

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
INTERVU	12	1	\$INTRFMT			C Type of interview
				14,500		C Community
				1,059		F Facility
D_MCARE	13	1	MEDCOVG			N Medicare coverage
				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	H11		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.  
 First available in 2000

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MCAIDHMO 18 3 YES1FMT  
  
 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  
  
 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  
  
 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  
  
 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  
  
 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)  
 First available in 2004

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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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- Mcai  
 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

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  
 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.  
 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\_DMEN 141 3 NUMCARDS DM1, 2 N Number of active discount card membershi  
 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\_DMEN 144 7 PREM\_F DM6 N annual cost of discount card  
 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

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							

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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)  
 First available in 2004

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHBRUNIT	193	3	UNITFMT				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				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				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				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				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				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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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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTRIRX	238	2	YES1FMT		HIST3		N Does tricare plan cover drugs?
				15,016			. Inapplicable
				18			-8 Don't know
				508			1 Yes
				17			2 No
				Note: First available in 2003			
MTRIDENT	240	2	YES1FMT		HIST4		N Does tricare plan cover dental?
				15,016			. Inapplicable
				45			-8 Don't know
				79			1 Yes
				419			2 No
				Note: First available in 2003			
MTRIEYE	242	2	YES1FMT		HIST5		N Does tricare plan cover eye exams?
				15,016			. Inapplicable
				63			-8 Don't know
				135			1 Yes
				345			2 No
				Note: First available in 2003			
MTRIPCAR	244	2	YES1FMT		HIST6		N Does tricare plan cover preventiv care
				15,016			. Inapplicable
				47			-8 Don't know
				419			1 Yes
				77			2 No
				Note: First available in 2003			
MTRINH	246	2	YES1FMT		HIST7		N Does tricare plan cover nursing home?
				15,016			. Inapplicable
				187			-8 Don't know
				77			1 Yes
				279			2 No
				Note: First available in 2003			
MTDEDUCT	248	2	YES1FMT		HIT4b		N SP has a Rx deductible - Tricare
				14,998			. Inapplicable
				18			-8 Don't know
				15			1 Yes
				528			2 No

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

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

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

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

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	310	2	RELFMT				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

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

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

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

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

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  
 First available in 2004

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

BRPCT1 358 5 PCTFMT HI22elg N Percentage paid for brand Rx - Priv1  
 14,892 . Inapplicable  
 1 -9 Not ascertained  
 666 1-100 Percentage

Notes: If RXDIFAMT = 1 then BRPCT1 = RXBRPCT; else BRPCT1 = RXPLPCT  
 First available in 2004

BRMORL1 363 2 MORELESS HI22elh N Brand Rx more/less than \$15 - Priv1  
 14,620 . Inapplicable  
 6 -9 Not ascertained  
 455 -8 Don't know  
 4 -7 Refused  
 379 1 More than \$15  
 95 2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (BRUNIT1 = -7 or -8)  
 First available in 2004

GNUNIT1 365 3 UNITFMT HI22eli N Unit of amt paid for generic Rx - Priv1  
 12,098 . Inapplicable  
 5 -9 Not ascertained  
 903 -8 Don't know  
 3 -7 Refused  
 612 1 Percentage  
 1,809 2 Dollars  
 129 3 No cost

Notes: If RXDIFAMT = 1 then GNUNIT1 = RXGNUNIT; else GNUNIT1 = RXPLUNIT  
 First available in 2004

GNAMT1 368 6 COSTFMT HI22eli N Amount paid for generic Rx - Priv1  
 13,750 . Inapplicable  
 1,809 0.01-999999.99 Amount in dollars

Notes: If RXDIFAMT = 1 then GNAMT1 = RXGNAMT; else GNAMT1 = RXPLAMT  
 First available in 2004

GNPCT1 374 5 PCTFMT HI22eli N Percentage paid for generic Rx - Priv1  
 14,947 . Inapplicable  
 612 1-100 Percentage

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

GNMORL1 379 2 MORELESS HI22elj N Generic Rx more/less than \$15 - Priv1  
 14,648 . Inapplicable  
 6 -9 Not ascertained  
 482 -8 Don't know  
 5 -7 Refused  
 226 1 More than \$15  
 192 2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (GNUNIT1 = -7 or -8)  
 First available in 2004

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

LIMIT1 381 2 YES1FMT HI22e1k N Plan has Rx coverage limit - Priv1  
 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 HI22e11 N Amount of Rx coverage limit - Priv1  
 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 HI22e1m N SP rating of Rx coverage - Priv1  
 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 - Priv1  
 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 - Priv1  
 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

