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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 1
Version: 1

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

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

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D_SUMINS	13	4	\$CNTFMT				C Summary insurance indicator
				4,996			1000 Medicare only
				399			1001 Medicare, 1 Public
				14			1002 Medicare, 2 Public
				1			1003 Medicare, 3 Public
				1			1004 Medicare, 4 Public
				7,937			1010 Medicare, 1 Private
				337			1011 Medicare, 1 Private, 1 Public
				10			1012 Medicare, 1 Private, 2 Public
				0			1013 Medicare, 1 Private, 3 Public
				0			1014 Medicare, 1 Private, 4 Public
				1,373			1020 Medicare, 2 Private
				27			1021 Medicare, 2 Private, 1 Public
				0			1022 Medicare, 2 Private, 2 Public
				0			1023 Medicare, 2 Private, 3 Public
				0			1024 Medicare, 2 Private, 4 Public
				227			1030 Medicare, 3 Private
				6			1031 Medicare, 3 Private, 1 Public
				0			1032 Medicare, 3 Private, 2 Public
				0			1033 Medicare, 3 Private, 3 Public
				0			1034 Medicare, 3 Private, 4 Public
				26			1040 Medicare, 4 Private
				2			1041 Medicare, 4 Private, 1 Public
				0			1042 Medicare, 4 Private, 2 Public
				0			1043 Medicare, 4 Private, 3 Public
				0			1044 Medicare, 4 Private, 4 Public
				9			1050 Medicare, 5 Private
				0			1051 Medicare, 5 Private, 1 Public
				2			1060 Medicare, 6 Private
				0			1061 Medicare, 6 Private, 1 Public
				0			1070 Medicare, 7 Private
				0			1080 Medicare, 8 Private
				0			1090 Medicare, 9 Private
				2,431			1100 Medicare, Medicaid
				265			1101 Medicare, Medicaid, 1 Public
				8			1102 Medicare, Medicaid, 2 Public
				0			1103 Medicare, Medicaid, 3 Public
				0			1104 Medicare, Medicaid, 4 Public
				216			1110 Medicare, Medicaid, 1 Private
				31			1111 Medicare, Medicaid, 1 Private, 1 Public
				0			1112 Medicare, Medicaid, 1 Private, 2 Public
				0			1113 Medicare, Medicaid, 1 Private, 3 Public
				0			1114 Medicare, Medicaid, 1 Private, 4 Public
				7			1120 Medicare, Medicaid, 2 Private
				5			1121 Medicare, Medicaid, 2 Private, 1 Public
				0			1130 Medicare, Medicaid, 3 Private
				0			1131 Medicare, Medicaid, 3 Private, 1 Public
				0			1132 Medicare, Medicaid, 3 Private, 2 Public
				0			1140 Medicare, Medicaid, 4 Private
				0			1141 Medicare, Medicaid, 4 Private, 1 Public
				0			1150 Medicare, Medicaid, 5 Private
MEDICAID	17	1	AIDFMT				N Medicaid eligibility
				15,367			0 Not entitled to Medicaid
				2,963			1 Entitled to Medicaid

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

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MHMONH	32	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				14,405			. Inapplicable
				6			-9 Not ascertained
				1,269			-8 Don't know
				4			-7 Refused
				625			1 Yes
				2,021			2 No

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

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

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

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

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

D_TYPPL1	44	2	PLANFMT		HI17		N Type of plan - Plan #1
				8,115			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				10,215			4 Private plan
				0			5 Medicare HMO

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

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D_PHREL1	46	2	RELFMT				N Policy holder relationship - Plan #1
				8,451			. Inapplicable
				0			-5 Never ask again
				8,150			1 Sample person
				1,664			2 Spouse
				4			3 Son
				12			4 Daughter
				2			5 Brother
				1			6 Sister
				18			7 Father
				19			8 Mother
				4			9 Son-in-law
				1			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				1			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				1			55 Guardian
				0			91 Other relative
				2			92 Other non-relative

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

D_COVNM1	48	2	COVGFM1				N # of family members covered by Plan #1
				8,451			. Inapplicable
				5			-9 Not ascertained
				7			-8 Don't know
				9,867			Number reported covered

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

D_COVRX1	50	2	YES1FMT				N Plan #1 covers prescribed medicines?
				8,451			. Inapplicable
				6			-9 Not ascertained
				208			-8 Don't know
				1			-7 Refused
				4,932			1 Yes
				4,732			2 No

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

D_COVNH1	52	2	YES1FMT				N Plan #1 covers stay in nursing home?
				8,451			. Inapplicable
				5			-9 Not ascertained
				2,652			-8 Don't know
				1			-7 Refused
				1,886			1 Yes
				5,335			2 No

