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2005

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

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

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

15,769 LOW-HIGH BASEID Count

INTERVU	12	1	\$INTRFMT				C Type of interview
				14,701			C Community
				1,068			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				6			0 No entitlement
				546			1 Part A only
				81			2 Part B only
				15,136			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
				13,436			0 No entitlement
				312			1 Survey data only
				171			2 CMS administrative data only
				1,850			3 Both survey and administrative data

D_PRIVAT	15	1	PHIFMT				N Private insurance coverage
				6,853			0 No entitlement
				4,250			1 Employer-sponsored insurance (ESI)
				3,593			2 Self-purchased
				665			3 Both ESI and self-purchased
				408			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
				14,984			0 None
				785			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
				12,134			0 No entitlement
				512			1 Survey data only
				502			2 CMS administrative data only
				2,621			3 Both survey and administrative data

Notes: See D_SUMINS in prior years for similar data.
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,595			. Inapplicable
				135			-8 Don't know
				494			1 Yes
				2,545			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?
				15,315			. Inapplicable
				325			-9 Not ascertained
				25			1 SP had choice
				65			2 SP had no choice
				39			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
				15,000			. Inapplicable
				5			-8 Don't know
				724			1 Yes
				40			2 No
			Notes: Applies only if INTERVU = C and D_PUBLIC > 0 First available in 1999				
PUDEDUCT	27	2	YES1FMT		HI16a2		N SP has a Rx deductible - Publ
				15,049			. Inapplicable
				2			-9 Not ascertained
				29			-8 Don't know
				130			1 Yes
				559			2 No
			Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1) First available in 2004				
D_DED_PU	29	6	COSTFMT		HI16a3		N Deductible for Rx coverage - Publ
				15,639			. Inapplicable
				15			-8 Don't know
				1			-7 Refused
				114		0.01-999999.99	Amount in dollars
			Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004				

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PUDIFAMT	35	2	YESNOBRX		HI16a4		N SP pays dif amt for gen & brnd Rx - Publ
				15,049			. Inapplicable
				1			-9 Not ascertained
				76			-8 Don't know
				360			1 Yes
				273			2 No
				10			3 Does not cover brand name RX

Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)
First available in 2004

PUBRUNIT	37	3	UNITFMT		HI16a7		N Unit of amt paid for brand Rx - Public
				15,059			. Inapplicable
				1			-9 Not ascertained
				114			-8 Don't know
				53			1 Percentage
				483			2 Dollars
				59			3 No cost

Notes: If RXDIFAMT = 1 then PUBRUNIT = RXBRUNIT; else PUBRUNIT = RXPLUNIT
First available in 2004

PUBRAMT	40	6	COSTFMT		HI16a7		N Amount paid for brand Rx - Public
				15,286			. Inapplicable
				483	0.01-999999.99		Amount in dollars

Notes: If RXDIFAMT = 1 then PUBRAMT = RXBRAMT; else PUBRAMT = RXPLAMT
First available in 2004

PUBRPCT	46	5	PCTFMT		HI16a7		N Percentage paid for brand Rx - Public
				15,716			. Inapplicable
				53			1-100 Percentage

Notes: If RXDIFAMT = 1 then PUBRPCT = RXBRPCT; else PUBRPCT = RXPLPCT
First available in 2004

PUBRMORL	51	2	MORELESS		HI16a8		N Brand Rx more/less than \$15 - Public
				15,654			. Inapplicable
				1			-9 Not ascertained
				67			-8 Don't know
				28			1 More than \$15
				19			2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (PUBRUNIT = -7 or -8)
First available in 2004

PUGNUNIT	53	3	UNITFMT		HI16a9		N Unit of amt paid for generic Rx - Public
				15,059			. Inapplicable
				1			-9 Not ascertained
				105			-8 Don't know
				53			1 Percentage
				487			2 Dollars
				64			3 No cost

Notes: If RXDIFAMT = 1 then PUGNUNIT = RXGNUNIT; else PUGNUNIT = RXPLUNIT
First available in 2004

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PUGNAMT	56	6	COSTFMT		HI16a9		N Amount paid for generic Rx - Public
				15,282			. Inapplicable
				487		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then PUGNAMT = RXGNAMT; else PUGNAMT = RXPLAMT First available in 2004							
PUGNPCT	62	5	PCTFMT		HI16a9		N Percentage paid for generic Rx - Public
				15,716			. Inapplicable
				53		1-100	Percentage
Notes: If RXDIFAMT = 1 then PUGNPCT = RXGNPCT; else PUGNPCT = RXPLPCT First available in 2004							
PUGNMORL	67	2	MORELESS		HI16a10		N Gener Rx more/less than \$15 - Public
				15,663			. Inapplicable
				1		-9	Not ascertained
				68		-8	Don't know
				14		1	More than \$15
				23		2	Less than \$15
Notes: Applies if usual cost of Rx was not provided (PUGNUNIT = -7 or -8) First available in 2004							
PULIMIT	69	2	YES1FMT		HI16a11		N Plan has Rx coverage limit - Public
				15,049			. Inapplicable
				1		-9	Not ascertained
				109		-8	Don't know
				86		1	Yes
				524		2	No
Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1) First available in 2004							
D_LIM_PU	71	6	COSTFMT		HI16a12		N Amount of Rx coverage limit - Public
				15,683			. Inapplicable
				33		-8	Don't know
				53		0.01-999999.99	Amount in dollars
Notes: Applies if PULIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
PURATE	77	2	GENHFMT		HI16a13		N SP rating of Rx coverage - Public
				15,049			. Missing
				1		-9	Not ascertained
				24		-8	Don't know
				324		1	Excellent
				215		2	Very good
				120		3	Good
				30		4	Fair
				6		5	Poor
Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1) First available in 2004							

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PU_INS	79	2	INSPLFMT				N Type of insurance plan - Public
				15,008			. Inapplicable
				6			0 Other government program
				115			1 General insurance
				1			2 Dental only
				1			3 Vision only
				1			4 LTC
				635			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				1			9 Military/Other
PU_RX	81	2	RXPLFMT				N Type of drug coverage - Public
				15,008			. Inapplicable
				722			1 Plan covers prescription drugs
				34			2 Plan does not cover prescription drugs
				5			3 Drug discount card
MCDRXCOV	83	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				13,556			. Inapplicable
				37			-8 Don't know
				1,984			1 Yes
				192			2 No
				Notes: Applies only if INTERVU = C and D_MCAID = 1 or 3 First available in 1999			
MCRATE	86	2	GENHFMT		H110d13		N SP rating of Rx coverage - Mcaid
				13,587			. Missing
				35			-8 Don't know
				847			1 Excellent
				670			2 Very good
				425			3 Good
				140			4 Fair
				65			5 Poor
				Notes: Applies to Medicaid Managed Care plans w/ drug coverage (MCDRXCOV = 1) First available in 2004			
MTFCOVER	88	3	YES1FMT		HIT11		N SP rec'd svcs at military treatment fac.
				12,958			. Inapplicable
				654			1 Yes
				2,157			2 No
				Notes: Applies if RIC1, D_AFEVER = 1 First available in 2003			

