

02/17/06  
ACCESS  
2004

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 1  
Version: 1

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

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

15,559	LOW-HIGH BASEID Count
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INTERVU	12	1	\$INTRFMT				C Type of interview
				14,500			C Community
				1,059			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
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4	0 No entitlement
509	1 Part A only
86	2 Part B only
14,960	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
				13,208			0 No entitlement
				300			1 Survey data only
				166			2 CMS administrative data only
				1,885			3 Both survey and administrative data

D_PRIVAT	15	1	PHIFMT				N Private insurance coverage
				6,809			0 No entitlement
				4,223			1 Employer-sponsored insurance (ESI)
				3,505			2 Self-purchased
				627			3 Both ESI and self-purchased
				395			4 Unknown

Notes: See D\_SUMINS in prior years for similar data.  
First available in 1999

D_PUBLIC	16	1	POLICIES		HI11		N Public health coverage
				14,817			0 None
				742			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
				12,050			0 No entitlement
				495			1 Survey data only
				459			2 CMS administrative data only
				2,555			3 Both survey and administrative data

Notes: See D\_SUMINS in prior years for similar data.  
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MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,474			. Inapplicable
				2			-9 Not ascertained
				122			-8 Don't know
				500			1 Yes
				2,461			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?
				15,109			. Inapplicable
				42			-9 Not ascertained
				95			1 SP had choice
				211			2 SP had no choice
				102			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
				14,830			. Inapplicable
				1			-9 Not ascertained
				9			-8 Don't know
				681			1 Yes
				38			2 No
							Notes: Applies only if INTERVU = C and D_PUBLIC > 0
							First available in 1999
PUDEDUCT	27	2	YES1FMT		HI16a2		N SP has a Rx deductible - Publ
				14,884			. Inapplicable
				1			-9 Not ascertained
				26			-8 Don't know
				112			1 Yes
				536			2 No
							Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)
							First available in 2004
D_DED_PU	29	6	COSTFMT		HI16a3		N Deductible for Rx coverage - Publ
				15,447			. Inapplicable
				2			-9 Not ascertained
				10			-8 Don't know
				100	0.01-999999.99		Amount in dollars
							Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT
							First available in 2004

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PUDIFAMT	35	2	YESNOBRX		HI16a4		N SP pays dif amt for gen & brnd Rx - Publ
				14,884			. Inapplicable
				1			-9 Not ascertained
				88			-8 Don't know
				314			1 Yes
				259			2 No
				13			3 Does not cover brand name RX

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

PUBRUNIT	37	3	UNITFMT		HI16a7		N Unit of amt paid for brand Rx - Public
				14,897			. Inapplicable
				1			-9 Not ascertained
				117			-8 Don't know
				23			1 Percentage
				459			2 Dollars
				62			3 No cost

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

PUBRAMT	40	6	COSTFMT		HI16a7		N Amount paid for brand Rx - Public
				15,100			. Inapplicable
				459	0.01-999999.99		Amount in dollars

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

PUBRPCT	46	5	PCTFMT		HI16a7		N Percentage paid for brand Rx - Public
				15,536			. Inapplicable
				23			1-100 Percentage

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

PUBRMORL	51	2	MORELESS		HI16a8		N Brand Rx more/less than \$15 - Public
				15,441			. Inapplicable
				1			-9 Not ascertained
				75			-8 Don't know
				18			1 More than \$15
				24			2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (PUBRUNIT = -7 or -8)  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PUGNUNIT	53	3	UNITFMT		HI16a9		N Unit of amt paid for generic Rx - Public
				14,897			. Inapplicable
				1			-9 Not ascertained
				114			-8 Don't know
				21			1 Percentage
				460			2 Dollars
				66			3 No cost
				Notes: If RXDIFAMT = 1 then PUGNUNIT = RXGNUNIT; else PUGNUNIT = RXPLUNIT			
				First available in 2004			
PUGNAMT	56	6	COSTFMT		HI16a9		N Amount paid for generic Rx - Public
				15,099			. Inapplicable
				460		0.01-999999.99	Amount in dollars
				Notes: If RXDIFAMT = 1 then PUGNAMT = RXGNAMT; else PUGNAMT = RXPLAMT			
				First available in 2004			
PUGNPCT	62	5	PCTFMT		HI16a9		N Percentage paid for generic Rx - Public
				15,538			. Inapplicable
				21			1-100 Percentage
				Notes: If RXDIFAMT = 1 then PUGNPCT = RXGNPCT; else PUGNPCT = RXPLPCT			
				First available in 2004			
PUGNMORL	67	2	MORELESS		HI16a10		N Gener Rx more/less than \$15 - Public
				15,444			. Inapplicable
				1			-9 Not ascertained
				70			-8 Don't know
				10			1 More than \$15
				34			2 Less than \$15
				Notes: Applies if usual cost of Rx was not provided (PUGNUNIT = -7 or -8)			
				First available in 2004			
PULIMIT	69	2	YES1FMT		HI16a11		N Plan has Rx coverage limit - Public
				14,884			. Inapplicable
				1			-9 Not ascertained
				97			-8 Don't know
				50			1 Yes
				527			2 No
				Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)			
				First available in 2004			
D_LIM_PU	71	6	COSTFMT		HI16a12		N Amount of Rx coverage limit - Public
				15,509			. Inapplicable
				21			-8 Don't know
				29		0.01-999999.99	Amount in dollars
				Notes: Applies if PULIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT			
				First available in 2004			

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PURATE	77	2	GENHFMT		HI16a13		N SP rating of Rx coverage - Public
				14,884			. Missing
				1			-9 Not ascertained
				28			-8 Don't know
				286			1 Excellent
				209			2 Very good
				114			3 Good
				18			4 Fair
				19			5 Poor

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

PU_INS	79	2	INSPLFMT				N Type of insurance plan - Public
				14,832			. Inapplicable
				10			0 Other government program
				156			1 General insurance
				0			2 Dental only
				0			3 Vision only
				0			4 LTC
				558			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				2			9 Military/Other

PU_RX	81	2	RXPLFMT				N Type of drug coverage - Public
				14,832			. Inapplicable
				684			1 Plan covers prescription drugs
				41			2 Plan does not cover prescription drugs
				2			3 Drug discount card

MCDRXCOV	83	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				13,395			. Inapplicable
				2			-9 Not ascertained
				30			-8 Don't know
				1,928			1 Yes
				204			2 No

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

MCDEDUCT	86	2	YES1FMT		HI10d2		N SP has a Rx deductible - Mcaid
				13,477			. Inapplicable
				1			-9 Not ascertained
				47			-8 Don't know
				52			1 Yes
				1,982			2 No

Notes: Applies to Medicaid Managed Care plans w/ drug coverage (MCDRXCOV = 1)  
First available in 2004

