

06/14/05
ACCESS
1995

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
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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
				15,590			LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT				C Type of interview
				14,235			C Community
				1,355			F Facility

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				2,364			1000 Medicare only
				255			1001 Medicare, 1 Public
				10			1002 Medicare, 2 Public
				0			1003 Medicare, 3 Public
				0			1004 Medicare, 4 Public
				7,845			1010 Medicare, 1 Private
				339			1011 Medicare, 1 Private, 1 Public
				11			1012 Medicare, 1 Private, 2 Public
				1			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,350			1020 Medicare, 2 Private
				47			1021 Medicare, 2 Private, 1 Public
				1			1022 Medicare, 2 Private, 2 Public
				1			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				185			1030 Medicare, 3 Private
				0			1031 Medicare, 3 Private, 1 Public
				0			1032 Medicare, 3 Private, 2 Public
				0			1033 Medicare, 3 Private, 3 Public
				0			1034 Medicare, 3 Private, 4 Public
				39			1040 Medicare, 4 Private
				0			1041 Medicare, 4 Private, 1 Public
				0			1042 Medicare, 4 Private, 2 Public
				0			1043 Medicare, 4 Private, 3 Public
				0			1044 Medicare, 4 Private, 4 Public
				5			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				0			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				2			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,665			1100 Medicare, Medicaid
				135			1101 Medicare, Medicaid, 1 Public
				7			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				306			1110 Medicare, Medicaid, 1 Private
				12			1111 Medicare, Medicaid, 1 Private, 1 Public
				0			1112 Medicare, Medicaid, 1 Private, 2 Public
				0			1113 Medicare, Medicaid, 1 Private, 3 Public
				0			1114 Medicare, Medicaid, 1 Private, 4 Public
				8			1120 Medicare, Medicaid, 2 Private
				2			1121 Medicare, Medicaid, 2 Private, 1 Public
				0			1130 Medicare, Medicaid, 3 Private
				0			1131 Medicare, Medicaid, 3 Private, 1 Public
				0			1132 Medicare, Medicaid, 3 Private, 2 Public
				0			1140 Medicare, Medicaid, 4 Private
				0			1141 Medicare, Medicaid, 4 Private, 1 Public
				0			1150 Medicare, Medicaid, 5 Private
MEDICAID	17	1	AIDFMT				N Medicaid eligibility
				12,455			0 Not entitled to Medicaid
				3,135			1 Entitled to Medicaid

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

D_TYPPL1 18 2 PLANFMT HI17 N Type of plan - Plan #1
 5,073 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 10,116 4 Private plan
 401 5 Medicare HMO

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

D_PHREL1 20 2 RELFMT N Policy holder relationship - Plan #1
 5,452 . Inapplicable
 0 -5 Never ask again
 8,501 1 Sample person
 1,548 2 Spouse
 11 3 Son
 14 4 Daughter
 3 5 Brother
 3 6 Sister
 32 7 Father
 17 8 Mother
 1 9 Son-in-law
 1 10 Daughter-in-law
 1 11 Grandson
 0 12 Granddaughter
 0 13 Nephew
 1 14 Niece
 0 50 Partner/roommate
 2 51 Friend/neighbor
 0 52 Boarder
 0 53 Nurse/nurses aide
 0 54 Legal/financial officer
 1 55 Guardian
 0 91 Other relative
 2 92 Other non-relative

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

D_COVNM1 22 2 COVGFMT N # of family members covered by Plan #1
 5,450 . Inapplicable
 4 -9 Not ascertained
 13 -8 Don't know
 10,123 Number reported covered

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

D_COVRX1 24 2 YES1FMT N Plan #1 covers prescribed medicines?
 5,450 . Inapplicable
 2 -9 Not ascertained
 178 -8 Don't know
 1 -7 Refused
 4,889 1 Yes
 5,070 2 No

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

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

D_COVNH1 26 2 YES1FMT N Plan #1 covers stay in nursing home?
 5,450 . Inapplicable
 3 -9 Not ascertained
 2,545 -8 Don't know
 2 -7 Refused
 1,762 1 Yes
 5,828 2 No

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

D_PAYSP1 28 2 YES1FMT N MIP pay any/all cost for Plan #1
 5,450 . Inapplicable
 3 -9 Not ascertained
 129 -8 Don't know
 3 -7 Refused
 7,624 1 Yes
 2,381 2 No

