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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

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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

17,936	LOW-HIGH BASEID Count
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INTERVU	12	1	\$INTRFMT				C Type of interview
				16,670			C Community
				1,266			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				7			0 No entitlement
				537			1 Part A only
				152			2 Part B only
				17,240			3 Both A and B

NOTES: See D_SUMINS in prior years for similar data.
First available in 1999

D_MCRHMO	14	1	SOURCE				N Source of Medicare HMO enrollment status
				13,534			0 No entitlement
				405			1 Survey data only
				182			2 CMS administrative data only
				3,815			3 Both survey and administrative data

D_PRIVAT	15	1	PHIPLCY				N Private insurance coverage
				8,339			0 No entitlement
				4,505			1 Employer sponsored
				4,021			2 Medigap
				614			3 Both ESI and Medigap
				457			4 Unknown

NOTES: See D_SUMINS in prior years for similar data.
First available in 1999

D_PUBLIC	16	1	POLICIES	HI11			N Public health coverage
				16,907			0 None
				1,029			1-9 One or more

NOTES: See D_SUMINS in prior years for similar data.
First available in 2000

D_MCAID	17	1	SOURCE				N Source of Medicaid entitlement status
				14,548			0 No entitlement
				440			1 Survey data only
				464			2 CMS administrative data only
				2,484			3 Both survey and administrative data

NOTES: See D_SUMINS in prior years for similar data.
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MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				14,976			. Inapplicable
				4			-9 Not ascertained
				97			-8 Don't know
				1			-7 Refused
				291			1 Yes
				2,567			2 No
NOTES: Applies only if D_MCAID = 1 or 3 First available in 1998							
CHOICHMO	21	3	CHOICFMT				N SP given choice to enroll in Mcaid HMO?
				17,691			. Inapplicable
				8			-9 Not ascertained
				8			-8 Don't know
				59			1 SP had choice
				130			2 SP had no choice
				40			3 SP does not remember if he/she had choic
NOTES: Applies only if INTERVU = C and MCAIDHMO = 1 First available in 1998							
PUBRXCOV	24	3	YES1FMT				N Does SPs public plan cover prescrib meds
				17,027			. Inapplicable
				15			-8 Don't know
				1			-7 Refused
				748			1 Yes
				145			2 No
NOTES: Applies only if INTERVU = C and D_PUBLIC > 0 First available in 1999							
MCDRXCOV	27	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				15,796			. Inapplicable
				3			-9 Not ascertained
				24			-8 Don't know
				1			-7 Refused
				1,826			1 Yes
				286			2 No
NOTES: Applies only if INTERVU = C and D_MCAID = 1 or 3 First available in 1999							
D_HMOTYP	30	2	\$PLNFMT				C Type of Medicare HMO
				13,939			No enrollment
				93			01 Health care prepayment plan
				121			02 Cost HMO
				3,783			06 Risk HMO
D_HMOCOV	32	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,643			0 No enrollment
				4,293			1 Some enrollment

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D_HMOCUR	34	2	CURFMT				N Is SP now enrolled in Medicare Risk HMO?
				4,220			1 Currently enrolled
				13,716			2 Not currently enrolled
MHMORX	36	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,716			. Inapplicable
				53			-8 Don't know
				3,624			1 Yes
				543			2 No
			NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3				
MHMODENT	38	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,716			. Inapplicable
				270			-8 Don't know
				2,001			1 Yes
				1,949			2 No
			NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3				
MHMOEYE	40	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,716			. Inapplicable
				1			-9 Not ascertained
				208			-8 Don't know
				3,247			1 Yes
				764			2 No
			NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3				
MHMOPCAR	42	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,716			. Inapplicable
				156			-8 Don't know
				3,934			1 Yes
				130			2 No
			NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3				
MHMONH	44	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,716			. Inapplicable
				1			-9 Not ascertained
				1,312			-8 Don't know
				3			-7 Refused
				519			1 Yes
				2,385			2 No
			NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3				

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MHMOPAY	46	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,716			. Inapplicable
				1			-9 Not ascertained
				62			-8 Don't know
				1			-7 Refused
				1,036			1 Yes
				3,120			2 No

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

MHMOCOST	48	3	YES1FMT				N Did anyone else pay portion of premium?
				16,900			. Inapplicable
				16			-8 Don't know
				173			1 Yes
				847			2 No

