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

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

RIC	1	1				C Record Identification Code
VERSION	3	1				C Version Number
BASEID	4	8	\$BSIDFMT			C Unique SP Identification Number
				12,864		LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG			C Medicare coverage - Jan
				341		0 No entitlement
				421		1 Part A only
				124		2 Part B only
				11,978		3 Both A and B
D_CAID1	13	1	\$SRC2FMT			C Source of Medicaid coverage status - Jan
				10,214		0 No entitlement
				382		1 Survey data only
				228		2 CMS administrative data only
				2,040		3 Both survey and administrative data
D_PHI1	14	1	\$PHIPLCY			C Private health insurance coverage - Jan
				6,217		0 No entitlement
				2,956		1 Employer-sponsored insurance (ESI)
				2,985		2 Self-purchased
				520		3 Both ESI and self-purchased
				186		4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.						
D_HMO1	15	1	\$HMOFMT			C HMO coverage - Jan
				10,030		0 No coverage
				910		1 Private coverage
				1,688		2 Medicare coverage
				236		3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT			C Number of other plans - Jan
				12,128		0 No other plans
				715		1 1 other plan
				20		2 2 other plans
				1		3 3 other plans
				0		4 4 other plans
Note: Applies only if D_OTH is greater than zero.						
D_CARE2	17	1	\$MEDCOVG			C Medicare coverage - Feb
				380		0 No entitlement
				419		1 Part A only
				123		2 Part B only
				11,942		3 Both A and B

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CAID2	18	1	\$SRC2FMT	10,216			C Source of Medicaid coverage status - Feb
				380			0 No entitlement
				230			1 Survey data only
				2,038			2 CMS administrative data only
							3 Both survey and administrative data
D_PHI2	19	1	\$PHIPLCY	6,198			C Private health insurance coverage - Feb
				2,965			0 No entitlement
				2,987			1 Employer-sponsored insurance (ESI)
				525			2 Self-purchased
				189			3 Both ESI and self-purchased
							4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO2	20	1	\$HMOFMT	10,112			C HMO coverage - Feb
				832			0 No coverage
				1,725			1 Private coverage
				195			2 Medicare coverage
							3 Both Medicare and private coverage
D_OTH2	21	1	\$OTHFMT	12,110			C Number of other plans - Feb
				731			0 No other plans
				21			1 1 other plan
				1			2 2 other plans
				1			3 3 other plans
				1			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE3	22	1	\$MEDCOVG	398			C Medicare coverage - Mar
				423			0 No entitlement
				120			1 Part A only
				11,923			2 Part B only
							3 Both A and B
D_CAID3	23	1	\$SRC2FMT	10,222			C Source of Medicaid coverage status - Mar
				376			0 No entitlement
				234			1 Survey data only
				2,032			2 CMS administrative data only
							3 Both survey and administrative data
D_PHI3	24	1	\$PHIPLCY	6,171			C Private health insurance coverage - Mar
				2,967			0 No entitlement
				2,994			1 Employer-sponsored insurance (ESI)
				534			2 Self-purchased
				198			3 Both ESI and self-purchased
							4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMO3	25	1	\$HMOFMT				C HMO coverage - Mar
				10,156			0 No coverage
				799			1 Private coverage
				1,757			2 Medicare coverage
				152			3 Both Medicare and private coverage
D_OTH3	26	1	\$OTHFMT				C Number of other plans - Mar
				12,108			0 No other plans
				731			1 1 other plan
				23			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE4	27	1	\$MEDCOVG				C Medicare coverage - Apr
				436			0 No entitlement
				420			1 Part A only
				118			2 Part B only
				11,890			3 Both A and B
D_CAID4	28	1	\$SRC2FMT				C Source of Medicaid coverage status - Apr
				10,232			0 No entitlement
				366			1 Survey data only
				237			2 CMS administrative data only
				2,029			3 Both survey and administrative data
D_PHI4	29	1	\$PHIPLCY				C Private health insurance coverage - Apr
				6,193			0 No entitlement
				2,954			1 Employer-sponsored insurance (ESI)
				2,979			2 Self-purchased
				538			3 Both ESI and self-purchased
				200			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO4	30	1	\$HMOFMT				C HMO coverage - Apr
				10,193			0 No coverage
				772			1 Private coverage
				1,769			2 Medicare coverage
				130			3 Both Medicare and private coverage
D_OTH4	31	1	\$OTHFMT				C Number of other plans - Apr
				12,102			0 No other plans
				737			1 1 other plan
				23			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				467			0 No entitlement
				423			1 Part A only
				117			2 Part B only
				11,857			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				10,229			0 No entitlement
				373			1 Survey data only
				239			2 CMS administrative data only
				2,023			3 Both survey and administrative data
D_PHI5	34	1	\$PHIPLCY				C Private health insurance coverage - May
				6,183			0 No entitlement
				2,945			1 Employer-sponsored insurance (ESI)
				2,985			2 Self-purchased
				546			3 Both ESI and self-purchased
				205			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				10,219			0 No coverage
				768			1 Private coverage
				1,765			2 Medicare coverage
				112			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				12,087			0 No other plans
				727			1 1 other plan
				48			2 2 other plans
				1			3 3 other plans
				1			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				494			0 No entitlement
				423			1 Part A only
				116			2 Part B only
				11,831			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				10,228			0 No entitlement
				377			1 Survey data only
				248			2 CMS administrative data only
				2,011			3 Both survey and administrative data

