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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

                         16,315              LOW-HIGH BASEID Count

INTERVU  12  1  $INTRFMT                                C Type of interview

                         15,142                         C Community
                          1,173                         F Facility

D_MCARE  13  1  MEDCOVG                                 N Medicare coverage

                              2                         0 No entitlement
                            508                         1 Part A only
                            138                         2 Part B only
                         15,667                         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

                         13,650                         0 No entitlement
                            493                         1 Survey data only
                            143                         2 CMS administrative data only
                          2,029                         3 Both survey and administrative data

D_PRIVAT 15  1  PHIPLCY                                 N Private insurance coverage

                          7,161                         0 No entitlement
                          4,269                         1 Employer-sponsored insurance (ESI)
                          3,805                         2 Self-purchased
                            657                         3 Both ESI and self-purchased
                            423                         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

                         15,430                         0 None
                            885                           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

                         12,844                         0 No entitlement
                            493                         1 Survey data only
                            472                         2 CMS administrative data only
                          2,506                         3 Both survey and administrative data

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

11/19/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
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```
Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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```

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

```
                          13,279                    . Inapplicable
                             135                   -8 Don't know
                             402                    1 Yes
                           2,499                    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?

```
                          15,964                    . Inapplicable
                               3                   -9 Not ascertained
                               1                   -8 Don't know
                              83                    1 SP had choice
                             196                    2 SP had no choice
                              68                    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

```
                          15,451                    . Inapplicable
                               3                   -8 Don't know
                             747                    1 Yes
                             114                    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

```
                          14,052                    . Inapplicable
                              36                   -8 Don't know
                           1,998                    1 Yes
                             229                    2 No
```

        Notes: Applies only if INTERVU = C and D_MCAID = 1 or 3
              First available in 1999

D_DMEM 30 3 NUMCARDS   DM1, 2   N Number of active discount card membershi

```
                           1,172                    . Inapplicable
                          14,407                    0 No discount card membership
                             683                    1 One discount card membership
                              41                    2 Two discount card memberships
                              11                    3 Three discount card memberships
                               1                      Four or more discount card memberships
```

        Note: First available in 2002

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

D_DMCOST 33 7 PREM_F   DM6   N annual cost of discount card

```
                            1,608                     . Inapplicable
                           14,656              0-100   $100 or less
                               47       100.01-500     $101-$500
                                4      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: First available in 2002

D_HMOTYP 40 2 $PLNFMT   C Type of Medicare HMO

```
                           14,143                        No enrollment
                               58              01 Health care prepayment plan
                               98              02 Cost HMO
                            2,016              06 Risk HMO
```

D_HMOCOV 42 2 COVFMT   N SP covered by Medicare HMO at anytime?

```
                           13,712              0 No enrollment
                            2,603              1 Some enrollment
```

D_HMOCUR 44 2 CURFMT   N Is SP currently covered by Mcare HMO?

```
                            2,522              1 Currently enrolled
                           13,793              2 Not currently enrolled
```

MHMORX   46 2 YES1FMT   N Does Medicare HMO plan cover drugs?

```
                           13,793              . Inapplicable
                               28              -8 Don't know
                                1              -7 Refused
                            1,986              1 Yes
                              507              2 No
```

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

MHMODENT 48 2 YES1FMT   N Does Medicare HMO plan cover dental?

```
                           13,793              . Inapplicable
                              116              -8 Don't know
                                2              -7 Refused
                              638              1 Yes
                            1,766              2 No
```

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

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

MHMOEYE   50 2 YES1FMT   N Does Medicare HMO plan cover eye exams?

```
                          13,793                    . Inapplicable
                             100                   -8 Don't know
                               2                   -7 Refused
                           1,667                    1 Yes
                             753                    2 No
```

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

MHMOPCAR 52 2 YES1FMT   N Does Mcare HMO plan cover preventiv care

```
                          13,793                    . Inapplicable
                              68                   -8 Don't know
                               2                   -7 Refused
                           2,315                    1 Yes
                             137                    2 No
```

