

10/22/04  
ACCESS  
1997

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 1  
Version: 1

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

RIC	1	2				C Record Identification Code
VERSION	3	1				C Version Number
BASEID	4	8	\$BSIDFMT			C Unique SP Identification Number
				18,330		LOW-HIGH BASEID Count
INTERVU	12	1	\$INTRFMT			C Type of interview
				17,078		C Community
				1,252		F Facility

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				4,996			1000 Medicare only
				399			1001 Medicare, 1 Public
				14			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				1			1004 Medicare, 4 Public
				7,937			1010 Medicare, 1 Private
				337			1011 Medicare, 1 Private, 1 Public
				10			1012 Medicare, 1 Private, 2 Public
				0			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,373			1020 Medicare, 2 Private
				27			1021 Medicare, 2 Private, 1 Public
				0			1022 Medicare, 2 Private, 2 Public
				0			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				227			1030 Medicare, 3 Private
				6			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
				26			1040 Medicare, 4 Private
				2			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
				9			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				2			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				0			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,431			1100 Medicare, Medicaid
				265			1101 Medicare, Medicaid, 1 Public
				8			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				216			1110 Medicare, Medicaid, 1 Private
				31			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
				7			1120 Medicare, Medicaid, 2 Private
				5			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
				15,367			0 Not entitled to Medicaid
				2,963			1 Entitled to Medicaid

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOTYP	18	2	\$PLNFMT				C Type of Medicare HMO
				14,616			No enrollment
				195			01 Health care prepayment plan
				29			02 Cost HMO
				3,490			06 Risk HMO
D_HMOCOV	20	2	COVFMT				N SP covered by Medicare HMO at anytime?
				14,459			0 No enrollment
				3,871			1 Some enrollment
D_HMOCUR	22	2	CURFMT				N Is SP now enrolled in Medicare Risk HMO?
				3,714			1 Currently enrolled
				14,616			2 Not currently enrolled
MHMORX	24	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				14,405			. Inapplicable
				7			-9 Not ascertained
				43			-8 Don't know
				3,371			1 Yes
				504			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMODENT	26	2	YES1FMT				N Does Medicare HMO plan cover dental?
				14,405			. Inapplicable
				6			-9 Not ascertained
				265			-8 Don't know
				1,949			1 Yes
				1,705			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOEYE	28	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				14,405			. Inapplicable
				6			-9 Not ascertained
				178			-8 Don't know
				1			-7 Refused
				2,936			1 Yes
				804			2 No
				Note: Applies only if INTERVU = C and D_MCRHMO = 1 or 3			
MHMOPCAR	30	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				14,405			. Inapplicable
				6			-9 Not ascertained
				183			-8 Don't know
				3,594			1 Yes
				142			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 32 2 YES1FMT N Does Mcare HMO plan cover nursing home?  
 14,405 . Inapplicable  
 6 -9 Not ascertained  
 1,269 -8 Don't know  
 4 -7 Refused  
 625 1 Yes  
 2,021 2 No

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

MHMOPAY 34 2 YES1FMT N Does SP pay additional for HMO coverage?  
 14,405 . Inapplicable  
 11 -9 Not ascertained  
 55 -8 Don't know  
 1,033 1 Yes  
 2,826 2 No

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

D\_ANHMO 36 8 PREM\_F N Annual additional cost for MHMO coverage  
 17,362 . Inapplicable  
 14 0-100 \$100 or less  
 593 100.01-500 \$101-\$500  
 207 500.01-1000 \$501-\$1000  
 87 1000.01-1500 \$1001-\$1500  
 33 1500.01-2000 \$1501-\$2000  
 19 2000.01-2500 \$2001-\$2500  
 10 2500.01-3000 \$2501-\$3000  
 2 3000.01-3500 \$3001-\$3500  
 2 3500.01-4000 \$3501-\$4000  
 0 4000.01-4500 \$4001-\$4500  
 1 4500.01-5000 \$4501-\$5000