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_DED_MC	88	6	COSTFMT		HI10d3		N Deductible for Rx coverage - Mcaid
				15,507			. Inapplicable
				11			-8 Don't know
				41	0.01-999999.99		Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT & RXDEUNIT First available in 2004							
MCDIFAMT	94	2	YESNOBRX		HI10d4		N SP pays dif amt for gen & brand Rx- Mcaid
				13,477			. Inapplicable
				1			-9 Not ascertained
				220			-8 Don't know
				500			1 Yes
				1,150			2 No
				211			3 Does not cover brand name RX
Notes: Applies to Medicaid Managed Care plans with drug coverage (MCDRXCov = 1) First available in 2004							
MCBRUNIT	96	3	UNITFMT		HI10d7		N Unit of amt paid for brand Rx - Mcaid
				13,688			. Inapplicable
				1			-9 Not ascertained
				141			-8 Don't know
				10			1 Percentage
				892			2 Dollars
				827			3 No cost
Notes: If RXDIFAMT = 1 then MCBRUNIT = RXBRUNIT; else MCBRUNIT = RXPLUNIT First available in 2004							
MCBRAMT	99	6	COSTFMT		HI10d7		N Amount paid for brand Rx - Mcaid
				14,667			. Inapplicable
				892	0.01-999999.99		Amount in dollars
Notes: If RXDIFAMT = 1 then MCBRAMT = RXBRAMT; else MCBRAMT = RXPLAMT First available in 2004							
MCBRPCT	105	5	PCTFMT		HI10d7		N Percentage paid for brand Rx - Mcaid
				15,549			. Inapplicable
				10			1-100 Percentage
Notes: If RXDIFAMT = 1 then MCBRPCT = RXBRPCT; else MCBRPCT = RXPLPCT First available in 2004							
MCBRMORL	110	2	MORELESS		HI10d8		N Brand Rx more/less than \$15 - Mcaid
				15,417			. Inapplicable
				1			-9 Not ascertained
				57			-8 Don't know
				24			1 More than \$15
				60			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (MCBRUNIT = -7 or -8) First available in 2004							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCGNUNIT	112	3	UNITFMT		HI10d9		N Unit of amt paid for generic Rx - Mcaid
				13,688			. Inapplicable
				1			-9 Not ascertained
				107			-8 Don't know
				5			1 Percentage
				879			2 Dollars
				879			3 No cost
							Notes: If RXDIFAMT = 1 then MCGNUNIT = RXGNUNIT; else MCGNUNIT = RXPLUNIT First available in 2004
MCGNAMT	115	6	COSTFMT		HI10d9		N Amount paid for generic Rx - Mcaid
				14,680			. Inapplicable
				879		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then MCGNAMT = RXGNAMT; else MCGNAMT = RXPLAMT First available in 2004
MCGNPCT	121	5	PCTFMT		HI10d9		N Percentage paid for generic Rx - Mcaid
				15,554			. Inapplicable
				5			1-100 Percentage
							Notes: If RXDIFAMT = 1 then MCGNPCT = RXGNPCT; else MCGNPCT = RXPLPCT First available in 2004
MCGNMORL	126	2	MORELESS		HI10d10		N Gener Rx more/less than \$15 - Mcaid
				15,451			. Inapplicable
				1			-9 Not ascertained
				46			-8 Don't know
				9			1 More than \$15
				52			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (MCGNUNIT = -7 or -8) First available in 2004
MCLIMIT	128	2	YES1FMT		HI10d11		N Plan has Rx coverage limit - Mcaid
				13,477			. Inapplicable
				1			-9 Not ascertained
				262			-8 Don't know
				1			-7 Refused
				55			1 Yes
				1,763			2 No
							Notes: Applies to Medicaid Managed Care plans with drug coverage (MCMORX = 1) First available in 2004
D_LIM_MC	130	6	COSTFMT		HI10d12		N Amount of Rx coverage limit - Mcaid
				15,504			. Inapplicable
				50			-8 Don't know
				5		0.01-999999.99	Amount in dollars
							Notes: Applies if MCLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT First available in 2004

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MCRATE	136	2	GENHFMT		HI10d13		N SP rating of Rx coverage - Mcaid
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13,477	.	Missing
1	-9	Not ascertained
37	-8	Don't know
915	1	Excellent
603	2	Very good
388	3	Good
98	4	Fair
40	5	Poor

Notes: Applies to Medicaid Managed Care plans w/ drug coverage (MCDRXCOV = 1)  
First available in 2004

MTFCOVER	138	3	YES1FMT		HIT11		N SP rec'd svcs at military treatment fac.
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12,723	.	Inapplicable
1	-8	Don't know
664	1	Yes
2,171	2	No

Notes: Applies if RIC1, D\_AFEVER = 1  
First available in 2003

D_DMED	141	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
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14,581	0	No discount card membership
784	1	One discount card membership
132	2	Two discount card memberships
42	3	Three discount card memberships
20		Four or more discount card memberships

Note: First available in 2002

D_DMED	144	7	PREM_F		DM6		N annual cost of discount card
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14,278	.	Inapplicable
1,247	0-100	\$100 or less
32	100.01-500	\$101-\$500
1	500.01-1000	\$501-\$1000
0	1000.01-1500	\$1001-\$1500
0	1500.01-2000	\$1501-\$2000
1	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000

Notes: Applies only if D\_ENROL1-5 = 1.  
First available in 2002



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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOTYP	151	2	\$PLNFMT				C Type of Medicare HMO
				13,508			No enrollment
				58			01 Health care prepayment plan
				98			02 Cost HMO
				0			05 Old Risk HMO
				1,895			06 Risk HMO
				0			12 Demo Risk HMO
				0			17 Pace Demo plan
				0			18 HCPP
D_HMOCOV	153	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,329			0 No enrollment
				2,230			1 Some enrollment
D_HMOCUR	155	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,185			1 Currently enrolled
				13,374			2 Not currently enrolled
MHMORX	157	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,374			. Inapplicable
				46			-8 Don't know
				1,696			1 Yes
				443			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMODENT	159	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,374			. Inapplicable
				2			-9 Not ascertained
				108			-8 Don't know
				469			1 Yes
				1,606			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOEYE	161	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,374			. Inapplicable
				2			-9 Not ascertained
				84			-8 Don't know
				1,477			1 Yes
				622			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	163	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,374			. Inapplicable
				2			-9 Not ascertained
				83			-8 Don't know
				1,984			1 Yes
				116			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			

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MHMONH	165	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,374			. Inapplicable
				1			-9 Not ascertained
				655			-8 Don't know
				281			1 Yes
				1,248			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPAY	167	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,374			. Inapplicable
				1			-9 Not ascertained
				50			-8 Don't know
				1,059			1 Yes
				1,075			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOCOST	169	3	YES1FMT				N Did anyone else pay portion of premium?
				14,500			. Inapplicable
				11			-8 Don't know
				206			1 Yes
				842			2 No
				Notes: Applies only if MHMOPAY = 1 First available in 1999			
MHMOWHO	172	3	WHOFMT				N Who else pays a portion of the premium?
				15,353			. Inapplicable
				1			-8 Don't know
				19			1 Main insured person's current employer
				104			2 Main insured person's former employer
				8			3 Main insured person's union
				14			4 Spouse's current employer
				52			5 Spouse's former employer
				0			6 Professional/fraternal organization
				4			7 Medicaid/medical assistance
				4			91 Other
				Notes: Applies only if MHMOCOST = 1 First available in 1999			

