

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
				16,003		LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT			C Type of interview
				14,916		C Community
				1,087		F Facility
D_MCARE	13	1	MEDCOVG			N Medicare coverage
				3		0 No entitlement
				497		1 Part A only
				141		2 Part B only
				15,362		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
				13,557		0 No entitlement
				388		1 Survey data only
				151		2 CMS administrative data only
				1,907		3 Both survey and administrative data
D_PRIVAT	15	1	PHIFMT			N Private insurance coverage
				6,936		0 No entitlement
				4,285		1 Employer-sponsored insurance (ESI)
				3,791		2 Self-purchased
				622		3 Both ESI and self-purchased
				369		4 Unknown

Notes: See D_SUMINS in prior years for similar data.
 First available in 1999

D_PUBLIC	16	1	POLICIES	H111		N Public health coverage
				15,097		0 None
				906		One or more

Notes: See D_SUMINS in prior years for similar data.
 First available in 1999

D_MCAID	17	1	SOURCE			N Medicaid eligibility
				12,480		0 No entitlement
				498		1 Survey data only
				465		2 CMS administrative data only
				2,560		3 Both survey and administrative data

Notes: See D_SUMINS in prior years for similar data.
 First available in 2000

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,924			. Inapplicable
				1			-9 Not ascertained
				131			-8 Don't know
				455			1 Yes
				2,492			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?
				15,593			. Inapplicable
				53			-9 Not ascertained
				77			1 SP had choice
				189			2 SP had no choice
				91			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
				15,128			. Inapplicable
				3			-9 Not ascertained
				12			-8 Don't know
				752			1 Yes
				108			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
				13,886			. Inapplicable
				1			-9 Not ascertained
				33			-8 Don't know
				1,900			1 Yes
				183			2 No
Notes: Applies only if INTERVU = C and D_MCAID = 1 or 3 First available in 1999							
MTFCOVER	30	3	YES1FMT		HIT11		N SP rec'd svcs at military treatment fac.
				13,014			. Inapplicable
				624			1 Yes
				2,365			2 No
Notes: Applies if RIC1, D_AFEVER = 1 First available in 2003							
D_DMEN	33	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
				15,159			0 No discount card membership
				727			1 One discount card membership
				85			2 Two discount card memberships
				24			3 Three discount card memberships
				8			Four or more discount card memberships
Note: First available in 2002							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_DMCCOST	36	7	PREM_F			DM6	N annual cost of discount card
				15,159			. Inapplicable
				804			0-100 \$100 or less
				37			100.01-500 \$101-\$500
				2			500.01-1000 \$501-\$1000
				0			1000.01-1500 \$1001-\$1500
				0			1500.01-2000 \$1501-\$2000
				1			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

Notes: Applies only if D_ENROLL1-5 = 1.
 First available in 2002

D_HMOTYP	43	2	\$PLNFMT				C Type of Medicare HMO
				13,945			No enrollment
				57			01 Health care prepayment plan
				101			02 Cost HMO
				0			05 Old Risk HMO
				1,900			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
D_HMOCOV	45	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,658			0 No enrollment
				2,345			1 Some enrollment
D_HMOCUR	47	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,295			1 Currently enrolled
				13,708			2 Not currently enrolled
MHMORX	49	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,708			. Inapplicable
				1			-9 Not ascertained
				30			-8 Don't know
				1,788			1 Yes
				476			2 No

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

MHMODENT	51	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,708			. Inapplicable
				1			-9 Not ascertained
				106			-8 Don't know
				525			1 Yes
				1,663			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	53	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,708			. Inapplicable
				1			-9 Not ascertained
				91			-8 Don't know
				1,484			1 Yes
				719			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	55	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,708			. Inapplicable
				1			-9 Not ascertained
				59			-8 Don't know
				2,122			1 Yes
				113			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMONH	57	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,708			. Inapplicable
				1			-9 Not ascertained
				603			-8 Don't know
				1			-7 Refused
				308			1 Yes
				1,382			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPAY	59	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,708			. Inapplicable
				1			-9 Not ascertained
				29			-8 Don't know
				1,304			1 Yes
				961			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOCOST	61	3	YES1FMT				N Did anyone else pay portion of premium?
				14,699			. Inapplicable
				2			-9 Not ascertained
				17			-8 Don't know
				212			1 Yes
				1,073			2 No
				Notes: Applies only if MHMOPAY = 1 First available in 1999			