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI6	39	1	\$PHIPLCY				C Private health insurance coverage - Jun
				6,155			0 No entitlement
				2,947			1 Employer-sponsored insurance (ESI)
				2,980			2 Self-purchased
				556			3 Both ESI and self-purchased
				226			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				10,230			0 No coverage
				766			1 Private coverage
				1,759			2 Medicare coverage
				109			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				12,055			0 No other plans
				769			1 1 other plan
				37			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				524			0 No entitlement
				402			1 Part A only
				115			2 Part B only
				11,823			3 Both A and B
D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				10,223			0 No entitlement
				390			1 Survey data only
				258			2 CMS administrative data only
				1,993			3 Both survey and administrative data
D_PHI7	44	1	\$PHIPLCY				C Private health insurance coverage - Jul
				6,126			0 No entitlement
				2,962			1 Employer-sponsored insurance (ESI)
				2,958			2 Self-purchased
				565			3 Both ESI and self-purchased
				253			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				10,249			0 No coverage
				750			1 Private coverage
				1,753			2 Medicare coverage
				112			3 Both Medicare and private coverage

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				12,003			0 No other plans
				822			1 1 other plan
				35			2 2 other plans
				4			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				538			0 No entitlement
				401			1 Part A only
				116			2 Part B only
				11,809			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				10,221			0 No entitlement
				389			1 Survey data only
				256			2 CMS administrative data only
				1,998			3 Both survey and administrative data
D_PHI8	49	1	\$PHIPLCY				C Private health insurance coverage - Aug
				6,120			0 No entitlement
				2,969			1 Employer-sponsored insurance (ESI)
				2,955			2 Self-purchased
				562			3 Both ESI and self-purchased
				258			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				10,268			0 No coverage
				738			1 Private coverage
				1,752			2 Medicare coverage
				106			3 Both Medicare and private coverage
D_OTH8	51	1	\$OTHFMT				C Number of other plans - Aug
				11,991			0 No other plans
				838			1 1 other plan
				33			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE9	52	1	\$MEDCOVG				C Medicare coverage - Sep
				553			0 No entitlement
				407			1 Part A only
				116			2 Part B only
				11,788			3 Both A and B

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CAID9	53	1	\$SRC2FMT	10,226			C Source of Medicaid coverage status - Sep
				392			0 No entitlement
				259			1 Survey data only
				1,987			2 CMS administrative data only
							3 Both survey and administrative data
D_PHI9	54	1	\$PHIPLCY	6,103			C Private health insurance coverage - Sep
				2,973			0 No entitlement
				2,954			1 Employer-sponsored insurance (ESI)
				578			2 Self-purchased
				256			3 Both ESI and self-purchased
							4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO9	55	1	\$HMOFMT	10,272			C HMO coverage - Sep
				743			0 No coverage
				1,732			1 Private coverage
				117			2 Medicare coverage
							3 Both Medicare and private coverage
D_OTH9	56	1	\$OTHFMT	11,975			C Number of other plans - Sep
				861			0 No other plans
				26			1 1 other plan
				2			2 2 other plans
				0			3 3 other plans
							4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE10	57	1	\$MEDCOVG	564			C Medicare coverage - Oct
				411			0 No entitlement
				114			1 Part A only
				11,775			2 Part B only
							3 Both A and B
D_CAID10	58	1	\$SRC2FMT	10,217			C Source of Medicaid coverage status - Oct
				401			0 No entitlement
				259			1 Survey data only
				1,987			2 CMS administrative data only
							3 Both survey and administrative data
D_PHI10	59	1	\$PHIPLCY	6,114			C Private health insurance coverage - Oct
				2,976			0 No entitlement
				2,928			1 Employer-sponsored insurance (ESI)
				583			2 Self-purchased
				263			3 Both ESI and self-purchased
							4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				10,264			0 No coverage
				757			1 Private coverage
				1,717			2 Medicare coverage
				126			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,962			0 No other plans
				871			1 1 other plan
				29			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				587			0 No entitlement
				413			1 Part A only
				113			2 Part B only
				11,751			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				10,227			0 No entitlement
				402			1 Survey data only
				272			2 CMS administrative data only
				1,963			3 Both survey and administrative data
D_PHI11	64	1	\$PHIPLCY				C Private health insurance coverage - Nov
				6,252			0 No entitlement
				2,965			1 Employer-sponsored insurance (ESI)
				2,893			2 Self-purchased
				558			3 Both ESI and self-purchased
				196			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				10,277			0 No coverage
				748			1 Private coverage
				1,717			2 Medicare coverage
				122			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				12,009			0 No other plans
				821			1 1 other plan
				32			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				630			0 No entitlement
				412			1 Part A only
				112			2 Part B only
				11,710			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				10,255			0 No entitlement
				421			1 Survey data only
				277			2 CMS administrative data only
				1,911			3 Both survey and administrative data
D_PHI12	69	1	\$PHIPLCY				C Private health insurance coverage - Dec
				6,407			0 No entitlement
				2,933			1 Employer-sponsored insurance (ESI)
				2,852			2 Self-purchased
				547			3 Both ESI and self-purchased
				125			4 Facility respondent, type unknown
Note: Applies only if D_PHI is greater than zero.							
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				10,295			0 No coverage
				738			1 Private coverage
				1,711			2 Medicare coverage
				120			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				12,061			0 No other plans
				769			1 1 other plan
				32			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
Note: Applies only if D_OTH is greater than zero.							
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				0			0 No entitlement
				395			1 Part A only
				122			2 Part B only
				12,347			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,941			0 No entitlement
				444			1 Survey data only
				254			2 CMS administrative data only
				2,225			3 Both survey and administrative data