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

MHMONH   54 2 YES1FMT   N Does Mcare HMO plan cover nursing home?

```
                          13,793                    . Inapplicable
                             653                   -8 Don't know
                               2                   -7 Refused
                             253                    1 Yes
                           1,614                    2 No
```

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

MHMOPAY   56 2 YES1FMT   N Does SP pay additional for HMO coverage?

```
                          13,793                    . Inapplicable
                              48                   -8 Don't know
                               1                   -7 Refused
                           1,408                    1 Yes
                           1,065                    2 No
```

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

MHMOCOST 58 3 YES1FMT   N Did anyone else pay portion of premium?

```
                          14,907                    . Inapplicable
                              16                   -8 Don't know
                             231                    1 Yes
                           1,161                    2 No
```

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

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

MHMOWHO   61  3   WHOFMT                                  N Who else pays a portion of the premium?

                               16,084                    . Inapplicable
                                   25                    1 Main insured person's current employer
                                  109                    2 Main insured person's former employer
                                    6                    3 Main insured person's union
                                   27                    4 Spouse's current employer
                                   57                    5 Spouse's former employer
                                    0                    6 Professional/fraternal organization
                                    1                    7 Medicaid/medical assistance
                                    6                   91 Other

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

D_ANHMO   64  8   PREM_F                                  N Annual amnt paid for Mcare HMO coverage?

                               14,907                    . Inapplicable
                                    1                   -9 Not ascertained
                                  119                   -8 Don't know
                                    2                   -7 Refused
                                   13            0-100    $100 or less
                                  299      100.01-500     $101-$500
                                  553      500.01-1000    $501-$1000
                                  210     1000.01-1500    $1001-$1500
                                   93     1500.01-2000    $1501-$2000
                                   41     2000.01-2500    $2001-$2500
                                   31     2500.01-3000    $2501-$3000
                                   11     3000.01-3500    $3001-$3500
                                   12     3500.01-4000    $3501-$4000
                                    3     4000.01-4500    $4001-$4500
                                    4     4500.01-5000    $4501-$5000
                                   16                     Over $5000

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

D_TYPPL1  72  2   PLANFMT           HI17                  N Type of plan - Plan #1

                                7,161                    . Inapplicable
                                    0                    1 Medicare
                                    0                    2 Medicaid
                                    0                    3 Public plan
                                9,154                    4 Private plan
                                    0                    5 Medicare HMO

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

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

D_PHREL1   74 2 RELFMT   N Policy holder relationship - Plan #1

```
                              7,528                        . Inapplicable
                                  5                       -9 Not ascertained
                                  0                       -5 Never ask again
                              7,297                        1 Sample person
                              1,427                        2 Spouse
                                  4                        3 Son
                                  3                        4 Daughter
                                  0                        5 Brother
                                  1                        6 Sister
                                 23                        7 Father
                                 18                        8 Mother
                                  0                        9 Son-in-law
                                  0                       10 Daughter-in-law
                                  0                       11 Grandson
                                  0                       12 Granddaughter
                                  0                       13 Nephew
                                  0                       14 Niece
                                  5                       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
                                  2                       92 Other non-relative
```

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

D_COVNM1   76 2 COVGFMT   N # of family members covered by Plan #1

```
                              7,528                        . Inapplicable
                                 11                       -9 Not ascertained
                                 22                       -8 Don't know
                                  1                       -7 Refused
                              8,753                           Number reported covered
```

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

D_COVRX1   78 2 YES1FMT   N Plan #1 covers prescribed medicines?

```
                              7,528                        . Inapplicable
                                  7                       -9 Not ascertained
                                164                       -8 Don't know
                              4,648                        1 Yes
                              3,968                        2 No
```

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

D_COVNH1   80 2 YES1FMT   N Plan #1 covers stay in nursing home?

```
                              7,528                        . Inapplicable
                                  7                       -9 Not ascertained
                              2,237                       -8 Don't know
                                  4                       -7 Refused
                              1,853                        1 Yes
                              4,686                        2 No
```

