

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 1  
Version: 2

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	1					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,486			LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG				C Medicare coverage - Jan
				352			0 No entitlement
				392			1 Part A only
				102			2 Part B only
				11,640			3 Both A and B
D_CAID1	13	1	\$SRC2FMT				C Source of Medicaid coverage status - Jan
				9,806			0 No entitlement
				398			1 Survey data only
				244			2 CMS administrative data only
				2,038			3 Both survey and administrative data
D_PHI1	14	1	\$PHIFMT				C Private health insurance coverage - Jan
				5,816			0 No entitlement
				3,179			1 Employer-sponsored insurance (ESI)
				2,811			2 Self-purchased
				519			3 Both ESI and self-purchased
				161			4 Facility respondent, type unknown
D_HMO1	15	1	\$HMOFMT				C HMO coverage - Jan
				10,073			0 No coverage
				879			1 Private coverage
				1,406			2 Medicare coverage
				128			3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT				C Number of other plans - Jan
				11,778			0 No other plans
				689			1 1 other plan
				18			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE2	17	1	\$MEDCOVG				C Medicare coverage - Feb
				398			0 No entitlement
				396			1 Part A only
				102			2 Part B only
				11,590			3 Both A and B
D_CAID2	18	1	\$SRC2FMT				C Source of Medicaid coverage status - Feb
				9,812			0 No entitlement
				402			1 Survey data only
				244			2 CMS administrative data only
				2,028			3 Both survey and administrative data

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI2	19	1	\$PHIFMT				C Private health insurance coverage - Feb
				5,821			0 No entitlement
				3,178			1 Employer-sponsored insurance (ESI)
				2,803			2 Self-purchased
				520			3 Both ESI and self-purchased
				164			4 Facility respondent, type unknown
D_HMO2	20	1	\$HMOFMT				C HMO coverage - Feb
				10,107			0 No coverage
				844			1 Private coverage
				1,414			2 Medicare coverage
				121			3 Both Medicare and private coverage
D_OTH2	21	1	\$OTHFMT				C Number of other plans - Feb
				11,759			0 No other plans
				708			1 1 other plan
				18			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE3	22	1	\$MEDCOVG				C Medicare coverage - Mar
				420			0 No entitlement
				400			1 Part A only
				104			2 Part B only
				11,562			3 Both A and B
D_CAID3	23	1	\$SRC2FMT				C Source of Medicaid coverage status - Mar
				9,811			0 No entitlement
				405			1 Survey data only
				247			2 CMS administrative data only
				2,023			3 Both survey and administrative data
D_PHI3	24	1	\$PHIFMT				C Private health insurance coverage - Mar
				5,820			0 No entitlement
				3,180			1 Employer-sponsored insurance (ESI)
				2,788			2 Self-purchased
				529			3 Both ESI and self-purchased
				169			4 Facility respondent, type unknown
D_HMO3	25	1	\$HMOFMT				C HMO coverage - Mar
				10,133			0 No coverage
				823			1 Private coverage
				1,426			2 Medicare coverage
				104			3 Both Medicare and private coverage
D_OTH3	26	1	\$OTHFMT				C Number of other plans - Mar
				11,748			0 No other plans
				720			1 1 other plan
				17			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 3  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE4	27	1	\$MEDCOVG				C Medicare coverage - Apr
				438			0 No entitlement
				405			1 Part A only
				103			2 Part B only
				11,540			3 Both A and B
D_CAID4	28	1	\$SRC2FMT				C Source of Medicaid coverage status - Apr
				9,816			0 No entitlement
				398			1 Survey data only
				255			2 CMS administrative data only
				2,017			3 Both survey and administrative data
D_PHI4	29	1	\$PHIFMT				C Private health insurance coverage - Apr
				5,834			0 No entitlement
				3,169			1 Employer-sponsored insurance (ESI)
				2,790			2 Self-purchased
				532			3 Both ESI and self-purchased
				161			4 Facility respondent, type unknown
D_HMO4	30	1	\$HMOFMT				C HMO coverage - Apr
				10,156			0 No coverage
				806			1 Private coverage
				1,432			2 Medicare coverage
				92			3 Both Medicare and private coverage
D_OTH4	31	1	\$OTHFMT				C Number of other plans - Apr
				11,749			0 No other plans
				716			1 1 other plan
				20			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				459			0 No entitlement
				412			1 Part A only
				103			2 Part B only
				11,512			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				9,808			0 No entitlement
				396			1 Survey data only
				261			2 CMS administrative data only
				2,021			3 Both survey and administrative data
D_PHI5	34	1	\$PHIFMT				C Private health insurance coverage - May
				5,827			0 No entitlement
				3,178			1 Employer-sponsored insurance (ESI)
				2,786			2 Self-purchased
				539			3 Both ESI and self-purchased
				156			4 Facility respondent, type unknown