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

D\_TYPL1 44 2 PLANFMT HI17 N Type of plan - Plan #1  
 8,115 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 10,215 4 Private plan  
 0 5 Medicare HMO

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

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 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_PHREL1 46 2 RELFMT N Policy holder relationship - Plan #1

8,451	.	Inapplicable
0	-5	Never ask again
8,150	1	Sample person
1,664	2	Spouse
4	3	Son
12	4	Daughter
2	5	Brother
1	6	Sister
18	7	Father
19	8	Mother
4	9	Son-in-law
1	10	Daughter-in-law
0	11	Grandson
0	12	Granddaughter
0	13	Nephew
1	14	Niece
0	50	Partner/roommate
0	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 48 2 COVGFMT N # of family members covered by Plan #1

8,451	.	Inapplicable
5	-9	Not ascertained
7	-8	Don't know
9,867		Number reported covered

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

D\_COVRX1 50 2 YES1FMT N Plan #1 covers prescribed medicines?

8,451	.	Inapplicable
6	-9	Not ascertained
208	-8	Don't know
1	-7	Refused
4,932	1	Yes
4,732	2	No

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

D\_COVNH1 52 2 YES1FMT N Plan #1 covers stay in nursing home?

8,451	.	Inapplicable
5	-9	Not ascertained
2,652	-8	Don't know
1	-7	Refused
1,886	1	Yes
5,335	2	No

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

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_PAYSP1 54 2 YES1FMT N MIP pay any/all cost for Plan #1  
 8,450 . Inapplicable  
 5 -9 Not ascertained  
 126 -8 Don't know  
 1 -7 Refused  
 7,532 1 Yes  
 2,216 2 No

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

D\_ANAMT1 56 7 PREM\_F N Premium MIP pays for Plan #1-Annualized  
 11,954 . Inapplicable  
 139 0-100 \$100 or less  
 688 100.01-500 \$101-\$500  
 1,404 500.01-1000 \$501-\$1000  
 2,213 1000.01-1500 \$1001-\$1500  
 914 1500.01-2000 \$1501-\$2000  
 496 2000.01-2500 \$2001-\$2500  
 227 2500.01-3000 \$2501-\$3000  
 123 3000.01-3500 \$3001-\$3500  
 81 3500.01-4000 \$3501-\$4000  
 43 4000.01-4500 \$4001-\$4500  
 19 4500.01-5000 \$4501-\$5000  
 29 Over \$5000

Note: Applies only if D\_PAYSP1 = 1

D\_HMOPL1 63 2 YES1FMT HI25 N Is Plan #1 an HMO  
 8,465 . Inapplicable  
 7 -9 Not ascertained  
 116 -8 Don't know  
 711 1 Yes  
 9,031 2 No

