

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

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
RIC	1	1					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT	12,079			C Unique SP Identification Number LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG	324 392 107 11,256			C Medicare coverage - Jan 0 No entitlement 1 Part A only 2 Part B only 3 Both A and B
D_CAID1	13	1	\$SRC2FMT	9,394 395 265 2,025			C Source of Medicaid coverage status - Jan 0 No entitlement 1 Survey data only 2 CMS administrative data only 3 Both survey and administrative data
D_PHI1	14	1	\$PHIFMT	5,588 3,145 2,662 533 151			C Private health insurance coverage - Jan 0 No entitlement 1 Employer-sponsored insurance (ESI) 2 Self-purchased 3 Both ESI and self-purchased 4 Facility respondent, type unknown
D_HMO1	15	1	\$HMOFMT	9,781 771 1,411 116			C HMO coverage - Jan 0 No coverage 1 Private coverage 2 Medicare coverage 3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT	11,411 642 24 2 0			C Number of other plans - Jan 0 No other plans 1 1 other plan 2 2 other plans 3 3 other plans 4 4 other plans
D_CARE2	17	1	\$MEDCOVG	352 392 107 11,228			C Medicare coverage - Feb 0 No entitlement 1 Part A only 2 Part B only 3 Both A and B
D_CAID2	18	1	\$SRC2FMT	9,401 393 264 2,021			C Source of Medicaid coverage status - Feb 0 No entitlement 1 Survey data only 2 CMS administrative data only 3 Both survey and administrative data

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI2	19	1	\$PHIFMT				C Private health insurance coverage - Feb
				5,576			0 No entitlement
				3,130			1 Employer-sponsored insurance (ESI)
				2,667			2 Self-purchased
				544			3 Both ESI and self-purchased
				162			4 Facility respondent, type unknown
D_HMO2	20	1	\$HMOFMT				C HMO coverage - Feb
				9,799			0 No coverage
				755			1 Private coverage
				1,422			2 Medicare coverage
				103			3 Both Medicare and private coverage
D_OTH2	21	1	\$OTHFMT				C Number of other plans - Feb
				11,393			0 No other plans
				659			1 1 other plan
				25			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE3	22	1	\$MEDCOVG				C Medicare coverage - Mar
				384			0 No entitlement
				392			1 Part A only
				106			2 Part B only
				11,197			3 Both A and B
D_CAID3	23	1	\$SRC2FMT				C Source of Medicaid coverage status - Mar
				9,392			0 No entitlement
				401			1 Survey data only
				265			2 CMS administrative data only
				2,021			3 Both survey and administrative data
D_PHI3	24	1	\$PHIFMT				C Private health insurance coverage - Mar
				5,578			0 No entitlement
				3,113			1 Employer-sponsored insurance (ESI)
				2,670			2 Self-purchased
				551			3 Both ESI and self-purchased
				167			4 Facility respondent, type unknown
D_HMO3	25	1	\$HMOFMT				C HMO coverage - Mar
				9,824			0 No coverage
				738			1 Private coverage
				1,421			2 Medicare coverage
				96			3 Both Medicare and private coverage
D_OTH3	26	1	\$OTHFMT				C Number of other plans - Mar
				11,387			0 No other plans
				663			1 1 other plan
				26			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE4	27	1	\$MEDCOVG				C Medicare coverage - Apr
				426			0 No entitlement
				390			1 Part A only
				105			2 Part B only
				11,158			3 Both A and B
D_CAID4	28	1	\$SRC2FMT				C Source of Medicaid coverage status - Apr
				9,396			0 No entitlement
				402			1 Survey data only
				268			2 CMS administrative data only
				2,013			3 Both survey and administrative data
D_PHI4	29	1	\$PHIFMT				C Private health insurance coverage - Apr
				5,587			0 No entitlement
				3,106			1 Employer-sponsored insurance (ESI)
				2,667			2 Self-purchased
				547			3 Both ESI and self-purchased
				172			4 Facility respondent, type unknown
D_HMO4	30	1	\$HMOFMT				C HMO coverage - Apr
				9,838			0 No coverage
				729			1 Private coverage
				1,424			2 Medicare coverage
				88			3 Both Medicare and private coverage
D_OTH4	31	1	\$OTHFMT				C Number of other plans - Apr
				11,394			0 No other plans
				659			1 1 other plan
				23			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				451			0 No entitlement
				393			1 Part A only
				104			2 Part B only
				11,131			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				9,392			0 No entitlement
				411			1 Survey data only
				266			2 CMS administrative data only
				2,010			3 Both survey and administrative data
D_PHI5	34	1	\$PHIFMT				C Private health insurance coverage - May
				5,583			0 No entitlement
				3,093			1 Employer-sponsored insurance (ESI)
				2,668			2 Self-purchased
				560			3 Both ESI and self-purchased
				175			4 Facility respondent, type unknown

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D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				9,822			0 No coverage
				734			1 Private coverage
				1,428			2 Medicare coverage
				95			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				11,394			0 No other plans
				647			1 1 other plan
				35			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				473			0 No entitlement
				401			1 Part A only
				102			2 Part B only
				11,103			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				9,382			0 No entitlement
				419			1 Survey data only
				267			2 CMS administrative data only
				2,011			3 Both survey and administrative data
D_PHI6	39	1	\$PHIFMT				C Private health insurance coverage - Jun
				5,582			0 No entitlement
				3,093			1 Employer-sponsored insurance (ESI)
				2,644			2 Self-purchased
				559			3 Both ESI and self-purchased
				201			4 Facility respondent, type unknown
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				9,831			0 No coverage
				729			1 Private coverage
				1,423			2 Medicare coverage
				96			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				11,406			0 No other plans
				632			1 1 other plan
				36			2 2 other plans
				5			3 3 other plans
				0			4 4 other plans
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				481			0 No entitlement
				390			1 Part A only
				79			2 Part B only
				11,129			3 Both A and B

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				9,392			0 No entitlement
				410			1 Survey data only
				273			2 CMS administrative data only
				2,004			3 Both survey and administrative data
D_PHI7	44	1	\$PHIFMT				C Private health insurance coverage - Jul
				5,568			0 No entitlement
				3,097			1 Employer-sponsored insurance (ESI)
				2,646			2 Self-purchased
				551			3 Both ESI and self-purchased
				217			4 Facility respondent, type unknown
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				9,821			0 No coverage
				731			1 Private coverage
				1,427			2 Medicare coverage
				100			3 Both Medicare and private coverage
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				11,423			0 No other plans
				632			1 1 other plan
				23			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				505			0 No entitlement
				387			1 Part A only
				79			2 Part B only
				11,108			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				9,390			0 No entitlement
				412			1 Survey data only
				277			2 CMS administrative data only
				2,000			3 Both survey and administrative data
D_PHI8	49	1	\$PHIFMT				C Private health insurance coverage - Aug
				5,582			0 No entitlement
				3,088			1 Employer-sponsored insurance (ESI)
				2,638			2 Self-purchased
				551			3 Both ESI and self-purchased
				220			4 Facility respondent, type unknown
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				9,826			0 No coverage
				725			1 Private coverage
				1,423			2 Medicare coverage
				105			3 Both Medicare and private coverage

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OTH8	51	1	\$OTHFMT	11,444			C Number of other plans - Aug
				612			0 No other plans
				22			1 1 other plan
				1			2 2 other plans
				0			3 3 other plans
							4 4 other plans
D_CARE9	52	1	\$MEDCOVG	533			C Medicare coverage - Sep
				377			0 No entitlement
				76			1 Part A only
				11,093			2 Part B only
							3 Both A and B
D_CAID9	53	1	\$SRC2FMT	9,397			C Source of Medicaid coverage status - Sep
				412			0 No entitlement
				276			1 Survey data only
				1,994			2 CMS administrative data only
							3 Both survey and administrative data
D_PHI9	54	1	\$PHIFMT	5,598			C Private health insurance coverage - Sep
				3,086			0 No entitlement
				2,625			1 Employer-sponsored insurance (ESI)
				552			2 Self-purchased
				218			3 Both ESI and self-purchased
							4 Facility respondent, type unknown
D_HMO9	55	1	\$HMOFMT	9,810			C HMO coverage - Sep
				746			0 No coverage
				1,413			1 Private coverage
				110			2 Medicare coverage
							3 Both Medicare and private coverage
D_OTH9	56	1	\$OTHFMT	11,445			C Number of other plans - Sep
				614			0 No other plans
				19			1 1 other plan
				1			2 2 other plans
				0			3 3 other plans
							4 4 other plans
D_CARE10	57	1	\$MEDCOVG	554			C Medicare coverage - Oct
				382			0 No entitlement
				75			1 Part A only
				11,068			2 Part B only
							3 Both A and B
D_CAID10	58	1	\$SRC2FMT	9,401			C Source of Medicaid coverage status - Oct
				410			0 No entitlement
				284			1 Survey data only
				1,984			2 CMS administrative data only
							3 Both survey and administrative data