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				10,158			0 No coverage
				807			1 Private coverage
				1,441			2 Medicare coverage
				80			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				11,738			0 No other plans
				711			1 1 other plan
				35			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				473			0 No entitlement
				413			1 Part A only
				102			2 Part B only
				11,498			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				9,811			0 No entitlement
				389			1 Survey data only
				264			2 CMS administrative data only
				2,022			3 Both survey and administrative data
D_PHI6	39	1	\$PHIFMT				C Private health insurance coverage - Jun
				5,805			0 No entitlement
				3,174			1 Employer-sponsored insurance (ESI)
				2,789			2 Self-purchased
				547			3 Both ESI and self-purchased
				171			4 Facility respondent, type unknown
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				10,165			0 No coverage
				801			1 Private coverage
				1,438			2 Medicare coverage
				82			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				11,723			0 No other plans
				725			1 1 other plan
				34			2 2 other plans
				4			3 3 other plans
				0			4 4 other plans
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				486			0 No entitlement
				389			1 Part A only
				102			2 Part B only
				11,509			3 Both A and B

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 5  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				9,811			0 No entitlement
				392			1 Survey data only
				268			2 CMS administrative data only
				2,015			3 Both survey and administrative data
D_PHI7	44	1	\$PHIFMT				C Private health insurance coverage - Jul
				5,795			0 No entitlement
				3,168			1 Employer-sponsored insurance (ESI)
				2,785			2 Self-purchased
				551			3 Both ESI and self-purchased
				187			4 Facility respondent, type unknown
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				10,176			0 No coverage
				801			1 Private coverage
				1,429			2 Medicare coverage
				80			3 Both Medicare and private coverage
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				11,717			0 No other plans
				734			1 1 other plan
				34			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				522			0 No entitlement
				391			1 Part A only
				100			2 Part B only
				11,473			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				9,819			0 No entitlement
				385			1 Survey data only
				269			2 CMS administrative data only
				2,013			3 Both survey and administrative data
D_PHI8	49	1	\$PHIFMT				C Private health insurance coverage - Aug
				5,811			0 No entitlement
				3,155			1 Employer-sponsored insurance (ESI)
				2,774			2 Self-purchased
				547			3 Both ESI and self-purchased
				199			4 Facility respondent, type unknown
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				10,190			0 No coverage
				788			1 Private coverage
				1,431			2 Medicare coverage
				77			3 Both Medicare and private coverage

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 6**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OTH8	51	1	\$OTHFMT				C Number of other plans - Aug
				11,719			0 No other plans
				735			1 1 other plan
				31			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE9	52	1	\$MEDCOVG				C Medicare coverage - Sep
				544			0 No entitlement
				393			1 Part A only
				100			2 Part B only
				11,449			3 Both A and B
D_CAID9	53	1	\$SRC2FMT				C Source of Medicaid coverage status - Sep
				9,824			0 No entitlement
				387			1 Survey data only
				277			2 CMS administrative data only
				1,998			3 Both survey and administrative data
D_PHI9	54	1	\$PHIFMT				C Private health insurance coverage - Sep
				5,802			0 No entitlement
				3,159			1 Employer-sponsored insurance (ESI)
				2,776			2 Self-purchased
				549			3 Both ESI and self-purchased
				200			4 Facility respondent, type unknown
D_HMO9	55	1	\$HMOFMT				C HMO coverage - Sep
				10,185			0 No coverage
				794			1 Private coverage
				1,428			2 Medicare coverage
				79			3 Both Medicare and private coverage
D_OTH9	56	1	\$OTHFMT				C Number of other plans - Sep
				11,713			0 No other plans
				738			1 1 other plan
				34			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE10	57	1	\$MEDCOVG				C Medicare coverage - Oct
				568			0 No entitlement
				397			1 Part A only
				98			2 Part B only
				11,423			3 Both A and B
D_CAID10	58	1	\$SRC2FMT				C Source of Medicaid coverage status - Oct
				9,825			0 No entitlement
				387			1 Survey data only
				287			2 CMS administrative data only
				1,987			3 Both survey and administrative data

