

04/13/06
ACCESS
1994

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 1
Version: 2

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
				16,119		LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT			C Type of interview
				14,742		C Community
				1,377		F Facility

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				2,152			1000 Medicare only
				305			1001 Medicare, 1 Public
				15			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				0			1004 Medicare, 4 Public
				8,438			1010 Medicare, 1 Private
				371			1011 Medicare, 1 Private, 1 Public
				16			1012 Medicare, 1 Private, 2 Public
				2			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,385			1020 Medicare, 2 Private
				45			1021 Medicare, 2 Private, 1 Public
				1			1022 Medicare, 2 Private, 2 Public
				2			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				198			1030 Medicare, 3 Private
				4			1031 Medicare, 3 Private, 1 Public
				0			1032 Medicare, 3 Private, 2 Public
				0			1033 Medicare, 3 Private, 3 Public
				0			1034 Medicare, 3 Private, 4 Public
				30			1040 Medicare, 4 Private
				1			1041 Medicare, 4 Private, 1 Public
				0			1042 Medicare, 4 Private, 2 Public
				0			1043 Medicare, 4 Private, 3 Public
				0			1044 Medicare, 4 Private, 4 Public
				9			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				1			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				1			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,705			1100 Medicare, Medicaid
				121			1101 Medicare, Medicaid, 1 Public
				7			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				281			1110 Medicare, Medicaid, 1 Private
				11			1111 Medicare, Medicaid, 1 Private, 1 Public
				0			1112 Medicare, Medicaid, 1 Private, 2 Public
				0			1113 Medicare, Medicaid, 1 Private, 3 Public
				0			1114 Medicare, Medicaid, 1 Private, 4 Public
				17			1120 Medicare, Medicaid, 2 Private
				0			1121 Medicare, Medicaid, 2 Private, 1 Public
				0			1130 Medicare, Medicaid, 3 Private
				0			1131 Medicare, Medicaid, 3 Private, 1 Public
				0			1132 Medicare, Medicaid, 3 Private, 2 Public
				0			1140 Medicare, Medicaid, 4 Private
				0			1141 Medicare, Medicaid, 4 Private, 1 Public
				0			1150 Medicare, Medicaid, 5 Private
MEDICAID	17	1	AIDFMT				N Medicaid eligibility
				12,977			0 Not entitled to Medicaid
				3,142			1 Entitled to Medicaid

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

D_TYPPL1 18 2 PLANFMT HI17 N Type of plan - Plan #1
 . Inapplicable
 1 Medicare
 2 Medicaid
 3 Public plan
 4 Private plan
 5 Medicare HMO

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

D_PHREL1 20 2 RELFMT N Policy holder relationship - Plan #1
 . Inapplicable
 -5 Never ask again
 1 Sample person
 2 Spouse
 3 Son
 4 Daughter
 5 Brother
 6 Sister
 7 Father
 8 Mother
 9 Son-in-law
 10 Daughter-in-law
 11 Grandson
 12 Granddaughter
 13 Nephew
 14 Niece
 50 Partner/roommate
 51 Friend/neighbor
 52 Boarder
 53 Nurse/nurses aide
 54 Legal/financial officer
 55 Guardian
 91 Other relative
 92 Other non-relative

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

D_COVNM1 22 2 COVGFMT N # of family members covered by Plan #1
 . Inapplicable
 -9 Not ascertained
 -8 Don't know
 Number reported covered

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

D_COVRX1 24 2 YES1FMT N Plan #1 covers prescribed medicines?
 . Inapplicable
 -9 Not ascertained
 -8 Don't know
 1 Yes
 2 No

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

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

D_COVNH1 26 2 YES1FMT N Plan #1 covers stay in nursing home?
 5,611 . Inapplicable
 2 -9 Not ascertained
 2,823 -8 Don't know
 2 -7 Refused
 1,688 1 Yes
 5,993 2 No

