

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

This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2				C Record Identification Code
VERSION	3	1				C Version Number
BASEID	4	8	\$BSIDFMT			C Unique SP Identification Number
				15,769		LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT			C Type of interview
				14,701		C Community
				1,068		F Facility
D_MCARE	13	1	MEDCOVG			N Medicare coverage
				6		0 No entitlement
				546		1 Part A only
				81		2 Part B only
				15,136		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
				13,436		0 No entitlement
				312		1 Survey data only
				171		2 CMS administrative data only
				1,850		3 Both survey and administrative data
D_PRIVAT	15	1	PHIFMT			N Private insurance coverage
				6,999		0 No entitlement
				4,250		1 Employer-sponsored insurance (ESI)
				3,593		2 Self-purchased
				665		3 Both ESI and self-purchased
				262		4 Unknown

Notes: See D_SUMINS in prior years for similar data.
 First available in 1999

D_PUBLIC	16	1	POLICIES	H111		N Public health coverage
				14,995		0 None
				774		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
				12,210		0 No entitlement
				436		1 Survey data only
				693		2 CMS administrative data only
				2,430		3 Both survey and administrative data

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,595			. Inapplicable
				135			-8 Don't know
				494			1 Yes
				2,545			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?
				15,315			. Inapplicable
				325			-9 Not ascertained
				25			1 SP had choice
				65			2 SP had no choice
				39			3 SP does not remember if he/she had choic
Notes: Applies only if INTERVU = C and MCAIDHMO = 1 First available in 1998							
PUBRXCOV	24	3	YES1FMT				N Does SPs public plan cover prescrib meds
				15,000			. Inapplicable
				5			-8 Don't know
				724			1 Yes
				40			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
				15,049			. Inapplicable
				2			-9 Not ascertained
				29			-8 Don't know
				130			1 Yes
				559			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
				15,639			. Inapplicable
				15			-8 Don't know
				1			-7 Refused
				114		0.01-999999.99	Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004							
PUDIFAMT	35	2	YESNOBRX			HI16a4	N SP pays dif amt for gen & brnd Rx - Publ
				15,049			. Inapplicable
				1			-9 Not ascertained
				76			-8 Don't know
				360			1 Yes
				273			2 No
				10			3 Does not cover brand name RX
Notes: Applies to Other Public plans with drug coverage (PUBRXCOV = 1) First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PUBRUNIT	37	3	UNITFMT	HI16a7			N Unit of amt paid for brand Rx - Public
				15,059			. Inapplicable
				1			-9 Not ascertained
				114			-8 Don't know
				53			1 Percentage
				483			2 Dollars
				59			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
				15,286			. Inapplicable
				483		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
				15,716			. Inapplicable
				53			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
				15,654			. Inapplicable
				1			-9 Not ascertained
				67			-8 Don't know
				28			1 More than \$15
				19			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (PUBRUNIT = -7 or -8) First available in 2004							
PUGNUNIT	53	3	UNITFMT	HI16a9			N Unit of amt paid for generic Rx - Public
				15,059			. Inapplicable
				1			-9 Not ascertained
				105			-8 Don't know
				53			1 Percentage
				487			2 Dollars
				64			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
				15,282			. Inapplicable
				487		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then PUGNAMT = RXGNAMT; else PUGNAMT = RXPLAMT First available in 2004							

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PUGNPCT 62 5 PCTFMT HI16a9 N Percentage paid for generic Rx - Public
 15,716 . Inapplicable
 53 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
 15,663 . Inapplicable
 1 -9 Not ascertained
 68 -8 Don't know
 14 1 More than \$15
 23 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
 15,049 . Inapplicable
 1 -9 Not ascertained
 109 -8 Don't know
 86 1 Yes
 524 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
 15,683 . Inapplicable
 33 -8 Don't know
 53 0.01-999999.99 Amount in dollars

Notes: Applies if PULIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT
 First available in 2004

PURATE 77 2 GENHFMT HI16a13 N SP rating of Rx coverage - Public
 15,049 . Missing
 1 -9 Not ascertained
 24 -8 Don't know
 324 1 Excellent
 215 2 Very good
 120 3 Good
 30 4 Fair
 6 5 Poor

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PU_INS	79	2	INSPLFMT	15,008			N Type of insurance plan - Public
				6			. Inapplicable
				115			0 Other government program
				1			1 General insurance
				1			2 Dental only
				1			3 Vision only
				1			4 LTC
				635			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				1			9 Military/Other

PU_RX	81	2	RXPLFMT	15,008			N Type of drug coverage - Public
				722			. Inapplicable
				34			1 Plan covers prescription drugs
				5			2 Plan does not cover prescription drugs
							3 Drug discount card

MCDRXCOV	83	3	YES1FMT	13,556			N Does SPs Mcaid plan cover prescrib meds
				37			. Inapplicable
				1,984			-8 Don't know
				192			1 Yes
							2 No

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

MCRATE	86	2	GENHFMT	13,587	HI10d13		N SP rating of Rx coverage - Mcaid
				35			. Missing
				847			-8 Don't know
				670			1 Excellent
				425			2 Very good
				140			3 Good
				65			4 Fair
							5 Poor

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

MTFCOVER	88	3	YES1FMT	12,958	HIT11		N SP rec'd svcs at military treatment fac.
				654			. Inapplicable
				2,157			1 Yes
							2 No

Notes: Applies if RIC1, D_AFEVER = 1
 First available in 2003

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_DMEM	91	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
				14,370			0 No discount card membership
				1,143			1 One discount card membership
				189			2 Two discount card memberships
				51			3 Three discount card memberships
				16			Four or more discount card memberships

Note: First available in 2002

D_DMCCOST	94	7	PREM_F		DM6		N annual cost of discount card
				13,911			. Inapplicable
				1,809		0-100	\$100 or less
				40		100.01-500	\$101-\$500
				4		500.01-1000	\$501-\$1000
				3		1000.01-1500	\$1001-\$1500
				1		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

D_HMOTYP	101	2	\$PLNFMT				C Type of Medicare HMO
				13,748			No enrollment
				45		01	Health care prepayment plan
				72		02	Cost HMO
				0		05	Old Risk HMO
				1,904		06	Risk HMO
				0		12	Demo Risk HMO
				0		17	Pace Demo plan
				0		18	HCPP

D_HMOCOV	103	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,543		0	No enrollment
				2,226		1	Some enrollment

D_HMOCUR	105	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,162		1	Currently enrolled
				13,607		2	Not currently enrolled

MHMORX	107	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,607		.	Inapplicable
				35		-8	Don't know
				1,645		1	Yes
				482		2	No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHMODENT	109	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,607			. Inapplicable
				78			-8 Don't know
				589			1 Yes
				1,495			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOEYE	111	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,607			. Inapplicable
				86			-8 Don't know
				1,524			1 Yes
				552			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	113	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,607			. Inapplicable
				64			-8 Don't know
				2,021			1 Yes
				77			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMONH	115	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,607			. Inapplicable
				610			-8 Don't know
				282			1 Yes
				1,270			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPAY	117	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,607			. Inapplicable
				57			-8 Don't know
				962			1 Yes
				1,143			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOCOST	119	3	YES1FMT				N Did anyone else pay portion of premium?
				14,807			. Inapplicable
				14			-8 Don't know
				1			-7 Refused
				156			1 Yes
				791			2 No