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D_DMEN	91	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
				14,370			0 No discount card membership
				1,143			1 One discount card membership
				189			2 Two discount card memberships
				51			3 Three discount card memberships
				16			Four or more discount card memberships

Note: First available in 2002

D_DMEN	94	7	PREM_F		DM6		N annual cost of discount card
				13,911			. Inapplicable
				1,809			0-100 \$100 or less
				40			100.01-500 \$101-\$500
				4			500.01-1000 \$501-\$1000
				3			1000.01-1500 \$1001-\$1500
				1			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_ENROL1-5 = 1.
First available in 2002

D_HMOTYP	101	2	\$PLNFMT				C Type of Medicare HMO
				13,748			No enrollment
				45			01 Health care prepayment plan
				72			02 Cost HMO
				0			05 Old Risk HMO
				1,904			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
D_HMOCOV	103	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,543			0 No enrollment
				2,226			1 Some enrollment
D_HMOCUR	105	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,162			1 Currently enrolled
				13,607			2 Not currently enrolled
MHMORX	107	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,607			. Inapplicable
				35			-8 Don't know
				1,645			1 Yes
				482			2 No

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

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MHMOWHO	122	3	WHOFMT			HIMC12b	N Who else pays a portion of the premium?
				15,613			. Inapplicable
				20			1 Main insured person's current employer
				68			2 Main insured person's former employer
				6			3 Main insured person's union
				12			4 Spouse's current employer
				45			5 Spouse's former employer
				1			6 Professional/fraternal organization
				2			7 Medicaid/medical assistance
				2			91 Other

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

D_ANHMO	125	8	PREM_F				N Annual amnt paid for Mcare HMO coverage?
				14,807			. Inapplicable
				77			-8 Don't know
				1			-7 Refused
				12		0-100	\$100 or less
				259		100.01-500	\$101-\$500
				254		500.01-1000	\$501-\$1000
				188		1000.01-1500	\$1001-\$1500
				68		1500.01-2000	\$1501-\$2000
				36		2000.01-2500	\$2001-\$2500
				24		2500.01-3000	\$2501-\$3000
				16		3000.01-3500	\$3001-\$3500
				10		3500.01-4000	\$3501-\$4000
				6		4000.01-4500	\$4001-\$4500
				3		4500.01-5000	\$4501-\$5000
				8			Over \$5000

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

MHDEDUCT	133	2	YES1FMT			HIMC6b	N SP has a Rx deductible - MHMO
				14,124			. Inapplicable
				2			-9 Not ascertained
				67			-8 Don't know
				95			1 Yes
				1,481			2 No

Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)
First available in 2004

D_DED_MH	135	6	COSTFMT			HIMC6c	N Deductible for Rx coverage - MHMO
				15,674			. Inapplicable
				25			-8 Don't know
				70		0.01-999999.99	Amount in dollars

Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT & RXDEUNIT
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MHDIFAMT	141	2	YESNOBRX		HIMC6d		N SP pays dif amt for gen & brnd Rx- MHMO
				14,124			. Inapplicable
				2			-9 Not ascertained
				167			-8 Don't know
				1,107			1 Yes
				267			2 No
				102			3 Does not cover brand name RX

Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)
First available in 2004

MHBRUNIT	143	3	UNITFMT		HIMC6g		N Unit of amt paid for brand Rx - MHMO
				14,227			. Inapplicable
				2			-9 Not ascertained
				444			-8 Don't know
				121			1 Percentage
				874			2 Dollars
				101			3 No cost

Notes: If RXDIFAMT = 1 then MHBRUNIT = RXBRUNIT; else MHBRUNIT = RXPLUNIT
First available in 2004

MHBRAMT	146	6	COSTFMT		HIMC6g		N Amount paid for brand Rx - MHMO
				14,895			. Inapplicable
				874	0.01-999999.99		Amount in dollars

Notes: If RXDIFAMT = 1 then MHBRAMT = RXBRAMT; else MHBRAMT = RXPLAMT
First available in 2004

MHBRPCT	152	5	PCTFMT		HIMC6g		N Percentage paid for brand Rx - MHMO
				15,648			. Inapplicable
				1			-9 Not ascertained
				120			1-100 Percentage

Notes: If RXDIFAMT = 1 then MHBRPCT = RXBRPCT; else MHBRPCT = RXPLPCT
First available in 2004

MHBRMORL	157	2	MORELESS		HIMC6h		N Brand Rx more/less than \$15 - MHMO
				15,323			. Inapplicable
				2			-9 Not ascertained
				178			-8 Don't know
				235			1 More than \$15
				31			2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (MHBRUNIT = -7 or -8)
First available in 2004

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Variable	Col	Len	Format	Frequency	ComQuest#	FacQuest#	Variable Type & Label
MHGNUNIT	159	3	UNITFMT	HIMC6i			N Unit of amt paid for generic Rx - MHMO
				14,227			. Inapplicable
				2			-9 Not ascertained
				289			-8 Don't know
				1			-7 Refused
				41			1 Percentage
				1,041			2 Dollars
				168			3 No cost
				Notes: If RXDIFAMT = 1 then MHGNUNIT = RXGNUNIT; else MHGNUNIT = RXPLUNIT First available in 2004			
MHGNAMT	162	6	COSTFMT	HIMC6i			N Amount paid for generic Rx - MHMO
				14,728			. Inapplicable
				1,041		0.01-999999.99	Amount in dollars
				Notes: If RXDIFAMT = 1 then MHGNAMT = RXGNAMT; else MHGNAMT = RXPLAMT First available in 2004			
MHGPNCT	168	5	PCTFMT	HIMC6i			N Percentage paid for generic Rx - MHMO
				15,728			. Inapplicable
				41			1-100 Percentage
				Notes: If RXDIFAMT = 1 then MHGPNCT = RXGNPCT; else MHGPNCT = RXPLPCT First available in 2004			
MHGMORL	173	2	MORELESS	HIMC6j			N Generic Rx more/less than \$15 - MHMO
				15,477			. Inapplicable
				2			-9 Not ascertained
				145			-8 Don't know
				80			1 More than \$15
				65			2 Less than \$15
				Notes: Applies if usual cost of Rx was not provided (MHGNUNIT = -7 or -8) First available in 2004			
MHLIMIT	175	2	YES1FMT	HIMC6k			N Plan has Rx coverage limit - MHMO
				14,124			. Inapplicable
				3			-9 Not ascertained
				302			-8 Don't know
				266			1 Yes
				1,074			2 No
				Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1) First available in 2004			
D_LIM_MH	177	6	COSTFMT	HIMC6l			N Amount of Rx coverage limit - MHMO
				15,504			. Inapplicable
				2			-9 Not ascertained
				93			-8 Don't know
				170		0.01-999999.99	Amount in dollars
				Notes: Applies if MHLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT First available in 2004			