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

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

D_PAYSP1  82  2  YES1FMT                                 N MIP pay any/all cost for Plan #1

                              7,528                      . Inapplicable
                                  7                     -9 Not ascertained
                                104                     -8 Don't know
                                  1                     -7 Refused
                              6,969                      1 Yes
                              1,706                      2 No

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

D_ANAMT1  84  7  PREM_F                                  N Premium MIP pays for Plan #1-Annualized

                              9,346                      . Inapplicable
                                  5                     -9 Not ascertained
                                959                     -8 Don't know
                                 21                     -7 Refused
                                131          0-100       $100 or less
                                571     100.01-500       $101-$500
                                656     500.01-1000      $501-$1000
                              1,527    1000.01-1500      $1001-$1500
                              1,247    1500.01-2000      $1501-$2000
                                690    2000.01-2500      $2001-$2500
                                428    2500.01-3000      $2501-$3000
                                238    3000.01-3500      $3001-$3500
                                179    3500.01-4000      $3501-$4000
                                 91    4000.01-4500      $4001-$4500
                                 63    4500.01-5000      $4501-$5000
                                163                      Over $5000

          Note: Applies only if D_PAYSP1 = 1

D_HMOPL1  91  2  YES1FMT              HI25               N Is Plan #1 an HMO

                              7,528                      . Inapplicable
                                 20                     -9 Not ascertained
                                149                     -8 Don't know
                                  1                     -7 Refused
                                603                      1 Yes
                              8,014                      2 No

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

D_OBTNP1  93  2  MIPFMT                                  N How did MIP get Plan #1

                              7,528                      . Inapplicable
                                 10                     -9 Not ascertained
                                 56                     -8 Don't know
                                  1                     -7 Refused
                              3,525                      1 Directly
                                680                      2 Main insured person's current employer
                              3,316                      3 Main insured person's prior employer
                                127                      4 Union
                                 58                      5 Family business
                                431                      6 AARP
                                488                      7 Deceased spouse's employer
                                 16                      8 Deceased spouse's union
                                 29                      9 Fraternal/professional organization
                                 50                     91 Other