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

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MHMOWHO	122	3	WHOFMT			N Who else pays a portion of the premium?
				15,613		. Inapplicable
				20		1 Main insured person's current employer
				68		2 Main insured person's former employer
				6		3 Main insured person's union
				12		4 Spouse's current employer
				45		5 Spouse's former employer
				1		6 Professional/fraternal organization
				2		7 Medicaid/medical assistance
				2		91 Other

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

D_ANHMO	125	8	PREM_F			N Annual amnt paid for Mcare HMO coverage?
				14,807		. Inapplicable
				77		-8 Don't know
				1		-7 Refused
				12	0-100	\$100 or less
				259	100.01-500	\$101-\$500
				254	500.01-1000	\$501-\$1000
				188	1000.01-1500	\$1001-\$1500
				68	1500.01-2000	\$1501-\$2000
				36	2000.01-2500	\$2001-\$2500
				24	2500.01-3000	\$2501-\$3000
				16	3000.01-3500	\$3001-\$3500
				10	3500.01-4000	\$3501-\$4000
				6	4000.01-4500	\$4001-\$4500
				3	4500.01-5000	\$4501-\$5000
				8		Over \$5000

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

MHDEDUCT	133	2	YES1FMT	HIMC6b		N SP has a Rx deductible - MHMO
				14,124		. Inapplicable
				2		-9 Not ascertained
				67		-8 Don't know
				95		1 Yes
				1,481		2 No

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

D_DED_MH	135	6	COSTFMT	HIMC6c		N Deductible for Rx coverage - MHMO
				15,674		. Inapplicable
				25		-8 Don't know
				70	0.01-999999.99	Amount in dollars

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

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

MHDIFAMT 141 2 YESNOBRX HIMC6d N SP pays dif amt for gen & brnd Rx- MHMO
14,124 . Inapplicable
2 -9 Not ascertained
167 -8 Don't know
1,107 1 Yes
267 2 No
102 3 Does not cover brand name RX

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

MHBRUNIT 143 3 UNITFMT HIMC6g N Unit of amt paid for brand Rx - MHMO
14,227 . Inapplicable
2 -9 Not ascertained
444 -8 Don't know
121 1 Percentage
874 2 Dollars
101 3 No cost

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

MHBRAMT 146 6 COSTFMT HIMC6g N Amount paid for brand Rx - MHMO
14,895 . Inapplicable
874 0.01-999999.99 Amount in dollars

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

MHBRPCT 152 5 PCTFMT HIMC6g N Percentage paid for brand Rx - MHMO
15,648 . Inapplicable
1 -9 Not ascertained
120 1-100 Percentage

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

MHBRMORL 157 2 MORELESS HIMC6h N Brand Rx more/less than \$15 - MHMO
15,323 . Inapplicable
2 -9 Not ascertained
178 -8 Don't know
235 1 More than \$15
31 2 Less than \$15

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

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

MHGNUNIT 159 3 UNITFMT HIMC6i N Unit of amt paid for generic Rx - MHMO
14,227 . Inapplicable
2 -9 Not ascertained
289 -8 Don't know
1 -7 Refused
41 1 Percentage
1,041 2 Dollars
168 3 No cost

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

MHGNAMT 162 6 COSTFMT HIMC6i N Amount paid for generic Rx - MHMO
14,728 . Inapplicable
1,041 0.01-999999.99 Amount in dollars

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

MHGPNCT 168 5 PCTFMT HIMC6i N Percentage paid for generic Rx - MHMO
15,728 . Inapplicable
41 1-100 Percentage

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

MHGNMORL 173 2 MORELESS HIMC6j N Generic Rx more/less than \$15 - MHMO
15,477 . Inapplicable
2 -9 Not ascertained
145 -8 Don't know
80 1 More than \$15
65 2 Less than \$15

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

MHLIMIT 175 2 YES1FMT HIMC6k N Plan has Rx coverage limit - MHMO
14,124 . Inapplicable
3 -9 Not ascertained
302 -8 Don't know
266 1 Yes
1,074 2 No

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

D_LIM_MH 177 6 COSTFMT HIMC6l N Amount of Rx coverage limit - MHMO
15,504 . Inapplicable
2 -9 Not ascertained
93 -8 Don't know
170 0.01-999999.99 Amount in dollars

Notes: Applies if MHLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT
First available in 2004

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

MHRATE 183 2 GENHFMT HIMC6m N SP rating of Rx coverage - MHMO
 14,124 . Missing
 3 -9 Not ascertained
 52 -8 Don't know
 422 1 Excellent
 538 2 Very good
 394 3 Good
 169 4 Fair
 67 5 Poor

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

TRICOVER 185 3 YES1FMT HIT1 N Is SP covered by tricare?
 15,123 . Inapplicable
 646 1 Yes
 0 2 No

Notes: Applies only if SP was not covered by Tricare in previous round
 First available in 2003

MTRIRX 188 2 YES1FMT HIST3 N Does tricare plan cover drugs?
 15,126 . Inapplicable
 13 -8 Don't know
 1 -7 Refused
 589 1 Yes
 40 2 No

Note: First available in 2003

MTRIDENT 190 2 YES1FMT HIST4 N Does tricare plan cover dental?
 15,124 . Inapplicable
 1 -9 Not ascertained
 39 -8 Don't know
 93 1 Yes
 512 2 No

Note: First available in 2003

MTRIEYE 192 2 YES1FMT HIST5 N Does tricare plan cover eye exams?
 15,124 . Inapplicable
 1 -9 Not ascertained
 60 -8 Don't know
 144 1 Yes
 440 2 No

Note: First available in 2003

MTRIPCAR 194 2 YES1FMT HIST6 N Does tricare plan cover preventiv care
 15,124 . Inapplicable
 71 -8 Don't know
 471 1 Yes
 103 2 No

Note: First available in 2003

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

MTRINH 196 2 YES1FMT HIST7 N Does tricare plan cover nursing home?
 15,124 . Inapplicable
 224 -8 Don't know
 2 -7 Refused
 91 1 Yes
 328 2 No

Note: First available in 2003

MTRATE 198 2 GENHFMT HIT4m N SP rating of Rx coverage - Tricare
 15,179 . Missing
 12 -8 Don't know
 425 1 Excellent
 120 2 Very good
 32 3 Good
 1 4 Fair
 0 5 Poor

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

TRIMEDS 200 2 MEMMEDFM HIT4a N Where Tricare members get medicine
 15,386 . Missing
 1 -9 Not ascertained
 2 -8 Don't know
 86 1 Mail order pharmacy
 88 2 Retail network pharmacy
 114 3 Military treatment facility
 73 4 Non-network retail pharmacy
 19 91 Other

Note: First available in 2005

TRIMEDOS 202 30 HIT4a C Where Tricare members get medicine, othe

Note: First available in 2005

D_TYPPL1 232 2 PLANFMT HI17 N Type of plan - Plan #1
 6,999 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 8,770 4 Private plan
 0 5 Medicare HMO

