567			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?
				17,691			. Inapplicable
				8			-9 Not ascertained
				8			-8 Don't know
				59			1 SP had choice
				130			2 SP had no choice
				40			3 SP does not remember if he/she had choic
NOTES: Applies only if INTERVU = C and MCAIDHMO = 1 First available in 1998							
PUBRXCOV	24	3	YES1FMT				N Does SPs public plan cover prescrib meds
				17,027			. Inapplicable
				15			-8 Don't know
				1			-7 Refused
				748			1 Yes
				145			2 No
NOTES: Applies only if INTERVU = C and D_PUBLIC > 0 First available in 1999							
MCDRXCOV	27	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				15,796			. Inapplicable
				3			-9 Not ascertained
				24			-8 Don't know
				1			-7 Refused
				1,826			1 Yes
				286			2 No
NOTES: Applies only if INTERVU = C and D_MCAID = 1 or 3 First available in 1999							
D_HMOTYP	30	2	\$PLNFMT				C Type of Medicare HMO
				13,939			No enrollment
				93			01 Health care prepayment plan
				121			02 Cost HMO
				3,783			06 Risk HMO
D_HMOCOV	32	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,643			0 No enrollment
				4,293			1 Some enrollment

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOCUR	34	2	CURFMT				N Is SP now enrolled in Medicare Risk HMO?
				4,220			1 Currently enrolled
				13,716			2 Not currently enrolled
MHMORX	36	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,716			. Inapplicable
				53			-8 Don't know
				3,624			1 Yes
				543			2 No
				NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMODENT	38	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,716			. Inapplicable
				270			-8 Don't know
				2,001			1 Yes
				1,949			2 No
				NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOEYE	40	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,716			. Inapplicable
				1			-9 Not ascertained
				208			-8 Don't know
				3,247			1 Yes
				764			2 No
				NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	42	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,716			. Inapplicable
				156			-8 Don't know
				3,934			1 Yes
				130			2 No
				NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMONH	44	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,716			. Inapplicable
				1			-9 Not ascertained
				1,312			-8 Don't know
				3			-7 Refused
				519			1 Yes
				2,385			2 No
				NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			

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

MHMOPAY 46 2 YES1FMT N Does SP pay additional for HMO coverage?  
 13,716 . Inapplicable  
 1 -9 Not ascertained  
 62 -8 Don't know  
 1 -7 Refused  
 1,036 1 Yes  
 3,120 2 No

NOTE: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

MHMOCOST 48 3 YES1FMT N Did anyone else pay portion of premium?  
 16,900 . Inapplicable  
 16 -8 Don't know  
 173 1 Yes  
 847 2 No

NOTES: Applies only if MHMOPAY = 1  
 First available in 1999

MHMOWHO 51 3 WHOFMT N Who else pays a portion of the premium?  
 17,763 . Inapplicable  
 18 1 Main insured person's current employer  
 86 2 Main insured person's former employer  
 4 3 Main insured person's union  
 20 4 Spouse's current employer  
 42 5 Spouse's former employer  
 0 6 Professional/fraternal organization  
 1 7 Medicaid/medical assistance  
 2 91 Other

NOTES: Applies only if MHMOCOST = 1  
 First available in 1999

D\_ANHMO 54 8 PREM\_F N Annual additional cost for MHMO coverage  
 16,900 . Inapplicable  
 1 -9 not Ascertained  
 86 -8 Dont Know  
 1 -7 Refused  
 14 0-100 \$100 or less  
 513 100.01-500 \$101-\$500  
 215 500.01-1000 \$501-\$1000  
 100 1000.01-1500 \$1001-\$1500  
 47 1500.01-2000 \$1501-\$2000  
 21 2000.01-2500 \$2001-\$2500  
 14 2500.01-3000 \$2501-\$3000  
 9 3000.01-3500 \$3001-\$3500  
 7 3500.01-4000 \$3501-\$4000  
 1 4000.01-4500 \$4001-\$4500  
 4 4500.01-5000 \$4501-\$5000  
 3 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 62 2 PLANFMT HI17 N Type of plan - Plan #1  
 8,339 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 9,597 4 Private plan  
 0 5 Medicare HMO

NOTE: Applies only if D\_PRIVAT is not equal to 0.