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

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 COVGFMT 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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH2	403	2	YES1FMT				N Plan #2 covers stay in nursing home?
				13,445			. Inapplicable
				2			-9 Not ascertained
				214			-8 Don't know
				745			1 Yes
				1,153			2 No
Note: Applies only if INTERVU = C and D_TYPPL2 = 4							
D_PAYSP2	405	2	YES1FMT				N MIP pay any/all cost for Plan #2
				13,445			. Inapplicable
				4			-9 Not ascertained
				47			-8 Don't know
				1,526			1 Yes
				537			2 No
Note: Applies only if INTERVU = C and D_TYPPL2 = 4							
D_ANAMT2	407	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				14,033			. Inapplicable
				3			-9 Not ascertained
				226			-8 Don't know
				5			-7 Refused
				59	0-100	\$100 or less	
				221	100.01-500	\$101-\$500	
				163	500.01-1000	\$501-\$1000	
				214	1000.01-1500	\$1001-\$1500	
				249	1500.01-2000	\$1501-\$2000	
				135	2000.01-2500	\$2001-\$2500	
				105	2500.01-3000	\$2501-\$3000	
				43	3000.01-3500	\$3001-\$3500	
				41	3500.01-4000	\$3501-\$4000	
				23	4000.01-4500	\$4001-\$4500	
				8	4500.01-5000	\$4501-\$5000	
				31		Over \$5000	
Note: Applies only if D_PAYSP2 = 1							
D_HMOPL2	414	2	YES1FMT		HI25		N Is Plan #2 an HMO
				13,445			. Inapplicable
				5			-9 Not ascertained
				54			-8 Don't know
				81			1 Yes
				1,974			2 No
Note: Applies only if INTERVU = C and D_TYPPL2 = 4							

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

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL2	450	2	MORELESS	HI22elh			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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 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
 -----

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 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\_TYPL3 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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL3	484	2	RELFMT				N Policy holder relationship - Plan #3
				15,107			. Inapplicable
				0			-5 Never ask again
				345			1 Sample person
				104			2 Spouse
				0			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
				1			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				0			92 Other non-relative
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVNM3	486	2	COVGFMT				N # of family members covered by Plan #3
				15,107			. Inapplicable
				452			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVRX3	488	2	YES1FMT				N Plan #3 covers prescribed medicines?
				15,107			. Inapplicable
				13			-8 Don't know
				98			1 Yes
				341			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_COVNH3	490	2	YES1FMT				N Plan #3 covers stay in nursing home?
				15,107			. Inapplicable
				47			-8 Don't know
				92			1 Yes
				313			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_PAYSP3	492	2	YES1FMT				N MIP pay any/all cost for Plan #3
				15,107			. Inapplicable
				3			-8 Don't know
				299			1 Yes
				150			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4

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

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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 - Prv3
				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							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRUNIT3	523	3	UNITFMT	HI22elg			N Unit of amount paid for brand Rx - Priv3
				15,476			. Inapplicable
				24			-8 Don't know
				8			1 Percentage
				51			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then BRUNIT3 = RXBRUNIT; else BRUNIT3 = RXPLUNIT First available in 2004							
BRAMT3	526	6	COSTFMT	HI22elg			N Amount paid for brand Rx - Priv3
				15,508			. Inapplicable
				51		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT3 = RXBRAMT; else BRAMT3 = RXPLAMT First available in 2004							
BRPCT3	532	5	PCTFMT	HI22elg			N Percentage paid for brand Rx - Priv3
				15,551			. Inapplicable
				8			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT3 = RXBRPCT; else BRPCT3 = RXPLPCT First available in 2004							
BRMORL3	537	2	MORELESS	HI22elh			N Brand Rx more/less than \$15 - Priv3
				15,535			. Inapplicable
				14			-8 Don't know
				6			1 More than \$15
				4			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT3 = -7 or -8) First available in 2004							
GNUNIT3	539	3	UNITFMT	HI22eli			N Unit of amt paid for generic Rx - Priv3
				15,476			. Inapplicable
				23			-8 Don't know
				7			1 Percentage
				52			2 Dollars
				1			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT3 = RXGNUNIT; else GNUNIT3 = RXPLUNIT First available in 2004							
GNAMT3	542	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv3
				15,507			. Inapplicable
				52		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT3 = RXGNAMT; else GNAMT3 = RXPLAMT First available in 2004							

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

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

D\_COVRX4 575 2 YES1FMT N Plan #4 covers prescribed medicines?  
 15,447 . Inapplicable  
 2 -8 Don't know  
 22 1 Yes  
 88 2 No

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

D\_COVNH4 577 2 YES1FMT N Plan #4 covers stay in nursing home?  
 15,447 . Inapplicable  
 20 -8 Don't know  
 25 1 Yes  
 67 2 No

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

D\_PAYSP4 579 2 YES1FMT N MIP pay any/all cost for Plan #4  
 15,447 . Inapplicable  
 2 -8 Don't know  
 86 1 Yes  
 24 2 No

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

D\_ANAMT4 581 7 PREM\_F N Premium MIP pays for Plan #4-Annualized  
 15,473 . Inapplicable  
 9 -8 Don't know  
 4 0-100 \$100 or less  
 10 100.01-500 \$101-\$500  
 5 500.01-1000 \$501-\$1000  
 19 1000.01-1500 \$1001-\$1500  
 18 1500.01-2000 \$1501-\$2000  
 7 2000.01-2500 \$2001-\$2500  
 6 2500.01-3000 \$2501-\$3000  
 5 3000.01-3500 \$3001-\$3500  
 2 3500.01-4000 \$3501-\$4000  
 1 4000.01-4500 \$4001-\$4500  
 0 4500.01-5000 \$4501-\$5000