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

D\_OBTNP1 65 2 MIPFMT N How did MIP get Plan #1  
 8,465 . Inapplicable  
 11 -9 Not ascertained  
 54 -8 Don't know  
 1 -7 Refused  
 3,985 1 Directly  
 599 2 Main insured person's current employer  
 3,779 3 Main insured person's prior employer  
 156 4 Union  
 60 5 Family business  
 423 6 AARP  
 596 7 Deceased spouse's employer  
 24 8 Deceased spouse's union  
 92 9 Fraternal/professional organization  
 85 91 Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	67	2	\$IND1COD				C Industry of employer - Plan #1
				13,327			Inapplicable
				2			A Agriculture, forestry, and fishing
				16			B Mining
				17			C Construction
				49			D Manufacturing
				3			E Transportation and public utilities
				4			F Wholesale trade
				17			G Retail trade
				6			H Finance, insurance, and real estate
				5			I Services
				376			J Public administration
				105			K Nonclassifiable establishments
				7			01 Agricultural production - crops
				7			02 Agricultural production - livestock
				6			07 Agricultural services
				4			08 Forestry
				1			09 Fishing, hunting, and trapping
				3			10 Metal mining
				24			12 Coal mining
				35			13 Oil and gas extraction
				2			14 Nonmetallic minerals, except fuels
				13			15 General building contractors
				6			16 Heavy construction, excluding building
				46			17 Special trade contractors
				83			20 Food and kindred products
				2			21 Tobacco products
				34			22 Textile mill products
				27			23 Apparel and other textile products
				9			24 Lumber and wood products
				17			25 Furniture and fixtures
				36			26 Paper and allied products
				49			27 Printing and publishing
				134			28 Chemicals and allied products
				90			29 Petroleum and coal products
				46			30 Rubber and misc. plastics products
				4			31 Leather and leather products
				27			32 Stone, clay, and glass products
				183			33 Primary metal industries
				77			34 Fabricated metal products
				129			35 Industrial machinery and equipment
				116			36 Electronic & other electric equipment
				355			37 Transportation equipment
				13			38 Instruments and related products
				14			39 Miscellaneous manufacturing industries
				76			40 Railroad transportation
				16			41 Local and interurban passenger transit
				16			42 Trucking and warehousing
				158			43 U.S. Postal Service
				11			44 Water transportation
				23			45 Transportation by air
				0			46 Pipelines, except natural gas
				3			47 Transportation services
				185			48 Communications
				159			49 Electric, gas, and sanitary services
				21			50 Wholesale trade - durable goods
				19			51 Wholesale trade - nondurable goods
				10			52 Building materials & garden supplies
				51			53 General merchandise stores
				33			54 Food stores
				23			55 Automotive dealers & service stations
				5			56 Apparel and accessory stores

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				6			57 Furniture and home furnishings stores
				9			58 Eating and drinking places
				27			59 Miscellaneous retail
				78			60 Depository institutions
				4			61 Nondepository institutions
				9			62 Security and commodity brokers
				130			63 Insurance carriers
				4			64 Insurance agents, brokers, and services
				12			65 Real estate
				0			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				14			72 Personal services
				29			73 Business services
				10			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				4			78 Motion pictures
				18			79 Amusement & recreation services
				184			80 Health services
				11			81 Legal services
				624			82 Educational services
				18			83 Social services
				1			84 Museums, botanical, zoological gardens
				97			86 Membership organizations
				59			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				177			91 Executive, legislative, and general
				116			92 Justice, public order, and safety
				31			93 Finance, taxation, & monetary policy
				58			94 Administration of Human Resources
				36			95 Environmental quality and housing
				43			96 Administration of economic programs
				174			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
				16,646			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,684			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.

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D_PHREL2	71	2	RELFMT			N Policy holder relationship - Plan #2
				16,689		. Inapplicable
				0		-5 Never ask again
				1,359		1 Sample person
				278		2 Spouse
				0		3 Son
				0		4 Daughter
				0		5 Brother
				1		6 Sister
				3		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\_TYPPL2 = 4

D_COVNM2	73	2	COVGFMT			N # of family members covered by Plan #2
				16,689		. Inapplicable
				4		-9 Not ascertained
				1		-8 Don't know
				1,636		Number reported covered

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

D_COVRX2	75	2	YES1FMT			N Plan #2 covers prescribed medicines?
				16,689		. Inapplicable
				2		-9 Not ascertained
				79		-8 Don't know
				533		1 Yes
				1,027		2 No

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

D_COVNH2	77	2	YES1FMT			N Plan #2 covers stay in nursing home?
				16,689		. Inapplicable
				1		-9 Not ascertained
				152		-8 Don't know
				502		1 Yes
				986		2 No

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

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

D\_PAYSP2 79 2 YES1FMT N MIP pay any/all cost for Plan #2  
 16,689 . Inapplicable  
 1 -9 Not ascertained  
 28 -8 Don't know  
 1,086 1 Yes  
 526 2 No