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

D_PAYSP1 28 2 YES1FMT N MIP pay any/all cost for Plan #1
 5,610 . Inapplicable
 2 -9 Not ascertained
 101 -8 Don't know
 6 -7 Refused
 8,028 1 Yes
 2,372 2 No

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

D_ANAMT1 30 7 PREM_F N Premium MIP pays for Plan #1-Annualized
 9,026 . Inapplicable
 134 0-100 \$100 or less
 971 100.01-500 \$101-\$500
 2,463 500.01-1000 \$501-\$1000
 1,873 1000.01-1500 \$1001-\$1500
 908 1500.01-2000 \$1501-\$2000
 339 2000.01-2500 \$2001-\$2500
 200 2500.01-3000 \$2501-\$3000
 89 3000.01-3500 \$3001-\$3500
 48 3500.01-4000 \$3501-\$4000
 29 4000.01-4500 \$4001-\$4500
 15 4500.01-5000 \$4501-\$5000
 24 Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1 37 2 YES1FMT HI25 N Is Plan #1 an HMO
 5,650 . Inapplicable
 5 -9 Not ascertained
 141 -8 Don't know
 3 -7 Refused
 1,452 1 Yes
 8,868 2 No

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	39	2	MIPFMT				N How did MIP get Plan #1
				5,650			. Inapplicable
				9			-9 Not ascertained
				65			-8 Don't know
				2			-7 Refused
				4,519			1 Directly
				635			2 Main insured person's current employer
				3,714			3 Main insured person's prior employer
				210			4 Union
				89			5 Family business
				612			6 AARP
				404			7 Deceased spouse's employer
				20			8 Deceased spouse's union
				11			9 Fraternal/professional organization
				179			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	41	2	\$IND1COD				C Industry of employer - Plan #1
				11,457			Inapplicable
				4			-7 Refused
				2			-8 Don't know
				72			-9 Not ascertained
				2			A Agriculture, forestry, and fishing
				11			B Mining
				19			C Construction
				47			D Manufacturing
				12			E Transportation and public utilities
				5			F Wholesale trade
				19			G Retail trade
				13			H Finance, insurance, and real estate
				8			I Services
				187			J Public administration
				136			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				10			02 Agricultural production - livestock
				8			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				2			10 Metal mining
				29			12 Coal mining
				21			13 Oil and gas extraction
				2			14 Nonmetallic minerals, except fuels
				7			15 General building contractors
				11			16 Heavy construction, excluding building
				36			17 Special trade contractors
				113			20 Food and kindred products
				2			21 Tobacco products
				45			22 Textile mill products
				31			23 Apparel and other textile products
				9			24 Lumber and wood products
				20			25 Furniture and fixtures
				22			26 Paper and allied products
				33			27 Printing and publishing
				95			28 Chemicals and allied products
				82			29 Petroleum and coal products
				38			30 Rubber and misc. plastics products
				4			31 Leather and leather products
				30			32 Stone, clay, and glass products
				171			33 Primary metal industries
				81			34 Fabricated metal products
				121			35 Industrial machinery and equipment
				96			36 Electronic & other electric equipment
				333			37 Transportation equipment
				19			38 Instruments and related products
				19			39 Miscellaneous manufacturing industries
				68			40 Railroad transportation
				19			41 Local and interurban passenger transit
				12			42 Trucking and warehousing
				138			43 U.S. Postal Service
				11			44 Water transportation
				20			45 Transportation by air
				4			46 Pipelines, except natural gas
				4			47 Transportation services
				156			48 Communications
				128			49 Electric, gas, and sanitary services
				16			50 Wholesale trade - durable goods
				10			51 Wholesale trade - nondurable goods
				5			52 Building materials & garden supplies
				59			53 General merchandise stores