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI10	59	1	\$PHIFMT				C Private health insurance coverage - Oct
				5,649			0 No entitlement
				3,068			1 Employer-sponsored insurance (ESI)
				2,592			2 Self-purchased
				557			3 Both ESI and self-purchased
				213			4 Facility respondent, type unknown
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				9,816			0 No coverage
				747			1 Private coverage
				1,409			2 Medicare coverage
				107			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,452			0 No other plans
				607			1 1 other plan
				19			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				586			0 No entitlement
				387			1 Part A only
				75			2 Part B only
				11,031			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				9,402			0 No entitlement
				413			1 Survey data only
				300			2 CMS administrative data only
				1,964			3 Both survey and administrative data
D_PHI11	64	1	\$PHIFMT				C Private health insurance coverage - Nov
				5,756			0 No entitlement
				3,037			1 Employer-sponsored insurance (ESI)
				2,557			2 Self-purchased
				553			3 Both ESI and self-purchased
				176			4 Facility respondent, type unknown
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				9,810			0 No coverage
				756			1 Private coverage
				1,411			2 Medicare coverage
				102			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				11,468			0 No other plans
				594			1 1 other plan
				16			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				598			0 No entitlement
				389			1 Part A only
				75			2 Part B only
				11,017			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				9,414			0 No entitlement
				429			1 Survey data only
				306			2 CMS administrative data only
				1,930			3 Both survey and administrative data
D_PHI12	69	1	\$PHIFMT				C Private health insurance coverage - Dec
				5,896			0 No entitlement
				3,011			1 Employer-sponsored insurance (ESI)
				2,519			2 Self-purchased
				544			3 Both ESI and self-purchased
				109			4 Facility respondent, type unknown
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				9,811			0 No coverage
				761			1 Private coverage
				1,405			2 Medicare coverage
				102			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				11,475			0 No other plans
				586			1 1 other plan
				17			2 2 other plans
				1			3 3 other plans
				0			4 4 other plans
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				0			0 No entitlement
				375			1 Part A only
				81			2 Part B only
				11,623			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,094			0 No entitlement
				493			1 Survey data only
				296			2 CMS administrative data only
				2,196			3 Both survey and administrative data
D_PHI	74	1	\$PHIAFMT				C Annual private health insurance coverage
				5,182			0 No entitlement
				3,219			1 Employer-sponsored insurance (ESI)
				2,746			2 Self-purchased
				647			3 Both ESI and self-purchased
				199			4 Facility respondent, type unknown
				29			5 Both ESI and unknown (facil)
				47			6 Both self-purchased and unknown (facil)
				10			7 ESI, self-purchased and unknown (facil)

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMO	75	1	\$HMOFMT				C HMO coverage for the year
				9,559			0 No coverage
				906			1 Private coverage
				1,450			2 Medicare coverage
				164			3 Both Medicare and private coverage
D_OTH	76	1	\$OTHFMT				C Number of other plans for the year
				11,243			0 No other plans
				766			1 1 other plan
				65			2 2 other plans
				5			3 3 other plans
				0			4 4 other plans
TOT_PREM	77	8	PREM_F				N Total health insurance premiums
				6,114		0-100	\$100 or less
				754		100.01-500	\$101-\$500
				1,000		500.01-1000	\$501-\$1000
				1,425		1000.01-1500	\$1001-\$1500
				1,270		1500.01-2000	\$1501-\$2000
				610		2000.01-2500	\$2001-\$2500
				341		2500.01-3000	\$2501-\$3000
				178		3000.01-3500	\$3001-\$3500
				138		3500.01-4000	\$3501-\$4000
				75		4000.01-4500	\$4001-\$4500
				51		4500.01-5000	\$4501-\$5000
				123		5000.01-99999	Over \$5000

Note: See Notes for derivation

DRUGCAID	85	2	YES1FMT				N Medicaid prescription drug coverage
				10,103			. Inapplicable
				3			-9 Not ascertained
				38			-8 Don't know
				1,691			1 Yes
				244			2 No

Note: Applies only if D_CAID is greater than zero.

DRUGOTH	87	2	YES1FMT				N Other public plan pres drug cov
				11,280			. Inapplicable
				5			-9 Not ascertained
				12			-8 Don't know
				1			-7 Refused
				690			1 Yes
				91			2 No

Note: Applies only if D_OTH is greater than zero.

D_RXOTH	89	2	RXPLFMT				N Other public plan pres drug cov - imp
				11,277			. Inapplicable
				640			1 Plan covers prescription drugs
				161			2 Plan does not cover prescription drugs
				1			3 Drug discount card

Note: Applies only if D_OTH is greater than zero.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INSOTH	91	2	INSPLFMT				N Other public plan insurance cov
				11,277			. Inapplicable
				7			0 Other government program
				374			1 General insurance
				0			2 Dental only
				0			3 Vision only
				0			4 LTC
				417			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				2			8 Cancer/dread disease
				2			9 Military/Other

Note: Applies only if D_OTH is greater than zero.

D_TYPPL1	93	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,446			. Inapplicable
				3,349			1 Employer-sponsored insurance (ESI)
				2,753			2 Self-purchased
				186			3 Private unknown
				881			4 Private HMO
				1,464			5 Medicare HMO

Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero

D_BEGPL1	95	8	DTE8FMT				N Date coverage began - plan #1
				3,446			. Inapplicable
				8,633			Date as YYYYMMDD
D_ENDPL1	103	8	DTE8FMT				N Date coverage ended - plan #1
				3,446			. Inapplicable
				8,633			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	111	2	RELFMT				N Policy holder relationship - Plan #1
				4,021			. Inapplicable
				0			-5 Never ask again
				6,807			1 Sample person
				1,192			2 Spouse
				5			3 Son
				4			4 Daughter
				1			5 Brother
				1			6 Sister
				23			7 Father
				19			8 Mother
				1			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				3			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				1			92 Other non-relative
D_COVNM1	113	2	COVGFMT				N # of family members covered by Plan #1
				4,021			. Inapplicable
				7			-9 Not ascertained
				9			-8 Don't know
				8,042			Number reported covered
D_COVRX1	115	2	YES1FMT				N Does Plan #1 cover prescribed medicines?
				3,729			. Inapplicable
				5,394			1 Yes
				2,956			2 No
D_COVNH1	117	2	YES1FMT				N Does Plan #1 cover stay in nursing home?
				3,729			. Inapplicable
				9			-9 Not ascertained
				2,207			-8 Don't know
				1,561			1 Yes
				4,573			2 No
D_PAYSP1	119	2	PAYSPFMT				N MIP pay any/all cost for Plan #1
				3,729			. Inapplicable
				7			-9 Not ascertained
				216			-8 Don't know
				1			-7 Refused
				4,940			1 Yes
				2,350			2 No
				836			3 Yes, but don't know how much

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D_ANAMT1	121	8	PREM_F			N Premium MIP pays for Plan #1-Annualized
				4,789		. Inapplicable
				2,490	0-100	\$100 or less
				672	100.01-500	\$101-\$500
				935	500.01-1000	\$501-\$1000
				1,001	1000.01-1500	\$1001-\$1500
				861	1500.01-2000	\$1501-\$2000
				463	2000.01-2500	\$2001-\$2500
				319	2500.01-3000	\$2501-\$3000
				161	3000.01-3500	\$3001-\$3500
				141	3500.01-4000	\$3501-\$4000
				67	4000.01-4500	\$4001-\$4500
				41	4500.01-5000	\$4501-\$5000
				139	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	129	2	YES1FMT	HI25		N Is Plan #1 an HMO
				5,486		. Inapplicable
				13		-9 Not ascertained
				142		-8 Don't know
				1		-7 Refused
				502		1 Yes
				5,935		2 No

D_PLNUM1 131 5 C Medicare HMO code or other plan code #1

D_OBTNP1	136	2	MIPFMT			N How did MIP get Plan #1
				5,485		. Inapplicable
				8		-9 Not ascertained
				139		-8 Don't know
				2,488		1 Directly
				525		2 Main insured person's current employer
				2,637		3 Main insured person's prior employer
				98		4 Union
				42		5 Family business
				193		6 AARP
				386		7 Deceased spouse's employer
				18		8 Deceased spouse's union
				26		9 Fraternal/professional organization
				34		91 Other

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				8,395			Inapplicable
				5			-8 Don't know
				14			-9 Not ascertained
				1			A Agriculture, forestry, and fishing
				18			B Mining
				27			C Construction
				48			D Manufacturing
				6			E Transportation and public utilities
				2			F Wholesale trade
				23			G Retail trade
				9			H Finance, insurance, and real estate
				1			I Services
				213			J Public administration
				44			K Nonclassifiable establishments
				6			01 Agricultural production - crops
				11			02 Agricultural production - livestock
				5			07 Agricultural services
				10			08 Forestry
				0			09 Fishing, hunting, and trapping
				10			10 Metal mining
				38			12 Coal mining
				44			13 Oil and gas extraction
				7			14 Nonmetallic minerals, except fuels
				5			15 General building contractors
				13			16 Heavy construction, excluding building
				55			17 Special trade contractors
				62			20 Food and kindred products
				2			21 Tobacco products
				29			22 Textile mill products
				11			23 Apparel and other textile products
				11			24 Lumber and wood products
				8			25 Furniture and fixtures
				30			26 Paper and allied products
				29			27 Printing and publishing
				103			28 Chemicals and allied products
				12			29 Petroleum and coal products
				26			30 Rubber and misc. plastics products
				1			31 Leather and leather products
				18			32 Stone, clay, and glass products
				75			33 Primary metal industries
				32			34 Fabricated metal products
				62			35 Industrial machinery and equipment
				72			36 Electronic & other electric equipment
				293			37 Transportation equipment
				27			38 Instruments and related products
				10			39 Miscellaneous manufacturing industries
				42			40 Railroad transportation
				17			41 Local and interurban passenger transit
				27			42 Trucking and warehousing
				122			43 U.S. Postal Service
				4			44 Water transportation
				17			45 Transportation by air
				0			46 Pipelines, except natural gas
				0			47 Transportation services
				125			48 Communications
				105			49 Electric, gas, and sanitary services
				17			50 Wholesale trade - durable goods
				13			51 Wholesale trade - nondurable goods
				6			52 Building materials & garden supplies
				29			53 General merchandise stores
				26			54 Food stores
				16			55 Automotive dealers & service stations