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 7**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI10	59	1	\$PHIFMT				C Private health insurance coverage - Oct
				5,836			0 No entitlement
				3,132			1 Employer-sponsored insurance (ESI)
				2,760			2 Self-purchased
				550			3 Both ESI and self-purchased
				208			4 Facility respondent, type unknown
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				10,190			0 No coverage
				789			1 Private coverage
				1,426			2 Medicare coverage
				81			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,710			0 No other plans
				745			1 1 other plan
				30			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				599			0 No entitlement
				398			1 Part A only
				97			2 Part B only
				11,392			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				9,842			0 No entitlement
				373			1 Survey data only
				304			2 CMS administrative data only
				1,967			3 Both survey and administrative data
D_PHI11	64	1	\$PHIFMT				C Private health insurance coverage - Nov
				5,984			0 No entitlement
				3,083			1 Employer-sponsored insurance (ESI)
				2,734			2 Self-purchased
				539			3 Both ESI and self-purchased
				146			4 Facility respondent, type unknown
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				10,194			0 No coverage
				789			1 Private coverage
				1,424			2 Medicare coverage
				79			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				11,726			0 No other plans
				728			1 1 other plan
				31			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 8  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				627			0 No entitlement
				399			1 Part A only
				96			2 Part B only
				11,364			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				9,862			0 No entitlement
				383			1 Survey data only
				302			2 CMS administrative data only
				1,939			3 Both survey and administrative data
D_PHI12	69	1	\$PHIFMT				C Private health insurance coverage - Dec
				6,108			0 No entitlement
				3,043			1 Employer-sponsored insurance (ESI)
				2,703			2 Self-purchased
				535			3 Both ESI and self-purchased
				97			4 Facility respondent, type unknown
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				10,202			0 No coverage
				788			1 Private coverage
				1,417			2 Medicare coverage
				79			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				11,739			0 No other plans
				721			1 1 other plan
				25			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				0			0 No entitlement
				391			1 Part A only
				102			2 Part B only
				11,993			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,542			0 No entitlement
				443			1 Survey data only
				282			2 CMS administrative data only
				2,219			3 Both survey and administrative data
D_PHI	74	1	\$PHIAFMT				C Annual private health insurance coverage
				5,377			0 No entitlement
				3,278			1 Employer-sponsored insurance (ESI)
				2,882			2 Self-purchased
				648			3 Both ESI and self-purchased
				210			4 Facility respondent, type unknown
				44			5 Both ESI and unknown (facil)
				44			6 Both self-purchased and unknown (facil)
				3			7 ESI, self-purchased and unknown (facil)



RIC: 4  
Page: 9  
Version: 2

Note: See Notes for derivation

Note: Applies only if D CAID is greater than zero.

Note: Applies only if D\_OTH is greater than zero.

Note: Applies only if D\_OTH is greater than zero.

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 10  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INSOTH	91	2	INSPLFMT				N Other public plan insurance cov
				11,607			. Inapplicable
				375			1 General insurance
				9			2 Dental only
				0			3 Vision only
				1			4 LTC
				481			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				2			8 Cancer/dread disease
				11			9 Military/Other
Note: Applies only if D_OTH is greater than zero.							
D_TYPPL1	93	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,585			. Inapplicable
				3,389			1 Employer-sponsored insurance (ESI)
				2,862			2 Self-purchased
				190			3 Private unknown
				997			4 Private HMO
				1,463			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL1	95	8	DTE8FMT				N Date coverage began - plan #1
				3,585			. Inapplicable
				8,901			Date as YYYYMMDD
D_ENDPL1	103	8	DTE8FMT				N Date coverage ended - plan #1
				3,585			. Inapplicable
				8,901			Date as YYYYMMDD
D_PHREL1	111	2	RELFMT				N Policy holder relationship - Plan #1
				4,302			. Inapplicable
				0			-5 Never ask again
				6,903			1 Sample person
				1,231			2 Spouse
				3			3 Son
				4			4 Daughter
				0			5 Brother
				1			6 Sister
				15			7 Father
				19			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				4			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