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

MHMOWHO 64 3 WHOFMT N Who else pays a portion of the premium?
 15,791 . Inapplicable
 21 1 Main insured person's current employer
 113 2 Main insured person's former employer
 5 3 Main insured person's union
 18 4 Spouse's current employer
 49 5 Spouse's former employer
 1 6 Professional/fraternal organization
 1 7 Medicaid/medical assistance
 4 91 Other

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

D_ANHMO 67 8 PREM_F N Annual amnt paid for Mcare HMO coverage?
 14,699 . Inapplicable
 2 -9 Not ascertained
 107 -8 Don't know
 2 -7 Refused
 18 0-100 \$100 or less
 284 100.01-500 \$101-\$500
 341 500.01-1000 \$501-\$1000
 288 1000.01-1500 \$1001-\$1500
 123 1500.01-2000 \$1501-\$2000
 55 2000.01-2500 \$2001-\$2500
 30 2500.01-3000 \$2501-\$3000
 17 3000.01-3500 \$3001-\$3500
 11 3500.01-4000 \$3501-\$4000
 6 4000.01-4500 \$4001-\$4500
 4 4500.01-5000 \$4501-\$5000
 16 Over \$5000

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

TRICOVER 75 3 YES1FMT HIT1 N Is SP covered by triccare?
 15,423 . Inapplicable
 580 1 Yes
 0 2 No

Notes: Applies only if SP was not covered by Tricare in previous round
 First available in 2003

MTRIRX 78 2 YES1FMT HIST3 N Does triccare plan cover drugs?
 15,423 . Inapplicable
 24 -8 Don't know
 526 1 Yes
 30 2 No

Note: First available in 2003

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTRIDENT	80	2	YES1FMT				N Does tricare plan cover dental?
				15,423			. Inapplicable
				1			-9 Not ascertained
				42			-8 Don't know
				73			1 Yes
				464			2 No
				Note: First available in 2003			
MTRIEYE	82	2	YES1FMT				N Does tricare plan cover eye exams?
				15,423			. Inapplicable
				1			-9 Not ascertained
				57			-8 Don't know
				147			1 Yes
				375			2 No
				Note: First available in 2003			
MTRIPCAR	84	2	YES1FMT				N Does tricare plan cover preventiv care
				15,423			. Inapplicable
				1			-9 Not ascertained
				45			-8 Don't know
				450			1 Yes
				84			2 No
				Note: First available in 2003			
MTRINH	86	2	YES1FMT				N Does tricare plan cover nursing home?
				15,423			. Inapplicable
				1			-9 Not ascertained
				181			-8 Don't know
				82			1 Yes
				316			2 No
				Note: First available in 2003			
D_ANTRI	88	8	PREM_F				N Annual amnt paid for tricare coverage?
				15,423			. Inapplicable
				559			-9 Not ascertained
				6			-8 Don't know
				0		0-100	\$100 or less
				5		100.01-500	\$101-\$500
				7		500.01-1000	\$501-\$1000
				2		1000.01-1500	\$1001-\$1500
				0		1500.01-2000	\$1501-\$2000
				1		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: First available in 2003			

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D_TYPPL1 96 2 PLANFMT HI17 N Type of plan - Plan #1
 6,936 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 9,067 4 Private plan
 0 5 Medicare HMO

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

D_PHREL1 98 2 RELFMT N Policy holder relationship - Plan #1
 7,250 . Inapplicable
 0 -5 Never ask again
 7,249 1 Sample person
 1,435 2 Spouse
 4 3 Son
 6 4 Daughter
 1 5 Brother
 0 6 Sister
 23 7 Father
 26 8 Mother
 1 9 Son-in-law
 0 10 Daughter-in-law
 0 11 Grandson
 0 12 Granddaughter
 0 13 Nephew
 0 14 Niece
 3 50 Partner/roommate
 0 51 Friend/neighbor
 0 52 Boarder
 0 53 Nurse/nurses aide
 0 54 Legal/financial officer
 0 55 Guardian
 2 91 Other relative
 3 92 Other non-relative