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHI	74	1	\$PHIPLCY				C Annual private health insurance coverage
				5,654			0 No entitlement
				3,099			1 Employer-sponsored insurance (ESI)
				3,085			2 Self-purchased
				689			3 Both ESI and self-purchased
				337			4 Facility respondent, type unknown
D_HMO	75	1	\$HMOFMT				C HMO coverage for the year
				9,825			0 No coverage
				1,013			1 Private coverage
				1,708			2 Medicare coverage
				318			3 Both Medicare and private coverage
D_OTH	76	1	\$OTHFMT				C Number of other plans for the year
				11,841			0 No other plans
				923			1 1 other plan
				95			2 2 other plans
				3			3 3 other plans
				2			4 4 other plans
TOT_PREM	77	8	PREM_F				N Total health insurance premiums
				4,017			. Inapplicable
				2,162		0-100	\$100 or less
				1,149		100.01-500	\$101-\$500
				1,246		500.01-1000	\$501-\$1000
				2,057		1000.01-1500	\$1001-\$1500
				1,004		1500.01-2000	\$1501-\$2000
				539		2000.01-2500	\$2001-\$2500
				295		2500.01-3000	\$2501-\$3000
				130		3000.01-3500	\$3001-\$3500
				108		3500.01-4000	\$3501-\$4000
				55		4000.01-4500	\$4001-\$4500
				43		4500.01-5000	\$4501-\$5000
				59		5000.01-99999	Over \$5000

Note: See Notes for derivation

DRUGCAID	85	2	YES1FMT				N Medicaid prescription drug coverage
				10,999			. Inapplicable
				1			-9 Not ascertained
				16			-8 Don't know
				1,634			1 Yes
				214			2 No