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MHRATE	183	2	GENHFMT		HIMC6m		N SP rating of Rx coverage - MHMO
				14,124			. Missing
				3			-9 Not ascertained
				52			-8 Don't know
				422			1 Excellent
				538			2 Very good
				394			3 Good
				169			4 Fair
				67			5 Poor

Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)
First available in 2004

TRICOVER	185	3	YES1FMT		HIT1		N Is SP covered by tricare?
				15,123			. Inapplicable
				646			1 Yes
				0			2 No

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

MTRIRX	188	2	YES1FMT		HIST3		N Does tricare plan cover drugs?
				15,126			. Inapplicable
				13			-8 Don't know
				1			-7 Refused
				589			1 Yes
				40			2 No

Note: First available in 2003

MTRIDENT	190	2	YES1FMT		HIST4		N Does tricare plan cover dental?
				15,124			. Inapplicable
				1			-9 Not ascertained
				39			-8 Don't know
				93			1 Yes
				512			2 No

Note: First available in 2003

MTRIEYE	192	2	YES1FMT		HIST5		N Does tricare plan cover eye exams?
				15,124			. Inapplicable
				1			-9 Not ascertained
				60			-8 Don't know
				144			1 Yes
				440			2 No

Note: First available in 2003

MTRIPCAR	194	2	YES1FMT		HIST6		N Does tricare plan cover preventiv care
				15,124			. Inapplicable
				71			-8 Don't know
				471			1 Yes
				103			2 No

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

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D_PHREL1	234	2	RELFMT				N Policy holder relationship - Plan #1
				7,190			. Inapplicable
				0			-5 Never ask again
				7,052			1 Sample person
				1,446			2 Spouse
				4			3 Son
				8			4 Daughter
				1			5 Brother
				1			6 Sister
				29			7 Father
				24			8 Mother
				1			9 Son-in-law
				1			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				4			91 Other relative
				2			92 Other non-relative

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

D_COVNM1	236	2	COVGFM1				N # of family members covered by Plan #1
				7,190			. Inapplicable
				10			-9 Not ascertained
				34			-8 Don't know
				8,535			Number reported covered

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

D_COVRX1	238	2	YES1FMT				N Plan #1 covers prescribed medicines?
				7,190			. Inapplicable
				4			-9 Not ascertained
				144			-8 Don't know
				4,561			1 Yes
				3,870			2 No

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

D_COVNH1	240	2	YES1FMT				N Plan #1 covers stay in nursing home?
				7,190			. Inapplicable
				6			-9 Not ascertained
				2,135			-8 Don't know
				1,922			1 Yes
				4,516			2 No

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

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D_PAYSP1	242	2	YES1FMT				N MIP pay any/all cost for Plan #1
				7,190			. Inapplicable
				7			-9 Not ascertained
				141			-8 Don't know
				1			-7 Refused
				6,681			1 Yes
				1,749			2 No

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

D_ANAMT1	244	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,088			. Inapplicable
				5			-9 Not ascertained
				1,015			-8 Don't know
				17			-7 Refused
				109		0-100	\$100 or less
				470		100.01-500	\$101-\$500
				579		500.01-1000	\$501-\$1000
				1,187		1000.01-1500	\$1001-\$1500
				1,397		1500.01-2000	\$1501-\$2000
				731		2000.01-2500	\$2001-\$2500
				384		2500.01-3000	\$2501-\$3000
				236		3000.01-3500	\$3001-\$3500
				189		3500.01-4000	\$3501-\$4000
				138		4000.01-4500	\$4001-\$4500
				65		4500.01-5000	\$4501-\$5000
				159			Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	251	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,190			. Inapplicable
				14			-9 Not ascertained
				192			-8 Don't know
				1			-7 Refused
				741			1 Yes
				7,631			2 No

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

D_OBTNP1	253	2	MIPFMT				N How did MIP get Plan #1
				7,190			. Inapplicable
				7			-9 Not ascertained
				71			-8 Don't know
				1			-7 Refused
				3,285		1	Directly
				728		2	Main insured person's current employer
				3,215		3	Main insured person's prior employer
				131		4	Union
				44		5	Family business
				477		6	AARP
				522		7	Deceased spouse's employer
				25		8	Deceased spouse's union
				28		9	Fraternal/professional organization
				45		91	Other

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	255	2	\$IND1COD				C Industry of employer - Plan #1
				7,190			Inapplicable
				5			-8 Don't know
				4,102			-9 Not ascertained
				3			A Agriculture, forestry, and fishing
				23			B Mining
				23			C Construction
				44			D Manufacturing
				14			E Transportation and public utilities
				3			F Wholesale trade
				21			G Retail trade
				4			H Finance, insurance, and real estate
				2			I Services
				203			J Public administration
				68			K Nonclassifiable establishments
				5			01 Agricultural production - crops
				6			02 Agricultural production - livestock
				8			07 Agricultural services
				5			08 Forestry
				1			09 Fishing, hunting, and trapping
				14			10 Metal mining
				52			12 Coal mining
				48			13 Oil and gas extraction
				16			14 Nonmetallic minerals, except fuels
				10			15 General building contractors
				10			16 Heavy construction, excluding building
				46			17 Special trade contractors
				57			20 Food and kindred products
				4			21 Tobacco products
				22			22 Textile mill products
				3			23 Apparel and other textile products
				6			24 Lumber and wood products
				9			25 Furniture and fixtures
				35			26 Paper and allied products
				34			27 Printing and publishing
				145			28 Chemicals and allied products
				27			29 Petroleum and coal products
				33			30 Rubber and misc. plastics products
				0			31 Leather and leather products
				24			32 Stone, clay, and glass products
				86			33 Primary metal industries
				31			34 Fabricated metal products
				96			35 Industrial machinery and equipment
				104			36 Electronic & other electric equipment
				334			37 Transportation equipment
				48			38 Instruments and related products
				7			39 Miscellaneous manufacturing industries
				40			40 Railroad transportation
				17			41 Local and interurban passenger transit
				24			42 Trucking and warehousing
				138			43 U.S. Postal Service
				11			44 Water transportation
				15			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				160			48 Communications
				143			49 Electric, gas, and sanitary services
				14			50 Wholesale trade - durable goods
				13			51 Wholesale trade - nondurable goods
				7			52 Building materials & garden supplies
				34			53 General merchandise stores
				24			54 Food stores