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				38			54 Food stores
				20			55 Automotive dealers & service stations
				10			56 Apparel and accessory stores
				12			57 Furniture and home furnishings stores
				23			58 Eating and drinking places
				28			59 Miscellaneous retail
				91			60 Depository institutions
				3			61 Nondepository institutions
				8			62 Security and commodity brokers
				77			63 Insurance carriers
				26			64 Insurance agents, brokers, and services
				14			65 Real estate
				1			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				9			72 Personal services
				48			73 Business services
				13			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				7			78 Motion pictures
				14			79 Amusement & recreation services
				184			80 Health services
				21			81 Legal services
				582			82 Educational services
				21			83 Social services
				2			84 Museums, botanical, zoological gardens
				57			86 Membership organizations
				27			87 Engineering & management services
				0			88 Private households
				3			89 Services, nec
				288			91 Executive, legislative, and general
				96			92 Justice, public order, and safety
				13			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				23			95 Environmental quality and housing
				37			96 Administration of economic programs
				135			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

D_TYPPL2	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				14,425			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,694			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 1 plan.

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

D_PHREL2 45 2 RELFMT N Policy holder relationship - Plan #2

14,436	.	Inapplicable
0	-5	Never ask again
1,386	1	Sample person
292	2	Spouse
0	3	Son
0	4	Daughter
0	5	Brother
0	6	Sister
3	7	Father
2	8	Mother
0	9	Son-in-law
0	10	Daughter-in-law
0	11	Grandson
0	12	Granddaughter
0	13	Nephew
0	14	Niece
0	50	Partner/roommate
0	51	Friend/neighbor
0	52	Boarder
0	53	Nurse/nurses aide
0	54	Legal/financial officer
0	55	Guardian
0	91	Other relative
0	92	Other non-relative

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

D_COVNM2 47 2 COVGFMT N # of family members covered by Plan #2

14,436	.	Inapplicable
1	-9	Not ascertained
2	-8	Don't know
1,680		Number reported covered

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

D_COVRX2 49 2 YES1FMT N Plan #2 covers prescribed medicines?

14,436	.	Inapplicable
1	-9	Not ascertained
83	-8	Don't know
498	1	Yes
1,101	2	No

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

D_COVNH2 51 2 YES1FMT N Plan #2 covers stay in nursing home?

14,436	.	Inapplicable
1	-9	Not ascertained
200	-8	Don't know
384	1	Yes
1,098	2	No

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

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

D_PAYSP2 53 2 YES1FMT N MIP pay any/all cost for Plan #2

14,436	.	Inapplicable
3	-9	Not ascertained
36	-8	Don't know
1	-7	Refused
1,107	1	Yes
536	2	No

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

D_ANAMT2 55 7 PREM_F N Premium MIP pays for Plan #2-Annualized

15,160	.	Inapplicable
110	0-100	\$100 or less
338	100.01-500	\$101-\$500
216	500.01-1000	\$501-\$1000
148	1000.01-1500	\$1001-\$1500
65	1500.01-2000	\$1501-\$2000
31	2000.01-2500	\$2001-\$2500
26	2500.01-3000	\$2501-\$3000
6	3000.01-3500	\$3001-\$3500
10	3500.01-4000	\$3501-\$4000
1	4000.01-4500	\$4001-\$4500
4	4500.01-5000	\$4501-\$5000
4		Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2 62 2 YES1FMT HI25 N Is Plan #2 an HMO

14,438	.	Inapplicable
9	-9	Not ascertained
21	-8	Don't know
110	1	Yes
1,541	2	No

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

D_OBTNP2 64 2 MIPFMT N How did MIP get Plan #2

14,438	.	Inapplicable
9	-9	Not ascertained
9	-8	Don't know
742	1	Directly
100	2	Main insured person's current employer
572	3	Main insured person's prior employer
55	4	Union
6	5	Family business
103	6	AARP
56	7	Deceased spouse's employer
1	8	Deceased spouse's union
1	9	Fraternal/professional organization
27	91	Other