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D_ANHMO	175	8	PREM_F				N Annual amnt paid for Mcare HMO coverage?
				14,500			. Inapplicable
				2			-9 Not ascertained
				100			-8 Don't know
				8			0-100 \$100 or less
				244		100.01-500	\$101-\$500
				300		500.01-1000	\$501-\$1000
				208		1000.01-1500	\$1001-\$1500
				60		1500.01-2000	\$1501-\$2000
				45		2000.01-2500	\$2001-\$2500
				35		2500.01-3000	\$2501-\$3000
				17		3000.01-3500	\$3001-\$3500
				18		3500.01-4000	\$3501-\$4000
				3		4000.01-4500	\$4001-\$4500
				4		4500.01-5000	\$4501-\$5000
				15			Over \$5000

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

MHDEDUCT	183	2	YES1FMT			HIMC6b	N SP has a Rx deductible - MHMO
				13,863			. Inapplicable
				1			-9 Not ascertained
				62			-8 Don't know
				107			1 Yes
				1,526			2 No

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

D_DED_MH	185	6	COSTFMT			HIMC6c	N Deductible for Rx coverage - MHMO
				15,452			. Inapplicable
				20			-8 Don't know
				87		0.01-999999.99	Amount in dollars

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

MHDIFAMT	191	2	YESNOBRX			HIMC6d	N SP pays dif amt for gen & brnd Rx- MHMO
				13,863			. Inapplicable
				1			-9 Not ascertained
				175			-8 Don't know
				1,122			1 Yes
				288			2 No
				110			3 Does not cover brand name RX

Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHBRUNIT	193	3	UNITFMT		HIMC6g		N Unit of amt paid for brand Rx - MHMO
				13,979			. Inapplicable
				1			-9 Not ascertained
				439			-8 Don't know
				111			1 Percentage
				937			2 Dollars
				92			3 No cost
				Notes: If RXDIFAMT = 1 then MHBRUNIT = RXBRUNIT; else MHBRUNIT = RXPLUNIT			
				First available in 2004			
MHBRAMT	196	6	COSTFMT		HIMC6g		N Amount paid for brand Rx - MHMO
				14,622			. Inapplicable
				937		0.01-999999.99	Amount in dollars
				Notes: If RXDIFAMT = 1 then MHBRAMT = RXBRAMT; else MHBRAMT = RXPLAMT			
				First available in 2004			
MHBRPCT	202	5	PCTFMT		HIMC6g		N Percentage paid for brand Rx - MHMO
				15,448			. Inapplicable
				111			1-100 Percentage
				Notes: If RXDIFAMT = 1 then MHBRPCT = RXBRPCT; else MHBRPCT = RXPLPCT			
				First available in 2004			
MHBRMORL	207	2	MORELESS		HIMC6h		N Brand Rx more/less than \$15 - MHMO
				15,119			. Inapplicable
				1			-9 Not ascertained
				157			-8 Don't know
				239			1 More than \$15
				43			2 Less than \$15
				Notes: Applies if usual cost of Rx was not provided (MHBRUNIT = -7 or -8)			
				First available in 2004			
MHGNUNIT	209	3	UNITFMT		HIMC6i		N Unit of amt paid for generic Rx - MHMO
				13,979			. Inapplicable
				1			-9 Not ascertained
				295			-8 Don't know
				35			1 Percentage
				1,097			2 Dollars
				152			3 No cost
				Notes: If RXDIFAMT = 1 then MHGNUNIT = RXGNUNIT; else MHGNUNIT = RXPLUNIT			
				First available in 2004			
MHGNAMT	212	6	COSTFMT		HIMC6i		N Amount paid for generic Rx - MHMO
				14,462			. Inapplicable
				1,097		0.01-999999.99	Amount in dollars
				Notes: If RXDIFAMT = 1 then MHGNAMT = RXGNAMT; else MHGNAMT = RXPLAMT			
				First available in 2004			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHGNPCT	218	5	PCTFMT		HIMC6i		N Percentage paid for generic Rx - MHMO
				15,524			. Inapplicable
				35			1-100 Percentage
Notes: If RXDIFAMT = 1 then MHGNPCT = RXGNPCT; else MHGNPCT = RXPLPCT First available in 2004							
MHGNMORL	223	2	MORELESS		HIMC6j		N Generic Rx more/less than \$15 - MHMO
				15,263			. Inapplicable
				1			-9 Not ascertained
				146			-8 Don't know
				81			1 More than \$15
				68			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (MHGNUNIT = -7 or -8) First available in 2004							
MHLIMIT	225	2	YES1FMT		HIMC6k		N Plan has Rx coverage limit - MHMO
				13,863			. Inapplicable
				1			-9 Not ascertained
				389			-8 Don't know
				300			1 Yes
				1,006			2 No
Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1) First available in 2004							
D_LIM_MH	227	6	COSTFMT		HIMC6l		N Amount of Rx coverage limit - MHMO
				15,260			. Inapplicable
				1			-9 Not ascertained
				88			-8 Don't know
				210		0.01-999999.99	Amount in dollars
Notes: Applies if MHLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT First available in 2004							
MHRATE	233	2	GENHFMT		HIMC6m		N SP rating of Rx coverage - MHMO
				13,863			. Missing
				1			-9 Not ascertained
				44			-8 Don't know
				400			1 Excellent
				480			2 Very good
				482			3 Good
				188			4 Fair
				101			5 Poor
Notes: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1) First available in 2004							
TRICOVER	235	3	YES1FMT		HIT1		N Is SP covered by tricare?
				15,411			. Inapplicable
				148			1 Yes
				0			2 No
Notes: Applies only if SP was not covered by Tricare in previous round First available in 2003							