Notes: Applies only if D_CAID is greater than zero.
 First available in 1999

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
DRUGOTH	87	2	YES1FMT				N Other public plan pres drug coverage
				11,995			. Inapplicable
				1			-9 Not ascertained
				8			-8 Don't know
				1			-7 Refused
				717			1 Yes
				142			2 No
Notes: Applies only if D_OTH is greater than zero. First available in 1999							
D_RXOTH	89	2	RXPLFMT				N Other public plan pres drug coverage-imp
				11,985			. Inapplicable
				698			1 Plan covers prescription drugs
				177			2 Plan does not cover prescription drugs
				4			3 Drug discount card
Notes: Note not created First available in 2001							
D_INSOTH	91	2					N Other public plan insurance coverage
Notes: Note not created First available in 2001							
D_TYPPL1	93	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,538			. Inapplicable
				3,186			1 Employer-sponsored insurance (ESI)
				3,024			2 Self-purchased
				238			3 Private unknown
				1,131			4 Private HMO
				1,747			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
				3,538			. Inapplicable
				9,326			Date as YYYYMMDD
Note: Applies only if D_TYPPL1 is greater than zero.							
D_ENDPL1	103	8	DTE8FMT				N Date coverage ended - plan #1
				3,538			. Inapplicable
				9,326			Date as YYYYMMDD
Note: Applies only if D_TYPPL1 is greater than zero.							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL1	111	2	RELFMT				N Policy holder relationship - Plan #1
				4,466			. Inapplicable
				0			-5 Never ask again
				7,167			1 Sample person
				1,179			2 Spouse
				2			3 Son
				7			4 Daughter
				0			5 Brother
				0			6 Sister
				16			7 Father
				18			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				3			92 Other non-relative
D_COVNM1	113	2	COVGFMT				N # of family members covered by Plan #1
				4,466			. Inapplicable
				11			-8 Don't know
				8,387			Number reported covered
D_COVRX1	115	2	YES1FMT				N Does Plan #1 cover prescribed medicines?
				3,870			. Inapplicable
				5,716			1 Yes
				3,278			2 No
D_COVNH1	117	2	YES1FMT				N Does Plan #1 cover stay in nursing home?
				3,870			. Inapplicable
				2			-9 Not ascertained
				2,264			-8 Don't know
				1			-7 Refused
				1,664			1 Yes
				5,063			2 No
D_PAYSP1	119	2	PAYSPFMT				N MIP pay any/all cost for Plan #1
				3,870			. Inapplicable
				1			-9 Not ascertained
				110			-8 Don't know
				5,575			1 Yes
				2,422			2 No
				886			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
				4,867		. Inapplicable
				2,700		0-100 \$100 or less
				1,115		100.01-500 \$101-\$500
				1,053		500.01-1000 \$501-\$1000
				1,226		1000.01-1500 \$1001-\$1500
				811		1500.01-2000 \$1501-\$2000
				424		2000.01-2500 \$2001-\$2500
				263		2500.01-3000 \$2501-\$3000
				134		3000.01-3500 \$3001-\$3500
				105		3500.01-4000 \$3501-\$4000
				45		4000.01-4500 \$4001-\$4500
				45		4500.01-5000 \$4501-\$5000
				76		5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	129	2	YES1FMT	HI25		N Is Plan #1 an HMO
				6,214		. Inapplicable
				10		-9 Not ascertained
				85		-8 Don't know
				409		1 Yes
				6,146		2 No

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

D_PLNUM1	131	5				C Medicare HMO code or other plan code #1
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Notes: Applies only if D_HMOPL1 equals 1.
 First available in 1999

D_OBTNP1	136	2	MIPFMT			N How did MIP get Plan #1
				6,213		. Inapplicable
				63		-8 Don't know
				2,730		1 Directly
				531		2 Main insured person's current employer
				2,524		3 Main insured person's prior employer
				87		4 Union
				51		5 Family business
				231		6 AARP
				350		7 Deceased spouse's employer
				18		8 Deceased spouse's union
				49		9 Fraternal/professional organization
				17		91 Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				9,030			Inapplicable
				1			-7 Refused
				5			-8 Don't know
				21			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				15			B Mining
				24			C Construction
				30			D Manufacturing
				4			E Transportation and public utilities
				2			F Wholesale trade
				16			G Retail trade
				3			H Finance, insurance, and real estate
				0			I Services
				108			J Public administration
				64			K Nonclassifiable establishments
				1			01 Agricultural production - crops
				8			02 Agricultural production - livestock
				7			07 Agricultural services
				8			08 Forestry
				2			09 Fishing, hunting, and trapping
				0			10 Metal mining
				29			12 Coal mining
				12			13 Oil and gas extraction
				4			14 Nonmetallic minerals, except fuels
				4			15 General building contractors
				11			16 Heavy construction, excluding building
				46			17 Special trade contractors
				64			20 Food and kindred products
				4			21 Tobacco products
				23			22 Textile mill products
				26			23 Apparel and other textile products
				13			24 Lumber and wood products
				10			25 Furniture and fixtures
				31			26 Paper and allied products
				27			27 Printing and publishing
				128			28 Chemicals and allied products
				73			29 Petroleum and coal products
				34			30 Rubber and misc. plastics products
				5			31 Leather and leather products
				19			32 Stone, clay, and glass products
				139			33 Primary metal industries
				67			34 Fabricated metal products
				85			35 Industrial machinery and equipment
				66			36 Electronic & other electric equipment
				214			37 Transportation equipment
				20			38 Instruments and related products
				2			39 Miscellaneous manufacturing industries
				43			40 Railroad transportation
				10			41 Local and interurban passenger transit
				23			42 Trucking and warehousing
				132			43 U.S. Postal Service
				7			44 Water transportation
				20			45 Transportation by air
				0			46 Pipelines, except natural gas
				0			47 Transportation services
				141			48 Communications
				103			49 Electric, gas, and sanitary services
				14			50 Wholesale trade - durable goods
				12			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				42			53 General merchandise stores