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				2			56 Apparel and accessory stores
				7			57 Furniture and home furnishings stores
				9			58 Eating and drinking places
				12			59 Miscellaneous retail
				40			60 Depository institutions
				7			61 Nondepository institutions
				7			62 Security and commodity brokers
				83			63 Insurance carriers
				9			64 Insurance agents, brokers, and services
				11			65 Real estate
				2			67 Holding and other investment offices
				7			70 Hotels and other lodging places
				16			72 Personal services
				24			73 Business services
				10			75 Auto repair, services, and parking
				7			76 Miscellaneous repair services
				3			78 Motion pictures
				14			79 Amusement & recreation services
				136			80 Health services
				6			81 Legal services
				507			82 Educational services
				13			83 Social services
				1			84 Museums, botanical, zoological gardens
				80			86 Membership organizations
				63			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				147			91 Executive, legislative, and general
				91			92 Justice, public order, and safety
				16			93 Finance, taxation, & monetary policy
				68			94 Administration of Human Resources
				25			95 Environmental quality and housing
				61			96 Administration of economic programs
				106			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	140	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter -Pla
				11,295			Inapplicable
				2			-7 Refused
				116			-8 Don't know
				36			A Plan A
				51			B Plan B
				126			C Plan C
				38			D Plan D
				16			E Plan E
				268			F Plan F
				25			G Plan G
				21			H Plan H
				14			I Plan I
				60			J Plan J
				0			99 SP reports plan does not have a letter
				11			Other plan

Note: Applies only if INTERVU = C and D_OBTNP1 = 1, 5, or 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI1	142	2	YES1FMT				N Is Plan #1 TRICARE?
				8,730			. Inapplicable
				340			1 Yes
				3,009			2 No
D_INS1	144	2	INSPLFMT				N Insurance coverage Plan #1
				5,574			. Inapplicable
				0			0 Other government program
				6,365			1 General insurance
				51			2 Dental only
				3			3 Vision only
				25			4 LTC
				54			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				7			8 Cancer/dread disease
				0			9 Military/Other
				Note: Applies only if D_TYPL1 = 1 or 2			
D_RX1	146	2	RXPLFMT				N Drug coverage Plan #1
				5,574			. Inapplicable
				3,872			1 Plan covers prescription drugs
				2,500			2 Plan does not cover prescription drugs
				133			3 Drug discount card
				Note: Applies only if D_TYPL1 = 1 or 2			
D_TYPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				8,753			. Inapplicable
				1,311			1 Employer-sponsored insurance (ESI)
				1,409			2 Self-purchased
				60			3 Private unknown
				271			4 Private HMO
				275			5 Medicare HMO
				Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero			
D_BEGPL2	150	8	DTE8FMT				N Date coverage began - plan #2
				8,753			. Inapplicable
				3,326			Date as YYYYMMDD
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				8,753			. Inapplicable
				3,326			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				8,918			. Inapplicable
				0			-5 Never ask again
				2,609			1 Sample person
				526			2 Spouse
				3			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				14			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
				1			50 Partner/roommate
				2			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				1			92 Other non-relative
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				8,917			. Inapplicable
				15			-9 Not ascertained
				11			-8 Don't know
				3,136			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				8,846			. Inapplicable
				1,260			1 Yes
				1,973			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				8,846			. Inapplicable
				10			-9 Not ascertained
				474			-8 Don't know
				844			1 Yes
				1,905			2 No
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				8,846			. Inapplicable
				16			-9 Not ascertained
				94			-8 Don't know
				1,838			1 Yes
				963			2 No
				322			3 Yes, but don't know how much

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_ANAMT2	176	8	PREM_F				N Premium MIP pays for Plan #2-Annualized
				9,278			. Inapplicable
				1,124			0-100 \$100 or less
				422			100.01-500 \$101-\$500
				467			500.01-1000 \$501-\$1000
				314			1000.01-1500 \$1001-\$1500
				209			1500.01-2000 \$1501-\$2000
				92			2000.01-2500 \$2001-\$2500
				67			2500.01-3000 \$2501-\$3000
				22			3000.01-3500 \$3001-\$3500
				30			3500.01-4000 \$3501-\$4000
				24			4000.01-4500 \$4001-\$4500
				12			4500.01-5000 \$4501-\$5000
				18			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP2 = 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOPL2	184	2	YES1FMT			HI25	N Is Plan #2 an HMO
				9,192			. Inapplicable
				17			-9 Not ascertained
				60			-8 Don't know
				1			-7 Refused
				169			1 Yes
				2,640			2 No

D_PLNUM2 186 5 C Medicare HMO code or other plan code #2

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP2	191	2	MIPFMT				N How did MIP get Plan #2
				9,192			. Inapplicable
				14			-9 Not ascertained
				54			-8 Don't know
				1,286			1 Directly
				237			2 Main insured person's current employer
				1,025			3 Main insured person's prior employer
				40			4 Union
				11			5 Family business
				75			6 AARP
				112			7 Deceased spouse's employer
				3			8 Deceased spouse's union
				10			9 Fraternal/professional organization
				20			91 Other

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS2	193	2	\$IND2COD				C Industry of employer - Plan #2
				10,614			Inapplicable
				9			-9 Not ascertained
				1,456			Industry classification code

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR2	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				11,858			Missing
				0			. Inapplicable
				1			-7 Refused
				34			-8 Don't know
				0			99 SP reports plan does not have a letter
				186			Plan letter

Note: Applies only if INTERVU = C and D_OBTNP2 = 1, 5, or 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI2	197	2	YES1FMT				N Is Plan #2 TRICARE?
				10,768			. Inapplicable
				107			1 Yes
				1,204			2 No
D_INS2	199	2	INSPLFMT				N Insurance coverage Plan #2
				9,215			. Inapplicable
				0			0 Other government program
				2,129			1 General insurance
				386			2 Dental only
				29			3 Vision only
				168			4 LTC
				134			5 Rx only
				10			6 Dental/Vision
				6			7 Life insurance
				2			8 Cancer/dread disease
				0			9 Military/Other
				Note: Applies only if D_TYPL2 = 1 or 2			
D_RX2	201	2	RXPLFMT				N Drug coverage Plan #2
				9,215			. Inapplicable
				975			1 Plan covers prescription drugs
				1,817			2 Plan does not cover prescription drugs
				72			3 Drug discount card
				Note: Applies only if D_TYPL2 = 1 or 2			
D_TYPL3	203	2	PLANFMT		HI17		N Type of plan - Plan #3
				11,114			. Inapplicable
				488			1 Employer-sponsored insurance (ESI)
				316			2 Self-purchased
				29			3 Private unknown
				77			4 Private HMO
				55			5 Medicare HMO
				Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero			
D_BEGPL3	205	8	DTE8FMT				N Date coverage began - plan #3
				11,114			. Inapplicable
				965			Date as YYYYMMDD
D_ENDPL3	213	8	DTE8FMT				N Date coverage ended - plan #3
				11,114			. Inapplicable
				965			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL3	221	2	RELFMT				N Policy holder relationship - Plan #3
				11,171			. Inapplicable
				0			-5 Never ask again
				725			1 Sample person
				178			2 Spouse
				1			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
D_COVNM3	223	2	COVGFMT				N # of family members covered by Plan #3
				11,171			. Inapplicable
				2			-9 Not ascertained
				2			-8 Don't know
				904			Number reported covered
D_COVRX3	225	2	YES1FMT				N Does Plan #3 cover prescribed medicines?
				11,169			. Inapplicable
				349			1 Yes
				561			2 No
D_COVNH3	227	2	YES1FMT				N Does Plan #3 cover stay in nursing home?
				11,169			. Inapplicable
				2			-9 Not ascertained
				84			-8 Don't know
				205			1 Yes
				619			2 No
D_PAYSP3	229	2	PAYSPFMT				N MIP pay any/all cost for Plan #3
				11,169			. Inapplicable
				2			-9 Not ascertained
				27			-8 Don't know
				422			1 Yes
				358			2 No
				101			3 Yes, but don't know how much

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

D_ANAMT3	231	8	PREM_F			N Premium MIP pays for Plan #3-Annualized
				11,299		. Inapplicable
				419	0-100	\$100 or less
				152	100.01-500	\$101-\$500
				70	500.01-1000	\$501-\$1000
				45	1000.01-1500	\$1001-\$1500
				42	1500.01-2000	\$1501-\$2000
				20	2000.01-2500	\$2001-\$2500
				12	2500.01-3000	\$2501-\$3000
				5	3000.01-3500	\$3001-\$3500
				5	3500.01-4000	\$3501-\$4000
				2	4000.01-4500	\$4001-\$4500
				4	4500.01-5000	\$4501-\$5000
				4	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3	239	2	YES1FMT	HI25		N Is Plan #3 an HMO
				11,226		. Inapplicable
				3		-9 Not ascertained
				21		-8 Don't know
				49		1 Yes
				780		2 No