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

D_COVNM1 100 2 COVGFMT N # of family members covered by Plan #1
 7,250 . Inapplicable
 6 -9 Not ascertained
 9 -8 Don't know
 8,738 Number reported covered

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

D_COVRX1 102 2 YES1FMT N Plan #1 covers prescribed medicines?
 7,250 . Inapplicable
 1 -9 Not ascertained
 143 -8 Don't know
 1 -7 Refused
 4,707 1 Yes
 3,901 2 No

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

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

D_COVNH1 104 2 YES1FMT N Plan #1 covers stay in nursing home?
 7,250 . Inapplicable
 2 -9 Not ascertained
 2,398 -8 Don't know
 2 -7 Refused
 2,072 1 Yes
 4,279 2 No

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

D_PAYSP1 106 2 YES1FMT N MIP pay any/all cost for Plan #1
 7,250 . Inapplicable
 2 -9 Not ascertained
 100 -8 Don't know
 1 -7 Refused
 6,985 1 Yes
 1,665 2 No

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

D_ANAMT1 108 7 PREM_F N Premium MIP pays for Plan #1-Annualized
 9,018 . Inapplicable
 10 -9 Not ascertained
 964 -8 Don't know
 17 -7 Refused
 104 0-100 \$100 or less
 496 100.01-500 \$101-\$500
 591 500.01-1000 \$501-\$1000
 1,491 1000.01-1500 \$1001-\$1500
 1,290 1500.01-2000 \$1501-\$2000
 713 2000.01-2500 \$2001-\$2500
 462 2500.01-3000 \$2501-\$3000
 269 3000.01-3500 \$3001-\$3500
 185 3500.01-4000 \$3501-\$4000
 104 4000.01-4500 \$4001-\$4500
 83 4500.01-5000 \$4501-\$5000
 206 Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1 115 2 YES1FMT HI25 N Is Plan #1 an HMO
 7,250 . Inapplicable
 12 -9 Not ascertained
 177 -8 Don't know
 1 -7 Refused
 651 1 Yes
 7,912 2 No

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

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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	117	2	MIPFMT				N How did MIP get Plan #1
				7,250			. Inapplicable
				3			-9 Not ascertained
				57			-8 Don't know
				3			-7 Refused
				3,447			1 Directly
				685			2 Main insured person's current employer
				3,282			3 Main insured person's prior employer
				146			4 Union
				57			5 Family business
				445			6 AARP
				501			7 Deceased spouse's employer
				19			8 Deceased spouse's union
				34			9 Fraternal/professional organization
				74			91 Other

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

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MEDICARE CURRENT BENEFICIARY SURVEY
 Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	119	2	\$IND1COD				C Industry of employer - Plan #1
				7,250			Inapplicable
				2			-7 Refused
				4			-8 Don't know
				4,208			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				18			B Mining
				12			C Construction
				30			D Manufacturing
				3			E Transportation and public utilities
				1			F Wholesale trade
				13			G Retail trade
				1			H Finance, insurance, and real estate
				1			I Services
				125			J Public administration
				55			K Nonclassifiable establishments
				2			01 Agricultural production - crops
				10			02 Agricultural production - livestock
				4			07 Agricultural services
				10			08 Forestry
				0			09 Fishing, hunting, and trapping
				10			10 Metal mining
				39			12 Coal mining
				19			13 Oil and gas extraction
				15			14 Nonmetallic minerals, except fuels
				17			15 General building contractors
				12			16 Heavy construction, excluding building
				44			17 Special trade contractors
				74			20 Food and kindred products
				3			21 Tobacco products
				28			22 Textile mill products
				9			23 Apparel and other textile products
				9			24 Lumber and wood products
				11			25 Furniture and fixtures
				38			26 Paper and allied products
				43			27 Printing and publishing
				138			28 Chemicals and allied products
				61			29 Petroleum and coal products
				44			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				28			32 Stone, clay, and glass products
				103			33 Primary metal industries
				58			34 Fabricated metal products
				90			35 Industrial machinery and equipment
				106			36 Electronic & other electric equipment
				323			37 Transportation equipment
				63			38 Instruments and related products
				5			39 Miscellaneous manufacturing industries
				47			40 Railroad transportation
				20			41 Local and interurban passenger transit
				29			42 Trucking and warehousing
				138			43 U.S. Postal Service
				7			44 Water transportation
				23			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				181			48 Communications
				132			49 Electric, gas, and sanitary services
				25			50 Wholesale trade - durable goods
				15			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				46			53 General merchandise stores
				32			54 Food stores