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
				40			54 Food stores
				7			55 Automotive dealers & service stations
				0			56 Apparel and accessory stores
				1			57 Furniture and home furnishings stores
				22			58 Eating and drinking places
				15			59 Miscellaneous retail
				36			60 Depository institutions
				1			61 Nondepository institutions
				3			62 Security and commodity brokers
				87			63 Insurance carriers
				0			64 Insurance agents, brokers, and services
				13			65 Real estate
				0			67 Holding and other investment offices
				4			70 Hotels and other lodging places
				12			72 Personal services
				28			73 Business services
				6			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				2			78 Motion pictures
				18			79 Amusement & recreation services
				146			80 Health services
				11			81 Legal services
				498			82 Educational services
				3			83 Social services
				1			84 Museums, botanical, zoological gardens
				83			86 Membership organizations
				60			87 Engineering & management services
				0			88 Private households
				2			89 Services, nec
				332			91 Executive, legislative, and general
				86			92 Justice, public order, and safety
				25			93 Finance, taxation, & monetary policy
				30			94 Administration of Human Resources
				10			95 Environmental quality and housing
				28			96 Administration of economic programs
				196			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 #1
				12,036			Inapplicable
				78			-8 Don't know
				34			A Plan A
				47			B Plan B
				164			C Plan C
				37			D Plan D
				18			E Plan E
				276			F Plan F
				13			G Plan G
				15			H Plan H
				18			I Plan I
				93			J Plan J
				0			99 SP reports plan does not have a letter
				35			-8 Other plan letter

Notes: Applies only if INTERVU = C, D_TYPP1 = 4, and D_OBTNP1 = 1, 5, or 6
 First available in 1999

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI1	142	2	YES1FMT				N TRICARE plan letter #1
				12,826			. Inapplicable
				38			1 Yes
				0			2 No
				Notes: Note not created First available in 2001			
D_INS1	144	2	INSPLFMT				N Insurance coverage plan letter #1
				6,654			. Inapplicable
				6,050			1 General insurance
				43			2 Dental only
				2			3 Vision only
				27			4 LTC
				75			5 Rx only
				2			6 Dental/Vision
				3			7 Life insurance
				8			8 Cancer/Dread Decease/Military/Other
				Notes: Applies only if D_TYPL1 = 1 or 2 First available in 2001			
D_RX1	146	2	RXPFLFMT				N Drug coverage plan letter #1
				6,654			. Inapplicable
				2,858			1 Plan covers prescription drugs
				3,178			2 Plan does not cover prescription drugs
				174			3 Drug discount card
				Notes: Applies only if D_TYPL1 = 1 or 2 First available in 2001			
D_TYPPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				9,064			. Inapplicable
				1,373			1 Employer-sponsored insurance (ESI)
				1,616			2 Self-purchased
				70			3 Private unknown
				306			4 Private HMO
				435			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
				9,064			. Inapplicable
				3,800			Date as YYYYMMDD
				Note: Applies only if D_TYPPL2 is greater than zero.			
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				9,064			. Inapplicable
				3,800			Date as YYYYMMDD
				Note: Applies only if D_TYPPL2 is greater than zero.			

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				9,293			. Inapplicable
				0			-5 Never ask again
				2,976			1 Sample person
				582			2 Spouse
				0			3 Son
				2			4 Daughter
				0			5 Brother
				0			6 Sister
				2			7 Father
				3			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				5			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
				1			92 Other non-relative
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				9,293			. Inapplicable
				11			-9 Not ascertained
				7			-8 Don't know
				1			-7 Refused
				3,552			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				9,185			. Inapplicable
				1,790			1 Yes
				1,889			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				9,185			. Inapplicable
				4			-9 Not ascertained
				560			-8 Don't know
				2			-7 Refused
				845			1 Yes
				2,268			2 No
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				9,185			. Inapplicable
				4			-9 Not ascertained
				71			-8 Don't know
				3			-7 Refused
				2,103			1 Yes
				1,110			2 No
				388			3 Yes, but don't know how much

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

D_ANAMT2 176 8 PREM_F N Premium MIP pays for Plan #2-Annualized

9,651	.	Inapplicable
1,354	0-100	\$100 or less
583	100.01-500	\$101-\$500
552	500.01-1000	\$501-\$1000
348	1000.01-1500	\$1001-\$1500
179	1500.01-2000	\$1501-\$2000
70	2000.01-2500	\$2001-\$2500
55	2500.01-3000	\$2501-\$3000
26	3000.01-3500	\$3001-\$3500
12	3500.01-4000	\$3501-\$4000
9	4000.01-4500	\$4001-\$4500
11	4500.01-5000	\$4501-\$5000
14	5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2 184 2 YES1FMT HI25 N Is Plan #2 an HMO

9,728	.	Inapplicable
19	-9	Not ascertained
54	-8	Don't know
146	1	Yes
2,917	2	No

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

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

Notes: Applies only if D_HMOPL2 equals 1.
 First available in 1999

D_OBTNP2 191 2 MIPFMT N How did MIP get Plan #2

9,728	.	Inapplicable
6	-9	Not ascertained
23	-8	Don't know
1	-7	Refused
1,490	1	Directly
256	2	Main insured person's current employer
1,055	3	Main insured person's prior employer
43	4	Union
15	5	Family business
92	6	AARP
102	7	Deceased spouse's employer
7	8	Deceased spouse's union
22	9	Fraternal/professional organization
24	91	Other