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

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

D_INDUS2 66 2 \$IND2COD C Industry of employer - Plan #2
 15,406 Inapplicable
 6 -9 Not ascertained
 707 Industry classification code

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

D_TYPPL3 68 2 PLANFMT HI17 N Type of plan - Plan #3
 15,875 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 244 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 70 2 RELFMT N Policy holder relationship - Plan #3
 15,875 . Inapplicable
 0 -5 Never ask again
 193 1 Sample person
 51 2 Spouse
 0 3 Son
 0 4 Daughter
 0 5 Brother
 0 6 Sister
 0 7 Father
 0 8 Mother
 0 9 Son-in-law
 0 10 Daughter-in-law
 0 11 Grandson
 0 12 Granddaughter
 0 13 Nephew
 0 14 Niece
 0 50 Partner/roommate
 0 51 Friend/neighbor
 0 52 Boarder
 0 53 Nurse/nurses aide
 0 54 Legal/financial officer
 0 55 Guardian
 0 91 Other relative
 0 92 Other non-relative

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

D_COVNM3 72 2 COVGFMT N # of family members covered by Plan #3
 15,875 . Inapplicable
 244 Number reported covered

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX3	74	2	YES1FMT				N Plan #3 covers prescribed medicines?
				15,875			. Inapplicable
				11			-8 Don't know
				61			1 Yes
				172			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_COVNH3	76	2	YES1FMT				N Plan #3 covers stay in nursing home?
				15,875			. Inapplicable
				24			-8 Don't know
				34			1 Yes
				186			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_PAYSP3	78	2	YES1FMT				N MIP pay any/all cost for Plan #3
				15,875			. Inapplicable
				3			-8 Don't know
				128			1 Yes
				113			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_ANAMT3	80	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				16,013			. Inapplicable
				21		0-100	\$100 or less
				45		100.01-500	\$101-\$500
				20		500.01-1000	\$501-\$1000
				16		1000.01-1500	\$1001-\$1500
				1		1500.01-2000	\$1501-\$2000
				2		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
				1		4500.01-5000	\$4501-\$5000
Note: Applies only if D_PAYSP3 = 1							
D_HMOPL3	87	2	YES1FMT		HI25		N Is Plan #3 an HMO
				15,875			. Inapplicable
				2			-9 Not ascertained
				3			-8 Don't know
				20			1 Yes
				219			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP3	89	2	MIPFMT				N How did MIP get Plan #3
				15,875			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				95			1 Directly
				15			2 Main insured person's current employer
				108			3 Main insured person's prior employer
				7			4 Union
				1			5 Family business
				5			6 AARP
				5			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				5			91 Other

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

D_INDUS3	91	2	\$IND2COD				C Industry of employer - Plan #3
				15,994			Inapplicable
				2			-9 Not ascertained
				123			Industry classification code

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

D_TYPPL4	93	2	PLANFMT		HI17		N Type of plan - Plan #4
				16,077			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				42			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	95	2	RELFMT				N Policy holder relationship - Plan #4
				16,077			. Inapplicable
				0			-5 Never ask again
				32			1 Sample person
				10			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	97	2	COVGFMT				N # of family members covered by Plan #4
				16,077			. Inapplicable
				42			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	99	2	YES1FMT				N Plan #4 covers prescribed medicines?
				16,077			. Inapplicable
				2			-8 Don't know
				11			1 Yes
				29			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	101	2	YES1FMT				N Plan #4 covers stay in nursing home?
				16,077			. Inapplicable
				3			-8 Don't know
				4			1 Yes
				35			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	103	2	YES1FMT				N MIP pay any/all cost for Plan #4
				16,077			. Inapplicable
				16			1 Yes
				26			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_ANAMT4	105	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				16,107			. Inapplicable
				1			0-100 \$100 or less
				7			100.01-500 \$101-\$500
				2			500.01-1000 \$501-\$1000
				0			1000.01-1500 \$1001-\$1500
				0			1500.01-2000 \$1501-\$2000
				0			2000.01-2500 \$2001-\$2500
				1			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
							Note: Applies only if D_PAYSP4 = 1
D_HMOPL4	112	2	YES1FMT		HI25		N Is Plan #4 an HMO
				16,077			. Inapplicable
				2			1 Yes
				40			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_OBTNP4	114	2	MIPFMT				N How did MIP get Plan #4
				16,077			. Inapplicable
				10			1 Directly
				2			2 Main insured person's current employer
				25			3 Main insured person's prior employer
				2			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
				3			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_INDUS4	116	2	\$IND2COD				C Industry of employer - Plan #4
				16,092			Inapplicable
				27			Industry classification code
							Note: Applies only if D_OBTNP4 = 2, 3, 5, or 8
D_TYPPL5	118	2	PLANFMT		HI17		N Type of plan - Plan #5
				16,108			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				11			4 Private plan
				0			5 Medicare HMO
							Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.