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

11/19/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	95	2	$IND1COD				C Industry of employer - Plan #1
				7,528			Inapplicable
				3			-7 Refused
				3			-8 Don't know
				4,260			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				23			B Mining
				15			C Construction
				30			D Manufacturing
				2			E Transportation and public utilities
				0			F Wholesale trade
				10			G Retail trade
				1			H Finance, insurance, and real estate
				1			I Services
				271			J Public administration
				56			K Nonclassifiable establishments
				3			01 Agricultural production - crops
				7			02 Agricultural production - livestock
				5			07 Agricultural services
				11			08 Forestry
				0			09 Fishing, hunting, and trapping
				6			10 Metal mining
				40			12 Coal mining
				22			13 Oil and gas extraction
				8			14 Nonmetallic minerals, except fuels
				13			15 General building contractors
				9			16 Heavy construction, excluding building
				51			17 Special trade contractors
				75			20 Food and kindred products
				6			21 Tobacco products
				44			22 Textile mill products
				7			23 Apparel and other textile products
				9			24 Lumber and wood products
				15			25 Furniture and fixtures
				43			26 Paper and allied products
				32			27 Printing and publishing
				159			28 Chemicals and allied products
				76			29 Petroleum and coal products
				39			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				27			32 Stone, clay, and glass products
				117			33 Primary metal industries
				60			34 Fabricated metal products
				89			35 Industrial machinery and equipment
				106			36 Electronic & other electric equipment
				321			37 Transportation equipment
				54			38 Instruments and related products
				3			39 Miscellaneous manufacturing industries
				48			40 Railroad transportation
				16			41 Local and interurban passenger transit
				24			42 Trucking and warehousing
				155			43 U.S. Postal Service
				6			44 Water transportation
				18			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				176			48 Communications
				123			49 Electric, gas, and sanitary services
				25			50 Wholesale trade - durable goods
				17			51 Wholesale trade - nondurable goods
				4			52 Building materials & garden supplies
				43			53 General merchandise stores

```
Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
--------  --- --- -------- --------- -------- --------  ------------------------------------------
                                 28                     54 Food stores
                                 19                     55 Automotive dealers & service stations
                                  1                     56 Apparel and accessory stores
                                  4                     57 Furniture and home furnishings stores
                                 15                     58 Eating and drinking places
                                  5                     59 Miscellaneous retail
                                 57                     60 Depository institutions
                                  7                     61 Nondepository institutions
                                  6                     62 Security and commodity brokers
                                 99                     63 Insurance carriers
                                  0                     64 Insurance agents, brokers, and services
                                  9                     65 Real estate
                                  0                     67 Holding and other investment offices
                                  9                     70 Hotels and other lodging places
                                 10                     72 Personal services
                                 23                     73 Business services
                                 11                     75 Auto repair, services, and parking
                                  3                     76 Miscellaneous repair services
                                  3                     78 Motion pictures
                                 19                     79 Amusement & recreation services
                                165                     80 Health services
                                 11                     81 Legal services
                                655                     82 Educational services
                                  8                     83 Social services
                                  2                     84 Museums, botanical, zoological gardens
                                 73                     86 Membership organizations
                                 65                     87 Engineering & management services
                                  0                     88 Private households
                                  1                     89 Services, nec
                                333                     91 Executive, legislative, and general
                                107                     92 Justice, public order, and safety
                                 17                     93 Finance, taxation, & monetary policy
                                 28                     94 Administration of Human Resources
                                 18                     95 Environmental quality and housing
                                 31                     96 Administration of economic programs
                                154                     97 National security and inst. affairs
                                  0                     99 Nonclassifiable establishments

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

D_PLLTR1  97  2  $PLN1LTR                     C Medicare suppl./Medigap plan letter #1

                             12,301              Inapplicable
                                133           -8 Don't know
                              1,737           -9 Not ascertained
                                 80            A Plan A
                                 91            B Plan B
                                227            C Plan C
                                 78            D Plan D
                                 37            E Plan E
                                414            F Plan F
                                 35            G Plan G
                                 31            H Plan H
                                 28            I Plan I
                                 77            J Plan J
                              1,019           99 SP reports plan does not have a letter
                                 27              Other Plan Letter

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

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

D_TYPPL2  99  2   PLANFMT             HI17             N Type of plan - Plan #2

                            14,464                     . Inapplicable
                                 0                     1 Medicare
                                 0                     2 Medicaid
                                 0                     3 Public plan
                             1,851                     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  101 2   RELFMT                               N Policy holder relationship - Plan #2

                            14,495                     . Inapplicable
                                 0                     -5 Never ask again