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MEDICARE CURRENT BENEFICIARY SURVEY
 Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				25			55 Automotive dealers & service stations
				1			56 Apparel and accessory stores
				2			57 Furniture and home furnishings stores
				13			58 Eating and drinking places
				8			59 Miscellaneous retail
				64			60 Depository institutions
				6			61 Nondepository institutions
				5			62 Security and commodity brokers
				111			63 Insurance carriers
				2			64 Insurance agents, brokers, and services
				7			65 Real estate
				2			67 Holding and other investment offices
				9			70 Hotels and other lodging places
				9			72 Personal services
				34			73 Business services
				8			75 Auto repair, services, and parking
				1			76 Miscellaneous repair services
				4			78 Motion pictures
				18			79 Amusement & recreation services
				174			80 Health services
				11			81 Legal services
				676			82 Educational services
				8			83 Social services
				1			84 Museums, botanical, zoological gardens
				77			86 Membership organizations
				69			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				485			91 Executive, legislative, and general
				91			92 Justice, public order, and safety
				16			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				15			95 Environmental quality and housing
				25			96 Administration of economic programs
				152			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR1	121	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				12,054			Inapplicable
				1			-7 Refused
				143			-8 Don't know
				1,683			-9 Not ascertained
				71			A Plan A
				78			B Plan B
				214			C Plan C
				57			D Plan D
				29			E Plan E
				442			F Plan F
				33			G Plan G
				35			H Plan H
				34			I Plan I
				80			J Plan J
				1			K Plan K
				1			L Plan L
				7			M Plan M
				0			N Plan N
				4			P Plan P
				1			Q Plan Q
				1			R Plan R
				1			S Plan S
				0			X Plan X
				1			Y Plan Y
				2			0 Plan 0
				2			1 Plan 1
				5			3 Plan 3
				2			8 Plan 8
				1,021			99 SP reports plan does not have a letter

Notes: Applies only if INTERVU = C, D_TYPPL1 = 4, and D_OBTNP1 = 1, 5, or 6
 First available in 2000

D_COVIP1	123	2	YES1FMT			HIS29b	N Plan #1 covers some inpatient costs
				7,250			. Inapplicable
				6			-9 Not ascertained
				159			-8 Don't know
				7,735			1 Yes
				853			2 No

Notes: Applies if D_TYPPL1 > 0
 First available in 2003

D_COVMD1	125	2	YES1FMT			HIS29b	N Plan #1 covers some MD/lab visit costs
				7,250			. Inapplicable
				5			-9 Not ascertained
				99			-8 Don't know
				1			-7 Refused
				7,667			1 Yes
				981			2 No

Notes: Applies if D_TYPPL1 > 0
 First available in 2003

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

D_TYPPL2 127 2 PLANFMT HI17 N Type of plan - Plan #2
 14,090 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 1,913 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 129 2 RELFMT N Policy holder relationship - Plan #2
 14,118 . Inapplicable
 0 -5 Never ask again
 1,459 1 Sample person
 417 2 Spouse
 0 3 Son
 0 4 Daughter
 0 5 Brother
 0 6 Sister
 4 7 Father
 3 8 Mother
 0 9 Son-in-law
 0 10 Daughter-in-law
 0 11 Grandson
 0 12 Granddaughter
 0 13 Nephew
 0 14 Niece
 0 50 Partner/roommate
 0 51 Friend/neighbor
 0 52 Boarder
 0 53 Nurse/nurses aide
 0 54 Legal/financial officer
 0 55 Guardian
 1 91 Other relative
 1 92 Other non-relative