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

D_ANAMT1 30 7 PREM_F N Premium MIP pays for Plan #1-Annualized
 8,880 . Inapplicable
 135 0-100 \$100 or less
 913 100.01-500 \$101-\$500
 2,187 500.01-1000 \$501-\$1000
 1,928 1000.01-1500 \$1001-\$1500
 814 1500.01-2000 \$1501-\$2000
 368 2000.01-2500 \$2001-\$2500
 181 2500.01-3000 \$2501-\$3000
 67 3000.01-3500 \$3001-\$3500
 48 3500.01-4000 \$3501-\$4000
 29 4000.01-4500 \$4001-\$4500
 13 4500.01-5000 \$4501-\$5000
 27 Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1 37 2 YES1FMT HI25 N Is Plan #1 an HMO
 5,486 . Inapplicable
 5 -9 Not ascertained
 141 -8 Don't know
 1,652 1 Yes
 8,306 2 No

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	39	2	MIPFMT				N How did MIP get Plan #1
				5,486			. Inapplicable
				10			-9 Not ascertained
				65			-8 Don't know
				3			-7 Refused
				4,535			1 Directly
				598			2 Main insured person's current employer
				3,499			3 Main insured person's prior employer
				167			4 Union
				71			5 Family business
				520			6 AARP
				452			7 Deceased spouse's employer
				17			8 Deceased spouse's union
				38			9 Fraternal/professional organization
				129			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	41	2	\$IND1COD				C Industry of employer - Plan #1
				11,071			Inapplicable
				2			-7 Refused
				2			-8 Don't know
				30			-9 Not ascertained
				1			A Agriculture, forestry, and fishing
				20			B Mining
				20			C Construction
				51			D Manufacturing
				9			E Transportation and public utilities
				4			F Wholesale trade
				16			G Retail trade
				10			H Finance, insurance, and real estate
				6			I Services
				179			J Public administration
				161			K Nonclassifiable establishments
				11			01 Agricultural production - crops
				8			02 Agricultural production - livestock
				6			07 Agricultural services
				4			08 Forestry
				0			09 Fishing, hunting, and trapping
				3			10 Metal mining
				29			12 Coal mining
				23			13 Oil and gas extraction
				4			14 Nonmetallic minerals, except fuels
				11			15 General building contractors
				8			16 Heavy construction, excluding building
				36			17 Special trade contractors
				99			20 Food and kindred products
				3			21 Tobacco products
				41			22 Textile mill products
				29			23 Apparel and other textile products
				13			24 Lumber and wood products
				21			25 Furniture and fixtures
				32			26 Paper and allied products
				28			27 Printing and publishing
				101			28 Chemicals and allied products
				56			29 Petroleum and coal products
				34			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				29			32 Stone, clay, and glass products
				170			33 Primary metal industries
				65			34 Fabricated metal products
				109			35 Industrial machinery and equipment
				83			36 Electronic & other electric equipment
				303			37 Transportation equipment
				16			38 Instruments and related products
				10			39 Miscellaneous manufacturing industries
				63			40 Railroad transportation
				15			41 Local and interurban passenger transit
				13			42 Trucking and warehousing
				138			43 U.S. Postal Service
				14			44 Water transportation
				19			45 Transportation by air
				2			46 Pipelines, except natural gas
				5			47 Transportation services
				157			48 Communications
				138			49 Electric, gas, and sanitary services
				15			50 Wholesale trade - durable goods
				11			51 Wholesale trade - nondurable goods
				7			52 Building materials & garden supplies
				54			53 General merchandise stores
				27			54 Food stores

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				19			55 Automotive dealers & service stations
				7			56 Apparel and accessory stores
				7			57 Furniture and home furnishings stores
				19			58 Eating and drinking places
				26			59 Miscellaneous retail
				84			60 Depository institutions
				2			61 Nondepository institutions
				5			62 Security and commodity brokers
				92			63 Insurance carriers
				14			64 Insurance agents, brokers, and services
				11			65 Real estate
				1			67 Holding and other investment offices
				11			70 Hotels and other lodging places
				10			72 Personal services
				37			73 Business services
				7			75 Auto repair, services, and parking
				5			76 Miscellaneous repair services
				7			78 Motion pictures
				12			79 Amusement & recreation services
				182			80 Health services
				13			81 Legal services
				578			82 Educational services
				23			83 Social services
				0			84 Museums, botanical, zoological gardens
				60			86 Membership organizations
				39			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				277			91 Executive, legislative, and general
				103			92 Justice, public order, and safety
				21			93 Finance, taxation, & monetary policy
				46			94 Administration of Human Resources
				37			95 Environmental quality and housing
				49			96 Administration of economic programs
				138			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

D_TYPPL2	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				13,905			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,673			4 Private plan
				12			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 1 plan.