D_PLNUM3 241 5 C Medicare HMO code or other plan code #3

D_OBTNP3	246	2	MIPFMT			N How did MIP get Plan #3
				11,226		. Inapplicable
				1		-9 Not ascertained
				13		-8 Don't know
				289		1 Directly
				74		2 Main insured person's current employer
				386		3 Main insured person's prior employer
				14		4 Union
				3		5 Family business
				11		6 AARP
				43		7 Deceased spouse's employer
				1		8 Deceased spouse's union
				6		9 Fraternal/professional organization
				12		91 Other

D_INDUS3 248 2 \$IND2COD C Industry of employer - Plan #3

	11,538	Inapplicable
	1	-7 Refused
	1	-9 Not ascertained
	539	Industry classification code

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

D_PLLTR3 250 2 \$PLN2LTR C Medicare suppl./Medigap plan letter -Pla

	12,051	Missing
	0	. Inapplicable
	2	-8 Don't know
	0	99 SP reports plan does not have a letter
	26	Plan letter

Note: Applies only if INTERVU = C and D_OBTNP3 = 1, 5, or 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI3	252	2	YES1FMT	11,591			N Is Plan #3 TRICARE? . Inapplicable 1 Yes 2 No
				18			
				470			
D_INS3	254	2	INSPLFMT	11,233			N Insurance coverage Plan #3 . Inapplicable 0 Other government program 1 General insurance 2 Dental only 3 Vision only 4 LTC 5 Rx only 6 Dental/Vision 7 Life insurance 8 Cancer/dread disease 9 Military/Other
				0			
				493			
				172			
				34			
				61			
				79			
				5			
				1			
				1			
				0			
				Note: Applies only if D_TYPL3 = 1 or 2			
D_RX3	256	2	RXPLFMT	11,233			N Drug coverage Plan #3 . Inapplicable 1 Plan covers prescription drugs 2 Plan does not cover prescription drugs 3 Drug discount card
				276			
				555			
				15			
				Note: Applies only if D_TYPL3 = 1 or 2			
D_TYPL4	258	2	PLANFMT	11,800	HI17		N Type of plan - Plan #4 . Inapplicable 1 Employer-sponsored insurance (ESI) 2 Self-purchased 3 Private unknown 4 Private HMO 5 Medicare HMO
				166			
				68			
				6			
				26			
				13			
				Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero			
D_BEGPL4	260	8	DTE8FMT	11,800			N Date coverage began - plan #4 . Inapplicable Date as YYYYMMDD
				279			
D_ENDPL4	268	8	DTE8FMT	11,800			N Date coverage ended - plan #4 . Inapplicable Date as YYYYMMDD
				279			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	276	2	RELFMT				N Policy holder relationship - Plan #4
				11,812			. Inapplicable
				0			-5 Never ask again
				204			1 Sample person
				61			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				2			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
D_COVNM4	278	2	COVGFMT				N # of family members covered by Plan #4
				11,812			. Inapplicable
				1			-8 Don't know
				266			Number reported covered
D_COVRX4	280	2	YES1FMT				N Does Plan #4 cover prescribed medicines?
				11,810			. Inapplicable
				123			1 Yes
				146			2 No
D_COVNH4	282	2	YES1FMT				N Does Plan #4 cover stay in nursing home?
				11,810			. Inapplicable
				32			-8 Don't know
				33			1 Yes
				204			2 No
D_PAYSP4	284	2	PAYSPFMT				N MIP pay any/all cost for Plan #4
				11,810			. Inapplicable
				13			-8 Don't know
				96			1 Yes
				127			2 No
				33			3 Yes, but don't know how much

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

D_ANAMT4 286 8 PREM_F N Premium MIP pays for Plan #4-Annualized

11,856	.	Inapplicable
150	0-100	\$100 or less
37	100.01-500	\$101-\$500
14	500.01-1000	\$501-\$1000
11	1000.01-1500	\$1001-\$1500
6	1500.01-2000	\$1501-\$2000
3	2000.01-2500	\$2001-\$2500
2	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
0	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4 294 2 YES1FMT HI25 N Is Plan #4 an HMO

11,825	.	Inapplicable
7	-8	Don't know
20	1	Yes
227	2	No

D_PLNUM4 296 5 C Medicare HMO code or other plan code #4

D_OBTNP4 301 2 MIPFMT N How did MIP get Plan #4

11,825	.	Inapplicable
6	-8	Don't know
64	1	Directly
30	2	Main insured person's current employer
137	3	Main insured person's prior employer
3	4	Union
1	5	Family business
1	6	AARP
10	7	Deceased spouse's employer
0	8	Deceased spouse's union
2	9	Fraternal/professional organization
0	91	Other

D_INDUS4 303 2 \$IND2COD C Industry of employer - Plan #4

11,893		Inapplicable
186		Industry classification code

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

D_PLLTR4 305 2 \$PLN2LTR C Medicare suppl./Medigap plan letter -Pla

12,075		Missing
0	.	Inapplicable
1	-8	Don't know
0	99	SP reports plan does not have a letter
3		Plan letter

Note: Applies only if INTERVU = C and D_OBTNP4 = 1, 5, or 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI4	307	2	YES1FMT				N Is Plan #4 TRICARE?
				11,913			. Inapplicable
				8			1 Yes
				158			2 No
D_INS4	309	2	INSPLFMT				N Insurance coverage Plan #4
				11,827			. Inapplicable
				0			0 Other government program
				138			1 General insurance
				44			2 Dental only
				22			3 Vision only
				13			4 LTC
				31			5 Rx only
				2			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/dread disease
				1			9 Military/Other
							Note: Applies only if D_TYPL4 = 1 or 2
D_RX4	311	2	RXPLFMT				N Drug coverage Plan #4
				11,827			. Inapplicable
				93			1 Plan covers prescription drugs
				155			2 Plan does not cover prescription drugs
				4			3 Drug discount card
							Note: Applies only if D_TYPL4 = 1 or 2
D_TYPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				12,001			. Inapplicable
				44			1 Employer-sponsored insurance (ESI)
				17			2 Self-purchased
				4			3 Private unknown
				9			4 Private HMO
				4			5 Medicare HMO
							Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero
D_BEGPL5	315	8	DTE8FMT				N Date coverage began - plan #5
				12,001			. Inapplicable
				78			Date as YYYYMMDD
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				12,001			. Inapplicable
				78			Date as YYYYMMDD

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				12,008			. Inapplicable
				0			-5 Never ask again
				50			1 Sample person
				21			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
D_COVNM5	333	2	COVGFMT				N # of family members covered by Plan #5
				12,008			. Inapplicable
				1			-9 Not ascertained
				1			-8 Don't know
				69			Number reported covered
D_COVRX5	335	2	YES1FMT				N Does Plan #5 cover prescribed medicines?
				12,006			. Inapplicable
				39			1 Yes
				34			2 No
D_COVNH5	337	2	YES1FMT				N Does Plan #5 cover stay in nursing home?
				12,006			. Inapplicable
				5			-8 Don't know
				13			1 Yes
				55			2 No
D_PAYSP5	339	2	PAYSPFMT				N MIP pay any/all cost for Plan #5
				12,006			. Inapplicable
				2			-8 Don't know
				22			1 Yes
				36			2 No
				13			3 Yes, but don't know how much

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

D_ANAMT5 341 8 PREM_F N Premium MIP pays for Plan #5-Annualized

12,021	.	Inapplicable
42	0-100	\$100 or less
8	100.01-500	\$101-\$500
1	500.01-1000	\$501-\$1000
5	1000.01-1500	\$1001-\$1500
1	1500.01-2000	\$1501-\$2000
0	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
1	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000
0	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP5 = 1

D_HMOPL5 349 2 YES1FMT HI25 N Is Plan #5 an HMO

12,012	.	Inapplicable
2	-8	Don't know
6	1	Yes
59	2	No

D_PLNUM5 351 5 C Medicare HMO code or other plan code #5

D_OBTNP5 356 2 MIPFMT N How did MIP get Plan #5

12,012	.	Inapplicable
1	-9	Not ascertained
18	1	Directly
12	2	Main insured person's current employer
33	3	Main insured person's prior employer
1	4	Union
0	5	Family business
0	6	AARP
2	7	Deceased spouse's employer
0	8	Deceased spouse's union
0	9	Fraternal/professional organization
0	91	Other

D_INDUS5 358 2 \$IND2COD C Industry of employer - Plan #5

12,027	.	Inapplicable
1	-9	Not ascertained
51		Industry classification code

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

D_PLLTR5 360 2 \$PLN2LTR C Medicare suppl./Medigap plan letter -Pla

12,077		Missing
0	.	Inapplicable
1	-8	Don't know
0	99	SP reports plan does not have a letter
1		Plan letter