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

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D_PHREL1 234 2 RELFMT N Policy holder relationship - Plan #1

7,190	.	Inapplicable
0	-5	Never ask again
7,052	1	Sample person
1,446	2	Spouse
4	3	Son
8	4	Daughter
1	5	Brother
1	6	Sister
29	7	Father
24	8	Mother
1	9	Son-in-law
1	10	Daughter-in-law
0	11	Grandson
0	12	Granddaughter
0	13	Nephew
0	14	Niece
5	50	Partner/roommate
1	51	Friend/neighbor
0	52	Boarder
0	53	Nurse/nurses aide
0	54	Legal/financial officer
0	55	Guardian
4	91	Other relative
2	92	Other non-relative

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

D_COVNM1 236 2 COVGFMT N # of family members covered by Plan #1

7,190	.	Inapplicable
10	-9	Not ascertained
34	-8	Don't know
8,535		Number reported covered

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

D_COVRX1 238 2 YES1FMT N Plan #1 covers prescribed medicines?

7,190	.	Inapplicable
4	-9	Not ascertained
144	-8	Don't know
4,561	1	Yes
3,870	2	No

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

D_COVNH1 240 2 YES1FMT N Plan #1 covers stay in nursing home?

7,190	.	Inapplicable
6	-9	Not ascertained
2,135	-8	Don't know
1,922	1	Yes
4,516	2	No

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

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D_PAYSP1 242 2 YES1FMT N MIP pay any/all cost for Plan #1

7,190	.	Inapplicable
7	-9	Not ascertained
141	-8	Don't know
1	-7	Refused
6,681	1	Yes
1,749	2	No

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

D_ANAMT1 244 7 PREM_F N Premium MIP pays for Plan #1-Annualized

9,088	.	Inapplicable
5	-9	Not ascertained
1,015	-8	Don't know
17	-7	Refused
109	0-100	\$100 or less
470	100.01-500	\$101-\$500
579	500.01-1000	\$501-\$1000
1,187	1000.01-1500	\$1001-\$1500
1,397	1500.01-2000	\$1501-\$2000
731	2000.01-2500	\$2001-\$2500
384	2500.01-3000	\$2501-\$3000
236	3000.01-3500	\$3001-\$3500
189	3500.01-4000	\$3501-\$4000
138	4000.01-4500	\$4001-\$4500
65	4500.01-5000	\$4501-\$5000
159		Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1 251 2 YES1FMT HI25 N Is Plan #1 an HMO

7,190	.	Inapplicable
14	-9	Not ascertained
192	-8	Don't know
1	-7	Refused
741	1	Yes
7,631	2	No

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

D_OBTNP1 253 2 MIPFMT N How did MIP get Plan #1

7,190	.	Inapplicable
7	-9	Not ascertained
71	-8	Don't know
1	-7	Refused
3,285	1	Directly
728	2	Main insured person's current employer
3,215	3	Main insured person's prior employer
131	4	Union
44	5	Family business
477	6	AARP
522	7	Deceased spouse's employer
25	8	Deceased spouse's union
28	9	Fraternal/professional organization
45	91	Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	255	2	\$IND1COD				C Industry of employer - Plan #1
				7,190			Inapplicable
				5			-8 Don't know
				4,102			-9 Not ascertained
				3			A Agriculture, forestry, and fishing
				23			B Mining
				23			C Construction
				44			D Manufacturing
				14			E Transportation and public utilities
				3			F Wholesale trade
				21			G Retail trade
				4			H Finance, insurance, and real estate
				2			I Services
				203			J Public administration
				68			K Nonclassifiable establishments
				5			01 Agricultural production - crops
				6			02 Agricultural production - livestock
				8			07 Agricultural services
				5			08 Forestry
				1			09 Fishing, hunting, and trapping
				14			10 Metal mining
				52			12 Coal mining
				48			13 Oil and gas extraction
				16			14 Nonmetallic minerals, except fuels
				10			15 General building contractors
				10			16 Heavy construction, excluding building
				46			17 Special trade contractors
				57			20 Food and kindred products
				4			21 Tobacco products
				22			22 Textile mill products
				3			23 Apparel and other textile products
				6			24 Lumber and wood products
				9			25 Furniture and fixtures
				35			26 Paper and allied products
				34			27 Printing and publishing
				145			28 Chemicals and allied products
				27			29 Petroleum and coal products
				33			30 Rubber and misc. plastics products
				0			31 Leather and leather products
				24			32 Stone, clay, and glass products
				86			33 Primary metal industries
				31			34 Fabricated metal products
				96			35 Industrial machinery and equipment
				104			36 Electronic & other electric equipment
				334			37 Transportation equipment
				48			38 Instruments and related products
				7			39 Miscellaneous manufacturing industries
				40			40 Railroad transportation
				17			41 Local and interurban passenger transit
				24			42 Trucking and warehousing
				138			43 U.S. Postal Service
				11			44 Water transportation
				15			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				160			48 Communications
				143			49 Electric, gas, and sanitary services
				14			50 Wholesale trade - durable goods
				13			51 Wholesale trade - nondurable goods
				7			52 Building materials & garden supplies
				34			53 General merchandise stores
				24			54 Food stores

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				17			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				2			57 Furniture and home furnishings stores
				6			58 Eating and drinking places
				14			59 Miscellaneous retail
				64			60 Depository institutions
				5			61 Nondepository institutions
				6			62 Security and commodity brokers
				83			63 Insurance carriers
				5			64 Insurance agents, brokers, and services
				13			65 Real estate
				2			67 Holding and other investment offices
				5			70 Hotels and other lodging places
				8			72 Personal services
				36			73 Business services
				9			75 Auto repair, services, and parking
				5			76 Miscellaneous repair services
				4			78 Motion pictures
				26			79 Amusement & recreation services
				195			80 Health services
				8			81 Legal services
				665			82 Educational services
				9			83 Social services
				0			84 Museums, botanical, zoological gardens
				83			86 Membership organizations
				85			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				293			91 Executive, legislative, and general
				107			92 Justice, public order, and safety
				22			93 Finance, taxation, & monetary policy
				93			94 Administration of Human Resources
				32			95 Environmental quality and housing
				62			96 Administration of economic programs
				129			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	257	2	\$PLN1LTR			C Medicare suppl./Medigap plan letter #1
				11,963		Inapplicable
				168		-8 Don't know
				1,711		-9 Not ascertained
				47		A Plan A
				73		B Plan B
				193		C Plan C
				67		D Plan D
				34		E Plan E
				496		F Plan F
				63		G Plan G
				27		H Plan H
				26		I Plan I
				84		J Plan J
				1		K Plan K
				6		L Plan L
				7		M Plan M
				1		N Plan N
				3		P Plan P
				0		Q Plan Q
				1		R Plan R
				0		S Plan S
				0		X Plan X
				1		Y Plan Y
				0		Z Plan Z
				1		0 Plan 0
				3		1 Plan 1
				0		2 Plan 2
				1		3 Plan 3
				0		8 Plan 8
				0		9 Plan 9
				792		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	259	2	YES1FMT	HIS29b		N Plan #1 covers some inpatient costs
				7,190		. Inapplicable
				10		-9 Not ascertained
				144		-8 Don't know
				7,533		1 Yes
				892		2 No