                             1,387                     1 Sample person
                               426                     2 Spouse
                                 0                     3 Son
                                 0                     4 Daughter
                                 0                     5 Brother
                                 0                     6 Sister
                                 3                     7 Father
                                 1                     8 Mother
                                 0                     9 Son-in-law
                                 0                     10 Daughter-in-law
                                 1                     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
                                 1                     91 Other relative
                                 0                     92 Other non-relative

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

D_COVNM2  103 2   COVGFMT                              N # of family members covered by Plan #2

                            14,495                     . Inapplicable
                                 3                     -9 Not ascertained
                                 7                     -8 Don't know
                             1,810                        Number reported covered

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

D_COVRX2  105 2   YES1FMT                              N Plan #2 covers prescribed medicines?

                            14,495                     . Inapplicable
                                 1                     -9 Not ascertained
                                61                     -8 Don't know
                                 1                     -7 Refused
                               569                     1 Yes
                             1,188                     2 No

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

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

D_COVNH2  107  2  YES1FMT                                N Plan #2 covers stay in nursing home?

                            14,495                       . Inapplicable
                               148                      -8 Don't know
                               663                       1 Yes
                             1,009                       2 No

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

D_PAYSP2  109  2  YES1FMT                                N MIP pay any/all cost for Plan #2

                            14,495                       . Inapplicable
                                 1                      -9 Not ascertained
                                29                      -8 Don't know
                             1,311                       1 Yes
                               479                       2 No

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

D_ANAMT2  111  7  PREM_F                                 N Premium MIP pays for Plan #2-Annualized

                            15,004                       . Inapplicable
                                 2                      -9 Not ascertained
                               206                      -8 Don't know
                                 5                      -7 Refused
                                91              0-100 $100 or less
                               226         100.01-500 $101-$500
                               189        500.01-1000 $501-$1000
                               176       1000.01-1500 $1001-$1500
                               131       1500.01-2000 $1501-$2000
                                94       2000.01-2500 $2001-$2500
                                60       2500.01-3000 $2501-$3000
                                37       3000.01-3500 $3001-$3500
                                28       3500.01-4000 $3501-$4000
                                20       4000.01-4500 $4001-$4500
                                11       4500.01-5000 $4501-$5000
                                35                    Over $5000

          Note: Applies only if D_PAYSP2 = 1

D_HMOPL2  118  2  YES1FMT            HI25               N Is Plan #2 an HMO

                            14,495                       . Inapplicable
                                 7                      -9 Not ascertained
                                27                      -8 Don't know
                                71                       1 Yes
                             1,715                       2 No

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

11/19/03   **MEDICARE CURRENT BENEFICIARY SURVEY**   RIC: **4**
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```
Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_OBTNP2  120  2  MIPFMT                                 N How did MIP get Plan #2

                             14,495                      . Inapplicable
                                  2                      -9 Not ascertained
                                 10                      -8 Don't know
                                893                      1 Directly
                                145                      2 Main insured person's current employer
                                610                      3 Main insured person's prior employer
                                 32                      4 Union
                                  4                      5 Family business
                                 57                      6 AARP
                                 51                      7 Deceased spouse's employer
                                  2                      8 Deceased spouse's union
                                  7                      9 Fraternal/professional organization
                                  7                      91 Other

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

D_INDUS2  122  2  $IND2COD                                C Industry of employer - Plan #2

                             14,495                        Inapplicable
                              1,027                      -9 Not ascertained
                                793                        Industry classification code

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

D_PLLTR2  124  2  $PLN2LTR                                C Medicare suppl./Medigap plan letter #2

                             15,361                        Missing
                                  7                      -8 Don't know
                                425                      -9 Not ascertained
                                471                      99 SP reports plan does not have a letter
                                 51                        Plan letter

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

D_TYPPL3  126  2  PLANFMT          HI17                  N Type of plan - Plan #3

                             15,976                      . Inapplicable
                                  0                      1 Medicare
                                  0                      2 Medicaid
                                  0                      3 Public plan
                                339                      4 Private plan
                                  0                      5 Medicare HMO

           Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 2 plans.
```