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

D\_ANAMT2 81 7 PREM\_F N Premium MIP pays for Plan #2-Annualized  
 17,424 . Inapplicable  
 107 0-100 \$100 or less  
 246 100.01-500 \$101-\$500  
 202 500.01-1000 \$501-\$1000  
 153 1000.01-1500 \$1001-\$1500  
 79 1500.01-2000 \$1501-\$2000  
 39 2000.01-2500 \$2001-\$2500  
 27 2500.01-3000 \$2501-\$3000  
 17 3000.01-3500 \$3001-\$3500  
 16 3500.01-4000 \$3501-\$4000  
 5 4000.01-4500 \$4001-\$4500  
 6 4500.01-5000 \$4501-\$5000  
 9 Over \$5000

Note: Applies only if D\_PAYSP2 = 1

D\_HMOPL2 88 2 YES1FMT HI25 N Is Plan #2 an HMO  
 16,691 . Inapplicable  
 8 -9 Not ascertained  
 19 -8 Don't know  
 56 1 Yes  
 1,556 2 No

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

D\_OBTNP2 90 2 MIPFMT N How did MIP get Plan #2  
 16,691 . Inapplicable  
 8 -9 Not ascertained  
 7 -8 Don't know  
 784 1 Directly  
 100 2 Main insured person's current employer  
 527 3 Main insured person's prior employer  
 29 4 Union  
 5 5 Family business  
 43 6 AARP  
 85 7 Deceased spouse's employer  
 3 8 Deceased spouse's union  
 20 9 Fraternal/professional organization  
 28 91 Other

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\_INDUS2 92 2 \$IND2COD C Industry of employer - Plan #2  
 17,617 Inapplicable  
 713 Industry classification code

Note: Applies only if D\_OBTNP2 = 2, 3, 5, or 8

D\_TYPL3 94 2 PLANFMT HI17 N Type of plan - Plan #3  
 18,058 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 272 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.

D\_PHREL3 96 2 RELFMT N Policy holder relationship - Plan #3  
 18,063 . Inapplicable  
 0 -5 Never ask again  
 217 1 Sample person  
 48 2 Spouse  
 0 3 Son  
 2 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\_TYPL3 = 4

D\_COVNM3 98 2 COVGFMT N # of family members covered by Plan #3  
 18,063 . Inapplicable  
 1 -8 Don't know  
 266 Number reported covered

Note: Applies only if INTERVU = C and D\_TYPL3 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX3	100	2	YES1FMT				N Plan #3 covers prescribed medicines?
				18,063			. Inapplicable
				17			-8 Don't know
				85			1 Yes
				165			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_COVNH3	102	2	YES1FMT				N Plan #3 covers stay in nursing home?
				18,063			. Inapplicable
				21			-8 Don't know
				46			1 Yes
				200			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_PAYSP3	104	2	YES1FMT				N MIP pay any/all cost for Plan #3
				18,063			. Inapplicable
				9			-8 Don't know
				130			1 Yes
				128			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							
D_ANAMT3	106	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				18,222			. Inapplicable
				16		0-100	\$100 or less
				46		100.01-500	\$101-\$500
				19		500.01-1000	\$501-\$1000
				13		1000.01-1500	\$1001-\$1500
				4		1500.01-2000	\$1501-\$2000
				3		2000.01-2500	\$2001-\$2500
				3		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				1		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				2		4500.01-5000	\$4501-\$5000
				1			Over \$5000
Note: Applies only if D_PAYSP3 = 1							
D_HMOPL3	113	2	YES1FMT		HI25		N Is Plan #3 an HMO
				18,063			. Inapplicable
				5			-8 Don't know
				5			1 Yes
				257			2 No
Note: Applies only if INTERVU = C and D_TYPPL3 = 4							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP3	115	2	MIPFMT				N How did MIP get Plan #3
				18,063			. Inapplicable
				1			-9 Not ascertained
				84			1 Directly
				16			2 Main insured person's current employer
				129			3 Main insured person's prior employer
				6			4 Union
				1			5 Family business
				6			6 AARP
				16			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				6			9 Fraternal/professional organization
				1			91 Other

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

D_INDUS3	117	2	\$IND2COD				C Industry of employer - Plan #3
				18,168			Inapplicable
				162			Industry classification code

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

D_TYPPL4	119	2	PLANFMT		HI17		N Type of plan - Plan #4
				18,291			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				39			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.

Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_PHREL4 121 2 RELFMT N Policy holder relationship - Plan #4

	18,291	.	Inapplicable
	0	-5	Never ask again
	33	1	Sample person
	6	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 123 2 COVGFMT N # of family members covered by Plan #4

	18,291	.	Inapplicable
	39		Number reported covered

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

D\_COVRX4 125 2 YES1FMT N Plan #4 covers prescribed medicines?

	18,291	.	Inapplicable
	2	-8	Don't know
	10	1	Yes
	27	2	No

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

D\_COVNH4 127 2 YES1FMT N Plan #4 covers stay in nursing home?

	18,291	.	Inapplicable
	3	-8	Don't know
	7	1	Yes
	29	2	No

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

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 Variable Col Len Format Frequency ComQues# FacQues# Variable Type & Label  
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D\_PAYSP4 129 2 YES1FMT N MIP pay any/all cost for Plan #4  
 18,291 . Inapplicable  
 2 -8 Don't know  
 17 1 Yes  
 20 2 No

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

D\_ANAMT4 131 7 PREM\_F N Premium MIP pays for Plan #4-Annualized  
 18,317 . Inapplicable  
 5 0-100 \$100 or less  
 3 100.01-500 \$101-\$500  
 3 500.01-1000 \$501-\$1000  
 2 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\_PAYSP4 = 1

D\_HMOPL4 138 2 YES1FMT HI25 N Is Plan #4 an HMO  
 18,291 . Inapplicable  
 1 1 Yes  
 38 2 No

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

D\_OBTNP4 140 2 MIPFMT N How did MIP get Plan #4  
 18,291 . Inapplicable  
 11 1 Directly  
 1 2 Main insured person's current employer  
 21 3 Main insured person's prior employer  
 1 4 Union  
 1 5 Family business  
 0 6 AARP  
 4 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 142 2 \$IND2COD C Industry of employer - Plan #4  
 18,304 Inapplicable  
 26 Industry classification code

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

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

D\_TYPPL5 144 2 PLANFMT HI17 N Type of plan - Plan #5  
 18,319 . Inapplicable  
 0 1 Medicare  
 0 2 Medicaid  
 0 3 Public plan  
 11 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 146 2 RELFMT N Policy holder relationship - Plan #5  
 18,319 . Inapplicable  
 0 -5 Never ask again  
 9 1 Sample person  
 2 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 148 2 COVGFMT N # of family members covered by Plan #5  
 18,319 . Inapplicable  
 11 Number reported covered

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

D\_COVRX5 150 2 YES1FMT N Plan #5 covers prescribed medicines?  
 18,319 . Inapplicable  
 3 1 Yes  
 8 2 No

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH5	152	2	YES1FMT	18,319			N Plan #5 covers stay in nursing home?
				2			. Inapplicable
				9			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_PAYSP5	154	2	YES1FMT	18,319			N MIP pay any/all cost for Plan #5
				6			. Inapplicable
				5			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_ANAMT5	156	7	PREM_F	18,324			N Premium MIP pays for Plan #5-Annualized
				3			. Inapplicable
				1	0-100	\$100 or less	
				0	100.01-500	\$101-\$500	
				0	500.01-1000	\$501-\$1000	
				0	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	
Note: Applies only if D_PAYSP5 = 1							
D_HMOPL5	163	2	YES1FMT	18,319	HI25		N Is Plan #5 an HMO
				0			. Inapplicable
				11			1 Yes
							2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_OBTNP5	165	2	MIPFMT	18,319			N How did MIP get Plan #5
				2			. Inapplicable
				1			1 Directly
				5			2 Main insured person's current employer
				0			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			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_TYPPL5 = 4							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS5	167	2	\$IND2COD	18,321 9			C Industry of employer - Plan #5 Inapplicable Industry classification code

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