NOTES: Applies only if MHMOPAY = 1
First available in 1999

MHMOWHO	51	3	WHOFMT				N Who else pays a portion of the premium?
				17,763			. Inapplicable
				18			1 Main insured person's current employer
				86			2 Main insured person's former employer
				4			3 Main insured person's union
				20			4 Spouse's current employer
				42			5 Spouse's former employer
				0			6 Professional/fraternal organization
				1			7 Medicaid/medical assistance
				2			91 Other

NOTES: Applies only if MHMOCOST = 1
First available in 1999

D_ANHMO	54	8	PREM_F				N Annual additional cost for MHMO coverage
				16,900			. Inapplicable
				1			-9 not Ascertained
				86			-8 Dont Know
				1			-7 Refused
				14		0-100	\$100 or less
				513		100.01-500	\$101-\$500
				215		500.01-1000	\$501-\$1000
				100		1000.01-1500	\$1001-\$1500
				47		1500.01-2000	\$1501-\$2000
				21		2000.01-2500	\$2001-\$2500
				14		2500.01-3000	\$2501-\$3000
				9		3000.01-3500	\$3001-\$3500
				7		3500.01-4000	\$3501-\$4000
				1		4000.01-4500	\$4001-\$4500
				4		4500.01-5000	\$4501-\$5000
				3		5000.01-99999	Over \$5000

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

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D_TYPPL1	62	2	PLANFMT		HI17		N Type of plan - Plan #1
				8,339			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				9,597			4 Private plan
				0			5 Medicare HMO

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

D_PHREL1	64	2	RELFMT				N Policy holder relationship - Plan #1
				8,737			. Inapplicable
				4			-9 Not ascertained
				0			-5 Never ask again
				7,614			1 Sample Person
				1,526			2 Spouse
				2			3 Son
				13			4 Daughter
				1			5 Brother
				2			6 Sister
				17			7 Father
				15			8 Mother
				1			9 Son-in-law
				1			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
				1			91 Other relative
				2			92 Other non-relative

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

D_COVNM1	66	2	COVGFM1				N # of family members covered by Plan #1
				8,737			. Inapplicable
				7			-9 Not ascertained
				15			-8 Don't know
				1			-7 Refused
				9,176			1-15 Number reported covered

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

D_COVRX1	68	2	YES1FMT				N Plan #1 covers prescribed medicines?
				8,737			. Inapplicable
				7			-9 Not ascertained
				165			-8 Don't know
				2			-7 Refused
				4,697			1 Yes
				4,328			2 No

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

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D_COVNH1	70	2	YES1FMT				N Plan #1 covers stay in nursing home?
				8,737			. Inapplicable
				8			-9 Not ascertained
				2,374			-8 Don't know
				5			-7 Refused
				1,939			1 Yes
				4,873			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL1 = 4
D_PAYSP1	72	2	YES1FMT				N MIP pay any/all cost for Plan #1
				8,737			. Inapplicable
				5			-9 Not ascertained
				91			-8 Don't know
				4			-7 Refused
				7,114			1 Yes
				1,985			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL1 = 4
D_ANAMT1	74	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				10,822			. Inapplicable
				4			-9 not Ascertained
				962			-8 Dont Know
				17			-7 Refused
				169	0-100	\$100 or less	
				651	100.01-500	\$101-\$500	
				1,035	500.01-1000	\$501-\$1000	
				1,864	1000.01-1500	\$1001-\$1500	
				1,159	1500.01-2000	\$1501-\$2000	
				509	2000.01-2500	\$2001-\$2500	
				304	2500.01-3000	\$2501-\$3000	
				156	3000.01-3500	\$3001-\$3500	
				105	3500.01-4000	\$3501-\$4000	
				64	4000.01-4500	\$4001-\$4500	
				47	4500.01-5000	\$4501-\$5000	
				68	5000.01-99999	Over \$5000	
							NOTE: Applies only if D_PAYSP1 = 1
D_HMOPL1	81	2	YES1FMT		HI25		N Is Plan #1 an HMO
				8,737			. Inapplicable
				14			-9 Not ascertained
				97			-8 Don't know
				464			1 Yes
				8,624			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL1 = 4