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				17			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				2			57 Furniture and home furnishings stores
				6			58 Eating and drinking places
				14			59 Miscellaneous retail
				64			60 Depository institutions
				5			61 Nondepository institutions
				6			62 Security and commodity brokers
				83			63 Insurance carriers
				5			64 Insurance agents, brokers, and services
				13			65 Real estate
				2			67 Holding and other investment offices
				5			70 Hotels and other lodging places
				8			72 Personal services
				36			73 Business services
				9			75 Auto repair, services, and parking
				5			76 Miscellaneous repair services
				4			78 Motion pictures
				26			79 Amusement & recreation services
				195			80 Health services
				8			81 Legal services
				665			82 Educational services
				9			83 Social services
				0			84 Museums, botanical, zoological gardens
				83			86 Membership organizations
				85			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				293			91 Executive, legislative, and general
				107			92 Justice, public order, and safety
				22			93 Finance, taxation, & monetary policy
				93			94 Administration of Human Resources
				32			95 Environmental quality and housing
				62			96 Administration of economic programs
				129			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

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D_PLLTR1	257	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				11,963			Inapplicable
				168			-8 Don't know
				1,711			-9 Not ascertained
				47			A Plan A
				73			B Plan B
				193			C Plan C
				67			D Plan D
				34			E Plan E
				496			F Plan F
				63			G Plan G
				27			H Plan H
				26			I Plan I
				84			J Plan J
				1			K Plan K
				6			L Plan L
				7			M Plan M
				1			N Plan N
				3			P Plan P
				0			Q Plan Q
				1			R Plan R
				0			S Plan S
				0			X Plan X
				1			Y Plan Y
				0			Z Plan Z
				1			0 Plan 0
				3			1 Plan 1
				0			2 Plan 2
				1			3 Plan 3
				0			8 Plan 8
				0			9 Plan 9
				790			99 SP reports plan does not have a letter
				1			-8 M7
				1			-8 6

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

D_COVIP1	259	2	YES1FMT			HIS29b	N Plan #1 covers some inpatient costs
				7,190			. Inapplicable
				10			-9 Not ascertained
				144			-8 Don't know
				7,533			1 Yes
				892			2 No

Notes: Applies if D_TYPPL1 > 0
First available in 2003

D_COVMD1	261	2	YES1FMT			HIS29b	N Plan #1 covers some MD/lab visit costs
				7,190			. Inapplicable
				10			-9 Not ascertained
				94			-8 Don't know
				7,492			1 Yes
				983			2 No

Notes: Applies if D_TYPPL1 > 0
First available in 2003

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DEDUCT1	263	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv1
				12,258			. Inapplicable
				4			-9 Not ascertained
				221			-8 Don't know
				1			-7 Refused
				758			1 Plan covers prescription drugs
				2,527			2 Plan does not cover prescription drugs
				0			3 Drug discount card

Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1)
First available in 2004

D_DED_1	265	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv1
				15,011			. Inapplicable
				1			-9 Not ascertained
				160			-8 Don't know
				2			-7 Refused
				595		0.01-999999.99	Amount in dollars

Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT
First available in 2004

DIFAMT1	271	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Prvl
				12,258			. Inapplicable
				2			-9 Not ascertained
				444			-8 Don't know
				2			-7 Refused
				2,026			1 Yes
				987			2 No
				50			3 Does not cover brand name RX

Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1)
First available in 2004

BRUNIT1	273	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv1
				12,308			. Inapplicable
				2			-9 Not ascertained
				955			-8 Don't know
				4			-7 Refused
				669			1 Percentage
				1,740			2 Dollars
				91			3 No cost

Notes: If RXDIFAMT = 1 then BRUNIT1 = RXBRUNIT; else BRUNIT1 = RXPLUNIT
First available in 2004

BRAMT1	276	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv1
				14,029			. Inapplicable
				1,740		0.01-999999.99	Amount in dollars

Notes: If RXDIFAMT = 1 then BRAMT1 = RXBRAMT; else BRAMT1 = RXPLAMT
First available in 2004

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRPCT1	282	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Privl
				15,100			. Inapplicable
				2			-9 Not ascertained
				667			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT1 = RXBRPCT; else BRPCT1 = RXPLPCT First available in 2004							
BRMORL1	287	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Privl
				14,808			. Inapplicable
				2			-9 Not ascertained
				451			-8 Don't know
				408			1 More than \$15
				100			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT1 = -7 or -8) First available in 2004							
GNUNIT1	289	3	UNITFMT		HI22e1i		N Unit of amt paid for generic Rx - Privl
				12,308			. Inapplicable
				2			-9 Not ascertained
				931			-8 Don't know
				4			-7 Refused
				617			1 Percentage
				1,777			2 Dollars
				130			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT1 = RXGNUNIT; else GNUNIT1 = RXPLUNIT First available in 2004							
GNAMT1	292	6	COSTFMT		HI22e1i		N Amount paid for generic Rx - Privl
				13,992			. Inapplicable
				1,777	0.01-999999.99		Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT1 = RXGNAMT; else GNAMT1 = RXPLAMT First available in 2004							
GNPCT1	298	5	PCTFMT		HI22e1i		N Percentage paid for generic Rx - Privl
				15,152			. Inapplicable
				1			-9 Not ascertained
				616			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT1 = RXGNPCT; else GNPCT1 = RXPLPCT First available in 2004							
GNMORL1	303	2	MORELESS		HI22e1j		N Generic Rx more/less than \$15 - Privl
				14,832			. Inapplicable
				2			-9 Not ascertained
				499			-8 Don't know
				1			-7 Refused
				230			1 More than \$15
				205			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT1 = -7 or -8) First available in 2004							

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LIMIT1	305	2	YES1FMT		HI22e1k		N Plan has Rx coverage limit - Priv1
				12,258			. Inapplicable
				3			-9 Not ascertained
				577			-8 Don't know
				1			-7 Refused
				200			1 Yes
				2,730			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_1	307	6	COSTFMT		HI22e1l		N Amount of Rx coverage limit - Priv1
				15,569			. Inapplicable
				3			-9 Not ascertained
				74			-8 Don't know
				123	0.01-999999.99		Amount in dollars
Notes: Applies if LIMIT1 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE1	313	2	GENHFMT		HI22e1m		N SP rating of Rx coverage - Priv1
				12,258			. Missing
				3			-9 Not ascertained
				103			-8 Don't know
				1,149			1 Excellent
				1,035			2 Very good
				803			3 Good
				302			4 Fair
				116			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX1	315	2	RXPLFMT				N Type of drug coverage - Priv1
				7,226			. Inapplicable
				4,299			1 Plan covers prescription drugs
				3,960			2 Plan does not cover prescription drugs
				284			3 Drug discount card
D_INS1	317	2	INSPLFMT				N Type of insurance plan - Priv1
				7,226			. Inapplicable
				0			0 Other government program
				8,046			1 General insurance
				260			2 Dental only
				7			3 Vision only
				100			4 LTC
				119			5 Rx only
				2			6 Dental/Vision
				1			7 Life insurance
				8			8 Cancer/Dread disease
				0			9 Military/Other