Note: Applies only if INTERVU = C and D_OBTNP5 = 1, 5, or 6

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI5	362	2	YES1FMT	12,035			N Is Plan #5 TRICARE? . Inapplicable 1 Yes 2 No
D_INS5	364	2	INSPLFMT	12,014			N Insurance coverage Plan #5 . Inapplicable 0 Other government program 1 General insurance 2 Dental only 3 Vision only 4 LTC 5 Rx only 6 Dental/Vision 7 Life insurance 8 Cancer/dread disease 9 Military/Other
Note: Applies only if D_TYPL5 = 1 or 2							
D_RX5	366	2	RXPLFMT	12,014			N Drug coverage Plan #5 . Inapplicable 1 Plan covers prescription drugs 2 Plan does not cover prescription drugs 3 Drug discount card
Note: Applies only if D_TYPL5 = 1 or 2							
MHDEDUCT	368	2	YES1FMT	10,857		HIMC6b	N SP has a Rx deductible - MHMO . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
Note: Applies when MHMORX = 1 and SP is alive and noninstitutionalized.							
D_DED_MH	370	5	DEFMT	12,017		HIMC6c	N Deductible for Rx coverage - MHMO . Inapplicable 1-99999 Annual Drug Deductible
Note: Applies if MHDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0							
MHDIFAMT	375	2	BRNDFMT	10,857		HIMC6d	N SP pays dif amt for gen & brnd Rx- MHMO . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No 3 Plan does not cover brand name drugs
Note: Applies when MHMORX = 1 and SP is alive and noninstitutionalized.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHBRUNIT	377	2	UNITFMT			HIMC6g	N Unit of amt paid for brand Rx - MHMO
				11,287			. Inapplicable
				219			-8 Don't know
				70			1 Percentage
				497			2 Dollars
				6			3 No cost
				Note: Applies only if MHDIFAMT ? . or MHDIFAMT ? 3			
MHBRAMT	379	8	COSTFMT			HIMC6g	N Amount paid for brand Rx - MHMO
				11,582			. Inapplicable
				497		0.01-99999.99	Amount usually paid for prescription
				Note: Applies if MHBRUNIT = 2 or MHDIFAMT = 2			
MHBRPCT	387	3	PCTFMT			HIMC6g	N Percentage paid for brand Rx - MHMO
				12,009			. Inapplicable
				70		1-100	Percent SP usually pays for Rx
				Note: Applies only if MHBRUNIT = 1			
MHBRMORL	390	2	MORELESS			HIMC6h	N Brand Rx more/less than \$15 - MHMO
				11,860			. Inapplicable
				65			-8 Don't know
				141			1 More than \$15
				13			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (MHBRUNIT = -7 or -8)			
MHGNUNIT	392	2	UNITFMT			HIMC6i	N Unit of amt paid for generic Rx - MHMO
				11,200			. Inapplicable
				128			-8 Don't know
				11			1 Percentage
				670			2 Dollars
				70			3 No cost
				Note: Applies only if MHDIFAMT = 1			
MHGNAMT	394	8	COSTFMT			HIMC6i	N Amount paid for generic Rx - MHMO
				11,409			. Inapplicable
				670		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if MHGNUNIT = 2 or MHDIFAMT = 2			
MHGNPCT	402	3	PCTFMT			HIMC6i	N Percentage paid for generic Rx - MHMO
				12,068			. Inapplicable
				11		1-100	Percent SP usually pays for Rx
				Note: Applies only if MHGNUNIT = 1			

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

MHGNMORL 405 2 MORELESS HIMC6j N Generic Rx more/less than \$15 - MHMO
 11,951 . Inapplicable
 58 -8 Don't know
 32 1 More than \$15
 38 2 Less than \$15

Note: Applies if usual cost of Rx was not provided (MHGNUNIT = -7 or -8)

MHLIMIT 407 2 YES1FMT HIMC6k N Plan has Rx coverage limit - MHMO
 10,857 . Inapplicable
 1 -9 Not ascertained
 275 -8 Don't know
 206 1 Yes
 740 2 No

Note: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)

D_LIM_MH 409 5 RXLIMIT HIMC6l N Amount of Rx coverage limit - MHMO
 11,928 . Inapplicable
 151 1-99999 Annual drug coverage limit

Note: Applies if MHLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT

MHRATE 414 2 GENHFMT HIMC6m N SP rating of Rx coverage - MHMO
 10,857 . Missing
 1 -9 Not ascertained
 26 -8 Don't know
 294 1 Excellent
 363 2 Very good
 356 3 Good
 118 4 Fair
 64 5 Poor

Note: Applies to Medicare Managed Care plans with drug coverage (MHMORX = 1)

MCDEDUCT 416 2 YES1FMT HI10d2 N SP has a Rx deductible - Mcaid
 10,571 . Inapplicable
 1 -9 Not ascertained
 30 -8 Don't know
 32 1 Yes
 1,445 2 No

Note: Applies when MCDRXCOV = 1 and SP is alive and noninstitutionalized.

D_DED_MC 418 5 DEDFMT HI10d3 N Deductible for Rx coverage - Mcaid
 12,054 . Inapplicable
 25 1-99999 Annual Drug Deductible

Note: Applies if MCDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCDIFAMT	423	2	BRNDFMT			HI10d4	N SP pays dif amt 4 gen & brand Rx- Mcaid
				10,571			. Inapplicable
				1			-9 Not ascertained
				142			-8 Don't know
				371			1 Yes
				840			2 No
				154			3 Plan does not cover brand name drugs
Note: Applies when MCDRXCOV = 1 and SP is alive and noninstitutionalized.							
MCBRUNIT	425	2	UNITFMT			HI10d7	N Unit of amt paid for brand Rx - Mcaid
				11,708			. Inapplicable
				43			-8 Don't know
				5			1 Percentage
				298			2 Dollars
				25			3 No cost
Note: Applies only if MCDIFAMT ? . or MCDIFAMT ? 3							
MCBRAMT	427	8	COSTFMT			HI10d7	N Amount paid for brand Rx - Mcaid
				11,781			. Inapplicable
				298		0.01-99999.99	Amount usually paid for prescription
Note: Applies if MCBRUNIT = 2 or MCDIFAMT = 3							
MCBRPCT	435	3	PCTFMT			HI10d7	N Percentage paid for brand Rx - Mcaid
				12,074			. Inapplicable
				5			1-100 Percent SP usually pays for Rx
Note: Applies only if MCBRUNIT = 1							
MCBRMORL	438	2	MORELESS			HI10d8	N Brand Rx more/less than \$15 - Mcaid
				12,036			. Inapplicable
				11			-8 Don't know
				15			1 More than \$15
				17			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (MCBRUNIT = -7 or -8)							
MCGNUNIT	440	2	UNITFMT			HI10d9	N Unit of amt paid for generic Rx - Mcaid
				11,554			. Inapplicable
				27			-8 Don't know
				2			1 Percentage
				333			2 Dollars
				163			3 No cost
Note: Applies only if MCDIFAMT = 1							
MCGNAMT	442	8	COSTFMT			HI10d9	N Amount paid for generic Rx - Mcaid
				11,746			. Inapplicable
				333		0.01-99999.99	Amount usually paid for prescription
Note: Applies only if MCGNUNIT = 2 or MCDIFAMT = 2							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCGNPCT	450	3	PCTFMT			HI10d9	N Percentage paid for generic Rx - Mcaid . Inapplicable 1-100 Percent SP usually pays for Rx
				12,077			
				2			
Note: Applies only if MCGNUNIT = 1							
MCGNMORL	453	2	MORELESS			HI10d10	N Gener Rx more/less than \$15 - Mcaid . Inapplicable -8 Don't know 1 More than \$15 2 Less than \$15
				12,052			
				5			
				6			
				16			
Note: Applies if usual cost of Rx was not provided (MCGNUNIT = -7 or -8)							
MCLIMIT	455	2	YES1FMT			HI10d11	N Plan has Rx coverage limit - Mcaid . Inapplicable -9 Not ascertained -8 Don't know -7 Refused 1 Yes 2 No
				10,571			
				1			
				172			
				1			
				35			
				1,299			
Note: Applies to Medicaid Managed Care plans with drug coverage (MCMORX = 1)							
D_LIM_MC	457	5	RXLIMIT			HI10d12	N Amount of Rx coverage limit - Mcaid . Inapplicable 1-99999 Annual drug coverage limit
				12,076			
				3			
Note: Applies if MCLIMIT = 1. Calculate using RXLIMAMT & RXLIMUNT							
MCRATE	462	2	GENHFMT			HI10d13	N SP rating of Rx coverage - Mcaid . Missing -9 Not ascertained -8 Don't know 1 Excellent 2 Very good 3 Good 4 Fair 5 Poor
				10,571			
				1			
				27			
				670			
				445			
				270			
				66			
				29			
Note: Applies to Medicaid Managed Care plans w/ drug coverage (MCDRXCOV = 1)							
MTDEDUCT	464	2	YES1FMT			HIT4b	N SP has a Rx deductible - Tricare . Inapplicable -8 Don't know 1 Yes 2 No
				11,684			
				13			
				7			
				375			
Note: Applies when TRIRXCOV = 1 and SP is alive and noninstitutionalized.							
D_DED_MT	466	5	DEFMT			HIT4c	N Deductible for Rx coverage - Tricare . Inapplicable 1-99999 Annual Drug Deductible
				12,075			
				4			
Note: Applies if MTDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTDIFAMT	471	2	BRNDFMT			HIT4d	N SP pays dif amt for gen & brnd Rx-Tric
				11,684			. Inapplicable
				38			-8 Don't know
				221			1 Yes
				120			2 No
				16			3 Plan does not cover brand name drugs
Note: Applies when TRIRXCOV = 1 and SP is alive and noninstitutionalized.							
MTBRUNIT	473	2	UNITFMT			HIT4g	N Unit of amt paid for brand Rx - Tricare
				11,858			. Inapplicable
				9			-8 Don't know
				1			1 Percentage
				205			2 Dollars
				6			3 No cost
Note: Applies only if MTDIFAMT ? . or MTDIFAMT ? 3							
MTBRAMT	475	8	COSTFMT			HIT4g	N Amount paid for brand Rx - Tricare
				11,874			. Inapplicable
				205		0.01-99999.99	Amount usually paid for prescription
Note: Applies if MTBRUNIT = 2 or MTDIFAMT = 3							
MTBRPCT	483	3	PCTFMT			HIT4g	N Percentage paid for brand Rx - Tricare
				12,078			. Inapplicable
				1			1-100 Percent SP usually pays for Rx
Note: Applies only if MTBRUNIT = 1							
MTBRMORL	486	2	MORELESS			HIT4h	N Brand Rx more/less than \$15 - Tricare
				12,070			. Inapplicable
				6			-8 Don't know
				1			1 More than \$15
				2			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (MTBRUNIT = -7 or -8)							
MTGNUNIT	488	2	UNITFMT			HIT4i	N Unit of amt paid for gen Rx - Tricare
				11,842			. Inapplicable
				8			-8 Don't know
				3			1 Percentage
				205			2 Dollars
				21			3 No cost
Note: Applies only if MTDIFAMT = 1							
MTGNAMT	490	8	COSTFMT			HIT4i	N Amount paid for generic Rx - Tricare
				11,874			. Inapplicable
				205		0.01-99999.99	Amount usually paid for prescription
Note: Applies only if MTGNUNIT = 2 or MTDIFAMT = 2							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTGNPCT	498	3	PCTFMT			HIT4i	N Percentage paid for generic Rx - Tricare
				12,076			. Inapplicable
				3			1-100 Percent SP usually pays for Rx
				Note: Applies only if MTGNUNIT = 1			
MTGNMORL	501	2	MORELESS			HIT4j	N Generic Rx more/less than \$15 - Tricare
				12,071			. Inapplicable
				4			-8 Don't know
				0			1 More than \$15
				4			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (MTGNUNIT = -7 or -8)			
MTLIMIT	503	2	YES1FMT			HIT4k	N Plan has Rx coverage limit - Tricare
				11,684			. Inapplicable
				35			-8 Don't know
				1			1 Yes
				359			2 No
				Note: Applies to Tricare plans with drug coverage (TRIRXCOV = 1)			
D_LIM_MT	505	5	RXLIMIT			HIT4l	N Amount of Rx coverage limit - Tricare
				12,079			. Inapplicable
				0			1-99999 Annual drug coverage limit
				Note: Applies if MTLIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT			
MTRATE	510	2	GENHFMT			HIT4m	N SP rating of Rx coverage - Tricare
				11,684			. Missing
				7			-8 Don't know
				288			1 Excellent
				71			2 Very good
				28			3 Good
				1			4 Fair
				0			5 Poor
				Note: Applies to Tricare plans with drug coverage (TRIRXCOV = 1)			
MT_INS	512	1	INSPLFMT				N Type of insurance plan - Tricare
				11,712			. Inapplicable
				0			0 Other government program
				367			1 General insurance
				0			2 Dental only
				0			3 Vision only
				0			4 LTC
				0			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/dread disease
				0			9 Military/Other
				Note: This variable is derived from the plan name.			