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D_OBTNP1	83	2	MIPFMT				N How did MIP get Plan #1
				8,737			. Inapplicable
				8			-9 Not ascertained
				60			-8 Don't know
				1			-7 Refused
				3,495			1 Directly
				592			2 Main insured person's current employer
				3,528			3 Main insured person's prior employer
				144			4 Union
				62			5 Family business
				616			6 AARP
				516			7 Deceased spouse's employer
				29			8 Deceased spouse's union
				58			9 Fraternal/professional organization
				90			91 Other

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

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D_INDUS1	85	2	\$IND1COD				C Industry of employer - Plan #1
				8,737			Inapplicable
				3			-7 Refused
				2			-8 Don't know
				4,430			-9 Not ascertained
				1			A Agriculture, forestry, and fishing
				22			B Mining
				26			C Construction
				26			D Manufacturing
				4			E Transportation and public utilities
				1			F Wholesale trade
				15			G Retail trade
				6			H Finance, insurance, and real estate
				5			I Services
				565			J Public administration
				0			K Nonclassifiable establishments
				8			01 Agricultural production - crops
				5			02 Agricultural production - livestock
				5			07 Agricultural services
				2			08 Forestry
				0			09 Fishing, hunting, and trapping
				1			10 Metal mining
				25			12 Coal mining
				25			13 Oil and gas extraction
				1			14 Nonmetallic minerals, except fuels
				7			15 General building contractors
				15			16 Heavy construction, excluding building
				39			17 Special trade contractors
				79			20 Food and kindred products
				4			21 Tobacco products
				39			22 Textile mill products
				21			23 Apparel and other textile products
				12			24 Lumber and wood products
				11			25 Furniture and fixtures
				41			26 Paper and allied products
				48			27 Printing and publishing
				151			28 Chemicals and allied products
				104			29 Petroleum and coal products
				31			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				31			32 Stone, clay, and glass products
				164			33 Primary metal industries
				60			34 Fabricated metal products
				108			35 Industrial machinery and equipment
				108			36 Electronic & other electric equipment
				337			37 Transportation equipment
				11			38 Instruments and related products
				9			39 Miscellaneous manufacturing industries
				61			40 Railroad transportation
				13			41 Local and interurban passenger transit
				26			42 Trucking and warehousing
				158			43 U.S. Postal Service
				9			44 Water transportation
				25			45 Transportation by air
				1			46 Pipelines, except natural gas
				0			47 Transportation services
				182			48 Communications
				141			49 Electric, gas, and sanitary services
				26			50 Wholesale trade - durable goods
				14			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				45			53 General merchandise stores

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				39			54 Food stores
				18			55 Automotive dealers & service stations
				3			56 Apparel and accessory stores
				4			57 Furniture and home furnishings stores
				10			58 Eating and drinking places
				13			59 Miscellaneous retail
				66			60 Depository institutions
				7			61 Nondepository institutions
				8			62 Security and commodity brokers
				115			63 Insurance carriers
				5			64 Insurance agents, brokers, and services
				15			65 Real estate
				1			67 Holding and other investment offices
				7			70 Hotels and other lodging places
				15			72 Personal services
				28			73 Business services
				13			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				5			78 Motion pictures
				15			79 Amusement & recreation services
				188			80 Health services
				10			81 Legal services
				623			82 Educational services
				9			83 Social services
				2			84 Museums, botanical, zoological gardens
				96			86 Membership organizations
				66			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				33			91 Executive, legislative, and general
				107			92 Justice, public order, and safety
				28			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				16			95 Environmental quality and housing
				21			96 Administration of economic programs
				196			97 National security and inst. affairs
				67			99 Nonclassifiable establishments

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

D_PLLTR1	87	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				8,737			Missing
				121			-8 Don't know
				7,870			-9 Not ascertained
				94			A Plan A
				114			B Plan B
				315			C Plan C
				68			D Plan D
				28			E Plan E
				426			F Plan F
				22			G Plan G
				29			H Plan H
				32			I Plan I
				73			J Plan J
				7			Other plan letter

NOTES: Applies only if INTERVU = C, D_TYPP1 = 4, and D_OBTNP1 = 1, 5, or 6
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D_TYPPL2	89	2	PLANFMT		HI17		N Type of plan - Plan #2
				16,082			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,854			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.