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

D_PHREL3 128 2 RELFMT   N Policy holder relationship - Plan #3

```
                             15,979                       .  Inapplicable
                                  0                      -5  Never ask again
                                237                       1  Sample person
                                 95                       2  Spouse
                                  0                       3  Son
                                  1                       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 130 2 COVGFMT   N # of family members covered by Plan #3

```
                             15,979                       .  Inapplicable
                                  3                      -8  Don't know
                                333                          Number reported covered
```

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

D_COVRX3 132 2 YES1FMT   N Plan #3 covers prescribed medicines?

```
                             15,979                       .  Inapplicable
                                 12                      -8  Don't know
                                111                       1  Yes
                                213                       2  No
```

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

D_COVNH3 134 2 YES1FMT   N Plan #3 covers stay in nursing home?

```
                             15,979                       .  Inapplicable
                                 17                      -8  Don't know
                                 48                       1  Yes
                                271                       2  No
```

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

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D_PAYSP3 136  2  YES1FMT                                 N MIP pay any/all cost for Plan #3

                             15,979                       .  Inapplicable
                                  1                       -9 Not ascertained
                                  3                       -8 Don't know
                                192                       1  Yes
                                140                       2  No

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

D_ANAMT3 138  7  PREM_F                                   N Premium MIP pays for Plan #3-Annualized

                             16,123                       .  Inapplicable
                                 39                       -8 Don't know
                                 22            0-100       $100 or less
                                 54       100.01-500       $101-$500
                                 30       500.01-1000      $501-$1000
                                 17      1000.01-1500      $1001-$1500
                                 11      1500.01-2000      $1501-$2000
                                  5      2000.01-2500      $2001-$2500
                                  2      2500.01-3000      $2501-$3000
                                  4      3000.01-3500      $3001-$3500
                                  4      3500.01-4000      $3501-$4000
                                  1      4000.01-4500      $4001-$4500
                                  1      4500.01-5000      $4501-$5000
                                  2                        Over $5000

          Note: Applies only if D_PAYSP3 = 1

D_HMOPL3 145  2  YES1FMT            HI25                   N Is Plan #3 an HMO

                             15,979                       .  Inapplicable
                                  3                       -9 Not ascertained
                                  5                       -8 Don't know
                                 10                       1  Yes
                                318                       2  No

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

D_OBTNP3 147  2  MIPFMT                                   N How did MIP get Plan #3

                             15,979                       .  Inapplicable
                                104                       1  Directly
                                 39                       2  Main insured person's current employer
                                172                       3  Main insured person's prior employer
                                  5                       4  Union
                                  3                       5  Family business
                                  3                       6  AARP
                                  7                       7  Deceased spouse's employer
                                  0                       8  Deceased spouse's union
                                  2                       9  Fraternal/professional organization
                                  1                       91 Other

          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_INDUS3  149  2  $IND2COD                                C Industry of employer - Plan #3

                            15,979                          Inapplicable
                               122                       -9 Not ascertained
                               214                          Industry classification code

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

D_PLLTR3  151  2  $PLN2LTR                                C Medicare suppl./Medigap plan letter #3

                            16,205                          Missing
                                 2                       -8 Don't know
                                50                       -9 Not ascertained
                                53                       99 SP reports plan does not have a letter
                                 5                          Plan letter

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

D_TYPPL4  153  2  PLANFMT          HI17                   N Type of plan - Plan #4

                            16,266                        . Inapplicable
                                 0                        1 Medicare
                                 0                        2 Medicaid
                                 0                        3 Public plan
                                49                        4 Private plan
                                 0                        5 Medicare HMO

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

D_PHREL4  155  2  RELFMT                                  N Policy holder relationship - Plan #4

                            16,266                        . Inapplicable
                                 0                       -5 Never ask again
                                28                        1 Sample person
                                21                        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
```

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Variable   Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_COVNM4   157  2  COVGFMT                                N # of family members covered by Plan #4

                             16,266                       . Inapplicable
                                 49                         Number reported covered

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

D_COVRX4   159  2  YES1FMT                                N Plan #4 covers prescribed medicines?

                             16,266                       . Inapplicable
                                  2                       -8 Don't know
                                 15                        1 Yes
                                 32                        2 No

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

D_COVNH4   161  2  YES1FMT                                N Plan #4 covers stay in nursing home?

                             16,266                       . Inapplicable
                                  2                       -8 Don't know
                                  7                        1 Yes
                                 40                        2 No

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

D_PAYSP4   163  2  YES1FMT                                N MIP pay any/all cost for Plan #4

                             16,266                       . Inapplicable
                                  2                       -8 Don't know
                                 22                        1 Yes
                                 25                        2 No

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

D_ANAMT4   165  7  PREM_F                                 N Premium MIP pays for Plan #4-Annualized