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

D_PHREL5 120 2 RELFMT N Policy holder relationship - Plan #5
 16,108 . Inapplicable
 0 -5 Never ask again
 7 1 Sample person
 4 2 Spouse
 0 3 Son
 0 4 Daughter
 0 5 Brother
 0 6 Sister
 0 7 Father
 0 8 Mother
 0 9 Son-in-law
 0 10 Daughter-in-law
 0 11 Grandson
 0 12 Granddaughter
 0 13 Nephew
 0 14 Niece
 0 50 Partner/roommate
 0 51 Friend/neighbor
 0 52 Boarder
 0 53 Nurse/nurses aide
 0 54 Legal/financial officer
 0 55 Guardian
 0 91 Other relative
 0 92 Other non-relative

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

D_COVNM5 122 2 COVGFMT N # of family members covered by Plan #5
 16,108 . Inapplicable
 1 -9 Not ascertained
 10 Number reported covered

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

D_COVRX5 124 2 YES1FMT N Plan #5 covers prescribed medicines?
 16,108 . Inapplicable
 1 1 Yes
 10 2 No

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

D_COVNH5 126 2 YES1FMT N Plan #5 covers stay in nursing home?
 16,108 . Inapplicable
 2 -8 Don't know
 1 1 Yes
 8 2 No

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

D_PAYSP5 128 2 YES1FMT N MIP pay any/all cost for Plan #5
 16,108 . Inapplicable
 6 1 Yes
 5 2 No

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

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

D_ANAMT5 130 7 PREM_F N Premium MIP pays for Plan #5-Annualized
 16,113 . Inapplicable
 2 0-100 \$100 or less
 3 100.01-500 \$101-\$500
 1 500.01-1000 \$501-\$1000
 0 1000.01-1500 \$1001-\$1500
 0 1500.01-2000 \$1501-\$2000
 0 2000.01-2500 \$2001-\$2500
 0 2500.01-3000 \$2501-\$3000
 0 3000.01-3500 \$3001-\$3500
 0 3500.01-4000 \$3501-\$4000
 0 4000.01-4500 \$4001-\$4500
 0 4500.01-5000 \$4501-\$5000

Note: Applies only if D_PAYSP5 = 1

D_HMOPL5 137 2 YES1FMT HI25 N Is Plan #5 an HMO
 16,108 . Inapplicable
 0 1 Yes
 11 2 No

Note: Applies only if INTERVU = C and D_TYPPPL5 = 4

D_OBTNP5 139 2 MIPFMT N How did MIP get Plan #5
 16,108 . Inapplicable
 3 1 Directly
 0 2 Main insured person's current employer
 3 3 Main insured person's prior employer
 4 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
 1 91 Other

Note: Applies only if INTERVU = C and D_TYPPPL5 = 4

D_INDUS5 141 2 \$IND2COD C Industry of employer - Plan #5
 16,116 Inapplicable
 3 Industry classification code

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