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D_TYPPL2	319	2	PLANFMT		HI17		N Type of plan - Plan #2
				13,366			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				2,403			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	321	2	RELFMT				N Policy holder relationship - Plan #2
				13,399			. Inapplicable
				0			-5 Never ask again
				1,841			1 Sample person
				518			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				6			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
				2			91 Other relative
				1			92 Other non-relative

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

D_COVNM2	323	2	COVGFMT				N # of family members covered by Plan #2
				13,399			. Inapplicable
				7			-8 Don't know
				2,363			Number reported covered

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

D_COVRX2	325	2	YES1FMT				N Plan #2 covers prescribed medicines?
				13,399			. Inapplicable
				52			-8 Don't know
				595			1 Yes
				1,723			2 No

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

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D_COVNH2	327	2	YES1FMT				N Plan #2 covers stay in nursing home?
				13,399			. Inapplicable
				229			-8 Don't know
				813			1 Yes
				1,328			2 No

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

D_PAYSP2	329	2	YES1FMT				N MIP pay any/all cost for Plan #2
				13,399			. Inapplicable
				30			-8 Don't know
				1,756			1 Yes
				584			2 No

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

D_ANAMT2	331	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				14,013			. Inapplicable
				5			-9 Not ascertained
				278			-8 Don't know
				10			-7 Refused
				66		0-100	\$100 or less
				233		100.01-500	\$101-\$500
				190		500.01-1000	\$501-\$1000
				274		1000.01-1500	\$1001-\$1500
				322		1500.01-2000	\$1501-\$2000
				139		2000.01-2500	\$2001-\$2500
				86		2500.01-3000	\$2501-\$3000
				43		3000.01-3500	\$3001-\$3500
				38		3500.01-4000	\$3501-\$4000
				24		4000.01-4500	\$4001-\$4500
				16		4500.01-5000	\$4501-\$5000
				32			Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2	338	2	YES1FMT		HI25		N Is Plan #2 an HMO
				13,399			. Inapplicable
				4			-9 Not ascertained
				50			-8 Don't know
				123			1 Yes
				2,193			2 No

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP2	340	2	MIPFMT				N How did MIP get Plan #2
				13,399			. Inapplicable
				12			-8 Don't know
				1,187			1 Directly
				189			2 Main insured person's current employer
				767			3 Main insured person's prior employer
				36			4 Union
				6			5 Family business
				65			6 AARP
				91			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				5			9 Fraternal/professional organization
				8			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_INDUS2	342	2	\$IND2COD				C Industry of employer - Plan #2
				13,399			Inapplicable
				1			-7 Refused
				1,339			-9 Not ascertained
				1,030			Industry classification code
							Note: Applies only if D_OBTNP2 = 2, 3, 5, or 6
D_PLLTR2	344	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				14,511			Missing
				33			-8 Don't know
				567			-9 Not ascertained
				486			99 SP reports plan does not have a letter
				172			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6
							First available in 2000
D_COVIP2	346	2	YES1FMT		HIS29b		N Plan #2 covers some inpatient costs
				13,399			. Inapplicable
				54			-8 Don't know
				940			1 Yes
				1,376			2 No
							Notes: Applies if D_TYPPL2 > 0
							First available in 2003
D_COVMD2	348	2	YES1FMT		HIS29b		N Plan #2 covers some MD/lab visit costs
				13,399			. Inapplicable
				36			-8 Don't know
				991			1 Yes
				1,343			2 No
							Notes: Applies if D_TYPPL2 > 0
							First available in 2003

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DEDUCT2	350	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv2
				15,290			. Inapplicable
				1			-9 Not ascertained
				28			-8 Don't know
				79			1 Plan covers prescription drugs
				371			2 Plan does not cover prescription drugs
				0			3 Drug discount card
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
D_DED_2	352	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv2
				15,690			. Inapplicable
				15			-8 Don't know
				64		0.01-999999.99	Amount in dollars
							Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004
DIFAMT2	358	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Priv2
				15,290			. Inapplicable
				2			-9 Not ascertained
				66			-8 Don't know
				265			1 Yes
				138			2 No
				8			3 Does not cover brand name RX
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
BRUNIT2	360	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv2
				15,298			. Inapplicable
				1			-9 Not ascertained
				140			-8 Don't know
				92			1 Percentage
				228			2 Dollars
				10			3 No cost
							Notes: If RXDIFAMT = 1 then BRUNIT2 = RXBRUNIT; else BRUNIT2 = RXPLUNIT First available in 2004
BRAMT2	363	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv2
				15,541			. Inapplicable
				228		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then BRAMT2 = RXBRAMT; else BRAMT2 = RXPLAMT First available in 2004
BRPCT2	369	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv2
				15,677			. Inapplicable
				92			1-100 Percentage
							Notes: If RXDIFAMT = 1 then BRPCT2 = RXBRPCT; else BRPCT2 = RXPLPCT First available in 2004

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BRMORL2	374	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Priv2
				15,628			. Inapplicable
				1			-9 Not ascertained
				52			-8 Don't know
				68			1 More than \$15
				20			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT2 = -7 or -8) First available in 2004							
GNUNIT2	376	3	UNITFMT		HI22e1i		N Unit of amt paid for generic Rx - Priv2
				15,298			. Inapplicable
				1			-9 Not ascertained
				127			-8 Don't know
				79			1 Percentage
				248			2 Dollars
				16			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT2 = RXGNUNIT; else GNUNIT2 = RXPLUNIT First available in 2004							
GNAMT2	379	6	COSTFMT		HI22e1i		N Amount paid for generic Rx - Priv2
				15,521			. Inapplicable
				248		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT2 = RXGNAMT; else GNAMT2 = RXPLAMT First available in 2004							
GNPCT2	385	5	PCTFMT		HI22e1i		N Percentage paid for generic Rx - Priv2
				15,690			. Inapplicable
				79			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT2 = RXGNPCT; else GNPCT2 = RXPLPCT First available in 2004							
GNMORL2	390	2	MORELESS		HI22e1j		N Generic Rx more/less than \$15 - Priv2
				15,641			. Inapplicable
				1			-9 Not ascertained
				56			-8 Don't know
				44			1 More than \$15
				27			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT2 = -7 or -8) First available in 2004							
LIMIT2	392	2	YES1FMT		HI22e1k		N Plan has Rx coverage limit - Priv2
				15,290			. Inapplicable
				2			-9 Not ascertained
				78			-8 Don't know
				29			1 Yes
				370			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							