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

**RIC: 4**  
**Page: 11**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM1	113	2	COVGFMT				N # of family members covered by Plan #1
				4,298			. Inapplicable
				2			-9 Not ascertained
				11			-8 Don't know
				8,175			Number reported covered
D_COVRX1	115	2	YES1FMT				N Does Plan #1 cover prescribed medicines?
				3,859			. Inapplicable
				5,541			1 Yes
				3,086			2 No
D_COVNH1	117	2	YES1FMT				N Does Plan #1 cover stay in nursing home?
				3,859			. Inapplicable
				5			-9 Not ascertained
				2,195			-8 Don't know
				1			-7 Refused
				1,667			1 Yes
				4,759			2 No
D_PAYSP1	119	2	PAYSPFMT				N MIP pay any/all cost for Plan #1
				3,859			. Inapplicable
				3			-9 Not ascertained
				149			-8 Don't know
				5,329			1 Yes
				2,276			2 No
				870			3 Yes, but don't know how much
D_ANAMT1	121	8	PREM_F				N Premium MIP pays for Plan #1-Annualized
				4,881			. Inapplicable
				2,451			0-100 \$100 or less
				804			100.01-500 \$101-\$500
				1,065			500.01-1000 \$501-\$1000
				1,175			1000.01-1500 \$1001-\$1500
				862			1500.01-2000 \$1501-\$2000
				445			2000.01-2500 \$2001-\$2500
				290			2500.01-3000 \$2501-\$3000
				152			3000.01-3500 \$3001-\$3500
				106			3500.01-4000 \$3501-\$4000
				65			4000.01-4500 \$4001-\$4500
				54			4500.01-5000 \$4501-\$5000
				136			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP1 = 1							
D_HMOPL1	129	2	YES1FMT		HI25		N Is Plan #1 an HMO
				5,761			. Inapplicable
				10			-9 Not ascertained
				126			-8 Don't know
				484			1 Yes
				6,105			2 No
D_PLNUM1	131	5					C Medicare HMO code or other plan code #1

06/08/07

## MEDICARE CURRENT BENEFICIARY SURVEY

RIC: 4

Cost & Use  
2003

Health Insurance

Page: 12

Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	136	2	MIPFMT				N How did MIP get Plan #1
				5,761			. Inapplicable
				2			-9 Not ascertained
				65			-8 Don't know
				1			-7 Refused
				2,602			1 Directly
				541			2 Main insured person's current employer
				2,724			3 Main insured person's prior employer
				87			4 Union
				39			5 Family business
				217			6 AARP
				375			7 Deceased spouse's employer
				13			8 Deceased spouse's union
				22			9 Fraternal/professional organization
				37			91 Other
D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				8,680			Inapplicable
				2			-8 Don't know
				19			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				15			B Mining
				15			C Construction
				38			D Manufacturing
				0			E Transportation and public utilities
				3			F Wholesale trade
				11			G Retail trade
				0			H Finance, insurance, and real estate
				1			I Services
				56			J Public administration
				62			K Nonclassifiable establishments
				4			01 Agricultural production - crops
				7			02 Agricultural production - livestock
				7			07 Agricultural services
				9			08 Forestry
				0			09 Fishing, hunting, and trapping
				7			10 Metal mining
				39			12 Coal mining
				15			13 Oil and gas extraction
				9			14 Nonmetallic minerals, except fuels
				10			15 General building contractors
				15			16 Heavy construction, excluding building
				64			17 Special trade contractors
				62			20 Food and kindred products
				2			21 Tobacco products
				21			22 Textile mill products
				22			23 Apparel and other textile products
				9			24 Lumber and wood products
				11			25 Furniture and fixtures
				31			26 Paper and allied products
				27			27 Printing and publishing
				106			28 Chemicals and allied products
				54			29 Petroleum and coal products
				32			30 Rubber and misc. plastics products
				4			31 Leather and leather products
				22			32 Stone, clay, and glass products
				100			33 Primary metal industries
				53			34 Fabricated metal products
				61			35 Industrial machinery and equipment
				87			36 Electronic & other electric equipment
				262			37 Transportation equipment