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_DED_MT	250	6	COSTFMT	HIT4c			N Deductible for Rx coverage - Tricare
				15,544			. Inapplicable
				7			-8 Don't know
				8	0.01-999999.99		Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004							
MTDIFAMT	256	2	YESNOBRX	HIT4d			N SP pays dif amt for gen & brnd Rx-Tric
				14,998			. Inapplicable
				55			-8 Don't know
				321			1 Yes
				164			2 No
				21			3 Does not cover brand name RX
Notes: Applies to Tricare plans with drug coverage (TRIRXCOV = 1) First available in 2004							
MTBRUNIT	258	3	UNITFMT	HIT4g			N Unit of amt paid for brand Rx - Tricare
				15,019			. Inapplicable
				52			-8 Don't know
				3			1 Percentage
				374			2 Dollars
				111			3 No cost
Notes: If RXDIFAMT = 1 then MTBRUNIT = RXBRUNIT; else MTBRUNIT = RXPLUNIT First available in 2004							
MTBRAMT	261	6	COSTFMT	HIT4g			N Amount paid for brand Rx - Tricare
				15,185			. Inapplicable
				374	0.01-999999.99		Amount in dollars
Notes: If RXDIFAMT = 1 then MTBRAMT = RXBRAMT; else MTBRAMT = RXPLAMT First available in 2004							
MTBRPCT	267	5	PCTFMT	HIT4g			N Percentage paid for brand Rx - Tricare
				15,556			. Inapplicable
				3			1-100 Percentage
Notes: If RXDIFAMT = 1 then MTBRPCT = RXBRPCT; else MTBRPCT = RXPLPCT First available in 2004							
MTBRMORL	272	2	MORELESS	HIT4h			N Brand Rx more/less than \$15 - Tric
				15,507			. Inapplicable
				35			-8 Don't know
				2			1 More than \$15
				15			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (MTBRUNIT = -7 or -8) First available in 2004							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTGNUNIT	274	3	UNITFMT	HIT4i			N Unit of amt paid for gen Rx - Tricare
				15,019			. Inapplicable
				51			-8 Don't know
				5			1 Percentage
				372			2 Dollars
				112			3 No cost
				Notes: If RXDIFAMT = 1 then MTGNUNIT = RXGNUNIT; else MTGNUNIT = RXPLUNIT First available in 2004			
MTGNAMT	277	6	COSTFMT	HIT4i			N Amount paid for generic Rx - Tricare
				15,187			. Inapplicable
				372		0.01-999999.99	Amount in dollars
				Notes: If RXDIFAMT = 1 then MTGNAMT = RXGNAMT; else MTGNAMT = RXPLAMT First available in 2004			
MTGNPCT	283	5	PCTFMT	HIT4i			N Percentage paid for generic Rx - Tricare
				15,554			. Inapplicable
				5			1-100 Percentage
				Notes: If RXDIFAMT = 1 then MTGNPCT = RXGNPCT; else MTGNPCT = RXPLPCT First available in 2004			
MTGNMORL	288	2	MORELESS	HIT4j			N Generic Rx more/less than \$15 - Tricare
				15,508			. Inapplicable
				32			-8 Don't know
				1			1 More than \$15
				18			2 Less than \$15
				Notes: Applies if usual cost of Rx was not provided (MTGNUNIT = -7 or -8) First available in 2004			
MTLIMIT	290	2	YES1FMT	HIT4k			N Plan has Rx coverage limit - Tricare
				14,998			. Inapplicable
				58			-8 Don't know
				2			1 Yes
				501			2 No
				Notes: Applies to Tricare plans with drug coverage (TRIRXCOV = 1) First available in 2004			
D_LIM_MT	292	6	COSTFMT	HIT4l			N Amount of Rx coverage limit - Tricare
				15,557			. Inapplicable
				2			-8 Don't know
				0		0.01-999999.99	Amount in dollars
				Notes: Applies if MTLIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004			



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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTRATE	298	2	GENHFMT		HIT4m		N SP rating of Rx coverage - Tricare
				14,998			. Missing
				17			-8 Don't know
				402			1 Excellent
				102			2 Very good
				37			3 Good
				3			4 Fair
				0			5 Poor

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

D_ANTRI	300	8	PREM_F		HIST9		N Annual amnt paid for tricare coverage?
				15,411			. Inapplicable
				142			-9 Not ascertained
				2			-8 Don't know
				0			0-100 \$100 or less
				2		100.01-500	\$101-\$500
				2		500.01-1000	\$501-\$1000
				0		1000.01-1500	\$1001-\$1500
				0		1500.01-2000	\$1501-\$2000
				0		2000.01-2500	\$2001-\$2500
				0		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				0		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000

Note: First available in 2003

D_TYPPL1	308	2	PLANFMT		HI17		N Type of plan - Plan #1
				6,809			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				8,750			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	310	2	REL FMT				N Policy holder relationship - Plan #1
				7,128			. Inapplicable
				2			-9 Not ascertained
				0			-5 Never ask again
				6,969			1 Sample person
				1,383			2 Spouse
				5			3 Son
				7			4 Daughter
				1			5 Brother
				1			6 Sister
				29			7 Father
				27			8 Mother
				1			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
				3			91 Other relative
				1			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNM1	312	2	COVGFMT				N # of family members covered by Plan #1
				7,128			. Inapplicable
				10			-9 Not ascertained
				11			-8 Don't know
				8,410			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVRX1	314	2	YES1FMT				N Plan #1 covers prescribed medicines?
				7,128			. Inapplicable
				3			-9 Not ascertained
				152			-8 Don't know
				1			-7 Refused
				4,442			1 Yes
				3,833			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNH1	316	2	YES1FMT				N Plan #1 covers stay in nursing home?
				7,128			. Inapplicable
				5			-9 Not ascertained
				2,198			-8 Don't know
				1			-7 Refused
				1,950			1 Yes
				4,277			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_PAYSP1	318	2	YES1FMT				N MIP pay any/all cost for Plan #1
				7,128			. Inapplicable
				7			-9 Not ascertained
				136			-8 Don't know
				3			-7 Refused
				6,563			1 Yes
				1,722			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_ANAMT1	320	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				8,996			. Inapplicable
				2			-9 Not ascertained
				898			-8 Don't know
				19			-7 Refused
				102		0-100	\$100 or less
				461		100.01-500	\$101-\$500
				576		500.01-1000	\$501-\$1000
				1,204		1000.01-1500	\$1001-\$1500
				1,308		1500.01-2000	\$1501-\$2000
				712		2000.01-2500	\$2001-\$2500
				443		2500.01-3000	\$2501-\$3000
				268		3000.01-3500	\$3001-\$3500
				205		3500.01-4000	\$3501-\$4000
				102		4000.01-4500	\$4001-\$4500
				80		4500.01-5000	\$4501-\$5000
				183			Over \$5000

Note: Applies only if D\_PAYSP1 = 1

D_HMOPL1	327	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,128			. Inapplicable
				13			-9 Not ascertained
				197			-8 Don't know
				1			-7 Refused
				652			1 Yes
				7,568			2 No

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_OBTNP1	329	2	MIPFMT				N How did MIP get Plan #1
				7,128			. Inapplicable
				8			-9 Not ascertained
				75			-8 Don't know
				1			-7 Refused
				3,227		1	Directly
				686		2	Main insured person's current employer
				3,208		3	Main insured person's prior employer
				136		4	Union
				44		5	Family business
				417		6	AARP
				521		7	Deceased spouse's employer
				25		8	Deceased spouse's union
				35		9	Fraternal/professional organization
				48		91	Other