Notes: Applies if D_TYPPL1 > 0
 First available in 2003

D_COVMD1	261	2	YES1FMT	HIS29b		N Plan #1 covers some MD/lab visit costs
				7,190		. Inapplicable
				10		-9 Not ascertained
				94		-8 Don't know
				7,492		1 Yes
				983		2 No

Notes: Applies if D_TYPPL1 > 0
 First available in 2003

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

DEDUCT1 263 2 RXPLFMT HI22e1b N SP has a Rx deductible - Prvl
 12,258 . Inapplicable
 4 -9 Not ascertained
 221 -8 Don't know
 1 -7 Refused
 758 1 Plan covers prescription drugs
 2,527 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_1 265 6 COSTFMT HI22e1c N Deductible for Rx coverage - Prvl
 15,011 . Inapplicable
 1 -9 Not ascertained
 160 -8 Don't know
 2 -7 Refused
 595 0.01-999999.99 Amount in dollars

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

DIFAMT1 271 2 YESNOBRX HI22e1d N SP pays dif amt for gen & brnd Rx - Prvl
 12,258 . Inapplicable
 2 -9 Not ascertained
 444 -8 Don't know
 2 -7 Refused
 2,026 1 Yes
 987 2 No
 50 3 Does not cover brand name RX

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

BRUNIT1 273 3 UNITFMT HI22e1g N Unit of amount paid for brand Rx - Prvl
 12,308 . Inapplicable
 2 -9 Not ascertained
 955 -8 Don't know
 4 -7 Refused
 669 1 Percentage
 1,740 2 Dollars
 91 3 No cost

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

BRAMT1 276 6 COSTFMT HI22e1g N Amount paid for brand Rx - Prvl
 14,029 . Inapplicable
 1,740 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	282	5	PCTFMT	HI22elg			N Percentage paid for brand Rx - Priv1
				15,100			. Inapplicable
				2			-9 Not ascertained
				667			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT1 = RXBRPCT; else BRPCT1 = RXPLPCT First available in 2004							
BRMORL1	287	2	MORELESS	HI22elh			N Brand Rx more/less than \$15 - Priv1
				14,808			. Inapplicable
				2			-9 Not ascertained
				451			-8 Don't know
				408			1 More than \$15
				100			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT1 = -7 or -8) First available in 2004							
GNUNIT1	289	3	UNITFMT	HI22eli			N Unit of amt paid for generic Rx - Priv1
				12,308			. Inapplicable
				2			-9 Not ascertained
				931			-8 Don't know
				4			-7 Refused
				617			1 Percentage
				1,777			2 Dollars
				130			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT1 = RXGNUNIT; else GNUNIT1 = RXPLUNIT First available in 2004							
GNAMT1	292	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv1
				13,992			. Inapplicable
				1,777			0.01-999999.99 Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT1 = RXGNAMT; else GNAMT1 = RXPLAMT First available in 2004							
GNPCT1	298	5	PCTFMT	HI22eli			N Percentage paid for generic Rx - Priv1
				15,152			. Inapplicable
				1			-9 Not ascertained
				616			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT1 = RXGNPCT; else GNPCT1 = RXPLPCT First available in 2004							
GNMORL1	303	2	MORELESS	HI22elj			N Generic Rx more/less than \$15 - Priv1
				14,832			. Inapplicable
				2			-9 Not ascertained
				499			-8 Don't know
				1			-7 Refused
				230			1 More than \$15
				205			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 305 2 YES1FMT HI22e1k N Plan has Rx coverage limit - Priv1
 12,258 . Inapplicable
 3 -9 Not ascertained
 577 -8 Don't know
 1 -7 Refused
 200 1 Yes
 2,730 2 No

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

D_LIM_1 307 6 COSTFMT HI22e11 N Amount of Rx coverage limit - Priv1
 15,569 . Inapplicable
 3 -9 Not ascertained
 74 -8 Don't know
 123 0.01-999999.99 Amount in dollars

Notes: Applies if LIMIT1 = 1. Calculate using RXLIMAMT and RXLIMUNT
 First available in 2004

RATE1 313 2 GENHFMT HI22e1m N SP rating of Rx coverage - Priv1
 12,258 . Missing
 3 -9 Not ascertained
 103 -8 Don't know
 1,149 1 Excellent
 1,035 2 Very good
 803 3 Good
 302 4 Fair
 116 5 Poor

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

D_RX1 315 2 RXPLFMT N Type of drug coverage - Priv1
 7,226 . Inapplicable
 4,299 1 Plan covers prescription drugs
 3,960 2 Plan does not cover prescription drugs
 284 3 Drug discount card

D_INS1 317 2 INSPLFMT N Type of insurance plan - Priv1
 7,226 . Inapplicable
 0 0 Other government program
 8,046 1 General insurance
 260 2 Dental only
 7 3 Vision only
 100 4 LTC
 119 5 Rx only
 2 6 Dental/Vision
 1 7 Life insurance
 8 8 Cancer/Dread disease
 0 9 Military/Other

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

D_TYPPL2 319 2 PLANFMT HI17 N Type of plan - Plan #2

	13,381	.	Inapplicable
	0	1	Medicare
	0	2	Medicaid
	0	3	Public plan
	2,388	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 321 2 RELFMT N Policy holder relationship - Plan #2

	13,399	.	Inapplicable
	0	-5	Never ask again
	1,841	1	Sample person
	518	2	Spouse
	0	3	Son
	0	4	Daughter
	0	5	Brother
	0	6	Sister
	0	7	Father
	6	8	Mother
	0	9	Son-in-law
	0	10	Daughter-in-law
	0	11	Grandson
	0	12	Granddaughter
	0	13	Nephew
	0	14	Niece
	2	50	Partner/roommate
	0	51	Friend/neighbor
	0	52	Boarder
	0	53	Nurse/nurses aide
	0	54	Legal/financial officer
	0	55	Guardian
	2	91	Other relative
	1	92	Other non-relative

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

D_COVNM2 323 2 COVGFMT N # of family members covered by Plan #2

	13,399	.	Inapplicable
	7	-8	Don't know
	2,363		Number reported covered

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

D_COVRX2 325 2 YES1FMT N Plan #2 covers prescribed medicines?