                             16,293                      . Inapplicable
                                  2                      -8 Don't know
                                  5            0-100     $100 or less
                                  6      100.01-500      $101-$500
                                  3      500.01-1000     $501-$1000
                                  1     1000.01-1500     $1001-$1500
                                  0     1500.01-2000     $1501-$2000
                                  2     2000.01-2500     $2001-$2500
                                  2     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   172  2  YES1FMT              HI25              N Is Plan #4 an HMO

                             16,266                       . Inapplicable
                                  1                       -8 Don't know
                                  0                        1 Yes
                                 48                        2 No

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

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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_OBTNP4  174  2  MIPFMT                                N How did MIP get Plan #4

                             16,266                     . Inapplicable
                                  9                     1 Directly
                                  2                     2 Main insured person's current employer
                                 35                     3 Main insured person's prior employer
                                  0                     4 Union
                                  0                     5 Family business
                                  0                     6 AARP
                                  2                     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

D_INDUS4  176  2  $IND2COD                               C Industry of employer - Plan #4

                             16,266                        Inapplicable
                                 12                     -9 Not ascertained
                                 37                        Industry classification code

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

D_PLLTR4  178  2  $PLN2LTR                               C Medicare suppl./Medigap plan letter #4

                             16,306                        Missing
                                  7                     -9 Not ascertained
                                  2                     99 SP reports plan does not have a letter

           Notes: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6
                  First available in 2000

D_TYPPL5  180  2  PLANFMT            HI17                N Type of plan - Plan #5

                             16,311                     . Inapplicable
                                  0                     1 Medicare
                                  0                     2 Medicaid
                                  0                     3 Public plan
                                  4                     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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Variable  Col Len Format   Frequency ComQues# FacQues#  Variable Type & Label
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D_PHREL5  182  2  RELFMT                                N Policy holder relationship - Plan #5

                            16,311                      .  Inapplicable
                                 0                      -5 Never ask again
                                 1                      1  Sample person
                                 3                      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  184  2  COVGFMT                               N # of family members covered by Plan #5

                            16,311                      .  Inapplicable
                                 4                         Number reported covered

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

D_COVRX5  186  2  YES1FMT                               N Plan #5 covers prescribed medicines?

                            16,311                      .  Inapplicable
                                 2                      1  Yes
                                 2                      2  No

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

D_COVNH5  188  2  YES1FMT                               N Plan #5 covers stay in nursing home?

                            16,311                      .  Inapplicable
                                 0                      1  Yes
                                 4                      2  No

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

D_PAYSP5  190  2  YES1FMT                               N MIP pay any/all cost for Plan #5

                            16,311                      .  Inapplicable
                                 0                      1  Yes
                                 4                      2  No

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

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Variable  Col Len Format    Frequency ComQues# FacQues#  Variable Type & Label
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D_ANAMT5  192  7  PREM_F                                 N Premium MIP pays for Plan #5-Annualized

                            16,315                       . Inapplicable
                                 0        0-100 $100 or less
                                 0    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  199  2  YES1FMT           HI25                  N Is Plan #5 an HMO

                            16,311                       . Inapplicable
                                 0                       1 Yes
                                 4                       2 No

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

D_OBTNP5  101  2  MIPFMT                                  N How did MIP get Plan #5

                            14,495                       . Inapplicable
                             1,387                       1 Directly
                               426                       2 Main insured person's current employer
                                 0                       3 Main insured person's prior employer
                                 0                       4 Union
                                 0                       5 Family business
                                 0                       6 AARP
                                 3                       7 Deceased spouse's employer
                                 1                       8 Deceased spouse's union
                                 0                       9 Fraternal/professional organization
                                 1                      91 Other
                                 1                       6                                    11
                                 1                       6                                    50

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

D_INDUS5  203  2  $IND2COD                                C Industry of employer - Plan #5

                            16,311                         Inapplicable
                                 4                         Industry classification code

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

D_PLLTR5  205  2  $PLN2LTR                                C Medicare suppl./Medigap plan letter #5

                            16,314                         Missing
                                 1                        99 SP reports plan does not have a 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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