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D_LIM_2	394	6	COSTFMT		HI22e11		N Amount of Rx coverage limit - Priv2
				15,740			. Inapplicable
				9			-8 Don't know
				20		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT2 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE2	400	2	GENHFMT		HI22e1m		N SP rating of Rx coverage - Priv2
				15,290			. Missing
				2			-9 Not ascertained
				15			-8 Don't know
				169			1 Excellent
				143			2 Very good
				116			3 Good
				23			4 Fair
				11			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX2	402	2	RXPLFMT				N Type of drug coverage - Priv2
				13,417			. Inapplicable
				524			1 Plan covers prescription drugs
				1,764			2 Plan does not cover prescription drugs
				64			3 Drug discount card
D_INS2	404	2	INSPLFMT				N Type of insurance plan - Priv2
				13,417			. Inapplicable
				0			0 Other government program
				1,526			1 General insurance
				349			2 Dental only
				41			3 Vision only
				238			4 LTC
				175			5 Rx only
				10			6 Dental/Vision
				6			7 Life insurance
				5			8 Cancer/Dread disease
				2			9 Military/Other
D_TYPPL3	406	2	PLANFMT		HI17		N Type of plan - Plan #3
				15,138			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				631			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.

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D_PHREL3	408	2	RELFMT				N Policy holder relationship - Plan #3
				15,140			. Inapplicable
				0			-5 Never ask again
				473			1 Sample person
				153			2 Spouse
				0			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				1			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_TYPPL3 = 4

D_COVNM3	410	2	COVGFM				N # of family members covered by Plan #3
				15,140			. Inapplicable
				5			-8 Don't know
				624			Number reported covered

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

D_COVRX3	412	2	YES1FMT				N Plan #3 covers prescribed medicines?
				15,140			. Inapplicable
				9			-8 Don't know
				136			1 Yes
				484			2 No

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

D_COVNH3	414	2	YES1FMT				N Plan #3 covers stay in nursing home?
				15,140			. Inapplicable
				75			-8 Don't know
				135			1 Yes
				419			2 No

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_PAYSP3	416	2	YES1FMT				N MIP pay any/all cost for Plan #3
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15,140	.	Inapplicable
11	-8	Don't know
440	1	Yes
178	2	No

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

D_ANAMT3	418	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
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15,329	.	Inapplicable
79	-8	Don't know
1	-7	Refused
32	0-100	\$100 or less
67	100.01-500	\$101-\$500
37	500.01-1000	\$501-\$1000
65	1000.01-1500	\$1001-\$1500
85	1500.01-2000	\$1501-\$2000
33	2000.01-2500	\$2001-\$2500
15	2500.01-3000	\$2501-\$3000
9	3000.01-3500	\$3001-\$3500
7	3500.01-4000	\$3501-\$4000
3	4000.01-4500	\$4001-\$4500
3	4500.01-5000	\$4501-\$5000
4		Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3	425	2	YES1FMT	HI25			N Is Plan #3 an HMO
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15,140	.	Inapplicable
16	-8	Don't know
24	1	Yes
589	2	No

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

D_OBTNP3	427	2	MIPFMT				N How did MIP get Plan #3
----------	-----	---	--------	--	--	--	---------------------------

15,140	.	Inapplicable
3	-8	Don't know
288	1	Directly
42	2	Main insured person's current employer
247	3	Main insured person's prior employer
5	4	Union
5	5	Family business
13	6	AARP
20	7	Deceased spouse's employer
2	8	Deceased spouse's union
2	9	Fraternal/professional organization
2	91	Other

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

D_INDUS3	429	2	\$IND2COD				C Industry of employer - Plan #3
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15,140		Inapplicable
320	-9	Not ascertained
309		Industry classification code

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR3	431	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				15,463			Missing
				13			-8 Don't know
				138			-9 Not ascertained
				87			99 SP reports plan does not have a letter
				68			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 2000
D_COVIP3	433	2	YES1FMT		HIS29b		N Plan #3 covers some inpatient costs
				15,140			. Inapplicable
				6			-8 Don't know
				286			1 Yes
				337			2 No
							Notes: Applies if D_TYPPL3 > 0 First available in 2003
D_COVMD3	435	2	YES1FMT		HIS29b		N Plan #3 covers some MD/lab visit costs
				15,140			. Inapplicable
				4			-8 Don't know
				311			1 Yes
				314			2 No
							Notes: Applies if D_TYPPL3 > 0 First available in 2003
DEDUCT3	437	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv3
				15,650			. Inapplicable
				9			-8 Don't know
				16			1 Plan covers prescription drugs
				94			2 Plan does not cover prescription drugs
				0			3 Drug discount card
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
D_DED_3	439	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv3
				15,753			. Inapplicable
				5			-8 Don't know
				11		0.01-999999.99	Amount in dollars
							Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004
DIFAMT3	445	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Prv3
				15,650			. Inapplicable
				17			-8 Don't know
				1			-7 Refused
				67			1 Yes
				33			2 No
				1			3 Does not cover brand name RX
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRUNIT3	447	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv3
				15,651			. Inapplicable
				35			-8 Don't know
				1			-7 Refused
				16			1 Percentage
				63			2 Dollars
				3			3 No cost
				Notes: If RXDIFAMT = 1 then BRUNIT3 = RXBRUNIT; else BRUNIT3 = RXPLUNIT			
				First available in 2004			
BRAMT3	450	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv3
				15,706			. Inapplicable
				63	0.01-999999.99		Amount in dollars
				Notes: If RXDIFAMT = 1 then BRAMT3 = RXBRAMT; else BRAMT3 = RXPLAMT			
				First available in 2004			
BRPCT3	456	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv3
				15,753			. Inapplicable
				16			1-100 Percentage
				Notes: If RXDIFAMT = 1 then BRPCT3 = RXBRPCT; else BRPCT3 = RXPLPCT			
				First available in 2004			
BRMORL3	461	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Priv3
				15,733			. Inapplicable
				11			-8 Don't know
				19			1 More than \$15
				6			2 Less than \$15
				Notes: Applies if usual cost of Rx was not provided (BRUNIT3 = -7 or -8)			
				First available in 2004			
GNUNIT3	463	3	UNITFMT		HI22e1i		N Unit of amt paid for generic Rx - Priv3
				15,651			. Inapplicable
				37			-8 Don't know
				1			-7 Refused
				16			1 Percentage
				61			2 Dollars
				3			3 No cost
				Notes: If RXDIFAMT = 1 then GNUNIT3 = RXGNUNIT; else GNUNIT3 = RXPLUNIT			
				First available in 2004			
GNAMT3	466	6	COSTFMT		HI22e1i		N Amount paid for generic Rx - Priv3
				15,708			. Inapplicable
				61	0.01-999999.99		Amount in dollars
				Notes: If RXDIFAMT = 1 then GNAMT3 = RXGNAMT; else GNAMT3 = RXPLAMT			
				First available in 2004			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNPCT3	472	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv3
				15,753			. Inapplicable
				16			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT3 = RXGNPCT; else GNPCT3 = RXPLPCT First available in 2004							
GNMORL3	477	2	MORELESS		HI22elj		N Generic Rx more/less than \$15 - Priv3
				15,731			. Inapplicable
				15			-8 Don't know
				13			1 More than \$15
				10			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT3 = -7 or -8) First available in 2004							
LIMIT3	479	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv3
				15,650			. Inapplicable
				19			-8 Don't know
				7			1 Yes
				93			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_3	481	6	COSTFMT		HI22ell		N Amount of Rx coverage limit - Priv3
				15,762			. Inapplicable
				4			-8 Don't know
				3			0.01-999999.99 Amount in dollars
Notes: Applies if LIMIT3 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE3	487	2	GENHFMT		HI22elm		N SP rating of Rx coverage - Priv3
				15,650			. Missing
				1			-9 Not ascertained
				6			-8 Don't know
				31			1 Excellent
				46			2 Very good
				27			3 Good
				7			4 Fair
				1			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX3	489	2	RXPLFMT				N Type of drug coverage - Priv3
				15,150			. Inapplicable
				120			1 Plan covers prescription drugs
				486			2 Plan does not cover prescription drugs
				13			3 Drug discount card