	13,399	.	Inapplicable
	52	-8	Don't know
	595	1	Yes
	1,723	2	No

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

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

D_COVNH2 327 2 YES1FMT N Plan #2 covers stay in nursing home?
 13,399 . Inapplicable
 229 -8 Don't know
 813 1 Yes
 1,328 2 No

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

D_PAYSP2 329 2 YES1FMT N MIP pay any/all cost for Plan #2
 13,399 . Inapplicable
 30 -8 Don't know
 1,756 1 Yes
 584 2 No

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

D_ANAMT2 331 7 PREM_F N Premium MIP pays for Plan #2-Annualized
 14,013 . Inapplicable
 5 -9 Not ascertained
 278 -8 Don't know
 10 -7 Refused
 66 0-100 \$100 or less
 233 100.01-500 \$101-\$500
 190 500.01-1000 \$501-\$1000
 274 1000.01-1500 \$1001-\$1500
 322 1500.01-2000 \$1501-\$2000
 139 2000.01-2500 \$2001-\$2500
 86 2500.01-3000 \$2501-\$3000
 43 3000.01-3500 \$3001-\$3500
 38 3500.01-4000 \$3501-\$4000
 24 4000.01-4500 \$4001-\$4500
 16 4500.01-5000 \$4501-\$5000
 32 Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2 338 2 YES1FMT HI25 N Is Plan #2 an HMO
 13,399 . Inapplicable
 4 -9 Not ascertained
 50 -8 Don't know
 123 1 Yes
 2,193 2 No

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

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

D_OBTNP2 340 2 MIPFMT N How did MIP get Plan #2
 13,399 . Inapplicable
 12 -8 Don't know
 1,187 1 Directly
 189 2 Main insured person's current employer
 767 3 Main insured person's prior employer
 36 4 Union
 6 5 Family business
 65 6 AARP
 91 7 Deceased spouse's employer
 4 8 Deceased spouse's union
 5 9 Fraternal/professional organization
 8 91 Other

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

D_INDUS2 342 2 \$IND2COD C Industry of employer - Plan #2
 13,399 Inapplicable
 1 -7 Refused
 1,339 -9 Not ascertained
 1,030 Industry classification code

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

D_PLLTR2 344 2 \$PLN2LTR C Medicare suppl./Medigap plan letter #2
 14,511 Missing
 33 -8 Don't know
 567 -9 Not ascertained
 486 99 SP reports plan does not have a letter
 172 Plan letter

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

D_COVIP2 346 2 YES1FMT HIS29b N Plan #2 covers some inpatient costs
 13,399 . Inapplicable
 54 -8 Don't know
 940 1 Yes
 1,376 2 No

Notes: Applies if D_TYPPL2 > 0
 First available in 2003

D_COVMD2 348 2 YES1FMT HIS29b N Plan #2 covers some MD/lab visit costs
 13,399 . Inapplicable
 36 -8 Don't know
 991 1 Yes
 1,343 2 No

Notes: Applies if D_TYPPL2 > 0
 First available in 2003

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

DEDUCT2 350 2 RXPLFMT HI22e1b N SP has a Rx deductible - Priv2
 15,290 . Inapplicable
 1 -9 Not ascertained
 28 -8 Don't know
 79 1 Plan covers prescription drugs
 371 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_2 352 6 COSTFMT HI22e1c N Deductible for Rx coverage - Priv2
 15,690 . Inapplicable
 15 -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 358 2 YESNOBRX HI22e1d N SP pays dif amt for gen & brnd Rx - Priv2
 15,290 . Inapplicable
 2 -9 Not ascertained
 66 -8 Don't know
 265 1 Yes
 138 2 No
 8 3 Does not cover brand name RX

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

BRUNIT2 360 3 UNITFMT HI22e1g N Unit of amount paid for brand Rx - Priv2
 15,298 . Inapplicable
 1 -9 Not ascertained
 140 -8 Don't know
 92 1 Percentage
 228 2 Dollars
 10 3 No cost

Notes: If RXDIFAMT = 1 then BRUNIT2 = RXBRUNIT; else BRUNIT2 = RXPLUNIT
 First available in 2004

BRAMT2 363 6 COSTFMT HI22e1g N Amount paid for brand Rx - Priv2
 15,541 . Inapplicable
 228 0.01-999999.99 Amount in dollars

Notes: If RXDIFAMT = 1 then BRAMT2 = RXBRAMT; else BRAMT2 = RXPLAMT
 First available in 2004

BRPCT2 369 5 PCTFMT HI22e1g N Percentage paid for brand Rx - Priv2
 15,677 . Inapplicable
 92 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	374	2	MORELESS	HI22elh			N Brand Rx more/less than \$15 - Priv2
				15,628			. Inapplicable
				1			-9 Not ascertained
				52			-8 Don't know
				68			1 More than \$15
				20			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT2 = -7 or -8) First available in 2004							
GNUNIT2	376	3	UNITFMT	HI22eli			N Unit of amt paid for generic Rx - Priv2
				15,298			. Inapplicable
				1			-9 Not ascertained
				127			-8 Don't know
				79			1 Percentage
				248			2 Dollars
				16			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT2 = RXGNUNIT; else GNUNIT2 = RXPLUNIT First available in 2004							
GNAMT2	379	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv2
				15,521			. Inapplicable
				248		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT2 = RXGNAMT; else GNAMT2 = RXPLAMT First available in 2004							
GNPCT2	385	5	PCTFMT	HI22eli			N Percentage paid for generic Rx - Priv2
				15,690			. Inapplicable
				79			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT2 = RXGNPCT; else GNPCT2 = RXPLPCT First available in 2004							
GNMORL2	390	2	MORELESS	HI22elj			N Generic Rx more/less than \$15 - Priv2
				15,641			. Inapplicable
				1			-9 Not ascertained
				56			-8 Don't know
				44			1 More than \$15
				27			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT2 = -7 or -8) First available in 2004							
LIMIT2	392	2	YES1FMT	HI22elk			N Plan has Rx coverage limit - Priv2
				15,290			. Inapplicable
				2			-9 Not ascertained
				78			-8 Don't know
				29			1 Yes
				370			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_LIM_2	394	6	COSTFMT	HI22e11			N Amount of Rx coverage limit - Priv2
				15,740			. Inapplicable
				9			-8 Don't know
				20		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT2 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE2	400	2	GENHFMT	HI22e1m			N SP rating of Rx coverage - Priv2
				15,290			. Missing
				2			-9 Not ascertained
				15			-8 Don't know
				169			1 Excellent
				143			2 Very good
				116			3 Good
				23			4 Fair
				11			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX2	402	2	RXPLFMT				N Type of drug coverage - Priv2
				13,417			. Inapplicable
				524			1 Plan covers prescription drugs
				1,764			2 Plan does not cover prescription drugs
				64			3 Drug discount card
D_INS2	404	2	INSPLFMT				N Type of insurance plan - Priv2
				13,417			. Inapplicable
				0			0 Other government program
				1,526			1 General insurance
				349			2 Dental only
				41			3 Vision only
				238			4 LTC
				175			5 Rx only
				10			6 Dental/Vision
				6			7 Life insurance
				5			8 Cancer/Dread disease
				2			9 Military/Other
D_TYPPL3	406	2	PLANFMT	HI17			N Type of plan - Plan #3
				15,139			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				630			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 408 2 RELFMT N Policy holder relationship - Plan #3
 15,140 . Inapplicable
 0 -5 Never ask again
 473 1 Sample person
 153 2 Spouse
 0 3 Son
 1 4 Daughter
 0 5 Brother
 0 6 Sister
 0 7 Father
 0 8 Mother
 0 9 Son-in-law
 1 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
 0 91 Other relative
 0 92 Other non-relative