D_PHREL2	91	2	RELFMT				N Policy holder relationship - Plan #2
				16,115			. Inapplicable
				0			-5 Never ask again
				1,374			1 Sample Person
				442			2 Spouse
				0			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				1			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
				2			92 Other non-relative

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

D_COVNM2	93	2	COVGFM2				N # of family members covered by Plan #2
				16,115			. Inapplicable
				6			-9 Not ascertained
				2			-8 Don't know
				1,813			1-15 Number reported covered

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

D_COVRX2	95	2	YES1FMT				N Plan #2 covers prescribed medicines?
				16,115			. Inapplicable
				1			-9 Not ascertained
				86			-8 Don't know
				1			-7 Refused
				657			1 Yes
				1,076			2 No

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH2	97	2	YES1FMT				N Plan #2 covers stay in nursing home?
				16,115			. Inapplicable
				1			-9 Not ascertained
				157			-8 Don't know
				1			-7 Refused
				547			1 Yes
				1,115			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL2 = 4
D_PAYSP2	99	2	YES1FMT				N MIP pay any/all cost for Plan #2
				16,115			. Inapplicable
				1			-9 Not ascertained
				26			-8 Don't know
				1			-7 Refused
				1,200			1 Yes
				593			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL2 = 4
D_ANAMT2	101	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				16,736			. Inapplicable
				6			-9 not Ascertained
				185			-8 Dont Know
				4			-7 Refused
				138	0-100	\$100 or less	
				234	100.01-500	\$101-\$500	
				180	500.01-1000	\$501-\$1000	
				171	1000.01-1500	\$1001-\$1500	
				107	1500.01-2000	\$1501-\$2000	
				64	2000.01-2500	\$2001-\$2500	
				50	2500.01-3000	\$2501-\$3000	
				18	3000.01-3500	\$3001-\$3500	
				18	3500.01-4000	\$3501-\$4000	
				6	4000.01-4500	\$4001-\$4500	
				8	4500.01-5000	\$4501-\$5000	
				11	5000.01-99999	Over \$5000	
							NOTE: Applies only if D_PAYSP2 = 1
D_HMOPL2	108	2	YES1FMT		HI25		N Is Plan #2 an HMO
				16,115			. Inapplicable
				14			-9 Not ascertained
				26			-8 Don't know
				41			1 Yes
				1,740			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL2 = 4

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D_OBTNP2	110	2	MIPFMT				N How did MIP get Plan #2
				16,115			. Inapplicable
				2			-9 Not ascertained
				7			-8 Don't know
				1			-7 Refused
				788			1 Directly
				122			2 Main insured person's current employer
				673			3 Main insured person's prior employer
				40			4 Union
				6			5 Family business
				72			6 AARP
				76			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				13			9 Fraternal/professional organization
				17			91 Other
NOTE: Applies only if INTERVU = C and D_TYPPL2 = 4							
D_INDUS2	112	2	\$IND2COD				C Industry of employer - Plan #2
				16,115			Inapplicable
				951			-9 Not ascertained
				870			A-99 Industry classification code
NOTE: Applies only if D_OBTNP2 = 2, 3, 5, or 8							
D_PLLTR2	114	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				16,115			Missing
				4			-8 Don't know
				1,771			-9 Not ascertained
				46			A-99 Plan letter
NOTES: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6 First available in 2000							
D_TYPPL3	116	2	PLANFMT		HI17		N Type of plan - Plan #3
				17,648			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				288			4 Private plan
				0			5 Medicare HMO

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

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17,652	. Inapplicable
3	-9 Not ascertained
6	-8 Don't know
55	1 Yes
220	2 No

NOTE: Applies only if INTERVU = C and D TYPPL3 = 4

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D_PAYSP3	126	2	YES1FMT				N MIP pay any/all cost for Plan #3
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17,652	.	Inapplicable
8	-8	Don't know
144	1	Yes
132	2	No

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

D_ANAMT3	128	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
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17,792	.	Inapplicable
28	-8	Dont Know
22	0-100	\$100 or less
38	100.01-500	\$101-\$500
18	500.01-1000	\$501-\$1000
12	1000.01-1500	\$1001-\$1500
7	1500.01-2000	\$1501-\$2000
5	2000.01-2500	\$2001-\$2500
6	2500.01-3000	\$2501-\$3000
2	3000.01-3500	\$3001-\$3500
2	3500.01-4000	\$3501-\$4000
1	4000.01-4500	\$4001-\$4500
2	4500.01-5000	\$4501-\$5000
1	5000.01-99999	Over \$5000