D\_PHREL1 64 2 RELFMT N Policy holder relationship - Plan #1  
 8,737 . Inapplicable  
 4 -9 Not ascertained  
 0 -5 Never ask again  
 7,614 1 Sample Person  
 1,526 2 Spouse  
 2 3 Son  
 13 4 Daughter  
 1 5 Brother  
 2 6 Sister  
 17 7 Father  
 15 8 Mother  
 1 9 Son-in-law  
 1 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  
 1 91 Other relative  
 2 92 Other non-relative

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D\_COVNM1 66 2 COVGFMT N # of family members covered by Plan #1  
 8,737 . Inapplicable  
 7 -9 Not ascertained  
 15 -8 Don't know  
 1 -7 Refused  
 9,176 1-15 Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D\_COVRX1 68 2 YES1FMT N Plan #1 covers prescribed medicines?  
 8,737 . Inapplicable  
 7 -9 Not ascertained  
 165 -8 Don't know  
 2 -7 Refused  
 4,697 1 Yes  
 4,328 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

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

D\_COVNH1 70 2 YES1FMT N Plan #1 covers stay in nursing home?  
 8,737 . Inapplicable  
 8 -9 Not ascertained  
 2,374 -8 Don't know  
 5 -7 Refused  
 1,939 1 Yes  
 4,873 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D\_PAYSP1 72 2 YES1FMT N MIP pay any/all cost for Plan #1  
 8,737 . Inapplicable  
 5 -9 Not ascertained  
 91 -8 Don't know  
 4 -7 Refused  
 7,114 1 Yes  
 1,985 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D\_ANAMT1 74 7 PREM\_F N Premium MIP pays for Plan #1-Annualized  
 10,822 . Inapplicable  
 4 -9 not Ascertained  
 962 -8 Dont Know  
 17 -7 Refused  
 169 0-100 \$100 or less  
 651 100.01-500 \$101-\$500  
 1,035 500.01-1000 \$501-\$1000  
 1,864 1000.01-1500 \$1001-\$1500  
 1,159 1500.01-2000 \$1501-\$2000  
 509 2000.01-2500 \$2001-\$2500  
 304 2500.01-3000 \$2501-\$3000  
 156 3000.01-3500 \$3001-\$3500  
 105 3500.01-4000 \$3501-\$4000  
 64 4000.01-4500 \$4001-\$4500  
 47 4500.01-5000 \$4501-\$5000  
 68 5000.01-99999 Over \$5000

NOTE: Applies only if D\_PAYSP1 = 1

D\_HMOPL1 81 2 YES1FMT HI25 N Is Plan #1 an HMO  
 8,737 . Inapplicable  
 14 -9 Not ascertained  
 97 -8 Don't know  
 464 1 Yes  
 8,624 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	83	2	MIPFMT				N How did MIP get Plan #1
				8,737			. Inapplicable
				8			-9 Not ascertained
				60			-8 Don't know
				1			-7 Refused
				3,495			1 Directly
				592			2 Main insured person's current employer
				3,528			3 Main insured person's prior employer
				144			4 Union
				62			5 Family business
				616			6 AARP
				516			7 Deceased spouse's employer
				29			8 Deceased spouse's union
				58			9 Fraternal/professional organization
				90			91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

05/01/03  
 ACCESS  
 1999

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

RIC: 4  
 Page: 8  
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	85	2	\$IND1COD				C Industry of employer - Plan #1
				8,737			Inapplicable
				3			-7 Refused
				2			-8 Don't know
				4,430			-9 Not ascertained
				1			A Agriculture, forestry, and fishing
				22			B Mining
				26			C Construction
				26			D Manufacturing
				4			E Transportation and public utilities
				1			F Wholesale trade
				15			G Retail trade
				6			H Finance, insurance, and real estate
				5			I Services
				565			J Public administration
				0			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				5			02 Agricultural production - livestock
				5			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				1			10 Metal mining
				25			12 Coal mining
				25			13 Oil and gas extraction
				1			14 Nonmetallic minerals, except fuels
				7			15 General building contractors
				15			16 Heavy construction, excluding building
				39			17 Special trade contractors
				79			20 Food and kindred products
				4			21 Tobacco products
				39			22 Textile mill products
				21			23 Apparel and other textile products
				12			24 Lumber and wood products
				11			25 Furniture and fixtures
				41			26 Paper and allied products
				48			27 Printing and publishing
				151			28 Chemicals and allied products
				104			29 Petroleum and coal products
				31			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				31			32 Stone, clay, and glass products
				164			33 Primary metal industries
				60			34 Fabricated metal products
				108			35 Industrial machinery and equipment
				108			36 Electronic & other electric equipment
				337			37 Transportation equipment
				11			38 Instruments and related products
				9			39 Miscellaneous manufacturing industries
				61			40 Railroad transportation
				13			41 Local and interurban passenger transit
				26			42 Trucking and warehousing
				158			43 U.S. Postal Service
				9			44 Water transportation
				25			45 Transportation by air
				1			46 Pipelines, except natural gas
				0			47 Transportation services
				182			48 Communications
				141			49 Electric, gas, and sanitary services
				26			50 Wholesale trade - durable goods
				14			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				45			53 General merchandise stores