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

D_COVNM2 131 2 COVGFMT N # of family members covered by Plan #2
 14,118 . Inapplicable
 3 -9 Not ascertained
 6 -8 Don't know
 1,876 Number reported covered

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

D_COVRX2 133 2 YES1FMT N Plan #2 covers prescribed medicines?
 14,118 . Inapplicable
 1 -9 Not ascertained
 82 -8 Don't know
 521 1 Yes
 1,281 2 No

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

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

D_COVNH2 135 2 YES1FMT N Plan #2 covers stay in nursing home?
 14,118 . Inapplicable
 161 -8 Don't know
 708 1 Yes
 1,016 2 No

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

D_PAYSP2 137 2 YES1FMT N MIP pay any/all cost for Plan #2
 14,118 . Inapplicable
 1 -9 Not ascertained
 25 -8 Don't know
 1,363 1 Yes
 496 2 No

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

D_ANAMT2 139 7 PREM_F N Premium MIP pays for Plan #2-Annualized
 14,640 . Inapplicable
 6 -9 Not ascertained
 217 -8 Don't know
 3 -7 Refused
 65 0-100 \$100 or less
 233 100.01-500 \$101-\$500
 178 500.01-1000 \$501-\$1000
 177 1000.01-1500 \$1001-\$1500
 167 1500.01-2000 \$1501-\$2000
 112 2000.01-2500 \$2001-\$2500
 86 2500.01-3000 \$2501-\$3000
 31 3000.01-3500 \$3001-\$3500
 33 3500.01-4000 \$3501-\$4000
 16 4000.01-4500 \$4001-\$4500
 9 4500.01-5000 \$4501-\$5000
 30 Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2 146 2 YES1FMT HI25 N Is Plan #2 an HMO
 14,118 . Inapplicable
 4 -9 Not ascertained
 33 -8 Don't know
 71 1 Yes
 1,777 2 No

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

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D_OBTNP2 148 2 MIPFMT N How did MIP get Plan #2
 14,118 . Inapplicable
 2 -9 Not ascertained
 9 -8 Don't know
 902 1 Directly
 154 2 Main insured person's current employer
 655 3 Main insured person's prior employer
 32 4 Union
 10 5 Family business
 38 6 AARP
 57 7 Deceased spouse's employer
 4 8 Deceased spouse's union
 7 9 Fraternal/professional organization
 15 91 Other

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

D_INDUS2 150 2 \$IND2COD C Industry of employer - Plan #2
 14,118 Inapplicable
 1,021 -9 Not ascertained
 864 Industry classification code

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

D_PLLTR2 152 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #2
 15,053 Missing
 14 -8 Don't know
 411 -9 Not ascertained
 460 99 SP reports plan does not have a letter
 65 Plan letter

Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6
 First available in 2000

D_COVIP2 154 2 YES1FMT HIS29b N Plan #2 covers some inpatient costs
 14,118 . Inapplicable
 3 -9 Not ascertained
 76 -8 Don't know
 1 -7 Refused
 568 1 Yes
 1,237 2 No

Notes: Applies if D_TYPPL2 > 0
 First available in 2003

D_COVMD2 156 2 YES1FMT HIS29b N Plan #2 covers some MD/lab visit costs
 14,118 . Inapplicable
 3 -9 Not ascertained
 68 -8 Don't know
 585 1 Yes
 1,229 2 No

Notes: Applies if D_TYPPL2 > 0
 First available in 2003

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

D_TYPPL3 158 2 PLANFMT HI17 N Type of plan - Plan #3
 15,637 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 366 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 160 2 RELFMT N Policy holder relationship - Plan #3
 15,639 . Inapplicable
 0 -5 Never ask again
 260 1 Sample person
 100 2 Spouse
 1 3 Son
 0 4 Daughter
 0 5 Brother
 0 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
 1 91 Other relative
 0 92 Other non-relative

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

D_COVNM3 162 2 COVGFMT N # of family members covered by Plan #3
 15,639 . Inapplicable
 1 -9 Not ascertained
 363 Number reported covered

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

D_COVRX3 164 2 YES1FMT N Plan #3 covers prescribed medicines?
 15,639 . Inapplicable
 7 -8 Don't know
 97 1 Yes
 260 2 No