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

D_INDUS2 193 2 \$IND2COD C Industry of employer - Plan #2

11,394	.	Inapplicable
1	-8	Don't know
24	-9	Not ascertained
1,445		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 #2
 12,604 Missing
 27 -8 Don't know
 0 99 SP reports plan does not have a letter
 233 Plan letter

Notes: Applies only if INTERVU = C, D_TYPL2 = 4, and D_OBTNP2 = 1, 5, or 6
 First available in 1999

D_TRI2 197 2 YES1FMT N TRICARE plan letter #2
 12,714 . Inapplicable
 150 1 Yes
 0 2 No

Notes: Note not created
 First available in 2001

D_INS2 199 2 INSPLFMT N Insurance coverage plan letter #2
 9,875 . Inapplicable
 2,184 1 General insurance
 334 2 Dental only
 8 3 Vision only
 179 4 LTC
 225 5 Rx only
 20 6 Dental/Vision
 6 7 Life insurance
 33 8 Cancer/Dread Decease/Military/Other

Notes: Applies only if D_TYPL2 = 1 or 2
 First available in 2001

D_RX2 201 2 RXPLFMT N Drug coverage plan letter #2
 9,875 . Inapplicable
 979 1 Plan covers prescription drugs
 1,842 2 Plan does not cover prescription drugs
 168 3 Drug discount card

Notes: Applies only if D_TYPL2 = 1 or 2
 First available in 2001

D_TYPL3 203 2 PLANFMT HI17 N Type of plan - Plan #3
 11,618 . Inapplicable
 548 1 Employer-sponsored insurance (ESI)
 477 2 Self-purchased
 30 3 Private unknown
 84 4 Private HMO
 107 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
 11,618 . Inapplicable
 1,246 Date as YYYYMMDD

Note: Applies only if D_TYPL3 is greater than zero.

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

D_ENDPL3 213 8 DTE8FMT N Date coverage ended - plan #3
 11,618 . Inapplicable
 1,246 Date as YYYYMMDD

Note: Applies only if D_TYPPL3 is greater than zero.

D_PHREL3 221 2 RELFMT N Policy holder relationship - Plan #3
 11,691 . Inapplicable
 0 -5 Never ask again
 945 1 Sample person
 224 2 Spouse
 1 3 Son
 1 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
 2 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
 11,691 . Inapplicable
 1 -9 Not ascertained
 5 -8 Don't know
 1,167 Number reported covered

D_COVRX3 225 2 YES1FMT N Does Plan #3 cover prescribed medicines?
 11,693 . Inapplicable
 542 1 Yes
 629 2 No

D_COVNH3 227 2 YES1FMT N Does Plan #3 cover stay in nursing home?
 11,693 . Inapplicable
 1 -9 Not ascertained
 136 -8 Don't know
 1 -7 Refused
 260 1 Yes
 773 2 No

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

D_PAYSP3 229 2 PAYSFMT N MIP pay any/all cost for Plan #3
 11,693 . Inapplicable
 2 -9 Not ascertained
 27 -8 Don't know
 1 -7 Refused
 567 1 Yes
 448 2 No
 126 3 Yes, but don't know how much

D_ANAMT3 231 8 PREM_F N Premium MIP pays for Plan #3-Annualized
 11,849 . Inapplicable
 559 0-100 \$100 or less
 178 100.01-500 \$101-\$500
 124 500.01-1000 \$501-\$1000
 66 1000.01-1500 \$1001-\$1500
 41 1500.01-2000 \$1501-\$2000
 15 2000.01-2500 \$2001-\$2500
 14 2500.01-3000 \$2501-\$3000
 6 3000.01-3500 \$3001-\$3500
 6 3500.01-4000 \$3501-\$4000
 3 4000.01-4500 \$4001-\$4500
 1 4500.01-5000 \$4501-\$5000
 2 5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3 239 2 YES1FMT HI25 N Is Plan #3 an HMO
 11,798 . Inapplicable
 9 -9 Not ascertained
 14 -8 Don't know
 41 1 Yes
 1,002 2 No

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

D_PLNUM3 241 5 C Medicare HMO code or other plan code #3
 Notes: Applies only if D_HMOPL3 equals 1.
 First available in 1999

D_OBTNP3 246 2 MIPFMT N How did MIP get Plan #3
 11,798 . Inapplicable
 15 -8 Don't know
 1 -7 Refused
 427 1 Directly
 81 2 Main insured person's current employer
 429 3 Main insured person's prior employer
 17 4 Union
 5 5 Family business
 30 6 AARP
 35 7 Deceased spouse's employer
 1 8 Deceased spouse's union
 12 9 Fraternal/professional organization
 13 91 Other