06/08/07  
 Cost & Use  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

**RIC: 4**  
 Page: 13  
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
							-----
				38			38 Instruments and related products
				4			39 Miscellaneous manufacturing industries
				41			40 Railroad transportation
				13			41 Local and interurban passenger transit
				26			42 Trucking and warehousing
				120			43 U.S. Postal Service
				7			44 Water transportation
				25			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				145			48 Communications
				102			49 Electric, gas, and sanitary services
				21			50 Wholesale trade - durable goods
				18			51 Wholesale trade - nondurable goods
				2			52 Building materials & garden supplies
				41			53 General merchandise stores
				29			54 Food stores
				18			55 Automotive dealers & service stations
				4			56 Apparel and accessory stores
				6			57 Furniture and home furnishings stores
				10			58 Eating and drinking places
				14			59 Miscellaneous retail
				47			60 Depository institutions
				6			61 Nondepository institutions
				5			62 Security and commodity brokers
				87			63 Insurance carriers
				0			64 Insurance agents, brokers, and services
				9			65 Real estate
				0			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				9			72 Personal services
				29			73 Business services
				5			75 Auto repair, services, and parking
				2			76 Miscellaneous repair services
				3			78 Motion pictures
				19			79 Amusement & recreation services
				139			80 Health services
				14			81 Legal services
				525			82 Educational services
				1			83 Social services
				1			84 Museums, botanical, zoological gardens
				71			86 Membership organizations
				51			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				449			91 Executive, legislative, and general
				89			92 Justice, public order, and safety
				12			93 Finance, taxation, & monetary policy
				31			94 Administration of Human Resources
				5			95 Environmental quality and housing
				19			96 Administration of economic programs
				110			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 14**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_PLLTR1	140	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter -Pla
				11,680			Inapplicable
				1			-7 Refused
				109			-8 Don't know
				46			A Plan A
				43			B Plan B
				143			C Plan C
				37			D Plan D
				23			E Plan E
				274			F Plan F
				16			G Plan G
				19			H Plan H
				21			I Plan I
				54			J Plan J
				0			99 SP reports plan does not have a letter
				20			Other plan

Note: Applies only if INTERVU = C and D\_OBTNP1 = 1, 5, or 6

D_TRI1	142	2	YES1FMT				N Is Plan #1 TRICARE?
				9,097			. Inapplicable
				288			1 Yes
				3,101			2 No
D_INS1	144	2	INSPLFMT				N Insurance coverage Plan #1
				5,246			. Inapplicable
				7,047			1 General insurance
				73			2 Dental only
				1			3 Vision only
				41			4 LTC
				70			5 Rx only
				1			6 Dental/Vision
				3			7 Life insurance
				3			8 Cancer/dread disease
				1			9 Military/Other

Note: Applies only if D\_TYPL1 = 1 or 2

D_RX1	146	2	RXPLFMT				N Drug coverage Plan #1
				5,246			. Inapplicable
				3,748			1 Plan covers prescription drugs
				3,317			2 Plan does not cover prescription drugs
				175			3 Drug discount card

Note: Applies only if D\_TYPL1 = 1 or 2

D_TYPPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				8,750			. Inapplicable
				1,373			1 Employer-sponsored insurance (ESI)
				1,628			2 Self-purchased
				87			3 Private unknown
				316			4 Private HMO
				332			5 Medicare HMO

Note: Applies only if D\_PHI is not equal to zero or D\_HMO is not equal to zero

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 15**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_BEGPL2	150	8	DTE8FMT				N Date coverage began - plan #2
				8,750			. Inapplicable
				3,736			Date as YYYYMMDD
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				8,750			. Inapplicable
				3,736			Date as YYYYMMDD
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				8,965			. Inapplicable
				0			-5 Never ask again
				2,943			1 Sample person
				560			2 Spouse
				2			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				8			7 Father
				5			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				1			50 Partner/roommate
				1			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
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				8,963			. Inapplicable
				11			-9 Not ascertained
				15			-8 Don't know
				3,497			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				8,868			. Inapplicable
				1,548			1 Yes
				2,070			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				8,868			. Inapplicable
				6			-9 Not ascertained
				558			-8 Don't know
				1			-7 Refused
				946			1 Yes
				2,107			2 No