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

D_COVNM3 410 2 COVGFMT N # of family members covered by Plan #3
 15,140 . Inapplicable
 5 -8 Don't know
 624 Number reported covered

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

D_COVRX3 412 2 YES1FMT N Plan #3 covers prescribed medicines?
 15,140 . Inapplicable
 9 -8 Don't know
 136 1 Yes
 484 2 No

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

D_COVNH3 414 2 YES1FMT N Plan #3 covers stay in nursing home?
 15,140 . Inapplicable
 75 -8 Don't know
 135 1 Yes
 419 2 No

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

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

D_PAYSP3 416 2 YES1FMT N MIP pay any/all cost for Plan #3
 15,140 . Inapplicable
 11 -8 Don't know
 440 1 Yes
 178 2 No

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

D_ANAMT3 418 7 PREM_F N Premium MIP pays for Plan #3-Annualized
 15,329 . Inapplicable
 79 -8 Don't know
 1 -7 Refused
 32 0-100 \$100 or less
 67 100.01-500 \$101-\$500
 37 500.01-1000 \$501-\$1000
 65 1000.01-1500 \$1001-\$1500
 85 1500.01-2000 \$1501-\$2000
 33 2000.01-2500 \$2001-\$2500
 15 2500.01-3000 \$2501-\$3000
 9 3000.01-3500 \$3001-\$3500
 7 3500.01-4000 \$3501-\$4000
 3 4000.01-4500 \$4001-\$4500
 3 4500.01-5000 \$4501-\$5000
 4 Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3 425 2 YES1FMT HI25 N Is Plan #3 an HMO
 15,140 . Inapplicable
 16 -8 Don't know
 24 1 Yes
 589 2 No

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

D_OBTNP3 427 2 MIPFMT N How did MIP get Plan #3
 15,140 . Inapplicable
 3 -8 Don't know
 288 1 Directly
 42 2 Main insured person's current employer
 247 3 Main insured person's prior employer
 5 4 Union
 5 5 Family business
 13 6 AARP
 20 7 Deceased spouse's employer
 2 8 Deceased spouse's union
 2 9 Fraternal/professional organization
 2 91 Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS3	429	2	\$IND2COD				C Industry of employer - Plan #3
				15,140			Inapplicable
				320			-9 Not ascertained
				309			Industry classification code
				Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8			
D_PLLTR3	431	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				15,463			Missing
				13			-8 Don't know
				138			-9 Not ascertained
				87			99 SP reports plan does not have a letter
				68			Plan letter
				Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 2000			
D_COVIP3	433	2	YES1FMT		HIS29b		N Plan #3 covers some inpatient costs
				15,140			. Inapplicable
				6			-8 Don't know
				286			1 Yes
				337			2 No
				Notes: Applies if D_TYPPL3 > 0 First available in 2003			
D_COVMD3	435	2	YES1FMT		HIS29b		N Plan #3 covers some MD/lab visit costs
				15,140			. Inapplicable
				4			-8 Don't know
				311			1 Yes
				314			2 No
				Notes: Applies if D_TYPPL3 > 0 First available in 2003			
DEDUCT3	437	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv3
				15,650			. Inapplicable
				9			-8 Don't know
				16			1 Plan covers prescription drugs
				94			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	439	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv3
				15,753			. Inapplicable
				5			-8 Don't know
				11		0.01-999999.99	Amount in dollars
				Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004			

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

DIFAMT3 445 2 YESNOBRX HI22e1d N SP pays dif amt for gen & brnd Rx - Priv3
 15,650 . Inapplicable
 17 -8 Don't know
 1 -7 Refused
 67 1 Yes
 33 2 No
 1 3 Does not cover brand name RX

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

BRUNIT3 447 3 UNITFMT HI22e1g N Unit of amount paid for brand Rx - Priv3
 15,651 . Inapplicable
 35 -8 Don't know
 1 -7 Refused
 16 1 Percentage
 63 2 Dollars
 3 3 No cost

Notes: If RXDIFAMT = 1 then BRUNIT3 = RXBRUNIT; else BRUNIT3 = RXPLUNIT
 First available in 2004

BRAMT3 450 6 COSTFMT HI22e1g N Amount paid for brand Rx - Priv3
 15,706 . Inapplicable
 63 0.01-999999.99 Amount in dollars

Notes: If RXDIFAMT = 1 then BRAMT3 = RXBRAMT; else BRAMT3 = RXPLAMT
 First available in 2004

BRPCT3 456 5 PCTFMT HI22e1g N Percentage paid for brand Rx - Priv3
 15,753 . Inapplicable
 16 1-100 Percentage

Notes: If RXDIFAMT = 1 then BRPCT3 = RXBRPCT; else BRPCT3 = RXPLPCT
 First available in 2004

BRMORL3 461 2 MORELESS HI22e1h N Brand Rx more/less than \$15 - Priv3
 15,733 . Inapplicable
 11 -8 Don't know
 19 1 More than \$15
 6 2 Less than \$15

Notes: Applies if usual cost of Rx was not provided (BRUNIT3 = -7 or -8)
 First available in 2004

GNUNIT3 463 3 UNITFMT HI22e1i N Unit of amt paid for generic Rx - Priv3
 15,651 . Inapplicable
 37 -8 Don't know
 1 -7 Refused
 16 1 Percentage
 61 2 Dollars
 3 3 No cost

Notes: If RXDIFAMT = 1 then GNUNIT3 = RXGNUNIT; else GNUNIT3 = RXPLUNIT
 First available in 2004