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS3	248	2	\$IND2COD	12,312			C Industry of employer - Plan #3
				3			Inapplicable
				549			-9 Not ascertained Industry classification code
Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8							
D_PLLTR3	250	2	\$PLN2LTR	12,808			C Medicare suppl./Medigap plan letter #3
				3			Missing
				0			-8 Don't know
				53			99 SP reports plan does not have a letter Plan letter
Notes: Applies only if INTERVU = C, D_TYPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 1999							
D_TRI3	252	2	YES1FMT	12,806			N TRICARE plan letter #3
				58			. Inapplicable
				0			1 Yes 2 No
Notes: Note not created First available in 2001							
D_INS3	254	2	INSPLFMT	11,839			N Insurance coverage plan letter #3
				643			. Inapplicable
				161			1 General insurance
				20			2 Dental only
				66			3 Vision only
				115			4 LTC
				4			5 Rx only
				2			6 Dental/Vision
				14			7 Life insurance 8 Cancer/Dread Decease/Military/Other
Notes: Applies only if D_TYPL3 = 1 or 2 First available in 2001							
D_RX3	256	2	RXPLFMT	11,839			N Drug coverage plan letter #3
				347			. Inapplicable
				620			1 Plan covers prescription drugs
				58			2 Plan does not cover prescription drugs 3 Drug discount card
Notes: Applies only if D_TYPL3 = 1 or 2 First available in 2001							

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TYPPL4	258	2	PLANFMT	12,493	HI17		N Type of plan - Plan #4
				190			. Inapplicable
				119			1 Employer-sponsored insurance (ESI)
				5			2 Self-purchased
				25			3 Private unknown
				32			4 Private HMO
							5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL4	260	8	DTE8FMT	12,493			N Date coverage began - plan #4
				371			. Inapplicable
							Date as YYYYMMDD
Note: Applies only if D_TYPPL4 is greater than zero.							
D_ENDPL4	268	8	DTE8FMT	12,493			N Date coverage ended - plan #4
				371			. Inapplicable
							Date as YYYYMMDD
Note: Applies only if D_TYPPL4 is greater than zero.							
D_PHREL4	276	2	RELFMT	12,512			N Policy holder relationship - Plan #4
				0			. Inapplicable
				261			-5 Never ask again
				89			1 Sample person
				1			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
				1			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
D_COVNM4	278	2	COVGFMT	12,512			N # of family members covered by Plan #4
				2			. Inapplicable
				1			-8 Don't know
				349			-7 Refused
							Number reported covered

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVRX4	280	2	YES1FMT				N Does Plan #4 cover prescribed medicines?
				12,515			. Inapplicable
				203			1 Yes
				146			2 No
D_COVNH4	282	2	YES1FMT				N Does Plan #4 cover stay in nursing home?
				12,515			. Inapplicable
				30			-8 Don't know
				1			-7 Refused
				60			1 Yes
				258			2 No
D_PAYSP4	284	2	PAYSPFMT				N MIP pay any/all cost for Plan #4
				12,515			. Inapplicable
				8			-8 Don't know
				1			-7 Refused
				134			1 Yes
				172			2 No
				34			3 Yes, but don't know how much
D_ANAMT4	286	8	PREM_F				N Premium MIP pays for Plan #4-Annualized
				12,558			. Inapplicable
				200		0-100	\$100 or less
				39		100.01-500	\$101-\$500
				34		500.01-1000	\$501-\$1000
				16		1000.01-1500	\$1001-\$1500
				8		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
				1		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
				1		5000.01-99999	Over \$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4	294	2	YES1FMT		HI25		N Is Plan #4 an HMO
				12,544			. Inapplicable
				3			-8 Don't know
				11			1 Yes
				306			2 No

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

D_PLNUM4	296	5					C Medicare HMO code or other plan code #4
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Notes: Applies only if D_HMOPL4 equals 1.
 First available in 1999

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP4	301	2	MIPFMT				N How did MIP get Plan #4
				12,544			. Inapplicable
				5			-8 Don't know
				1			-7 Refused
				108			1 Directly
				19			2 Main insured person's current employer
				157			3 Main insured person's prior employer
				12			4 Union
				2			5 Family business
				4			6 AARP
				8			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				3			9 Fraternal/professional organization
				0			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_INDUS4	303	2	\$IND2COD				C Industry of employer - Plan #4
				12,687			Inapplicable
				1			-9 Not ascertained
				176			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 #4
				12,852			Missing
				0			99 SP reports plan does not have a letter
				12			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6 First available in 1999
D_TRI4	307	2	YES1FMT				N TRICARE plan letter #4
				12,832			. Inapplicable
				32			1 Yes
				0			2 No
							Notes: Note not created First available in 2001
D_INS4	309	2	INSPLFMT				N Insurance coverage plan letter #4
				12,555			. Inapplicable
				211			1 General insurance
				32			2 Dental only
				11			3 Vision only
				15			4 LTC
				37			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				3			8 Cancer/Dread Decease/Military/Other
							Notes: Applies only if D_TYPL4 = 1 or 2 First available in 2001