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 16**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				8,868			. Inapplicable
				5			-9 Not ascertained
				82			-8 Don't know
				1			-7 Refused
				2,211			1 Yes
				954			2 No
				365			3 Yes, but don't know how much
D_ANAMT2	176	8	PREM_F				N Premium MIP pays for Plan #2-Annualized
				9,321			. Inapplicable
				1,113		0-100	\$100 or less
				589		100.01-500	\$101-\$500
				612		500.01-1000	\$501-\$1000
				393		1000.01-1500	\$1001-\$1500
				188		1500.01-2000	\$1501-\$2000
				116		2000.01-2500	\$2001-\$2500
				54		2500.01-3000	\$2501-\$3000
				31		3000.01-3500	\$3001-\$3500
				27		3500.01-4000	\$3501-\$4000
				16		4000.01-4500	\$4001-\$4500
				8		4500.01-5000	\$4501-\$5000
				18		5000.01-99999	Over \$5000
Note: Applies only if D_PAYSP2 = 1							
D_HMOPL2	184	2	YES1FMT		HI25		N Is Plan #2 an HMO
				9,295			. Inapplicable
				9			-9 Not ascertained
				58			-8 Don't know
				192			1 Yes
				2,932			2 No
D_PLNUM2	186	5					C Medicare HMO code or other plan code #2
D_OBTNP2	191	2	MIPFMT				N How did MIP get Plan #2
				9,295			. Inapplicable
				6			-9 Not ascertained
				39			-8 Don't know
				1			-7 Refused
				1,479			1 Directly
				251			2 Main insured person's current employer
				1,080			3 Main insured person's prior employer
				47			4 Union
				12			5 Family business
				127			6 AARP
				106			7 Deceased spouse's employer
				7			8 Deceased spouse's union
				10			9 Fraternal/professional organization
				26			91 Other



RIC: 4  
Page: 17  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS2	193	2	\$IND2COD				C Industry of employer - Plan #2
				10,957			Inapplicable
				1			-7 Refused
				9			-9 Not ascertained
				1,519			Industry classification code
							Note: Applies only if D_OBTNP2 = 2, 3, 5, or 8
D_PLLTR2	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				12,181			Missing
				0			. Inapplicable
				1			-7 Refused
				40			-8 Don't know
				0			99 SP reports plan does not have a letter
				264			Plan letter
							Note: Applies only if INTERVU = C and D_OBTNP2 = 1, 5, or 6
D_TRI2	197	2	YES1FMT				N Is Plan #2 TRICARE?
				11,113			. Inapplicable
				127			1 Yes
				1,246			2 No
D_INS2	199	2	INSPLFMT				N Insurance coverage Plan #2
				9,185			. Inapplicable
				2,554			1 General insurance
				403			2 Dental only
				16			3 Vision only
				182			4 LTC
				128			5 Rx only
				12			6 Dental/Vision
				2			7 Life insurance
				3			8 Cancer/dread disease
				1			9 Military/Other
							Note: Applies only if D_TYPL2 = 1 or 2
D_RX2	201	2	RXPLFMT				N Drug coverage Plan #2
				9,185			. Inapplicable
				1,082			1 Plan covers prescription drugs
				2,109			2 Plan does not cover prescription drugs
				110			3 Drug discount card
							Note: Applies only if D_TYPL2 = 1 or 2
D_TYPPL3	203	2	PLANFMT		HI17		N Type of plan - Plan #3
				11,202			. Inapplicable
				621			1 Employer-sponsored insurance (ESI)
				490			2 Self-purchased
				25			3 Private unknown
				92			4 Private HMO
				56			5 Medicare HMO
							Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 18**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_BEGPL3	205	8	DTE8FMT				N Date coverage began - plan #3
				11,202			. Inapplicable
				1,284			Date as YYYYMMDD
D_ENDPL3	213	8	DTE8FMT				N Date coverage ended - plan #3
				11,202			. Inapplicable
				1,284			Date as YYYYMMDD
D_PHREL3	221	2	RELFMT				N Policy holder relationship - Plan #3
				11,256			. Inapplicable
				0			-5 Never ask again
				965			1 Sample person
				258			2 Spouse
				1			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				5			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
D_COVNM3	223	2	COVGFMT				N # of family members covered by Plan #3
				11,255			. Inapplicable
				3			-9 Not ascertained
				9			-8 Don't know
				1,219			Number reported covered
D_COVRX3	225	2	YES1FMT				N Does Plan #3 cover prescribed medicines?
				11,252			. Inapplicable
				522			1 Yes
				712			2 No
D_COVNH3	227	2	YES1FMT				N Does Plan #3 cover stay in nursing home?
				11,252			. Inapplicable
				2			-9 Not ascertained
				129			-8 Don't know
				317			1 Yes
				786			2 No