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNAMT3	466	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv3
				15,708			. Inapplicable
				61		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT3 = RXGNAMT; else GNAMT3 = RXPLAMT First available in 2004							
GNPCT3	472	5	PCTFMT	HI22eli			N Percentage paid for generic Rx - Priv3
				15,753			. Inapplicable
				16		1-100	Percentage
Notes: If RXDIFAMT = 1 then GNPCT3 = RXGNPCT; else GNPCT3 = RXPLPCT First available in 2004							
GNMORL3	477	2	MORELESS	HI22elj			N Generic Rx more/less than \$15 - Priv3
				15,731			. Inapplicable
				15			-8 Don't know
				13			1 More than \$15
				10			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT3 = -7 or -8) First available in 2004							
LIMIT3	479	2	YES1FMT	HI22elk			N Plan has Rx coverage limit - Priv3
				15,650			. Inapplicable
				19			-8 Don't know
				7			1 Yes
				93			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_3	481	6	COSTFMT	HI22ell			N Amount of Rx coverage limit - Priv3
				15,762			. Inapplicable
				4			-8 Don't know
				3		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT3 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE3	487	2	GENHFMT	HI22elm			N SP rating of Rx coverage - Priv3
				15,650			. Missing
				1			-9 Not ascertained
				6			-8 Don't know
				31			1 Excellent
				46			2 Very good
				27			3 Good
				7			4 Fair
				1			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX3	489	2	RXPLFMT				N Type of drug coverage - Priv3
				15,150			. Inapplicable
				120			1 Plan covers prescription drugs
				486			2 Plan does not cover prescription drugs
				13			3 Drug discount card
D_INS3	491	2	INSPLFMT				N Type of insurance plan - Priv3
				15,150			. Inapplicable
				0			0 Other government program
				387			1 General insurance
				105			2 Dental only
				43			3 Vision only
				27			4 LTC
				53			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				3			8 Cancer/Dread disease
				0			9 Military/Other
D_TYPPL4	493	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,601			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				168			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	495	2	RELFMT				N Policy holder relationship - Plan #4
				15,601			. Inapplicable
				0			-5 Never ask again
				137			1 Sample person
				31			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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM4	497	2	COVGFMT				N # of family members covered by Plan #4
				15,601			. Inapplicable
				2			-8 Don't know
				166			Number reported covered
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_COVRX4	499	2	YES1FMT				N Plan #4 covers prescribed medicines?
				15,601			. Inapplicable
				1			-8 Don't know
				23			1 Yes
				144			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_COVNH4	501	2	YES1FMT				N Plan #4 covers stay in nursing home?
				15,601			. Inapplicable
				31			-8 Don't know
				31			1 Yes
				106			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_PAYSP4	503	2	YES1FMT				N MIP pay any/all cost for Plan #4
				15,601			. Inapplicable
				2			-8 Don't know
				135			1 Yes
				31			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_ANAMT4	505	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				15,634			. Inapplicable
				14			-8 Don't know
				7			0-100 \$100 or less
				14		100.01-500	\$101-\$500
				4		500.01-1000	\$501-\$1000
				26		1000.01-1500	\$1001-\$1500
				48		1500.01-2000	\$1501-\$2000
				12		2000.01-2500	\$2001-\$2500
				3		2500.01-3000	\$2501-\$3000
				2		3000.01-3500	\$3001-\$3500
				3		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
				1			Over \$5000
Note: Applies only if D_PAYSP4 = 1							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOPL4	512	2	YES1FMT		HI25		N Is Plan #4 an HMO
				15,601			. Inapplicable
				5			-8 Don't know
				4			1 Yes
				159			2 No
Note: Applies only if INTERVU = C and D_TYPPL4 = 4							
D_OBTNP4	514	2	MIPFMT				N How did MIP get Plan #4
				15,601			. Inapplicable
				111			1 Directly
				7			2 Main insured person's current employer
				40			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				5			6 AARP
				5			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	516	2	\$IND2COD				C Industry of employer - Plan #4
				15,601			Inapplicable
				119			-9 Not ascertained
				49			Industry classification code
Note: Applies only if D_OBTNP4 = 2, 3, 5, or 8							
D_PLLTR4	518	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #4
				15,653			Missing
				5			-8 Don't know
				56			-9 Not ascertained
				20			99 SP reports plan does not have a letter
				35			Plan letter
Notes: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6 First available in 2000							
D_COVIP4	520	2	YES1FMT		HIS29b		N Plan #4 covers some inpatient costs
				15,601			. Inapplicable
				2			-8 Don't know
				110			1 Yes
				56			2 No
Notes: Applies if D_TYPPL4 > 0 First available in 2003							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVMD4	522	2	YES1FMT		HIS29b		N Plan #4 covers some MD/lab visit costs
				15,601			. Inapplicable
				1			-8 Don't know
				116			1 Yes
				51			2 No
Notes: Applies if D_TYPPL4 > 0 First available in 2003							
DEDUCT4	524	2	RXPLFMT		HI22e1b		N SP has a Rx deductible - Priv4
				15,750			. Inapplicable
				2			-8 Don't know
				2			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	526	6	COSTFMT		HI22e1c		N Deductible for Rx coverage - Priv4
				15,767			. Inapplicable
				2		0.01-999999.99	Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004							
DIFAMT4	532	2	YESNOBRX		HI22e1d		N SP pays dif amt for gen & brnd Rx - Prv4
				15,750			. Inapplicable
				4			-8 Don't know
				7			1 Yes
				8			2 No
				0			3 Does not cover brand name RX
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
BRUNIT4	534	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv4
				15,750			. Inapplicable
				6			-8 Don't know
				3			1 Percentage
				10			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then BRUNIT4 = RXBRUNIT; else BRUNIT4 = RXPLUNIT First available in 2004							
BRAMT4	537	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv4
				15,759			. Inapplicable
				10		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT4 = RXBRAMT; else BRAMT4 = RXPLAMT First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRPCT4	543	5	PCTFMT	HI22elg			N Percentage paid for brand Rx - Priv4
				15,766			. Inapplicable
				3			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT4 = RXBRPCT; else BRPCT4 = RXPLPCT First available in 2004							
BRMORL4	548	2	MORELESS	HI22elh			N Brand Rx more/less than \$15 - Priv4
				15,763			. Inapplicable
				4			-8 Don't know
				2			1 More than \$15
				0			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (BRUNIT4 = -7 or -8) First available in 2004							
GNUNIT4	550	3	UNITFMT	HI22eli			N Unit of amt paid for generic Rx - Priv4
				15,750			. Inapplicable
				6			-8 Don't know
				3			1 Percentage
				10			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT4 = RXGNUNIT; else GNUNIT4 = RXPLUNIT First available in 2004							
GNAMT4	553	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv4
				15,759			. Inapplicable
				10			0.01-999999.99 Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT4 = RXGNAMT; else GNAMT4 = RXPLAMT First available in 2004							
GNPCT4	559	5	PCTFMT	HI22eli			N Percentage paid for generic Rx - Priv4
				15,766			. Inapplicable
				3			1-100 Percentage
Notes: If RXDIFAMT = 1 then GNPCT4 = RXGNPCT; else GNPCT4 = RXPLPCT First available in 2004							
GNMORL4	564	2	MORELESS	HI22elj			N Generic Rx more/less than \$15 - Priv4
				15,763			. Inapplicable
				4			-8 Don't know
				1			1 More than \$15
				1			2 Less than \$15
Notes: Applies if usual cost of Rx was not provided (GNUNIT4 = -7 or -8) First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
LIMIT4	566	2	YES1FMT	HI22e1k			N Plan has Rx coverage limit - Priv4
				15,750			. Inapplicable
				4			-8 Don't know
				0			1 Yes
				15			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_4	568	6	COSTFMT	HI22e1l			N Amount of Rx coverage limit - Priv4
				15,769			. Inapplicable
				0		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT4 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE4	574	2	GENHFMT	HI22e1m			N SP rating of Rx coverage - Priv4
				15,750			. Missing
				2			-8 Don't know
				7			1 Excellent
				6			2 Very good
				3			3 Good
				0			4 Fair
				1			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX4	576	2	RXPLFMT				N Type of drug coverage - Priv4
				15,603			. Inapplicable
				20			1 Plan covers prescription drugs
				143			2 Plan does not cover prescription drugs
				3			3 Drug discount card
D_INS4	578	2	INSPLFMT				N Type of insurance plan - Priv4
				15,603			. Inapplicable
				0			0 Other government program
				130			1 General insurance
				8			2 Dental only
				11			3 Vision only
				5			4 LTC
				12			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/Dread disease
				0			9 Military/Other

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

D_TYPPL5 580 2 PLANFMT HI17 N Type of plan - Plan #5

15,701	.	Inapplicable
0	1	Medicare
0	2	Medicaid
0	3	Public plan
68	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.