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

MT_RX 513 1 RXPLFMT
 11,712 . Inapplicable
 367 1 Plan covers prescription drugs
 0 2 Plan does not cover prescription drugs
 0 3 Drug discount card

Note: This variable is derived from the plan name.

PUDEDUCT 514 2 YES1FMT HI16a2 N SP has a Rx deductible - Publ
 11,579 . Inapplicable
 1 -9 Not ascertained
 19 -8 Don't know
 80 1 Yes
 400 2 No

Note: Applies when PUBRXCOV = 1 and SP is alive and noninstitutionalized.

D_DED_PU 516 5 DEDFMT HI16a3 N Deductible for Rx coverage - Publ
 12,009 . Inapplicable
 70 1-99999 Annual Drug Deductible

Note: Applies if PUDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0

PUDIFAMT 521 2 BRNDFMT HI16a4 N SP pays dif amt for gen & brnd Rx - Publ
 11,579 . Inapplicable
 1 -9 Not ascertained
 70 -8 Don't know
 221 1 Yes
 197 2 No
 11 3 Plan does not cover brand name drugs

Note: Applies when PUBRXCOV = 1 and SP is alive and noninstitutionalized.

PUBRUNIT 523 2 UNITFMT HI16a7 N Unit of amt paid for brand Rx - Public
 11,858 . Inapplicable
 30 -8 Don't know
 7 1 Percentage
 183 2 Dollars
 1 3 No cost

Note: Applies only if PUDIFAMT ? . or PUDIFAMT ? 3

PUBRAMT 525 8 COSTFMT HI16a7 N Amount paid for brand Rx - Public
 11,896 . Inapplicable
 183 0.01-99999.99 Amount usually paid for prescription

Note: Applies if PUBRUNIT = 2 or PUDIFAMT = 3

PUBRPCT 533 3 PCTFMT HI16a7 N Percentage paid for brand Rx - Public
 12,072 . Inapplicable
 7 1-100 Percent SP usually pays for Rx

Note: Applies only if PUBRUNIT = 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PUBRMORL	536	2	MORELESS			HI16a8	N Brand Rx more/less than \$15 - Public
				12,049			. Inapplicable
				16			-8 Don't know
				7			1 More than \$15
				7			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (PUBRUNIT = -7 or -8)							
PUGNUNIT	538	2	UNITFMT			HI16a9	N Unit of amt paid for generic Rx - Public
				11,847			. Inapplicable
				30			-8 Don't know
				6			1 Percentage
				191			2 Dollars
				5			3 No cost
Note: Applies only if PUDIFAMT = 1							
PUGNAMT	540	8	COSTFMT			HI16a9	N Amount paid for generic Rx - Public
				11,888			. Inapplicable
				191		0.01-99999.99	Amount usually paid for prescription
Note: Applies only if PUGNUNIT = 2 or PUDIFAMT = 2							
PUGNPCT	548	3	PCTFMT			HI16a9	N Percentage paid for generic Rx - Public
				12,073			. Inapplicable
				6			1-100 Percent SP usually pays for Rx
Note: Applies only if PUGNUNIT = 1							
PUGNMORL	551	2	MORELESS			HI16a10	N Gener Rx more/less than \$15 - Public
				12,049			. Inapplicable
				10			-8 Don't know
				2			1 More than \$15
				18			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (PUGNUNIT = -7 or -8)							
PULIMIT	553	2	YES1FMT			HI16a11	N Plan has Rx coverage limit - Public
				11,579			. Inapplicable
				1			-9 Not ascertained
				69			-8 Don't know
				36			1 Yes
				394			2 No
Note: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)							
D_LIM_PU	555	5	RXLIMIT			HI16a12	N Amount of Rx coverage limit - Public
				12,056			. Inapplicable
				23			1-99999 Annual drug coverage limit
Note: Applies if PULIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT							

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

PURATE 560 2 GENHFMT HI16a13 N SP rating of Rx coverage - Public
 11,579 . Missing
 1 -9 Not ascertained
 19 -8 Don't know
 208 1 Excellent
 162 2 Very good
 81 3 Good
 12 4 Fair
 17 5 Poor

Note: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)

PU_INS 562 1 INSPLFMT N Type of insurance plan - Public
 11,576 . Inapplicable
 3 0 Other government program
 100 1 General insurance
 0 2 Dental only
 0 3 Vision only
 0 4 LTC
 398 5 Rx only
 0 6 Dental/Vision
 0 7 Life insurance
 0 8 Cancer/dread disease
 2 9 Military/Other

Note: This variable is derived from the plan name.

PU_RX 563 1 RXPLFMT N Type of drug coverage - Public
 11,576 . Inapplicable
 502 1 Plan covers prescription drugs
 0 2 Plan does not cover prescription drugs
 1 3 Drug discount card

Note: This variable is derived from the plan name.

DEDUCT1 564 2 YES1FMT HI22e1b N SP has a Rx deductible - Privl
 8,636 . Inapplicable
 8 -9 Not ascertained
 197 -8 Don't know
 682 1 Yes
 2,556 2 No

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

D_DED_1 566 5 DEDFMT HI22e1c N Deductible for Rx coverage - Privl
 11,524 . Inapplicable
 555 1-99999 Annual Drug Deductible

Note: Applies if DEDUCT1 = 1 & RXDEAMT > 0 & RXDEUNIT > 0

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

DIFAMT1 571 2 BRNDFMT HI22e1d N SP pays dif amt for gen & brnd Rx - Prvl
 8,636 . Inapplicable
 6 -9 Not ascertained
 458 -8 Don't know
 1 -7 Refused
 1,958 1 Yes
 985 2 No
 35 3 Plan does not cover brand name drugs

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

BRUNIT1 573 2 UNITFMT HI22e1g N Unit of amount paid for brand Rx - Prvl
 10,121 . Inapplicable
 476 -8 Don't know
 1 -7 Refused
 259 1 Percentage
 1,217 2 Dollars
 5 3 No cost

Note: Applies only if DIFAMT1 ? . or DIFAMT1 ? 3

BRAMT1 575 8 COSTFMT HI22e1g N Amount paid for brand Rx - Prvl
 10,862 . Inapplicable
 1,217 0.01-99999.99 Amount usually paid for prescription