Note: Applies only if D\_PAYSP4 = 1

D\_HMOPL4 588 2 YES1FMT HI25 N Is Plan #4 an HMO  
 15,447 . Inapplicable  
 2 -8 Don't know  
 4 1 Yes  
 106 2 No

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

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

D\_OBTNP4 590 2 MIPFMT N How did MIP get Plan #4  
 15,447 . Inapplicable  
 65 1 Directly  
 10 2 Main insured person's current employer  
 28 3 Main insured person's prior employer  
 0 4 Union  
 0 5 Family business  
 6 6 AARP  
 3 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\_TYPPL4 = 4

D\_INDUS4 592 2 \$IND2COD C Industry of employer - Plan #4  
 15,447 Inapplicable  
 70 -9 Not ascertained  
 42 Industry classification code

Note: Applies only if D\_OBTNP4 = 2, 3, 5, or 8

D\_PLLTR4 594 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #4  
 15,488 Missing  
 3 -8 Don't know  
 34 -9 Not ascertained  
 11 99 SP reports plan does not have a letter  
 23 Plan letter

Notes: Applies only if INTERVU = C, D\_TYPPL4 = 4, and D\_OBTNP4 = 1, 5, or 6  
 First available in 2000

D\_COVIP4 596 2 YES1FMT HIS29b N Plan #4 covers some inpatient costs  
 15,447 . Inapplicable  
 3 -8 Don't know  
 72 1 Yes  
 37 2 No

Notes: Applies if D\_TYPPL4 > 0  
 First available in 2003

D\_COVMD4 598 2 YES1FMT HIS29b N Plan #4 covers some MD/lab visit costs  
 15,447 . Inapplicable  
 2 -8 Don't know  
 73 1 Yes  
 37 2 No

Notes: Applies if D\_TYPPL4 > 0  
 First available in 2003

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL4	624	2	MORELESS	HI22elh			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			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RATE4	650	2	GENHFMT	15,540		HI22elm	N SP rating of Rx coverage - Priv4
				9			. Missing
				5			1 Excellent
				3			2 Very good
				2			3 Good
				0			4 Fair
							5 Poor

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

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

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

D_TYPPL5	656	2	PLANFMT	15,516		HI17	N Type of plan - Plan #5
				0			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				43			3 Public plan
				0			4 Private plan
							5 Medicare HMO

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

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 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_PHREL5 658 2 RELFMT N Policy holder relationship - Plan #5

15,516	.	Inapplicable
0	-5	Never ask again
39	1	Sample person
4	2	Spouse
0	3	Son
0	4	Daughter
0	5	Brother
0	6	Sister
0	7	Father
0	8	Mother
0	9	Son-in-law
0	10	Daughter-in-law
0	11	Grandson
0	12	Granddaughter
0	13	Nephew
0	14	Niece
0	50	Partner/roommate
0	51	Friend/neighbor
0	52	Boarder
0	53	Nurse/nurses aide
0	54	Legal/financial officer
0	55	Guardian
0	91	Other relative
0	92	Other non-relative

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

D\_COVNM5 660 2 COVGFMT N # of family members covered by Plan #5

15,516	.	Inapplicable
43		Number reported covered

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

D\_COVRX5 662 2 YES1FMT N Plan #5 covers prescribed medicines?

15,516	.	Inapplicable
5	1	Yes
38	2	No

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

D\_COVNH5 664 2 YES1FMT N Plan #5 covers stay in nursing home?

15,516	.	Inapplicable
8	-8	Don't know
14	1	Yes
21	2	No

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

D\_PAYSP5 666 2 YES1FMT N MIP pay any/all cost for Plan #5

15,516	.	Inapplicable
38	1	Yes
5	2	No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_ANAMT5	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  
 First available in 2000

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 - Prv5
				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							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRAMT5	700	6	COSTFMT	HI22elg			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	HI22elg			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	HI22elh			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	HI22eli			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	HI22eli			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	HI22eli			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	HI22elj			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							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
LIMIT5	729	2	YES1FMT	15,555		HI22e1k	N Plan has Rx coverage limit - Priv5 . Inapplicable -8 Don't know 1 Yes 2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_5	731	6	COSTFMT	15,559		HI22e11	N Amount of Rx coverage limit - Priv5 . 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	15,555		HI22e1m	N SP rating of Rx coverage - Priv5 . Missing 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX5	739	2	RXPLFMT	15,516			N Type of drug coverage - Priv5 . Inapplicable 1 Plan covers prescription drugs 2 Plan does not cover prescription drugs 3 Drug discount card
D_INS5	741	2	INSPLFMT	15,516			N Type of insurance plan - Priv5 . Inapplicable 0 Other government program 1 General insurance 2 Dental only 3 Vision only 4 LTC 5 Rx only 6 Dental/Vision 7 Life insurance 8 Cancer/Dread disease 9 Military/Other