NOTE: Applies only if D_PAYSP3 = 1

D_HMOPL3	135	2	YES1FMT	HI25			N Is Plan #3 an HMO
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17,652	.	Inapplicable
2	-9	Not ascertained
4	-8	Don't know
7	1	Yes
271	2	No

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

D_OBTNP3	137	2	MIPFMT				N How did MIP get Plan #3
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17,652	.	Inapplicable
1	-9	Not ascertained
1	-8	Don't know
90	1	Directly
22	2	Main insured person's current employer
134	3	Main insured person's prior employer
10	4	Union
0	5	Family business
4	6	AARP
17	7	Deceased spouse's employer
0	8	Deceased spouse's union
2	9	Fraternal/professional organization
3	91	Other

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS3	139	2	\$IND2COD				C Industry of employer - Plan #3
				17,652			Inapplicable
				116			-9 Not ascertained
				168			A-99 Industry classification code
NOTE: Applies only if D_OBTNP3 = 2, 3, 5, or 8							
D_PLLTR3	141	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				17,652			Missing
				281			-9 Not ascertained
				3			A-99 Plan letter
NOTES: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 2000							
D_TYPPL4	143	2	PLANFMT		HI17		N Type of plan - Plan #4
				17,889			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				47			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.							
D_PHREL4	145	2	REL FMT				N Policy holder relationship - Plan #4
				17,889			. Inapplicable
				0			-5 Never ask again
				29			1 Sample Person
				18			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

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NOTE: Applies only if INTERVU = C and D TYPPL4 = 4

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D_OBTNP4	164	2	MIPFMT				N How did MIP get Plan #4
				17,889			. Inapplicable
				10			1 Directly
				1			2 Main insured person's current employer
				32			3 Main insured person's prior employer
				0			4 Union
				0			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	166	2	\$IND2COD				C Industry of employer - Plan #4
				17,889			Inapplicable
				1			-8 Don't know
				9			-9 Not ascertained
				37			A-99 Industry classification code

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

D_PLLTR4	168	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #4
				17,889			Missing
				47			-9 Not ascertained
				0			A-99 Plan letter

NOTES: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6
First available in 2000

D_TYPPL5	170	2	PLANFMT		HI17		N Type of plan - Plan #5
				17,926			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				10			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.

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	172	2	REL FMT				N Policy holder relationship - Plan #5
				17,926			. Inapplicable
				0			-5 Never ask again
				6			1 Sample Person
				4			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	174	2	COVG FMT				N # of family members covered by Plan #5
				17,926			. Inapplicable
				10			1-15 Number reported covered
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	176	2	YES1 FMT				N Plan #5 covers prescribed medicines?
				17,926			. Inapplicable
				3			1 Yes
				7			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	178	2	YES1 FMT				N Plan #5 covers stay in nursing home?
				17,926			. Inapplicable
				2			1 Yes
				8			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	180	2	YES1 FMT				N MIP pay any/all cost for Plan #5
				17,926			. Inapplicable
				3			1 Yes
				7			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4

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D_ANAMT5	182	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				17,933			. Inapplicable
				0		0-100	\$100 or less
				1		100.01-500	\$101-\$500
				1		500.01-1000	\$501-\$1000
				1		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
				0		5000.01-99999	Over \$5000
							NOTE: Applies only if D_PAYSP5 = 1
D_HMOPL5	189	2	YES1FMT		HI25		N Is Plan #5 an HMO
				17,926			. Inapplicable
				0			1 Yes
				10			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_OBTNP5	191	2	MIPFMT				N How did MIP get Plan #5
				17,926			. Inapplicable
				3			1 Directly
				0			2 Main insured person's current employer
				6			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			6 AARP
				1			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_INDUS5	193	2	\$IND2COD				C Industry of employer - Plan #5
				17,926			Inapplicable
				3			-9 Not ascertained
				7			A-99 Industry classification code
							NOTE: Applies only if D_OBTNP5 = 2, 3, 5, or 8
D_PLLTR5	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				17,926			Missing
				10			-9 Not ascertained
				0			A-99 Plan letter
							NOTES: Applies only if INTERVU = C, D_TYPPL5 = 4, and D_OBTNP5 = 1, 5, or 6
							First available in 2000