Note: Applies if BRUNIT1 = 2 or DIFAMT1 = 3

BRPCT1 583 3 PCTFMT HI22e1g N Percentage paid for brand Rx - Prvl
 11,820 . Inapplicable
 259 1-100 Percent SP usually pays for Rx

Note: Applies only if BRUNIT1 = 1

BRMORL1 586 2 MORELESS HI22e1h N Brand Rx more/less than \$15 - Prvl
 11,602 . Inapplicable
 1 -9 Not ascertained
 183 -8 Don't know
 253 1 More than \$15
 40 2 Less than \$15

Note: Applies if usual cost of Rx was not provided (BRUNIT1 = -7 or -8)

GNUNIT1 588 2 UNITFMT HI22eli N Unit of amt paid for generic Rx - Prvl
 10,086 . Inapplicable
 455 -8 Don't know
 210 1 Percentage
 1,280 2 Dollars
 48 3 No cost

Note: Applies only if DIFAMT1 = 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNAMT1	590	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv1
				10,799			. Inapplicable
				1,280		0.01-99999.99	Amount usually paid for prescription
Note: Applies only if GNUNIT1 = 2 or DIFAMT1 = 2							
GNPCT1	598	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv1
				11,869			. Inapplicable
				210		1-100	Percent SP usually pays for Rx
Note: Applies only if GNUNIT1 = 1							
GNMORL1	601	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv1
				11,624			. Inapplicable
				213			-8 Don't know
				1			-7 Refused
				97			1 More than \$15
				144			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (GNUNIT1 = -7 or -8)							
LIMIT1	603	2	YES1FMT			HI22elk	N Plan has Rx coverage limit - Priv1
				8,636			. Inapplicable
				7			-9 Not ascertained
				509			-8 Don't know
				1			-7 Refused
				198			1 Yes
				2,728			2 No
Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
D_LIM_1	605	5	RXLIMIT			HI22e1l	N Amount of Rx coverage limit - Priv1
				11,953			. Inapplicable
				126		1-99999	Annual drug coverage limit
Note: Applies if LIMIT1 = 1. Calculate using RXLIMAMT and RXLIMUNT							
RATE1	610	2	GENHFMT			HI22elm	N SP rating of Rx coverage - Priv1
				8,636			. Missing
				7			-9 Not ascertained
				79			-8 Don't know
				1,123			1 Excellent
				1,043			2 Very good
				812			3 Good
				283			4 Fair
				96			5 Poor
Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
PR_INS1	612	1	INSPLFMT				N Insurance coverage Plan #1
				8,627			. Inapplicable
				0			0 Other government program
				3,227			1 General insurance
				20			2 Dental only
				5			3 Vision only
				4			4 LTC
				190			5 Rx only
				1			6 Dental/Vision
				0			7 Life insurance
				5			8 Cancer/dread disease
				0			9 Military/Other
				Note: This variable is derived from the plan name.			
PR_RX1	613	1	RXPLFMT				N Drug coverage Plan #1
				8,627			. Inapplicable
				3,234			1 Plan covers prescription drugs
				35			2 Plan does not cover prescription drugs
				183			3 Drug discount card
				Note: This variable is derived from the plan name.			
DEDUCT2	614	2	YES1FMT			HI22e1b	N SP has a Rx deductible - Priv2
				11,968			. Inapplicable
				11			-8 Don't know
				18			1 Yes
				82			2 No
				Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.			
D_DED_2	616	5	DEDFMT			HI22e1c	N Deductible for Rx coverage - Priv2
				12,065			. Inapplicable
				14			1-99999 Annual Drug Deductible
				Note: Applies if DEDUCT2 = 1 & RXDEAMT > 0 & RXDEUNIT > 0			
DIFAMT2	621	2	BRNDFMT			HI22e1d	N SP pays dif amt for gen & brnd Rx - Priv2
				11,968			. Inapplicable
				20			-8 Don't know
				50			1 Yes
				40			2 No
				1			3 Plan does not cover brand name drugs
				Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.			
BRUNIT2	623	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv2
				12,029			. Inapplicable
				14			-8 Don't know
				4			1 Percentage
				32			2 Dollars
				0			3 No cost
				Note: Applies only if DIFAMT2 ? . or DIFAMT2 ? 3			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRAMT2	625	8	COSTFMT			HI22elg	N Amount paid for brand Rx - Priv2
				12,047			. Inapplicable
				32		0.01-99999.99	Amount usually paid for prescription
Note: Applies if BRUNIT2 = 2 or FIDAMT2 = 3							
BRPCT2	633	3	PCTFMT			HI22elg	N Percentage paid for brand Rx - Priv2
				12,075			. Inapplicable
				4		1-100	Percent SP usually pays for Rx
Note: Applies only if BRUNIT2 = 1							
BRMORL2	636	2	MORELESS			HI22elh	N Brand Rx more/less than \$15 - Priv2
				12,065			. Inapplicable
				5			-8 Don't know
				7			1 More than \$15
				2			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (BRUNIT2 = -7 or -8)							
GNUNIT2	638	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv2
				12,028			. Inapplicable
				13			-8 Don't know
				2			1 Percentage
				34			2 Dollars
				2			3 No cost
Note: Applies only if DIFAMT2 = 1							
GNAMT2	640	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv2
				12,045			. Inapplicable
				34		0.01-99999.99	Amount usually paid for prescription
Note: Applies only if GNUNIT2 = 2 or DIFAMT2 = 2							
GNPCT2	648	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv2
				12,077			. Inapplicable
				2		1-100	Percent SP usually pays for Rx
Note: Applies only if GNUNIT2 = 1							
GNMORL2	651	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv2
				12,066			. Inapplicable
				6			-8 Don't know
				4			1 More than \$15
				3			2 Less than \$15
Note: Applies if usual cost of Rx was not provided (GNUNIT2 = -7 or -8)							

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

LIMIT2 653 2 YES1FMT HI22e1k N Plan has Rx coverage limit - Priv2
 11,968 . Inapplicable
 20 -8 Don't know
 4 1 Yes
 87 2 No

Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

D_LIM_2 655 5 RXLIMIT HI22e1l N Amount of Rx coverage limit - Priv2
 12,078 . Inapplicable
 1 1-99999 Annual drug coverage limit

Note: Applies if LIMIT2 = 1. Calculate using RXLIMAMT and RXLIMUNT

RATE2 660 2 GENHFMT HI22elm N SP rating of Rx coverage - Priv2
 11,968 . Missing
 6 -8 Don't know
 39 1 Excellent
 37 2 Very good
 23 3 Good
 5 4 Fair
 1 5 Poor

Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

PR_INS2 662 1 INSPLFMT N Insurance coverage Plan #2
 11,967 . Inapplicable
 0 0 Other government program
 63 1 General insurance
 4 2 Dental only
 1 3 Vision only
 1 4 LTC
 42 5 Rx only
 0 6 Dental/Vision
 0 7 Life insurance
 1 8 Cancer/dread disease
 0 9 Military/Other

Note: This variable is derived from the plan name.

PR_RX2 663 1 RXPLFMT N Drug coverage Plan #2
 11,967 . Inapplicable
 98 1 Plan covers prescription drugs
 7 2 Plan does not cover prescription drugs
 7 3 Drug discount card

Note: This variable is derived from the plan name.

DEDUCT3 664 2 YES1FMT HI22e1b N SP has a Rx deductible - Priv3
 12,077 . Inapplicable
 0 1 Yes
 2 2 No

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_DED_3	666	5	DEFMT			HI22e1c	N Deductible for Rx coverage - Priv3 12,079 . Inapplicable 0 1-99999 Annual Drug Deductible Note: Applies if DEDUCT3 = 1 & RXDEAMT > 0 & RXDEUNIT > 0
DIFAMT3	671	2	BRNDFMT			HI22e1d	N SP pays dif amt for gen & brnd Rx - Priv3 12,077 . Inapplicable 1 1 Yes 0 2 No 1 3 Plan does not cover brand name drugs Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.
BRUNIT3	673	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv3 12,078 . Inapplicable 0 1 Percentage 1 2 Dollars 0 3 No cost Note: Applies only if DIFAMT3 = 1 or DIFAMT3 = 3
BRAMT3	675	8	COSTFMT			HI22e1g	N Amount paid for brand Rx - Priv3 12,078 . Inapplicable 1 0.01-99999.99 Amount usually paid for prescription Note: Applies if BRUNIT3 = 2 or DIFAMT3 = 3
BRPCT3	683	3	PCTFMT			HI22e1g	N Percentage paid for brand Rx - Priv3 12,079 . Inapplicable 0 1-100 Percent SP usually pays for Rx Note: Applies only if BRUNIT3 = 1
BRMORL3	686	2	MORELESS			HI22e1h	N Brand Rx more/less than \$15 - Priv3 12,079 . Inapplicable 0 1 More than \$15 0 2 Less than \$15 Note: Applies if usual cost of Rx was not provided (BRUNIT3 = -7 or -8)
GNUNIT3	688	2	UNITFMT			HI22e1i	N Unit of amt paid for generic Rx - Priv3 12,077 . Inapplicable 0 1 Percentage 1 2 Dollars 1 3 No cost Note: Applies only if DIFAMT3 = 1
GNAMT3	690	8	COSTFMT			HI22e1i	N Amount paid for generic Rx - Priv3 12,078 . Inapplicable 1 0.01-99999.99 Amount usually paid for prescription Note: Applies only if GNUNIT3 = 2 or DIFAMT3 = 2