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	331	2	\$IND1COD				C Industry of employer - Plan #1
				7,128			Inapplicable
				2			-7 Refused
				5			-8 Don't know
				4,018			-9 Not ascertained
				3			A Agriculture, forestry, and fishing
				20			B Mining
				19			C Construction
				36			D Manufacturing
				7			E Transportation and public utilities
				1			F Wholesale trade
				17			G Retail trade
				5			H Finance, insurance, and real estate
				2			I Services
				123			J Public administration
				56			K Nonclassifiable establishments
				5			01 Agricultural production - crops
				7			02 Agricultural production - livestock
				8			07 Agricultural services
				7			08 Forestry
				1			09 Fishing, hunting, and trapping
				12			10 Metal mining
				38			12 Coal mining
				26			13 Oil and gas extraction
				18			14 Nonmetallic minerals, except fuels
				11			15 General building contractors
				10			16 Heavy construction, excluding building
				43			17 Special trade contractors
				71			20 Food and kindred products
				4			21 Tobacco products
				32			22 Textile mill products
				8			23 Apparel and other textile products
				9			24 Lumber and wood products
				8			25 Furniture and fixtures
				32			26 Paper and allied products
				34			27 Printing and publishing
				126			28 Chemicals and allied products
				44			29 Petroleum and coal products
				39			30 Rubber and misc. plastics products
				1			31 Leather and leather products
				31			32 Stone, clay, and glass products
				72			33 Primary metal industries
				44			34 Fabricated metal products
				87			35 Industrial machinery and equipment
				93			36 Electronic & other electric equipment
				359			37 Transportation equipment
				58			38 Instruments and related products
				9			39 Miscellaneous manufacturing industries
				48			40 Railroad transportation
				18			41 Local and interurban passenger transit
				28			42 Trucking and warehousing
				137			43 U.S. Postal Service
				10			44 Water transportation
				16			45 Transportation by air
				0			46 Pipelines, except natural gas
				3			47 Transportation services
				179			48 Communications
				140			49 Electric, gas, and sanitary services
				21			50 Wholesale trade - durable goods
				17			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				36			53 General merchandise stores

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				25			54 Food stores
				23			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				2			57 Furniture and home furnishings stores
				5			58 Eating and drinking places
				8			59 Miscellaneous retail
				63			60 Depository institutions
				4			61 Nondepository institutions
				6			62 Security and commodity brokers
				101			63 Insurance carriers
				3			64 Insurance agents, brokers, and services
				5			65 Real estate
				2			67 Holding and other investment offices
				5			70 Hotels and other lodging places
				9			72 Personal services
				31			73 Business services
				9			75 Auto repair, services, and parking
				6			76 Miscellaneous repair services
				4			78 Motion pictures
				17			79 Amusement & recreation services
				177			80 Health services
				5			81 Legal services
				657			82 Educational services
				5			83 Social services
				0			84 Museums, botanical, zoological gardens
				74			86 Membership organizations
				78			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				408			91 Executive, legislative, and general
				94			92 Justice, public order, and safety
				21			93 Finance, taxation, & monetary policy
				57			94 Administration of Human Resources
				23			95 Environmental quality and housing
				52			96 Administration of economic programs
				131			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

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D_PLLTR1	333	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				11,871			Inapplicable
				2			-7 Refused
				149			-8 Don't know
				1,646			-9 Not ascertained
				59			A Plan A
				69			B Plan B
				195			C Plan C
				67			D Plan D
				21			E Plan E
				420			F Plan F
				45			G Plan G
				30			H Plan H
				20			I Plan I
				94			J Plan J
				1			K Plan K
				2			L Plan L
				6			M Plan M
				0			N Plan N
				0			P Plan P
				1			Q Plan Q
				0			R Plan R
				0			S Plan S
				0			X Plan X
				0			Y Plan Y
				1			Z Plan Z
				0			0 Plan 0
				2			1 Plan 1
				1			2 Plan 2
				1			3 Plan 3
				1			8 Plan 8
				1			9 Plan 9
				854			99 SP reports plan does not have a letter

Notes: Applies only if INTERVU = C, D\_TYPPL1 = 4, and D\_OBTNP1 = 1, 5, or 6  
First available in 2000

D_COVIP1	335	2	YES1FMT		HIS29b		N Plan #1 covers some inpatient costs
				7,128			. Inapplicable
				8			-9 Not ascertained
				137			-8 Don't know
				2			-7 Refused
				7,410			1 Yes
				874			2 No

Notes: Applies if D\_TYPPL1 > 0  
First available in 2003

D_COVMD1	337	2	YES1FMT		HIS29b		N Plan #1 covers some MD/lab visit costs
				7,129			. Inapplicable
				7			-9 Not ascertained
				90			-8 Don't know
				1			-7 Refused
				7,369			1 Yes
				963			2 No

Notes: Applies if D\_TYPPL1 > 0  
First available in 2003

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DEDUCT1	339	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv1
				12,068			. Inapplicable
				7			-9 Not ascertained
				230			-8 Don't know
				762			1 Plan covers prescription drugs
				2,492			2 Plan does not cover prescription drugs
				0			3 Drug discount card

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

D_DED_1	341	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv1
				14,797			. Inapplicable
				159			-8 Don't know
				1			-7 Refused
				602		0.01-999999.99	Amount in dollars

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

DIFAMT1	347	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Priv1
				12,068			. Inapplicable
				5			-9 Not ascertained
				493			-8 Don't know
				2			-7 Refused
				1,961			1 Yes
				1,000			2 No
				30			3 Does not cover brand name RX

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

BRUNIT1	349	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv1
				12,098			. Inapplicable
				5			-9 Not ascertained
				931			-8 Don't know
				3			-7 Refused
				667			1 Percentage
				1,767			2 Dollars
				88			3 No cost

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

BRAMT1	352	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv1
				13,792			. Inapplicable
				1,767		0.01-999999.99	Amount in dollars

Notes: If RXDIFAMT = 1 then BRAMT1 = RXBRAMT; else BRAMT1 = RXPLAMT  
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Notes: If RXDIFAMT = 1 then GNPCT1 = RXGNPCT; else GNPCT1 = RXPLPCT  
First available in 2004



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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
LIMIT1	381	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Privl
				12,068			. Inapplicable
				6			-9 Not ascertained
				554			-8 Don't know
				1			-7 Refused
				214			1 Yes
				2,716			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_1	383	6	COSTFMT		HI22ell		N Amount of Rx coverage limit - Privl
				15,345			. Inapplicable
				1			-9 Not ascertained
				75			-8 Don't know
				138	0.01-999999.99		Amount in dollars
Notes: Applies if LIMIT1 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE1	389	2	GENHFMT		HI22elm		N SP rating of Rx coverage - Privl
				12,068			. Missing
				6			-9 Not ascertained
				91			-8 Don't know
				1,111			1 Excellent
				1,008			2 Very good
				845			3 Good
				292			4 Fair
				138			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX1	391	2	RXPLFMT				N Type of drug coverage - Privl
				7,185			. Inapplicable
				4,176			1 Plan covers prescription drugs
				3,938			2 Plan does not cover prescription drugs
				260			3 Drug discount card
D_INS1	393	2	INSPLFMT				N Type of insurance plan - Privl
				7,185			. Inapplicable
				0			0 Other government program
				7,880			1 General insurance
				277			2 Dental only
				10			3 Vision only
				102			4 LTC
				102			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				2			8 Cancer/Dread disease
				0			9 Military/Other