05/01/03  
**ACCESS**  
**1999**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

RIC: **4**  
 Page: **9**  
 Version: **2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				39			54 Food stores
				18			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				4			57 Furniture and home furnishings stores
				10			58 Eating and drinking places
				13			59 Miscellaneous retail
				66			60 Depository institutions
				7			61 Nondepository institutions
				8			62 Security and commodity brokers
				115			63 Insurance carriers
				5			64 Insurance agents, brokers, and services
				15			65 Real estate
				1			67 Holding and other investment offices
				7			70 Hotels and other lodging places
				15			72 Personal services
				28			73 Business services
				13			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				5			78 Motion pictures
				15			79 Amusement & recreation services
				188			80 Health services
				10			81 Legal services
				623			82 Educational services
				9			83 Social services
				2			84 Museums, botanical, zoological gardens
				96			86 Membership organizations
				66			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				33			91 Executive, legislative, and general
				107			92 Justice, public order, and safety
				28			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				16			95 Environmental quality and housing
				21			96 Administration of economic programs
				196			97 National security and inst. affairs
				67			99 Nonclassifiable establishments

NOTE: Applies only if D\_OBTNP1 = 2, 3, 5, or 8

Variable	Col	Len	Format	Frequency	Variable Type & Label
D_PLLTR1	87	2	\$PLN1LTR		C Medicare suppl./Medigap plan letter #1
				8,737	Missing
				121	-8 Don't know
				7,870	-9 Not ascertained
				94	A Plan A
				114	B Plan B
				315	C Plan C
				68	D Plan D
				28	E Plan E
				426	F Plan F
				22	G Plan G
				29	H Plan H
				32	I Plan I
				73	J Plan J
				7	Other plan letter

NOTES: Applies only if INTERVU = C, D\_TYPP1 = 4, and D\_OBTNP1 = 1, 5, or 6  
 First available in 2000

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

D\_TYPPL2 89 2 PLANFMT HI17 N Type of plan - Plan #2  
 16,082 . 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.

D\_PHREL2 91 2 RELFMT N Policy holder relationship - Plan #2  
 16,115 . Inapplicable  
 0 -5 Never ask again  
 1,374 1 Sample Person  
 442 2 Spouse  
 0 3 Son  
 1 4 Daughter  
 0 5 Brother  
 0 6 Sister  
 0 7 Father  
 1 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  
 2 92 Other non-relative

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D\_COVNM2 93 2 COVGFMT N # of family members covered by Plan #2  
 16,115 . Inapplicable  
 6 -9 Not ascertained  
 2 -8 Don't know  
 1,813 1-15 Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D\_COVRX2 95 2 YES1FMT N Plan #2 covers prescribed medicines?  
 16,115 . Inapplicable  
 1 -9 Not ascertained  
 86 -8 Don't know  
 1 -7 Refused  
 657 1 Yes  
 1,076 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