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

GNPCT3 698 3 PCTFMT HI22eli N Percentage paid for generic Rx - Priv3
 12,079 . Inapplicable
 0 1-100 Percent SP usually pays for Rx

Note: Applies only if GNUNIT3 = 1

GNMORL3 701 2 MORELESS HI22elj N Generic Rx more/less than \$15 - Priv3
 12,079 . Inapplicable
 0 1 More than \$15
 0 2 Less than \$15

Note: Applies if usual cost of Rx was not provided (GNUNIT3 = -7 or -8)

LIMIT3 703 2 YES1FMT HI22elk N Plan has Rx coverage limit - Priv3
 12,077 . Inapplicable
 0 1 Yes
 2 2 No

Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

D_LIM_3 705 5 RXLIMIT HI22ell N Amount of Rx coverage limit - Priv3
 12,079 . Inapplicable
 0 1-99999 Annual drug coverage limit

Note: Applies if LIMIT3 = 1. Calculate using RXLIMAMT and RXLIMUNT

RATE3 710 2 GENHFMT HI22elm N SP rating of Rx coverage - Priv3
 12,077 . Missing
 0 1 Excellent
 1 2 Very good
 0 3 Good
 1 4 Fair
 0 5 Poor

Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

PR_INS3 712 1 INSPLFMT N Insurance coverage Plan #3
 12,077 . Inapplicable
 0 Other government program
 2 1 General insurance
 0 2 Dental only
 0 3 Vision only
 0 4 LTC
 0 5 Rx only
 0 6 Dental/Vision
 0 7 Life insurance
 0 8 Cancer/dread disease
 0 9 Military/Other

Note: This variable is derived from the plan name.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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PR_RX3	713	1	RXPLFMT				N Drug coverage Plan #3
				12,077			. Inapplicable
				2			1 Plan covers prescription drugs
				0			2 Plan does not cover prescription drugs
				0			3 Drug discount card

Note: This variable is derived from the plan name.

DEDUCT4	714	2	YES1FMT			HI22e1b	N SP has a Rx deductible - Priv4
				12,079			. Inapplicable
				0			1 Yes
				0			2 No

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

D_DED_4	716	5	DEDFMT			HI22e1c	N Deductible for Rx coverage - Priv4
				12,079			. Inapplicable
				0			1-99999 Annual Drug Deductible

Note: Applies if DEDUCT4 = 1 & RXDEAMT > 0 & RXDEUNIT > 0

DIFAMT4	721	2	BRNDFMT			HI22e1d	N SP pays dif amt for gen & brnd Rx - Priv4
				12,079			. Inapplicable
				0			1 Yes
				0			2 No
				0			3 Plan does not cover brand name drugs

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

BRUNIT4	723	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv4
				12,079			. Inapplicable
				0			1 Percentage
				0			2 Dollars
				0			3 No cost

Note: Applies only if DIFAMT4 = 1 or DIFAMT4 = 3

BRAMT4	725	8	COSTFMT			HI22e1g	N Amount paid for brand Rx - Priv4
				12,079			. Inapplicable
				0			0.01-99999.99 Amount usually paid for prescription

Note: Applies if BRUNIT4 = 2 or DIFAMT4 = 3

BRPCT4	733	3	PCTFMT			HI22e1g	N Percentage paid for brand Rx - Priv4
				12,079			. Inapplicable
				0			1-100 Percent SP usually pays for Rx

Note: Applies only if BRUNIT4 = 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRMORL4	736	2	MORELESS			HI22elh	N Brand Rx more/less than \$15 - Priv4
				12,079			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (BRUNIT4 = -7 or -8)			
GNUNIT4	738	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv4
				12,079			. Inapplicable
				0			1 Percentage
				0			2 Dollars
				0			3 No cost
				Note: Applies only if DIFAMT4 = 1			
GNAMT4	740	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv4
				12,079			. Inapplicable
				0		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if GNUNIT4 = 2 or DIFAMT4 = 2			
GNPCT4	748	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv4
				12,079			. Inapplicable
				0		1-100	Percent SP usually pays for Rx
				Note: Applies only if GNUNIT4 = 1			
GNMORL4	751	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv4
				12,079			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (GNUNIT4 = -7 or -8)			
LIMIT4	753	2	YES1FMT			HI22elk	N Plan has Rx coverage limit - Priv4
				12,079			. Inapplicable
				0			1 Yes
				0			2 No
				Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)			
D_LIM_4	755	5	RXLIMIT			HI22ell	N Amount of Rx coverage limit - Priv4
				12,079			. Inapplicable
				0		1-99999	Annual drug coverage limit
				Note: Applies if LIMIT4 = 1. Calculate using RXLIMAMT and RXLIMUNT			

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

RATE4 760 2 GENHFMT HI22e1m N SP rating of Rx coverage - Priv4
 12,079 . Missing
 0 1 Excellent
 0 2 Very good
 0 3 Good
 0 4 Fair
 0 5 Poor

Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

PR_INS4 762 1 INSPLFMT N Insurance coverage Plan #4
 12,079 . Inapplicable
 0 0 Other government program
 0 1 General insurance
 0 2 Dental only
 0 3 Vision only
 0 4 LTC
 0 5 Rx only
 0 6 Dental/Vision
 0 7 Life insurance
 0 8 Cancer/dread disease
 0 9 Military/Other

Note: This variable is derived from the plan name.

PR_RX4 763 1 RXPLFMT N Drug coverage Plan #4
 12,079 . Inapplicable
 0 1 Plan covers prescription drugs
 0 2 Plan does not cover prescription drugs
 0 3 Drug discount card

Note: This variable is derived from the plan name.

DEDUCT5 764 2 YES1FMT HI22e1b N SP has a Rx deductible - Priv5
 12,079 . Inapplicable
 0 1 Yes
 0 2 No

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

D_DED_5 766 5 DEDFMT HI22e1c N Deductible for Rx coverage - Priv5
 12,079 . Inapplicable
 0 1-99999 Annual Drug Deductible

Note: Applies if DEDUCT5 = 1 & RXDEAMT > 0 & RXDEUNIT > 0

DIFAMT5 771 2 BRNDFMT HI22e1d N SP pays dif amt for gen & brnd Rx - Prv5
 12,079 . Inapplicable
 0 1 Yes
 0 2 No
 0 3 Plan does not cover brand name drugs

Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRUNIT5	773	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv5
				12,079			. Inapplicable
				0			1 Percentage
				0			2 Dollars
				0			3 No cost
				Note: Applies only if DIFAMT5 ? . or DIFAMT5 ? 3			
BRAMT5	775	8	COSTFMT			HI22e1g	N Amount paid for brand Rx - Priv5
				12,079			. Inapplicable
				0		0.01-99999.99	Amount usually paid for prescription
				Note: Applies if BRUNIT5 = 2 or DIFAMT5 = 3			
BRPCT5	783	3	PCTFMT			HI22e1g	N Percentage paid for brand Rx - Priv5
				12,079			. Inapplicable
				0		1-100	Percent SP usually pays for Rx
				Note: Applies only if BRUNIT5 = 1			
BRMORL5	786	2	MORELESS			HI22e1h	N Brand Rx more/less than \$15 - Priv5
				12,079			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (BRUNIT5 = -7 or -8)			
GNUNIT5	788	2	UNITFMT			HI22e1i	N Unit of amt paid for generic Rx - Priv5
				12,079			. Inapplicable
				0			1 Percentage
				0			2 Dollars
				0			3 No cost
				Note: Applies only if DIFAMT5 = 1			
GNAMT5	790	8	COSTFMT			HI22e1i	N Amount paid for generic Rx - Priv5
				12,079			. Inapplicable
				0		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if GNUNIT5 = 2 or DIFAMT5 = 2			
GNPCT5	798	3	PCTFMT			HI22e1i	N Percentage paid for generic Rx - Priv5
				12,079			. Inapplicable
				0		1-100	Percent SP usually pays for Rx
				Note: Applies only if GNUNIT5 = 1			
GNMORL5	801	2	MORELESS			HI22e1j	N Generic Rx more/less than \$15 - Priv5
				12,079			. Inapplicable
				0			1 More than \$15
				0			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (GNUNIT5 = -7 or -8)			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
LIMIT5	803	2	YES1FMT			HI22e1k	N Plan has Rx coverage limit - Priv5
				12,079			. Inapplicable
				0			1 Yes
				0			2 No
Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
D_LIM_5	805	5	RXLIMIT			HI22e1l	N Amount of Rx coverage limit - Priv5
				12,079			. Inapplicable
				0		1-99999	Annual drug coverage limit
Note: Applies if LIMIT5 = 1. Calculate using RXLIMAMT and RXLIMUNT							
RATE5	810	2	GENHFMT			HI22elm	N SP rating of Rx coverage - Priv5
				12,079			. Missing
				0			1 Excellent
				0			2 Very good
				0			3 Good
				0			4 Fair
				0			5 Poor
Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
PR_INS5	812	1	INSPLFMT				N Insurance coverage Plan #5
				12,079			. Inapplicable
				0			0 Other government program
				0			1 General insurance
				0			2 Dental only
				0			3 Vision only
				0			4 LTC
				0			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/dread disease
				0			9 Military/Other
Note: This variable is derived from the plan name.							
PR_RX5	813	1	RXPLFMT				N Drug coverage Plan #5
				12,079			. Inapplicable
				0			1 Plan covers prescription drugs
				0			2 Plan does not cover prescription drugs
				0			3 Drug discount card
Note: This variable is derived from the plan name.							