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D_TYPPL2	395	2	PLANFMT		HI17		N Type of plan - Plan #2
				13,415			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				2,144			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	397	2	RELFMT				N Policy holder relationship - Plan #2
				13,445			. Inapplicable
				0			-5 Never ask again
				1,649			1 Sample person
				458			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				3			7 Father
				4			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNM2	399	2	COVGFM2				N # of family members covered by Plan #2
				13,445			. Inapplicable
				4			-9 Not ascertained
				5			-8 Don't know
				2,105			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVRX2	401	2	YES1FMT				N Plan #2 covers prescribed medicines?
				13,445			. Inapplicable
				1			-9 Not ascertained
				72			-8 Don't know
				519			1 Yes
				1,522			2 No

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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13,445	. Inapplicable
5	-9 Not ascertained
54	-8 Don't know
81	1 Yes
1,974	2 No

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP2	416	2	MIPFMT				N How did MIP get Plan #2
				13,445			. Inapplicable
				4			-9 Not ascertained
				12			-8 Don't know
				1,031			1 Directly
				165			2 Main insured person's current employer
				705			3 Main insured person's prior employer
				27			4 Union
				11			5 Family business
				48			6 AARP
				81			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				11			9 Fraternal/professional organization
				15			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_INDUS2	418	2	\$IND2COD				C Industry of employer - Plan #2
				13,445			Inapplicable
				1,193			-9 Not ascertained
				921			Industry classification code
							Note: Applies only if D_OBTNP2 = 2, 3, 5, or 8
D_PLLTR2	420	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				14,469			Missing
				22			-8 Don't know
				460			-9 Not ascertained
				459			99 SP reports plan does not have a letter
				149			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6 First available in 2000
D_COVIP2	422	2	YES1FMT		HIS29b		N Plan #2 covers some inpatient costs
				13,445			. Inapplicable
				3			-9 Not ascertained
				68			-8 Don't know
				807			1 Yes
				1,236			2 No
							Notes: Applies if D_TYPPL2 > 0 First available in 2003
D_COVMD2	424	2	YES1FMT		HIS29b		N Plan #2 covers some MD/lab visit costs
				13,445			. Inapplicable
				3			-9 Not ascertained
				57			-8 Don't know
				819			1 Yes
				1,235			2 No
							Notes: Applies if D_TYPPL2 > 0 First available in 2003

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DEDUCT2	426	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv2
				15,124			. Inapplicable
				27			-8 Don't know
				74			1 Plan covers prescription drugs
				334			2 Plan does not cover prescription drugs
				0			3 Drug discount card
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
First available in 2004							
D_DED_2	428	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv2
				15,485			. Inapplicable
				1			-9 Not ascertained
				9			-8 Don't know
				64	0.01-999999.99		Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT							
First available in 2004							
DIFAMT2	434	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Priv2
				15,124			. Inapplicable
				62			-8 Don't know
				240			1 Yes
				127			2 No
				6			3 Does not cover brand name RX
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
First available in 2004							
BRUNIT2	436	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv2
				15,130			. Inapplicable
				121			-8 Don't know
				79			1 Percentage
				209			2 Dollars
				20			3 No cost
Notes: If RXDIFAMT = 1 then BRUNIT2 = RXBRUNIT; else BRUNIT2 = RXPLUNIT							
First available in 2004							
BRAMT2	439	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv2
				15,350			. Inapplicable
				209	0.01-999999.99		Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT2 = RXBRAMT; else BRAMT2 = RXPLAMT							
First available in 2004							
BRPCT2	445	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv2
				15,480			. Inapplicable
				79			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT2 = RXBRPCT; else BRPCT2 = RXPLPCT							
First available in 2004							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL2	450	2	MORELESS		HI22eli		N Brand Rx more/less than \$15 - Priv2
				15,438			. Inapplicable
				67			-8 Don't know
				43			1 More than \$15
				11			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (BRUNIT2 = -7 or -8) First available in 2004
GNUNIT2	452	3	UNITFMT		HI22eli		N Unit of amt paid for generic Rx - Priv2
				15,130			. Inapplicable
				117			-8 Don't know
				73			1 Percentage
				211			2 Dollars
				28			3 No cost
							Notes: If RXDIFAMT = 1 then GNUNIT2 = RXGNUNIT; else GNUNIT2 = RXPLUNIT First available in 2004
GNAMT2	455	6	COSTFMT		HI22eli		N Amount paid for generic Rx - Priv2
				15,348			. Inapplicable
				211		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then GNAMT2 = RXGNAMT; else GNAMT2 = RXPLAMT First available in 2004
GNPCT2	461	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv2
				15,486			. Inapplicable
				73			1-100 Percentage
							Notes: If RXDIFAMT = 1 then GNPCT2 = RXGNPCT; else GNPCT2 = RXPLPCT First available in 2004
GNMORL2	466	2	MORELESS		HI22elj		N Generic Rx more/less than \$15 - Priv2
				15,442			. Inapplicable
				68			-8 Don't know
				23			1 More than \$15
				26			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (GNUNIT2 = -7 or -8) First available in 2004
LIMIT2	468	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv2
				15,124			. Inapplicable
				76			-8 Don't know
				33			1 Yes
				326			2 No
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004

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D_LIM_2	470	6	COSTFMT		HI22e11		N Amount of Rx coverage limit - Priv2
				15,526			. Inapplicable
				11			-8 Don't know
				22		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT2 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE2	476	2	GENHFMT		HI22e1m		N SP rating of Rx coverage - Priv2
				15,124			. Missing
				11			-8 Don't know
				143			1 Excellent
				144			2 Very good
				98			3 Good
				33			4 Fair
				6			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX2	478	2	RXPLFMT				N Type of drug coverage - Priv2
				13,460			. Inapplicable
				472			1 Plan covers prescription drugs
				1,588			2 Plan does not cover prescription drugs
				39			3 Drug discount card
D_INS2	480	2	INSPLFMT				N Type of insurance plan - Priv2
				13,460			. Inapplicable
				0			0 Other government program
				1,362			1 General insurance
				304			2 Dental only
				38			3 Vision only
				206			4 LTC
				165			5 Rx only
				12			6 Dental/Vision
				6			7 Life insurance
				5			8 Cancer/Dread disease
				1			9 Military/Other
D_TYPPL3	482	2	PLANFMT		HI17		N Type of plan - Plan #3
				15,105			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				454			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 2 plans.