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

D\_COVNH2 97 2 YES1FMT N Plan #2 covers stay in nursing home?  
 16,115 . Inapplicable  
 1 -9 Not ascertained  
 157 -8 Don't know  
 1 -7 Refused  
 547 1 Yes  
 1,115 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D\_PAYSP2 99 2 YES1FMT N MIP pay any/all cost for Plan #2  
 16,115 . Inapplicable  
 1 -9 Not ascertained  
 26 -8 Don't know  
 1 -7 Refused  
 1,200 1 Yes  
 593 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D\_ANAMT2 101 7 PREM\_F N Premium MIP pays for Plan #2-Annualized  
 16,736 . Inapplicable  
 6 -9 not Ascertained  
 185 -8 Dont Know  
 4 -7 Refused  
 138 0-100 \$100 or less  
 234 100.01-500 \$101-\$500  
 180 500.01-1000 \$501-\$1000  
 171 1000.01-1500 \$1001-\$1500  
 107 1500.01-2000 \$1501-\$2000  
 64 2000.01-2500 \$2001-\$2500  
 50 2500.01-3000 \$2501-\$3000  
 18 3000.01-3500 \$3001-\$3500  
 18 3500.01-4000 \$3501-\$4000  
 6 4000.01-4500 \$4001-\$4500  
 8 4500.01-5000 \$4501-\$5000  
 11 5000.01-99999 Over \$5000

NOTE: Applies only if D\_PAYSP2 = 1

D\_HMOPL2 108 2 YES1FMT HI25 N Is Plan #2 an HMO  
 16,115 . Inapplicable  
 14 -9 Not ascertained  
 26 -8 Don't know  
 41 1 Yes  
 1,740 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

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

D\_OBTNP2 110 2 MIPFMT N How did MIP get Plan #2  
 16,115 . Inapplicable  
 2 -9 Not ascertained  
 7 -8 Don't know  
 1 -7 Refused  
 788 1 Directly  
 122 2 Main insured person's current employer  
 673 3 Main insured person's prior employer  
 40 4 Union  
 6 5 Family business  
 72 6 AARP  
 76 7 Deceased spouse's employer  
 4 8 Deceased spouse's union  
 13 9 Fraternal/professional organization  
 17 91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D\_INDUS2 112 2 \$IND2COD C Industry of employer - Plan #2  
 16,115 Inapplicable  
 951 -9 Not ascertained  
 870 A-99 Industry classification code

NOTE: Applies only if D\_OBTNP2 = 2, 3, 5, or 8

D\_PLLTR2 114 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #2  
 16,115 Missing  
 4 -8 Don't know  
 1,771 -9 Not ascertained  
 46 A-99 Plan letter

NOTES: Applies only if INTERVU = C, D\_TYPPL2 = 4, and D\_OBTNP2 = 1, 5, or 6  
 First available in 2000

D\_TYPPL3 116 2 PLANFMT HI17 N Type of plan - Plan #3  
 17,648 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 288 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.

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

D\_PHREL3 118 2 RELFMT N Policy holder relationship - Plan #3

	17,652	.	Inapplicable
	0	-5	Never ask again
	205	1	Sample Person
	79	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 120 2 COVGFMT N # of family members covered by Plan #3

	17,652	.	Inapplicable
	2	-9	Not ascertained
	282	1-15	Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D\_COVRX3 122 2 YES1FMT N Plan #3 covers prescribed medicines?

	17,652	.	Inapplicable
	2	-9	Not ascertained
	6	-8	Don't know
	84	1	Yes
	192	2	No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D\_COVNH3 124 2 YES1FMT N Plan #3 covers stay in nursing home?

	17,652	.	Inapplicable
	3	-9	Not ascertained
	6	-8	Don't know
	55	1	Yes
	220	2	No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

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

D\_PAYSP3 126 2 YES1FMT N MIP pay any/all cost for Plan #3  
 17,652 . Inapplicable  
 8 -8 Don't know  
 144 1 Yes  
 132 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D\_ANAMT3 128 7 PREM\_F N Premium MIP pays for Plan #3-Annualized  
 17,792 . Inapplicable  
 28 -8 Dont Know  
 22 0-100 \$100 or less  
 38 100.01-500 \$101-\$500  
 18 500.01-1000 \$501-\$1000  
 12 1000.01-1500 \$1001-\$1500  
 7 1500.01-2000 \$1501-\$2000  
 5 2000.01-2500 \$2001-\$2500  
 6 2500.01-3000 \$2501-\$3000  
 2 3000.01-3500 \$3001-\$3500  
 2 3500.01-4000 \$3501-\$4000  
 1 4000.01-4500 \$4001-\$4500  
 2 4500.01-5000 \$4501-\$5000  
 1 5000.01-99999 Over \$5000