06/08/07  
 Cost & Use  
 2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

**RIC: 4**  
 Page: 19  
 Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PAYSP3	229	2	PAYSPFMT				N MIP pay any/all cost for Plan #3
				11,252			. Inapplicable
				2			-9 Not ascertained
				27			-8 Don't know
				630			1 Yes
				432			2 No
				143			3 Yes, but don't know how much
D_ANAMT3	231	8	PREM_F				N Premium MIP pays for Plan #3-Annualized
				11,424			. Inapplicable
				522			0-100 \$100 or less
				205			100.01-500 \$101-\$500
				127			500.01-1000 \$501-\$1000
				84			1000.01-1500 \$1001-\$1500
				55			1500.01-2000 \$1501-\$2000
				30			2000.01-2500 \$2001-\$2500
				16			2500.01-3000 \$2501-\$3000
				7			3000.01-3500 \$3001-\$3500
				11			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				4			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP3 = 1							
D_HMOPL3	239	2	YES1FMT		HI25		N Is Plan #3 an HMO
				11,311			. Inapplicable
				5			-9 Not ascertained
				24			-8 Don't know
				66			1 Yes
				1,080			2 No
D_PLNUM3	241	5					C Medicare HMO code or other plan code #3
D_OBTNP3	246	2	MIPFMT				N How did MIP get Plan #3
				11,311			. Inapplicable
				2			-9 Not ascertained
				15			-8 Don't know
				468			1 Directly
				101			2 Main insured person's current employer
				483			3 Main insured person's prior employer
				22			4 Union
				3			5 Family business
				23			6 AARP
				42			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				3			9 Fraternal/professional organization
				9			91 Other
D_INDUS3	248	2	\$IND2COD				C Industry of employer - Plan #3
				11,839			Inapplicable
				4			-9 Not ascertained
				643			Industry classification code

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

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 20  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR3	250	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				12,439			Missing
				0			. Inapplicable
				5			-8 Don't know
				0			99 SP reports plan does not have a letter
				42			Plan letter
Note: Applies only if INTERVU = C and D_OBTNP3 = 1, 5, or 6							
D_TRI3	252	2	YES1FMT				N Is Plan #3 TRICARE?
				11,865			. Inapplicable
				57			1 Yes
				564			2 No
D_INS3	254	2	INSPLFMT				N Insurance coverage Plan #3
				11,293			. Inapplicable
				721			1 General insurance
				211			2 Dental only
				31			3 Vision only
				99			4 LTC
				123			5 Rx only
				1			6 Dental/Vision
				2			7 Life insurance
				4			8 Cancer/dread disease
				1			9 Military/Other
Note: Applies only if D_TYPL3 = 1 or 2							
D_RX3	256	2	RXPLFMT				N Drug coverage Plan #3
				11,293			. Inapplicable
				419			1 Plan covers prescription drugs
				750			2 Plan does not cover prescription drugs
				24			3 Drug discount card
Note: Applies only if D_TYPL3 = 1 or 2							
D_TYPPL4	258	2	PLANFMT		HI17		N Type of plan - Plan #4
				12,055			. Inapplicable
				235			1 Employer-sponsored insurance (ESI)
				141			2 Self-purchased
				5			3 Private unknown
				41			4 Private HMO
				9			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL4	260	8	DTE8FMT				N Date coverage began - plan #4
				12,055			. Inapplicable
				431			Date as YYYYMMDD
D_ENDPL4	268	8	DTE8FMT				N Date coverage ended - plan #4
				12,055			. Inapplicable
				431			Date as YYYYMMDD