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Note: Applies only if INTERVU = C and D TYPPL3 = 4



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D_ANAMT3	494	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				15,260			. Inapplicable
				41			-8 Don't know
				24			0-100 \$100 or less
				64			100.01-500 \$101-\$500
				19			500.01-1000 \$501-\$1000
				42			1000.01-1500 \$1001-\$1500
				54			1500.01-2000 \$1501-\$2000
				19			2000.01-2500 \$2001-\$2500
				11			2500.01-3000 \$2501-\$3000
				13			3000.01-3500 \$3001-\$3500
				7			3500.01-4000 \$3501-\$4000
				3			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				2			Over \$5000

Note: Applies only if D\_PAYSP3 = 1

D_HMOPL3	501	2	YES1FMT		HI25		N Is Plan #3 an HMO
				15,107			. Inapplicable
				1			-9 Not ascertained
				7			-8 Don't know
				18			1 Yes
				426			2 No

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_OBTNP3	503	2	MIPFMT				N How did MIP get Plan #3
				15,107			. Inapplicable
				2			-8 Don't know
				190			1 Directly
				39			2 Main insured person's current employer
				183			3 Main insured person's prior employer
				9			4 Union
				2			5 Family business
				6			6 AARP
				18			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				2			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_INDUS3	505	2	\$IND2COD				C Industry of employer - Plan #3
				15,107			Inapplicable
				219			-9 Not ascertained
				233			Industry classification code

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

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D_PLLTR3	507	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				15,361			Missing
				7			-8 Don't know
				88			-9 Not ascertained
				53			99 SP reports plan does not have a letter
				50			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 2000
D_COVIP3	509	2	YES1FMT		HIS29b		N Plan #3 covers some inpatient costs
				15,107			. Inapplicable
				10			-8 Don't know
				190			1 Yes
				252			2 No
							Notes: Applies if D_TYPPL3 > 0 First available in 2003
D_COVMD3	511	2	YES1FMT		HIS29b		N Plan #3 covers some MD/lab visit costs
				15,107			. Inapplicable
				7			-8 Don't know
				202			1 Yes
				243			2 No
							Notes: Applies if D_TYPPL3 > 0 First available in 2003
DEDUCT3	513	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv3
				15,474			. Inapplicable
				3			-8 Don't know
				18			1 Plan covers prescription drugs
				64			2 Plan does not cover prescription drugs
				0			3 Drug discount card
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
D_DED_3	515	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv3
				15,541			. Inapplicable
				5			-8 Don't know
				13		0.01-999999.99	Amount in dollars
							Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004
DIFAMT3	521	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Priv3
				15,474			. Inapplicable
				6			-8 Don't know
				47			1 Yes
				30			2 No
				2			3 Does not cover brand name RX
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004

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Notes: If RXDIFAMT = 1 then GNAMT3 = RXGNAMT; else GNAMT3 = RXPLAMT  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNPCT3	548	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv3
				15,552			. Inapplicable
				7			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT3 = RXGNPCT; else GNPCT3 = RXPLPCT First available in 2004							
GNMORL3	553	2	MORELESS		HI22elj		N Generic Rx more/less than \$15 - Priv3
				15,536			. Inapplicable
				12			-8 Don't know
				6			1 More than \$15
				5			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT3 = -7 or -8) First available in 2004							
LIMIT3	555	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv3
				15,474			. Inapplicable
				19			-8 Don't know
				5			1 Yes
				61			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_3	557	6	COSTFMT		HI22ell		N Amount of Rx coverage limit - Priv3
				15,554			. Inapplicable
				3			-8 Don't know
				2		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT3 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE3	563	2	GENHFMT		HI22elm		N SP rating of Rx coverage - Priv3
				15,474			. Missing
				2			-8 Don't know
				25			1 Excellent
				29			2 Very good
				18			3 Good
				9			4 Fair
				2			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX3	565	2	RXPLFMT				N Type of drug coverage - Priv3
				15,112			. Inapplicable
				88			1 Plan covers prescription drugs
				352			2 Plan does not cover prescription drugs
				7			3 Drug discount card

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D_INS3	567	2	INSPLFMT				N Type of insurance plan - Priv3
				15,112			. Inapplicable
				0			0 Other government program
				271			1 General insurance
				78			2 Dental only
				39			3 Vision only
				15			4 LTC
				40			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				3			8 Cancer/Dread disease
				0			9 Military/Other

D_TYPPL4	569	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,447			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				112			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	571	2	RELFMT				N Policy holder relationship - Plan #4
				15,447			. Inapplicable
				0			-5 Never ask again
				92			1 Sample person
				20			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

D_COVNM4	573	2	COVGFMT				N # of family members covered by Plan #4
				15,447			. Inapplicable
				112			Number reported covered

Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

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Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

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Notes: Applies if D\_TYPPL4 > 0  
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DEDUCT4	600	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv4
				15,540			. Inapplicable
				1			-8 Don't know
				3			1 Plan covers prescription drugs
				15			2 Plan does not cover prescription drugs
				0			3 Drug discount card
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
D_DED_4	602	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv4
				15,556			. Inapplicable
				2			-8 Don't know
				1	0.01-999999.99		Amount in dollars
							Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004
DIFAMT4	608	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Prv4
				15,540			. Inapplicable
				1			-8 Don't know
				10			1 Yes
				5			2 No
				3			3 Does not cover brand name RX
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
BRUNIT4	610	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv4
				15,543			. Inapplicable
				3			-8 Don't know
				2			1 Percentage
				10			2 Dollars
				1			3 No cost
							Notes: If RXDIFAMT = 1 then BRUNIT4 = RXBRUNIT; else BRUNIT4 = RXPLUNIT First available in 2004
BRAMT4	613	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv4
				15,549			. Inapplicable
				10	0.01-999999.99		Amount in dollars
							Notes: If RXDIFAMT = 1 then BRAMT4 = RXBRAMT; else BRAMT4 = RXPLAMT First available in 2004
BRPCT4	619	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv4
				15,557			. Inapplicable
				2			1-100 Percentage
							Notes: If RXDIFAMT = 1 then BRPCT4 = RXBRPCT; else BRPCT4 = RXPLPCT First available in 2004



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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL4	624	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Priv4
				15,556			. Inapplicable
				2			1 More than \$15
				1			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (BRUNIT4 = -7 or -8) First available in 2004
GNUNIT4	626	3	UNITFMT		HI22eli		N Unit of amt paid for generic Rx - Priv4
				15,543			. Inapplicable
				2			1 Percentage
				12			2 Dollars
				2			3 No cost
							Notes: If RXDIFAMT = 1 then GNUNIT4 = RXGNUNIT; else GNUNIT4 = RXPLUNIT First available in 2004
GNAMT4	629	6	COSTFMT		HI22eli		N Amount paid for generic Rx - Priv4
				15,547			. Inapplicable
				12		0.01-999999.99	Amount in dollars
							Notes: If RXDIFAMT = 1 then GNAMT4 = RXGNAMT; else GNAMT4 = RXPLAMT First available in 2004
GNPCT4	635	5	PCTFMT		HI22eli		N Percentage paid for generic Rx - Priv4
				15,557			. Inapplicable
				2			1-100 Percentage
							Notes: If RXDIFAMT = 1 then GNPCT4 = RXGNPCT; else GNPCT4 = RXPLPCT First available in 2004
GNMORL4	640	2	MORELESS		HI22elj		N Generic Rx more/less than \$15 - Priv4
				15,559			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
							Notes: Applies if usual cost of Rx was not provided (GNUNIT4 = -7 or -8) First available in 2004
LIMIT4	642	2	YES1FMT		HI22elk		N Plan has Rx coverage limit - Priv4
				15,540			. Inapplicable
				2			-8 Don't know
				0			1 Yes
				17			2 No
							Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004
D_LIM_4	644	6	COSTFMT		HI22ell		N Amount of Rx coverage limit - Priv4
				15,559			. Inapplicable
				0		0.01-999999.99	Amount in dollars
							Notes: Applies if LIMIT4 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004