NOTE: Applies only if D\_PAYSP3 = 1

D\_HMOPL3 135 2 YES1FMT HI25 N Is Plan #3 an HMO  
 17,652 . Inapplicable  
 2 -9 Not ascertained  
 4 -8 Don't know  
 7 1 Yes  
 271 2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D\_OBTNP3 137 2 MIPFMT N How did MIP get Plan #3  
 17,652 . Inapplicable  
 1 -9 Not ascertained  
 1 -8 Don't know  
 90 1 Directly  
 22 2 Main insured person's current employer  
 134 3 Main insured person's prior employer  
 10 4 Union  
 0 5 Family business  
 4 6 AARP  
 17 7 Deceased spouse's employer  
 0 8 Deceased spouse's union  
 2 9 Fraternal/professional organization  
 3 91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

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

D\_INDUS3 139 2 \$IND2COD C Industry of employer - Plan #3  
 17,652 Inapplicable  
 116 -9 Not ascertained  
 168 A-99 Industry classification code

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

D\_PLLTR3 141 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #3  
 17,652 Missing  
 281 -9 Not ascertained  
 3 A-99 Plan letter

NOTES: Applies only if INTERVU = C, D\_TYPPL3 = 4, and D\_OBTNP3 = 1, 5, or 6  
 First available in 2000

D\_TYPPL4 143 2 PLANFMT HI17 N Type of plan - Plan #4  
 17,889 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 47 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 145 2 RELFMT N Policy holder relationship - Plan #4  
 17,889 . Inapplicable  
 0 -5 Never ask again  
 29 1 Sample Person  
 18 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



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

D\_OBTNP4 164 2 MIPFMT N How did MIP get Plan #4  
 17,889 . Inapplicable  
 10 1 Directly  
 1 2 Main insured person's current employer  
 32 3 Main insured person's prior employer  
 0 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  
 0 91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL4 = 4

D\_INDUS4 166 2 \$IND2COD C Industry of employer - Plan #4  
 17,889 Inapplicable  
 1 -8 Don't know  
 9 -9 Not ascertained  
 37 A-99 Industry classification code

NOTE: Applies only if D\_OBTNP4 = 2, 3, 5, or 8

D\_PLLTR4 168 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #4  
 17,889 Missing  
 47 -9 Not ascertained  
 0 A-99 Plan letter

NOTES: Applies only if INTERVU = C, D\_TYPPL4 = 4, and D\_OBTNP4 = 1, 5, or 6  
 First available in 2000

D\_TYPPL5 170 2 PLANFMT HI17 N Type of plan - Plan #5  
 17,926 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 10 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	172	2	RELFMT	17,926			N Policy holder relationship - Plan #5
				0			. Inapplicable
				0			-5 Never ask again
				6			1 Sample Person
				4			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNM5	174	2	COVGFMT	17,926			N # of family members covered by Plan #5
				10			. Inapplicable
							1-15 Number reported covered
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	176	2	YES1FMT	17,926			N Plan #5 covers prescribed medicines?
				3			. Inapplicable
				7			1 Yes
							2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	178	2	YES1FMT	17,926			N Plan #5 covers stay in nursing home?
				2			. Inapplicable
				8			1 Yes
							2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	180	2	YES1FMT	17,926			N MIP pay any/all cost for Plan #5
				3			. Inapplicable
				7			1 Yes
							2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4

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

D\_ANAMT5 182 7 PREM\_F N Premium MIP pays for Plan #5-Annualized

	17,933	.	Inapplicable
	0	0-100	\$100 or less
	1	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
	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 189 2 YES1FMT HI25 N Is Plan #5 an HMO

	17,926	.	Inapplicable
	0	1	Yes
	10	2	No

NOTE: Applies only if INTERVU = C and D\_TYPPL5 = 4

D\_OBTNP5 191 2 MIPFMT N How did MIP get Plan #5

	17,926	.	Inapplicable
	3	1	Directly
	0	2	Main insured person's current employer
	6	3	Main insured person's prior employer
	0	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
	0	91	Other

NOTE: Applies only if INTERVU = C and D\_TYPPL5 = 4

D\_INDUS5 193 2 \$IND2COD C Industry of employer - Plan #5

	17,926		Inapplicable
	3	-9	Not ascertained
	7	A-99	Industry classification code

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

D\_PLLTR5 195 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #5

	17,926		Missing
	10	-9	Not ascertained
	0	A-99	Plan letter

NOTES: Applies only if INTERVU = C, D\_TYPPL5 = 4, and D\_OBTNP5 = 1, 5, or 6  
 First available in 2000