D_PHREL5 582 2 RELFMT N Policy holder relationship - Plan #5

15,701	.	Inapplicable
0	-5	Never ask again
57	1	Sample person
11	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 584 2 COVGFMT N # of family members covered by Plan #5

15,701	.	Inapplicable
1	-8	Don't know
67		Number reported covered

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

D_COVRX5 586 2 YES1FMT N Plan #5 covers prescribed medicines?

15,701	.	Inapplicable
5	1	Yes
63	2	No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH5	588	2	YES1FMT				N Plan #5 covers stay in nursing home?
				15,701			. Inapplicable
				18			-8 Don't know
				13			1 Yes
				37			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_PAYSP5	590	2	YES1FMT				N MIP pay any/all cost for Plan #5
				15,701			. Inapplicable
				64			1 Yes
				4			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_ANAMT5	592	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				15,705			. Inapplicable
				4			-8 Don't know
				0		0-100	\$100 or less
				7		100.01-500	\$101-\$500
				1		500.01-1000	\$501-\$1000
				12		1000.01-1500	\$1001-\$1500
				32		1500.01-2000	\$1501-\$2000
				3		2000.01-2500	\$2001-\$2500
				2		2500.01-3000	\$2501-\$3000
				1		3000.01-3500	\$3001-\$3500
				1		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
Note: Applies only if D_PAYSP5 = 1							
D_HMOPL5	599	2	YES1FMT		HI25		N Is Plan #5 an HMO
				15,701			. Inapplicable
				0			1 Yes
				68			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_OBTNP5	601	2	MIPFMT				N How did MIP get Plan #5
				15,701			. Inapplicable
				61			1 Directly
				3			2 Main insured person's current employer
				1			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				1			6 AARP
				2			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							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS5	603	2	\$IND2COD				C Industry of employer - Plan #5
				15,701			Inapplicable
				61			-9 Not ascertained
				7			Industry classification code
Note: Applies only if D_OBTNP5 = 2, 3, 5, or 8							
D_PLLTR5	605	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				15,707			Missing
				5			-8 Don't know
				30			-9 Not ascertained
				6			99 SP reports plan does not have a letter
				21			Plan letter
Notes: Applies only if INTERVU = C, D_TYPPL5 = 4, and D_OBTNP5 = 1, 5, or 6 First available in 2000							
D_COVIP5	607	2	YES1FMT			HIS29b	N Plan #5 covers some inpatient costs
				15,701			. Inapplicable
				59			1 Yes
				9			2 No
Notes: Applies if D_TYPPL5 > 0 First available in 2003							
D_COVMD5	609	2	YES1FMT			HIS29b	N Plan #5 covers some MD/lab visit costs
				15,701			. Inapplicable
				60			1 Yes
				8			2 No
Notes: Applies if D_TYPPL5 > 0 First available in 2003							
DEDUCT5	611	2	RXPLFMT			HI22e1b	N SP has a Rx deductible - Priv5
				15,766			. Inapplicable
				1			1 Plan covers prescription drugs
				2			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	613	6	COSTFMT			HI22e1c	N Deductible for Rx coverage - Priv5
				15,768			. Inapplicable
				1			-8 Don't know
				0		0.01-999999.99	Amount in dollars
Notes: Applies if RXDEDUCT=1. Calculate using RXDEAMT and RXDEUNIT First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DIFAMT5	619	2	YESNOBRX		HI22eid		N SP pays dif amt for gen & brnd Rx - Priv5
				15,766			. Inapplicable
				3			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	621	3	UNITFMT		HI22e1g		N Unit of amount paid for brand Rx - Priv5
				15,766			. Inapplicable
				2			1 Percentage
				1			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then BRUNIT5 = RXBRUNIT; else BRUNIT5 = RXPLUNIT First available in 2004							
BRAMT5	624	6	COSTFMT		HI22e1g		N Amount paid for brand Rx - Priv5
				15,768			. Inapplicable
				1	0.01-999999.99		Amount in dollars
Notes: If RXDIFAMT = 1 then BRAMT5 = RXBRAMT; else BRAMT5 = RXPLAMT First available in 2004							
BRPCT5	630	5	PCTFMT		HI22e1g		N Percentage paid for brand Rx - Priv5
				15,767			. Inapplicable
				2			1-100 Percentage
Notes: If RXDIFAMT = 1 then BRPCT5 = RXBRPCT; else BRPCT5 = RXPLPCT First available in 2004							
BRMORL5	635	2	MORELESS		HI22e1h		N Brand Rx more/less than \$15 - Priv5
				15,769			. Inapplicable
				0			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	637	3	UNITFMT		HI22eli		N Unit of amt paid for generic Rx - Priv5
				15,766			. Inapplicable
				2			1 Percentage
				1			2 Dollars
				0			3 No cost
Notes: If RXDIFAMT = 1 then GNUNIT5 = RXGNUNIT; else GNUNIT5 = RXPLUNIT First available in 2004							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNAMT5	640	6	COSTFMT	HI22eli			N Amount paid for generic Rx - Priv5
				15,768			. Inapplicable
				1		0.01-999999.99	Amount in dollars
Notes: If RXDIFAMT = 1 then GNAMT5 = RXGNAMT; else GNAMT5 = RXPLAMT First available in 2004							
GNPCT5	646	5	PCTFMT	HI22eli			N Percentage paid for generic Rx - Priv5
				15,767			. Inapplicable
				2		1-100	Percentage
Notes: If RXDIFAMT = 1 then GNPCT5 = RXGNPCT; else GNPCT5 = RXPLPCT First available in 2004							
GNMORL5	651	2	MORELESS	HI22elj			N Generic Rx more/less than \$15 - Priv5
				15,769			. Inapplicable
				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							
LIMIT5	653	2	YES1FMT	HI22elk			N Plan has Rx coverage limit - Priv5
				15,766			. Inapplicable
				0			1 Yes
				3			2 No
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_LIM_5	655	6	COSTFMT	HI22ell			N Amount of Rx coverage limit - Priv5
				15,769			. Inapplicable
				0		0.01-999999.99	Amount in dollars
Notes: Applies if LIMIT5 = 1. Calculate using RXLIMAMT and RXLIMUNT First available in 2004							
RATE5	661	2	GENHFMT	HI22elm			N SP rating of Rx coverage - Priv5
				15,766			. Missing
				0			1 Excellent
				2			2 Very good
				1			3 Good
				0			4 Fair
				0			5 Poor
Notes: Applies to Private plans with drug coverage (PRVRXCOV = 1) First available in 2004							
D_RX5	663	2	RXPLFMT				N Type of drug coverage - Priv5
				15,701			. Inapplicable
				3			1 Plan covers prescription drugs
				63			2 Plan does not cover prescription drugs
				2			3 Drug discount card

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INS5	665	2	INSPLFMT				N Type of insurance plan - Priv5
				15,701			. Inapplicable
				0			0 Other government program
				62			1 General insurance
				2			2 Dental only
				2			3 Vision only
				0			4 LTC
				1			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/Dread disease
				0			9 Military/Other