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

D_PHREL2 45 2 RELFMT N Policy holder relationship - Plan #2

13,917	.	Inapplicable
0	-5	Never ask again
1,386	1	Sample person
279	2	Spouse
2	3	Son
0	4	Daughter
0	5	Brother
0	6	Sister
2	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 47 2 COVGFMT N # of family members covered by Plan #2

13,917	.	Inapplicable
1	-9	Not ascertained
6	-8	Don't know
1,666		Number reported covered

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

D_COVRX2 49 2 YES1FMT N Plan #2 covers prescribed medicines?

13,917	.	Inapplicable
78	-8	Don't know
537	1	Yes
1,058	2	No

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

D_COVNH2 51 2 YES1FMT N Plan #2 covers stay in nursing home?

13,917	.	Inapplicable
191	-8	Don't know
397	1	Yes
1,085	2	No

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

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

D_PAYSP2 53 2 YES1FMT N MIP pay any/all cost for Plan #2

13,917	.	Inapplicable
1	-9	Not ascertained
26	-8	Don't know
1,069	1	Yes
577	2	No

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

D_ANAMT2 55 7 PREM_F N Premium MIP pays for Plan #2-Annualized

14,671	.	Inapplicable
104	0-100	\$100 or less
315	100.01-500	\$101-\$500
209	500.01-1000	\$501-\$1000
126	1000.01-1500	\$1001-\$1500
69	1500.01-2000	\$1501-\$2000
47	2000.01-2500	\$2001-\$2500
22	2500.01-3000	\$2501-\$3000
15	3000.01-3500	\$3001-\$3500
8	3500.01-4000	\$3501-\$4000
1	4000.01-4500	\$4001-\$4500
1	4500.01-5000	\$4501-\$5000
2		Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2 62 2 YES1FMT HI25 N Is Plan #2 an HMO

13,917	.	Inapplicable
8	-9	Not ascertained
21	-8	Don't know
141	1	Yes
1,503	2	No

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

D_OBTNP2 64 2 MIPFMT N How did MIP get Plan #2

13,917	.	Inapplicable
6	-9	Not ascertained
7	-8	Don't know
784	1	Directly
101	2	Main insured person's current employer
564	3	Main insured person's prior employer
43	4	Union
4	5	Family business
74	6	AARP
64	7	Deceased spouse's employer
2	8	Deceased spouse's union
3	9	Fraternal/professional organization
21	91	Other

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

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

D_INDUS2 66 2 \$IND2COD C Industry of employer - Plan #2
 14,870 Inapplicable
 4 -9 Not ascertained
 716 Industry classification code

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

D_TYPPL3 68 2 PLANFMT HI17 N Type of plan - Plan #3
 15,355 . Inapplicable
 0 1 Medicare
 0 2 Medicaid
 0 3 Public plan
 234 4 Private plan
 1 5 Medicare HMO

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

D_PHREL3 70 2 RELFMT N Policy holder relationship - Plan #3
 15,355 . Inapplicable
 0 -5 Never ask again
 186 1 Sample person
 49 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_TYPPL3 = 4

D_COVNM3 72 2 COVGFMT N # of family members covered by Plan #3
 15,355 . Inapplicable
 2 -8 Don't know
 233 Number reported covered

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX3	74	2	YES1FMT	15,355			N Plan #3 covers prescribed medicines?
				8			. Inapplicable
				71			-8 Don't know
				156			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_COVNH3	76	2	YES1FMT	15,355			N Plan #3 covers stay in nursing home?
				16			. Inapplicable
				24			-8 Don't know
				195			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_PAYSP3	78	2	YES1FMT	15,355			N MIP pay any/all cost for Plan #3
				3			. Inapplicable
				116			-8 Don't know
				116			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_ANAMT3	80	7	PREM_F	15,495			N Premium MIP pays for Plan #3-Annualized
				17		0-100	\$100 or less
				39		100.01-500	\$101-\$500
				21		500.01-1000	\$501-\$1000
				11		1000.01-1500	\$1001-\$1500
				4		1500.01-2000	\$1501-\$2000
				2		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
				1			Over \$5000
Note: Applies only if D_PAYSP3 = 1							
D_HMOPL3	87	2	YES1FMT	15,355	HI25		N Is Plan #3 an HMO
				1			. Inapplicable
				5			-9 Not ascertained
				14			-8 Don't know
				215			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP3	89	2	MIPFMT				N How did MIP get Plan #3
				15,355			. Inapplicable
				1			-9 Not ascertained
				70			1 Directly
				18			2 Main insured person's current employer
				115			3 Main insured person's prior employer
				10			4 Union
				1			5 Family business
				4			6 AARP
				11			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				4			91 Other