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_INS3	491	2	INSPLFMT				N Type of insurance plan - Priv3
				15,150			. Inapplicable
				0			0 Other government program
				387			1 General insurance
				105			2 Dental only
				43			3 Vision only
				27			4 LTC
				53			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				3			8 Cancer/Dread disease
				0			9 Military/Other

D_TYPPL4	493	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,601			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				168			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	495	2	RELFMT				N Policy holder relationship - Plan #4
				15,601			. Inapplicable
				0			-5 Never ask again
				137			1 Sample person
				31			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	497	2	COVGFM				N # of family members covered by Plan #4
				15,601			. Inapplicable
				2			-8 Don't know
				166			Number reported covered

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX4	499	2	YES1FMT				N Plan #4 covers prescribed medicines?
				15,601			. Inapplicable
				1			-8 Don't know
				23			1 Yes
				144			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	501	2	YES1FMT				N Plan #4 covers stay in nursing home?
				15,601			. Inapplicable
				31			-8 Don't know
				31			1 Yes
				106			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	503	2	YES1FMT				N MIP pay any/all cost for Plan #4
				15,601			. Inapplicable
				2			-8 Don't know
				135			1 Yes
				31			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_ANAMT4	505	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				15,634			. Inapplicable
				14			-8 Don't know
				7		0-100	\$100 or less
				14		100.01-500	\$101-\$500
				4		500.01-1000	\$501-\$1000
				26		1000.01-1500	\$1001-\$1500
				48		1500.01-2000	\$1501-\$2000
				12		2000.01-2500	\$2001-\$2500
				3		2500.01-3000	\$2501-\$3000
				2		3000.01-3500	\$3001-\$3500
				3		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
				1			Over \$5000
							Note: Applies only if D_PAYSP4 = 1
D_HMOPL4	512	2	YES1FMT		HI25		N Is Plan #4 an HMO
				15,601			. Inapplicable
				5			-8 Don't know
				4			1 Yes
				159			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

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Notes: Applies if D_TYPPL4 > 0
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DEDUCT4	524	2	RXPLFMT		HI22elb		N SP has a Rx deductible - Priv4
				15,750			. Inapplicable
				2			-8 Don't know
				2			1 Plan covers prescription drugs
				15			2 Plan does not cover prescription drugs
				0			3 Drug discount card
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_DED_4	526	6	COSTFMT		HI22elc		N Deductible for Rx coverage - Priv4
				15,767			. Inapplicable
				2		0.01-999999.99	Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004							
DIFAMT4	532	2	YESNOBRX		HI22eld		N SP pays dif amt for gen & brnd Rx - Priv4
				15,750			. Inapplicable
				4			-8 Don't know
				7			1 Yes
				8			2 No
				0			3 Does not cover brand name RX
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
BRUNIT4	534	3	UNITFMT		HI22elg		N Unit of amount paid for brand Rx - Priv4
				15,750			. Inapplicable
				6			-8 Don't know
				3			1 Percentage
				10			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then BRUNIT4 = RXBRUNIT; else BRUNIT4 = RXPLUNIT First available in 2004							
BRAMT4	537	6	COSTFMT		HI22elg		N Amount paid for brand Rx - Priv4
				15,759			. Inapplicable
				10		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT4 = RXBRAMT; else BRAMT4 = RXPLAMT First available in 2004							
BRPCT4	543	5	PCTFMT		HI22elg		N Percentage paid for brand Rx - Priv4
				15,766			. Inapplicable
				3			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT4 = RXBRPCT; else BRPCT4 = RXPLPCT First available in 2004							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL4	548	2	MORELESS		HI22eli		N Brand Rx more/less than \$15 - Priv4
				15,763			. Inapplicable
				4			-8 Don't know
				2			1 More than \$15
				0			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (BRUNIT4 = -7 or -8) First available in 2004
GNUNIT4	550	3	UNITFMT		HI22eli		N Unit of amt paid for generic Rx - Priv4
				15,750			. Inapplicable
				6			-8 Don't know
				3			1 Percentage
				10			2 Dollars
				0			3 No cost
							Notes: If RXDIFAMT = 1 then GNUNIT4 = RXGNUNIT; else GNUNIT4 = RXPLUNIT First available in 2004
GNAMT4	553	6	COSTFMT		HI22eli		N Amount paid for generic Rx - Priv4
				15,759			. Inapplicable
				10		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then GNAMT4 = RXGNAMT; else GNAMT4 = RXPLAMT First available in 2004
GNPCT4	559	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv4
				15,766			. Inapplicable
				3			1-100 Percentage
							Notes: If RXDIFAMT = 1 then GNPCT4 = RXGNPCT; else GNPCT4 = RXPLPCT First available in 2004
GNMORL4	564	2	MORELESS		HI22elj		N Generic Rx more/less than \$15 - Priv4
				15,763			. Inapplicable
				4			-8 Don't know
				1			1 More than \$15
				1			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (GNUNIT4 = -7 or -8) First available in 2004
LIMIT4	566	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv4
				15,750			. Inapplicable
				4			-8 Don't know
				0			1 Yes
				15			2 No
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004