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

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D_PAYSP1	54	2	YES1FMT				N MIP pay any/all cost for Plan #1
				8,450			. Inapplicable
				5			-9 Not ascertained
				126			-8 Don't know
				1			-7 Refused
				7,532			1 Yes
				2,216			2 No

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

D_ANAMT1	56	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				11,954			. Inapplicable
				139			0-100 \$100 or less
				688			100.01-500 \$101-\$500
				1,404			500.01-1000 \$501-\$1000
				2,213			1000.01-1500 \$1001-\$1500
				914			1500.01-2000 \$1501-\$2000
				496			2000.01-2500 \$2001-\$2500
				227			2500.01-3000 \$2501-\$3000
				123			3000.01-3500 \$3001-\$3500
				81			3500.01-4000 \$3501-\$4000
				43			4000.01-4500 \$4001-\$4500
				19			4500.01-5000 \$4501-\$5000
				29			Over \$5000

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	63	2	YES1FMT		HI25		N Is Plan #1 an HMO
				8,465			. Inapplicable
				7			-9 Not ascertained
				116			-8 Don't know
				711			1 Yes
				9,031			2 No

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

D_OBTNP1	65	2	MIPFMT				N How did MIP get Plan #1
				8,465			. Inapplicable
				11			-9 Not ascertained
				54			-8 Don't know
				1			-7 Refused
				3,985			1 Directly
				599			2 Main insured person's current employer
				3,779			3 Main insured person's prior employer
				156			4 Union
				60			5 Family business
				423			6 AARP
				596			7 Deceased spouse's employer
				24			8 Deceased spouse's union
				92			9 Fraternal/professional organization
				85			91 Other

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

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

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				6			57 Furniture and home furnishings stores
				9			58 Eating and drinking places
				27			59 Miscellaneous retail
				78			60 Depository institutions
				4			61 Nondepository institutions
				9			62 Security and commodity brokers
				130			63 Insurance carriers
				4			64 Insurance agents, brokers, and services
				12			65 Real estate
				0			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				14			72 Personal services
				29			73 Business services
				10			75 Auto repair, services, and parking
				4			76 Miscellaneous repair services
				4			78 Motion pictures
				18			79 Amusement & recreation services
				184			80 Health services
				11			81 Legal services
				624			82 Educational services
				18			83 Social services
				1			84 Museums, botanical, zoological gardens
				97			86 Membership organizations
				59			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				177			91 Executive, legislative, and general
				116			92 Justice, public order, and safety
				31			93 Finance, taxation, & monetary policy
				58			94 Administration of Human Resources
				36			95 Environmental quality and housing
				43			96 Administration of economic programs
				174			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

D_TYPPL2	69	2	PLANFMT	HI17	N Type of plan - Plan #2
				16,646	. Inapplicable
				0	1 Medicare
				0	2 Medicaid
				0	3 Public plan
				1,684	4 Private plan
				0	5 Medicare HMO

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

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D_PHREL2	71	2	RELFMT				N Policy holder relationship - Plan #2
				16,689			. Inapplicable
				0			-5 Never ask again
				1,359			1 Sample person
				278			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				1			6 Sister
				3			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

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

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

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

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

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

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

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

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D_PAYSP2	79	2	YES1FMT				N MIP pay any/all cost for Plan #2
				16,689			. Inapplicable
				1			-9 Not ascertained
				28			-8 Don't know
				1,086			1 Yes
				526			2 No

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

D_ANAMT2	81	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				17,424			. Inapplicable
				107		0-100	\$100 or less
				246		100.01-500	\$101-\$500
				202		500.01-1000	\$501-\$1000
				153		1000.01-1500	\$1001-\$1500
				79		1500.01-2000	\$1501-\$2000
				39		2000.01-2500	\$2001-\$2500
				27		2500.01-3000	\$2501-\$3000
				17		3000.01-3500	\$3001-\$3500
				16		3500.01-4000	\$3501-\$4000
				5		4000.01-4500	\$4001-\$4500
				6		4500.01-5000	\$4501-\$5000
				9			Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2	88	2	YES1FMT		HI25		N Is Plan #2 an HMO
				16,691			. Inapplicable
				8			-9 Not ascertained
				19			-8 Don't know
				56			1 Yes
				1,556			2 No

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

D_OBTNP2	90	2	MIPFMT				N How did MIP get Plan #2
				16,691			. Inapplicable
				8			-9 Not ascertained
				7			-8 Don't know
				784			1 Directly
				100			2 Main insured person's current employer
				527			3 Main insured person's prior employer
				29			4 Union
				5			5 Family business
				43			6 AARP
				85			7 Deceased spouse's employer
				3			8 Deceased spouse's union
				20			9 Fraternal/professional organization
				28			91 Other

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

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

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

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D_OBTNP3	115	2	MIPFMT				N How did MIP get Plan #3
				18,063			. Inapplicable
				1			-9 Not ascertained
				84			1 Directly
				16			2 Main insured person's current employer
				129			3 Main insured person's prior employer
				6			4 Union
				1			5 Family business
				6			6 AARP
				16			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				6			9 Fraternal/professional organization
				1			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_INDUS3	117	2	\$IND2COD				C Industry of employer - Plan #3
				18,168			Inapplicable
				162			Industry classification code
							Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8
D_TYPPL4	119	2	PLANFMT		HI17		N Type of plan - Plan #4
				18,291			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				39			4 Private plan
				0			5 Medicare HMO
							Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.