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

D_INDUS3	91	2	\$IND2COD				C Industry of employer - Plan #3
				15,448			Inapplicable
				1			-9 Not ascertained
				141			Industry classification code

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

D_TYPPL4	93	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,540			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				48			4 Private plan
				2			5 Medicare HMO

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	95	2	RELFMT				N Policy holder relationship - Plan #4
				15,540			. Inapplicable
				0			-5 Never ask again
				41			1 Sample person
				9			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	97	2	COVGFMT				N # of family members covered by Plan #4
				15,540			. Inapplicable
				50			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	99	2	YES1FMT				N Plan #4 covers prescribed medicines?
				15,540			. Inapplicable
				1			-8 Don't know
				7			1 Yes
				42			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	101	2	YES1FMT				N Plan #4 covers stay in nursing home?
				15,540			. Inapplicable
				2			-8 Don't know
				9			1 Yes
				39			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	103	2	YES1FMT				N MIP pay any/all cost for Plan #4
				15,540			. Inapplicable
				21			1 Yes
				29			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4

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D_ANAMT4 105 7 PREM_F N Premium MIP pays for Plan #4-Annualized

15,570	.	Inapplicable
2	0-100	\$100 or less
5	100.01-500	\$101-\$500
4	500.01-1000	\$501-\$1000
1	1000.01-1500	\$1001-\$1500
3	1500.01-2000	\$1501-\$2000
2	2000.01-2500	\$2001-\$2500
1	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
2		Over \$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4 112 2 YES1FMT HI25 N Is Plan #4 an HMO

15,540	.	Inapplicable
6	1	Yes
44	2	No

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

D_OBTNP4 114 2 MIPFMT N How did MIP get Plan #4

15,540	.	Inapplicable
1	-8	Don't know
16	1	Directly
1	2	Main insured person's current employer
23	3	Main insured person's prior employer
2	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
4	91	Other

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

D_INDUS4 116 2 \$IND2COD C Industry of employer - Plan #4

15,564		Inapplicable
26		Industry classification code

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

D_TYPPL5 118 2 PLANFMT HI17 N Type of plan - Plan #5

15,583	.	Inapplicable
0	1	Medicare
0	2	Medicaid
0	3	Public plan
7	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.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	120	2	RELFMT	15,583			N Policy holder relationship - Plan #5
				0			. Inapplicable
				4			-5 Never ask again
				3			1 Sample person
				0			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	122	2	COVGFMT	15,583			N # of family members covered by Plan #5
				7			. Inapplicable
							Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	124	2	YES1FMT	15,583			N Plan #5 covers prescribed medicines?
				0			. Inapplicable
				7			1 Yes
							2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	126	2	YES1FMT	15,583			N Plan #5 covers stay in nursing home?
				1			. Inapplicable
				6			1 Yes
							2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	128	2	YES1FMT	15,583			N MIP pay any/all cost for Plan #5
				4			. Inapplicable
				3			1 Yes
							2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4

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

D_ANAMT5 130 7 PREM_F N Premium MIP pays for Plan #5-Annualized
 15,586 . Inapplicable
 1 0-100 \$100 or less
 1 100.01-500 \$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: Applies only if D_PAYSP5 = 1

D_HMOPL5 137 2 YES1FMT HI25 N Is Plan #5 an HMO
 15,583 . Inapplicable
 0 1 Yes
 7 2 No

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

D_OBTNP5 139 2 MIPFMT N How did MIP get Plan #5
 15,583 . Inapplicable
 3 1 Directly
 0 2 Main insured person's current employer
 2 3 Main insured person's prior employer
 2 4 Union
 0 5 Family business
 0 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 141 2 \$IND2COD C Industry of employer - Plan #5
 15,588 Inapplicable
 2 Industry classification code

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