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

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

D_COVNH3 166 2 YES1FMT
 N Plan #3 covers stay in nursing home?
 15,639 . Inapplicable
 20 -8 Don't know
 64 1 Yes
 280 2 No

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

D_PAYSP3 168 2 YES1FMT
 N MIP pay any/all cost for Plan #3
 15,639 . Inapplicable
 1 -8 Don't know
 208 1 Yes
 155 2 No

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

D_ANAMT3 170 7 PREM_F
 N Premium MIP pays for Plan #3-Annualized
 15,795 . Inapplicable
 32 -8 Don't know
 23 0-100 \$100 or less
 59 100.01-500 \$101-\$500
 38 500.01-1000 \$501-\$1000
 24 1000.01-1500 \$1001-\$1500
 11 1500.01-2000 \$1501-\$2000
 7 2000.01-2500 \$2001-\$2500
 7 2500.01-3000 \$2501-\$3000
 4 3000.01-3500 \$3001-\$3500
 2 3500.01-4000 \$3501-\$4000
 0 4000.01-4500 \$4001-\$4500
 0 4500.01-5000 \$4501-\$5000
 1 Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3 177 2 YES1FMT HI25
 N Is Plan #3 an HMO
 15,639 . Inapplicable
 3 -9 Not ascertained
 5 -8 Don't know
 17 1 Yes
 339 2 No

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

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

D_OBTNP3 179 2 MIPFMT N How did MIP get Plan #3
 15,639 . Inapplicable
 1 -9 Not ascertained
 112 1 Directly
 48 2 Main insured person's current employer
 166 3 Main insured person's prior employer
 9 4 Union
 1 5 Family business
 5 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

D_INDUS3 181 2 \$IND2COD C Industry of employer - Plan #3
 15,639 Inapplicable
 136 -9 Not ascertained
 228 Industry classification code

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

D_PLLTR3 183 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #3
 15,885 Missing
 2 -8 Don't know
 50 -9 Not ascertained
 56 99 SP reports plan does not have a letter
 10 Plan letter

Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6
 First available in 2000

D_COVIP3 185 2 YES1FMT HIS29b N Plan #3 covers some inpatient costs
 15,639 . Inapplicable
 2 -9 Not ascertained
 11 -8 Don't know
 91 1 Yes
 260 2 No

Notes: Applies if D_TYPPL3 > 0
 First available in 2003

D_COVMD3 187 2 YES1FMT HIS29b N Plan #3 covers some MD/lab visit costs
 15,639 . Inapplicable
 3 -8 Don't know
 116 1 Yes
 245 2 No

Notes: Applies if D_TYPPL3 > 0
 First available in 2003

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

D_TYPPL4 189 2 PLANFMT HI17 N Type of plan - Plan #4
 15,950 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 53 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 191 2 RELFMT N Policy holder relationship - Plan #4
 15,950 . Inapplicable
 0 -5 Never ask again
 37 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
 2 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 193 2 COVGFMT N # of family members covered by Plan #4
 15,950 . Inapplicable
 53 Number reported covered