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D_PHREL4	121	2	RELFMT				N Policy holder relationship - Plan #4
				18,291			. Inapplicable
				0			-5 Never ask again
				33			1 Sample person
				6			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

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

D_COVNM4	123	2	COVGFMT				N # of family members covered by Plan #4
				18,291			. Inapplicable
				39			Number reported covered

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

D_COVRX4	125	2	YES1FMT				N Plan #4 covers prescribed medicines?
				18,291			. Inapplicable
				2			-8 Don't know
				10			1 Yes
				27			2 No

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

D_COVNH4	127	2	YES1FMT				N Plan #4 covers stay in nursing home?
				18,291			. Inapplicable
				3			-8 Don't know
				7			1 Yes
				29			2 No

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

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D_PAYSP4	129	2	YES1FMT				N MIP pay any/all cost for Plan #4
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18,291	.	Inapplicable
2	-8	Don't know
17	1	Yes
20	2	No

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

D_ANAMT4	131	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
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18,317	.	Inapplicable
5	0-100	\$100 or less
3	100.01-500	\$101-\$500
3	500.01-1000	\$501-\$1000
2	1000.01-1500	\$1001-\$1500
0	1500.01-2000	\$1501-\$2000
0	2000.01-2500	\$2001-\$2500
0	2500.01-3000	\$2501-\$3000
0	3000.01-3500	\$3001-\$3500
0	3500.01-4000	\$3501-\$4000
0	4000.01-4500	\$4001-\$4500
0	4500.01-5000	\$4501-\$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4	138	2	YES1FMT	HI25			N Is Plan #4 an HMO
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18,291	.	Inapplicable
1	1	Yes
38	2	No

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

D_OBTNP4	140	2	MIPFMT				N How did MIP get Plan #4
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18,291	.	Inapplicable
11	1	Directly
1	2	Main insured person's current employer
21	3	Main insured person's prior employer
1	4	Union
1	5	Family business
0	6	AARP
4	7	Deceased spouse's employer
0	8	Deceased spouse's union
0	9	Fraternal/professional organization
0	91	Other

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

D_INDUS4	142	2	\$IND2COD				C Industry of employer - Plan #4
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18,304		Inapplicable
26		Industry classification code

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

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D_TYPPL5	144	2	PLANFMT		HI17		N Type of plan - Plan #5
				18,319			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				11			4 Private plan
				0			5 Medicare HMO

Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 4 plans.

D_PHREL5	146	2	RELFMT				N Policy holder relationship - Plan #5
				18,319			. Inapplicable
				0			-5 Never ask again
				9			1 Sample person
				2			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

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

D_COVNM5	148	2	COVGFMT				N # of family members covered by Plan #5
				18,319			. Inapplicable
				11			Number reported covered

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

D_COVRX5	150	2	YES1FMT				N Plan #5 covers prescribed medicines?
				18,319			. Inapplicable
				3			1 Yes
				8			2 No

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

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D_COVNH5	152	2	YES1FMT				N Plan #5 covers stay in nursing home?
				18,319			. Inapplicable
				2			1 Yes
				9			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_PAYSP5	154	2	YES1FMT				N MIP pay any/all cost for Plan #5
				18,319			. Inapplicable
				6			1 Yes
				5			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_ANAMT5	156	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				18,324			. Inapplicable
				3			0-100 \$100 or less
				1			100.01-500 \$101-\$500
				0			500.01-1000 \$501-\$1000
				0			1000.01-1500 \$1001-\$1500
				1			1500.01-2000 \$1501-\$2000
				1			2000.01-2500 \$2001-\$2500
				0			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
Note: Applies only if D_PAYSP5 = 1							
D_HMOPL5	163	2	YES1FMT		HI25		N Is Plan #5 an HMO
				18,319			. Inapplicable
				0			1 Yes
				11			2 No
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							
D_OBTNP5	165	2	MIPFMT				N How did MIP get Plan #5
				18,319			. Inapplicable
				2			1 Directly
				1			2 Main insured person's current employer
				5			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			6 AARP
				3			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other
Note: Applies only if INTERVU = C and D_TYPPL5 = 4							

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

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