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX4	311	2	RXPLFMT				N Drug coverage plan letter #4
				12,555			. Inapplicable
				146			1 Plan covers prescription drugs
				155			2 Plan does not cover prescription drugs
				8			3 Drug discount card
Notes: Applies only if D_TYPL4 = 1 or 2 First available in 2001							
D_TYPPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				12,771			. Inapplicable
				57			1 Employer-sponsored insurance (ESI)
				24			2 Self-purchased
				0			3 Private unknown
				7			4 Private HMO
				5			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
				12,771			. Inapplicable
				93			Date as YYYYMMDD
Note: Applies only if D_TYPPL5 is greater than zero.							
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				12,771			. Inapplicable
				93			Date as YYYYMMDD
Note: Applies only if D_TYPPL5 is greater than zero.							
D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				12,774			. Inapplicable
				0			-5 Never ask again
				64			1 Sample person
				25			2 Spouse
				1			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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM5	333	2	COVGFMT	12,774			N # of family members covered by Plan #5 . Inapplicable Number reported covered
				90			
D_COVRX5	335	2	YES1FMT	12,774			N Does Plan #5 cover prescribed medicines? . Inapplicable 1 Yes 2 No
				34			
				56			
D_COVNH5	337	2	YES1FMT	12,774			N Does Plan #5 cover stay in nursing home? . Inapplicable -8 Don't know 1 Yes 2 No
				7			
				15			
				68			
D_PAYSP5	339	2	PAYSPFMT	12,774			N MIP pay any/all cost for Plan #5 . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No 3 Yes, but don't know how much
				1			
				4			
				28			
				50			
				7			
D_ANAMT5	341	8	PREM_F	12,786			N Premium MIP pays for Plan #5-Annualized . Inapplicable 0-100 \$100 or less 100.01-500 \$101-\$500 500.01-1000 \$501-\$1000 1000.01-1500 \$1001-\$1500 1500.01-2000 \$1501-\$2000 2000.01-2500 \$2001-\$2500 2500.01-3000 \$2501-\$3000 3000.01-3500 \$3001-\$3500 3500.01-4000 \$3501-\$4000 4000.01-4500 \$4001-\$4500 4500.01-5000 \$4501-\$5000 5000.01-99999 Over \$5000
				56			
				13			
				6			
				2			
				0			
				0			
				1			
				0			
				0			
				0			
				0			
				0			

Note: Applies only if D_PAYSP5 = 1

D_HMOPL5	349	2	YES1FMT	12,779	HI25		N Is Plan #5 an HMO . Inapplicable -8 Don't know 1 Yes 2 No
				2			
				3			
				80			

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

D_PLNUM5	351	5					C Medicare HMO code or other plan code #5
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Notes: Applies only if D_HMOPL5 equals 1.
 First available in 1999

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

D_OBTNP5 356 2 MIPFMT N How did MIP get Plan #5
 12,779 . Inapplicable
 2 -8 Don't know
 22 1 Directly
 8 2 Main insured person's current employer
 45 3 Main insured person's prior employer
 2 4 Union
 1 5 Family business
 0 6 AARP
 4 7 Deceased spouse's employer
 0 8 Deceased spouse's union
 1 9 Fraternal/professional organization
 0 91 Other

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

D_INDUS5 358 2 \$IND2COD C Industry of employer - Plan #5
 12,802 Inapplicable
 62 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 #5
 12,863 Missing
 0 99 SP reports plan does not have a letter
 1 Plan letter

Notes: Applies only if INTERVU = C, D_TYPPL5 = 4, and D_OBTNP5 = 1, 5, or 6
 First available in 1999

D_TRI5 362 2 YES1FMT N TRICARE plan letter #5
 12,859 . Inapplicable
 5 1 Yes
 0 2 No

Notes: Note not created
 First available in 2001

D_INS5 364 2 INSPLFMT N Insurance coverage plan letter #5
 12,783 . Inapplicable
 52 1 General insurance
 14 2 Dental only
 5 3 Vision only
 3 4 LTC
 7 5 Rx only
 0 6 Dental/Vision
 0 7 Life insurance
 0 8 Cancer/Dread Decease/Military/Other

Notes: Applies only if D_TYPL5 = 1 or 2
 First available in 2001

04/19/04
Cost & Use
2001

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_RX5	366	2	RXPLFMT	12,783			N Drug coverage plan letter #5
				28			. Inapplicable
				51			1 Plan covers prescription drugs
				2			2 Plan does not cover prescription drugs
							3 Drug discount card

Notes: Applies only if D_TYPL5 = 1 or 2
First available in 2001