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

D_COVRX4 195 2 YES1FMT N Plan #4 covers prescribed medicines?
 15,950 . Inapplicable
 11 1 Yes
 42 2 No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH4	197	2	YES1FMT				N Plan #4 covers stay in nursing home?
				15,950			. Inapplicable
				6			-8 Don't know
				10			1 Yes
				37			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_PAYSP4	199	2	YES1FMT				N MIP pay any/all cost for Plan #4
				15,950			. Inapplicable
				31			1 Yes
				22			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_ANAMT4	201	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				15,972			. Inapplicable
				7			-8 Don't know
				3		0-100	\$100 or less
				8		100.01-500	\$101-\$500
				2		500.01-1000	\$501-\$1000
				4		1000.01-1500	\$1001-\$1500
				3		1500.01-2000	\$1501-\$2000
				3		2000.01-2500	\$2001-\$2500
				0		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				1		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	208	2	YES1FMT		HI25		N Is Plan #4 an HMO
				15,950			. Inapplicable
				1			1 Yes
				52			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_OBTNP4	210	2	MIPFMT				N How did MIP get Plan #4
				15,950			. Inapplicable
				19			1 Directly
				6			2 Main insured person's current employer
				24			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				2			6 AARP
				1			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				0			91 Other
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS4	212	2	\$IND2COD	15,950			C Industry of employer - Plan #4
				1			Inapplicable
				20			-9 Not ascertained
				33			Industry classification code
Note: Applies only if D_OBTNP4 = 2, 3, 5, or 8							
D_PLLTR4	214	2	\$PLN2LTR	15,982			C Medicare suppl./Medigap plan letter #4
				1			Missing
				10			-8 Don't know
				8			-9 Not ascertained
				2			99 SP reports plan does not have a letter Plan letter
Notes: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6 First available in 2000							
D_COVIP4	216	2	YES1FMT	15,950	HIS29b		N Plan #4 covers some inpatient costs
				1			. Inapplicable
				19			-8 Don't know
				33			1 Yes 2 No
Notes: Applies if D_TYPPL4 > 0 First available in 2003							
D_COVMD4	218	2	YES1FMT	15,950	HIS29b		N Plan #4 covers some MD/lab visit costs
				1			. Inapplicable
				19			-8 Don't know
				33			1 Yes 2 No
Notes: Applies if D_TYPPL4 > 0 First available in 2003							
D_TYPPL5	220	2	PLANFMT	15,996	HI17		N Type of plan - Plan #5
				0			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				7			4 Private plan
				0			5 Medicare HMO
Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.							

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

D_PHREL5 222 2 RELFMT N Policy holder relationship - Plan #5
 15,996 . Inapplicable
 0 -5 Never ask again
 5 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 224 2 COVGFMT N # of family members covered by Plan #5
 15,996 . Inapplicable
 7 Number reported covered

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

D_COVRX5 226 2 YES1FMT N Plan #5 covers prescribed medicines?
 15,996 . Inapplicable
 1 -8 Don't know
 1 1 Yes
 5 2 No

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

D_COVNH5 228 2 YES1FMT N Plan #5 covers stay in nursing home?
 15,996 . Inapplicable
 1 -8 Don't know
 0 1 Yes
 6 2 No

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

D_PAYSP5 230 2 YES1FMT N MIP pay any/all cost for Plan #5
 15,996 . Inapplicable
 4 1 Yes
 3 2 No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_ANAMT5	232	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				15,999			. Inapplicable
				1			-8 Don't know
				0		0-100	\$100 or less
				3		100.01-500	\$101-\$500
				0		500.01-1000	\$501-\$1000
				0		1000.01-1500	\$1001-\$1500
				0		1500.01-2000	\$1501-\$2000
				0		2000.01-2500	\$2001-\$2500
				0		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				0		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
							Note: Applies only if D_PAYSP5 = 1
D_HMOPL5	239	2	YES1FMT		HI25		N Is Plan #5 an HMO
				15,996			. Inapplicable
				0			1 Yes
				7			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_OBTNP5	241	2	MIPFMT				N How did MIP get Plan #5
				15,996			. Inapplicable
				3			1 Directly
				1			2 Main insured person's current employer
				3			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	243	2	\$IND2COD				C Industry of employer - Plan #5
				15,996			Inapplicable
				3			-9 Not ascertained
				4			Industry classification code
							Note: Applies only if D_OBTNP5 = 2, 3, 5, or 8
D_PLLTR5	245	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				16,000			Missing
				1			-9 Not ascertained
				1			99 SP reports plan does not have a letter
				1			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL5 = 4, and D_OBTNP5 = 1, 5, or 6 First available in 2000

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVIP5	247	2	YES1FMT			HIS29b	N Plan #5 covers some inpatient costs
				15,996			. Inapplicable
				2			1 Yes
				5			2 No
				Notes: Applies if D_TYPPL5 > 0 First available in 2003			
D_COVMD5	249	2	YES1FMT			HIS29b	N Plan #5 covers some MD/lab visit costs
				15,996			. Inapplicable
				1			1 Yes
				6			2 No
				Notes: Applies if D_TYPPL5 > 0 First available in 2003			