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D_LIM_4	568	6	COSTFMT	HI22e11			N Amount of Rx coverage limit - Priv4
				15,769			. Inapplicable
				0		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT4 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE4	574	2	GENHFMT	HI22e1m			N SP rating of Rx coverage - Priv4
				15,750			. Missing
				2			-8 Don't know
				7			1 Excellent
				6			2 Very good
				3			3 Good
				0			4 Fair
				1			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX4	576	2	RXPLFMT				N Type of drug coverage - Priv4
				15,603			. Inapplicable
				20			1 Plan covers prescription drugs
				143			2 Plan does not cover prescription drugs
				3			3 Drug discount card
D_INS4	578	2	INSPLFMT				N Type of insurance plan - Priv4
				15,603			. Inapplicable
				0			0 Other government program
				130			1 General insurance
				8			2 Dental only
				11			3 Vision only
				5			4 LTC
				12			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/Dread disease
				0			9 Military/Other
D_TYPPL5	580	2	PLANFMT	HI17			N Type of plan - Plan #5
				15,701			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				68			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.

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

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D_ANAMT5	592	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				15,705			. Inapplicable
				4			-8 Don't know
				0			0-100 \$100 or less
				7			100.01-500 \$101-\$500
				1			500.01-1000 \$501-\$1000
				12			1000.01-1500 \$1001-\$1500
				32			1500.01-2000 \$1501-\$2000
				3			2000.01-2500 \$2001-\$2500
				2			2500.01-3000 \$2501-\$3000
				1			3000.01-3500 \$3001-\$3500
				1			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				1			4500.01-5000 \$4501-\$5000

Note: Applies only if D_PAYSP5 = 1

D_HMOPL5	599	2	YES1FMT		HI25		N Is Plan #5 an HMO
				15,701			. Inapplicable
				0			1 Yes
				68			2 No

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

D_OBTNP5	601	2	MIPFMT				N How did MIP get Plan #5
				15,701			. Inapplicable
				61			1 Directly
				3			2 Main insured person's current employer
				1			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				1			6 AARP
				2			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	603	2	\$IND2COD				C Industry of employer - Plan #5
				15,701			Inapplicable
				61			-9 Not ascertained
				7			Industry classification code

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

D_PLLTR5	605	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				15,707			Missing
				5			-8 Don't know
				30			-9 Not ascertained
				6			99 SP reports plan does not have a letter
				21			Plan letter

Notes: Applies only if INTERVU = C, D_TYPPL5 = 4, and D_OBTNP5 = 1, 5, or 6
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D_COVIP5	607	2	YES1FMT			HIS29b	N Plan #5 covers some inpatient costs
				15,701			. Inapplicable
				59			1 Yes
				9			2 No
				Notes: Applies if D_TYPPL5 > 0 First available in 2003			
D_COVMD5	609	2	YES1FMT			HIS29b	N Plan #5 covers some MD/lab visit costs
				15,701			. Inapplicable
				60			1 Yes
				8			2 No
				Notes: Applies if D_TYPPL5 > 0 First available in 2003			
DEDUCT5	611	2	RXPLFMT			HI22e1b	N SP has a Rx deductible - Priv5
				15,766			. Inapplicable
				1			1 Plan covers prescription drugs
				2			2 Plan does not cover prescription drugs
				0			3 Drug discount card
				Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004			
D_DED_5	613	6	COSTFMT			HI22e1c	N Deductible for Rx coverage - Priv5
				15,768			. Inapplicable
				1			-8 Don't know
				0		0.01-999999.99	Amount in dollars
				Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004			
DIFAMT5	619	2	YESNOBRX			HI22e1d	N SP pays dif amt for gen & brnd Rx - Priv5
				15,766			. Inapplicable
				3			1 Yes
				0			2 No
				0			3 Does not cover brand name RX
				Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004			
BRUNIT5	621	3	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv5
				15,766			. Inapplicable
				2			1 Percentage
				1			2 Dollars
				0			3 No cost
				Notes: If RXDIFAMT = 1 then BRUNIT5 = RXBRUNIT; else BRUNIT5 = RXPLUNIT First available in 2004			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRAMT5	624	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv5
				15,768			. Inapplicable
				1		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then BRAMT5 = RXBRAMT; else BRAMT5 = RXPLAMT First available in 2004
BRPCT5	630	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv5
				15,767			. Inapplicable
				2			1-100 Percentage
							Notes: If RXDIFAMT = 1 then BRPCT5 = RXBRPCT; else BRPCT5 = RXPLPCT First available in 2004
BRMORL5	635	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Priv5
				15,769			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (BRUNIT5 = -7 or -8) First available in 2004
GNUNIT5	637	3	UNITFMT		HI22eli		N Unit of amt paid for generic Rx - Priv5
				15,766			. Inapplicable
				2			1 Percentage
				1			2 Dollars
				0			3 No cost
							Notes: If RXDIFAMT = 1 then GNUNIT5 = RXGNUNIT; else GNUNIT5 = RXPLUNIT First available in 2004
GNAMT5	640	6	COSTFMT		HI22eli		N Amount paid for generic Rx - Priv5
				15,768			. Inapplicable
				1		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then GNAMT5 = RXGNAMT; else GNAMT5 = RXPLAMT First available in 2004
GNPCT5	646	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv5
				15,767			. Inapplicable
				2			1-100 Percentage
							Notes: If RXDIFAMT = 1 then GNPCT5 = RXGNPCT; else GNPCT5 = RXPLPCT First available in 2004
GNMORL5	651	2	MORELESS		HI22e1j		N Generic Rx more/less than \$15 - Priv5
				15,769			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (GNUNIT5 = -7 or -8) First available in 2004

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LIMIT5	653	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv5
				15,766			. Inapplicable
				0			1 Yes
				3			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_5	655	6	COSTFMT		HI22ell		N Amount of Rx coverage limit - Priv5
				15,769			. Inapplicable
				0	0.01-999999.99		Amount in dollars
Notes: Applies if LIMIT5 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE5	661	2	GENHFMT		HI22elm		N SP rating of Rx coverage - Priv5
				15,766			. Missing
				0			1 Excellent
				2			2 Very good
				1			3 Good
				0			4 Fair
				0			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX5	663	2	RXPLFMT				N Type of drug coverage - Priv5
				15,701			. Inapplicable
				3			1 Plan covers prescription drugs
				63			2 Plan does not cover prescription drugs
				2			3 Drug discount card
D_INS5	665	2	INSPLFMT				N Type of insurance plan - Priv5
				15,701			. Inapplicable
				0			0 Other government program
				62			1 General insurance
				2			2 Dental only
				2			3 Vision only
				0			4 LTC
				1			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				0			9 Military/Other