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RATE4	650	2	GENHFMT		HI22elm		N SP rating of Rx coverage - Priv4
				15,540			. Missing
				9			1 Excellent
				5			2 Very good
				3			3 Good
				2			4 Fair
				0			5 Poor

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

D_RX4	652	2	RXPLFMT				N Type of drug coverage - Priv4
				15,449			. Inapplicable
				20			1 Plan covers prescription drugs
				89			2 Plan does not cover prescription drugs
				1			3 Drug discount card

D_INS4	654	2	INSPLFMT				N Type of insurance plan - Priv4
				15,449			. Inapplicable
				0			0 Other government program
				86			1 General insurance
				2			2 Dental only
				8			3 Vision only
				0			4 LTC
				13			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				0			9 Military/Other

D_TYPP5	656	2	PLANFMT		HI17		N Type of plan - Plan #5
				15,516			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				43			4 Private plan
				0			5 Medicare HMO

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

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Note: Applies only if INTERVU = C and D TYPPL5 = 4

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D_ANAMT5	668	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				15,521			. Inapplicable
				3			-8 Don't know
				0			0-100 \$100 or less
				6			100.01-500 \$101-\$500
				1			500.01-1000 \$501-\$1000
				11			1000.01-1500 \$1001-\$1500
				9			1500.01-2000 \$1501-\$2000
				2			2000.01-2500 \$2001-\$2500
				2			2500.01-3000 \$2501-\$3000
				3			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\_PAYSP5 = 1

D_HMOPL5	675	2	YES1FMT		HI25		N Is Plan #5 an HMO
				15,516			. Inapplicable
				0			1 Yes
				43			2 No

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_OBTNP5	677	2	MIPFMT				N How did MIP get Plan #5
				15,516			. Inapplicable
				34			1 Directly
				2			2 Main insured person's current employer
				6			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				1			6 AARP
				0			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_INDUS5	679	2	\$IND2COD				C Industry of employer - Plan #5
				15,516			Inapplicable
				36			-9 Not ascertained
				7			Industry classification code

Note: Applies only if D\_OBTNP5 = 2, 3, 5, or 8

D_PLLTR5	681	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				15,524			Missing
				2			-8 Don't know
				12			-9 Not ascertained
				7			99 SP reports plan does not have a letter
				14			Plan letter

Notes: Applies only if INTERVU = C, D\_TYPPL5 = 4, and D\_OBTNP5 = 1, 5, or 6  
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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVIP5	683	2	YES1FMT		HIS29b		N Plan #5 covers some inpatient costs
				15,516			. Inapplicable
				1			-8 Don't know
				32			1 Yes
				10			2 No
			Notes: Applies if D_TYPPL5 > 0 First available in 2003				
D_COVMD5	685	2	YES1FMT		HIS29b		N Plan #5 covers some MD/lab visit costs
				15,516			. Inapplicable
				33			1 Yes
				10			2 No
			Notes: Applies if D_TYPPL5 > 0 First available in 2003				
DEDUCT5	687	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv5
				15,555			. Inapplicable
				0			1 Plan covers prescription drugs
				4			2 Plan does not cover prescription drugs
				0			3 Drug discount card
			Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004				
D_DED_5	689	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv5
				15,559			. Inapplicable
				0	0.01-999999.99		Amount in dollars
			Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004				
DIFAMT5	695	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Priv5
				15,555			. Inapplicable
				4			1 Yes
				0			2 No
				0			3 Does not cover brand name RX
			Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004				
BRUNIT5	697	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv5
				15,555			. Inapplicable
				2			-8 Don't know
				0			1 Percentage
				2			2 Dollars
				0			3 No cost
			Notes: If RXDIFAMT = 1 then BRUNIT5 = RXBRUNIT; else BRUNIT5 = RXPLUNIT First available in 2004				

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BRAMT5	700	6	COSTFMT	HI22e1g			N Amount paid for brand Rx - Priv5
				15,557			. Inapplicable
				2		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT5 = RXBRAMT; else BRAMT5 = RXPLAMT First available in 2004							
BRPCT5	706	5	PCTFMT	HI22e1g			N Percentage paid for brand Rx - Priv5
				15,559			. Inapplicable
				0			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT5 = RXBRPCT; else BRPCT5 = RXPLPCT First available in 2004							
BRMORL5	711	2	MORELESS	HI22e1h			N Brand Rx more/less than \$15 - Priv5
				15,557			. Inapplicable
				2			1 More than \$15
				0			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT5 = -7 or -8) First available in 2004							
GNUNIT5	713	3	UNITFMT	HI22e1i			N Unit of amt paid for generic Rx - Priv5
				15,555			. Inapplicable
				1			-8 Don't know
				1			1 Percentage
				2			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT5 = RXGNUNIT; else GNUNIT5 = RXPLUNIT First available in 2004							
GNAMT5	716	6	COSTFMT	HI22e1i			N Amount paid for generic Rx - Priv5
				15,557			. Inapplicable
				2		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT5 = RXGNAMT; else GNAMT5 = RXPLAMT First available in 2004							
GNPCT5	722	5	PCTFMT	HI22e1i			N Percentage paid for generic Rx - Priv5
				15,558			. Inapplicable
				1			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT5 = RXGNPCT; else GNPCT5 = RXPLPCT First available in 2004							
GNMORL5	727	2	MORELESS	HI22e1j			N Generic Rx more/less than \$15 - Priv5
				15,558			. Inapplicable
				1			-8 Don't know
				0			1 More than \$15
				0			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT5 = -7 or -8) First available in 2004							

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LIMIT5	729	2	YES1FMT		HI22e1k		N Plan has Rx coverage limit - Priv5
				15,555			. Inapplicable
				1			-8 Don't know
				0			1 Yes
				3			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_5	731	6	COSTFMT		HI22e1l		N Amount of Rx coverage limit - Priv5
				15,559			. Inapplicable
				0	0.01-999999.99		Amount in dollars
Notes: Applies if LIMIT5 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE5	737	2	GENHFMT		HI22e1m		N SP rating of Rx coverage - Priv5
				15,555			. Missing
				0			1 Excellent
				1			2 Very good
				2			3 Good
				1			4 Fair
				0			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX5	739	2	RXPLFMT				N Type of drug coverage - Priv5
				15,516			. Inapplicable
				3			1 Plan covers prescription drugs
				38			2 Plan does not cover prescription drugs
				2			3 Drug discount card
D_INS5	741	2	INSPLFMT				N Type of insurance plan - Priv5
				15,516			. Inapplicable
				0			0 Other government program
				36			1 General insurance
				2			2 Dental only
				1			3 Vision only
				1			4 LTC
				3			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/Dread disease
				0			9 Military/Other