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
 Health Insurance

**RIC: 4**  
**Page: 21**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	276	2	REL FMT				N Policy holder relationship - Plan #4
				12,079			. Inapplicable
				0			-5 Never ask again
				301			1 Sample person
				101			2 Spouse
				1			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				1			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				2			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				0			92 Other non-relative
D_COVNM4	278	2	COVG FMT				N # of family members covered by Plan #4
				12,079			. Inapplicable
				4			-9 Not ascertained
				3			-8 Don't know
				400			Number reported covered
D_COVRX4	280	2	YES1 FMT				N Does Plan #4 cover prescribed medicines?
				12,063			. Inapplicable
				159			1 Yes
				264			2 No
D_COVNH4	282	2	YES1 FMT				N Does Plan #4 cover stay in nursing home?
				12,063			. Inapplicable
				53			-8 Don't know
				68			1 Yes
				302			2 No
D_PAYSP4	284	2	PAYSP FMT				N MIP pay any/all cost for Plan #4
				12,063			. Inapplicable
				8			-8 Don't know
				177			1 Yes
				188			2 No
				50			3 Yes, but don't know how much

RIC: 4  
Page: 22  
Version: 2

06/08/07  
Cost & Use  
2003

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
Page: 23  
Version: 2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI4	307	2	YES1FMT				N Is Plan #4 TRICARE?
				12,251			. Inapplicable
				10			1 Yes
				225			2 No
D_INS4	309	2	INSPLFMT				N Insurance coverage Plan #4
				12,072			. Inapplicable
				253			1 General insurance
				75			2 Dental only
				25			3 Vision only
				13			4 LTC
				45			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				3			8 Cancer/dread disease
				0			9 Military/Other
Note: Applies only if D_TYPL4 = 1 or 2							
D_RX4	311	2	RXPLFMT				N Drug coverage Plan #4
				12,072			. Inapplicable
				149			1 Plan covers prescription drugs
				258			2 Plan does not cover prescription drugs
				7			3 Drug discount card
Note: Applies only if D_TYPL4 = 1 or 2							
D_TYPPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				12,369			. Inapplicable
				72			1 Employer-sponsored insurance (ESI)
				28			2 Self-purchased
				2			3 Private unknown
				15			4 Private HMO
				0			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL5	315	8	DTE8FMT				N Date coverage began - plan #5
				12,369			. Inapplicable
				117			Date as YYYYMMDD
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				12,369			. Inapplicable
				117			Date as YYYYMMDD

06/08/07  
**Cost & Use**  
**2003**

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

**RIC: 4**  
**Page: 24**  
**Version: 2**

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				12,377			. Inapplicable
				0			-5 Never ask again
				84			1 Sample person
				25			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
D_COVNM5	333	2	COVGFMT				N # of family members covered by Plan #5
				12,377			. Inapplicable
				1			-9 Not ascertained
				108			Number reported covered
D_COVRX5	335	2	YES1FMT				N Does Plan #5 cover prescribed medicines?
				12,371			. Inapplicable
				42			1 Yes
				73			2 No
D_COVNH5	337	2	YES1FMT				N Does Plan #5 cover stay in nursing home?
				12,371			. Inapplicable
				11			-8 Don't know
				18			1 Yes
				86			2 No
D_PAYSP5	339	2	PAYSPFMT				N MIP pay any/all cost for Plan #5
				12,371			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				44			1 Yes
				52			2 No
				17			3 Yes, but don't know how much



RIC: 4  
Page: 25  
Version: 2

Cost & Use  
2003

## Health Insurance

RIC: 4  
Page: 26  
Version: 2

Variable	Col	Len	Format	Frequency	ComQuest#	FacQuest#	Variable Type & Label
D_TRI5	362	2	YES1FMT				N Is Plan #5 TRICARE?
				12,414			. Inapplicable
				3			1 Yes
				69			2 No
D_INS5	364	2	INSPLFMT				N Insurance coverage Plan #5
				12,372			. Inapplicable
				57			1 General insurance
				16			2 Dental only
				21			3 Vision only
				2			4 LTC
				17			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/dread disease
				0			9 Military/Other
			Note: Applies only if D_TYPL5 = 1 or 2				
D_RX5	366	2	RXPLFMT				N Drug coverage Plan #5
				12,372			. Inapplicable
				43			1 Plan covers prescription drugs
				69			2 Plan does not cover prescription drugs
				2			3 Drug discount card

Note: Applies only if D\_TYPL5 = 1 or 2