

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 1
Version: 3

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

16,003	LOW-HIGH BASEID Count
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INTERVU	12	1	\$INTRFMT				C Type of interview
				14,916			C Community
				1,087			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				3			0 No entitlement
				497			1 Part A only
				141			2 Part B only
				15,362			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
				13,557			0 No entitlement
				388			1 Survey data only
				151			2 CMS administrative data only
				1,907			3 Both survey and administrative data

D_PRIVAT	15	1	PHIFMT				N Private insurance coverage
				6,936			0 No entitlement
				4,285			1 Employer-sponsored insurance (ESI)
				3,791			2 Self-purchased
				622			3 Both ESI and self-purchased
				369			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
				15,097			0 None
				906			One or more

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

D_MCAID	17	1	SOURCE				N Medicaid eligibility
				12,480			0 No entitlement
				498			1 Survey data only
				465			2 CMS administrative data only
				2,560			3 Both survey and administrative data

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 2
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				12,924			. Inapplicable
				1			-9 Not ascertained
				131			-8 Don't know
				455			1 Yes
				2,492			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?
				15,593			. Inapplicable
				53			-9 Not ascertained
				77			1 SP had choice
				189			2 SP had no choice
				91			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
				15,128			. Inapplicable
				3			-9 Not ascertained
				12			-8 Don't know
				752			1 Yes
				108			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
				13,886			. Inapplicable
				1			-9 Not ascertained
				33			-8 Don't know
				1,900			1 Yes
				183			2 No
				Notes: Applies only if INTERVU = C and D_MCAID = 1 or 3			
				First available in 1999			
MTFCOVER	30	3	YES1FMT		HIT11		N SP rec'd svcs at military treatment fac.
				13,014			. Inapplicable
				624			1 Yes
				2,365			2 No
				Notes: Applies if RIC1, D_AFEVER = 1			
				First available in 2003			
D_DMEN	33	3	NUMCARDS		DM1, 2		N Number of active discount card membershi
				15,159			0 No discount card membership
				727			1 One discount card membership
				85			2 Two discount card memberships
				24			3 Three discount card memberships
				8			Four or more discount card memberships
				Note: First available in 2002			

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 3
Version: 3

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

D_DMCCOST	36	7	PREM_F		DM6		N annual cost of discount card
				15,159			. Inapplicable
				804		0-100	\$100 or less
				37		100.01-500	\$101-\$500
				2		500.01-1000	\$501-\$1000
				0		1000.01-1500	\$1001-\$1500
				0		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

Notes: Applies only if D_ENROL1-5 = 1.
First available in 2002

D_HMOTYP	43	2	\$PLNFMT				C Type of Medicare HMO
				13,945			No enrollment
				57		01	Health care prepayment plan
				101		02	Cost HMO
				0		05	Old Risk HMO
				1,900		06	Risk HMO
				0		12	Demo Risk HMO
				0		17	Pace Demo plan
				0		18	HCPP
D_HMOCOV	45	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,658		0	No enrollment
				2,345		1	Some enrollment
D_HMOCUR	47	2	CURFMT				N Is SP currently covered by Mcare HMO?
				2,295		1	Currently enrolled
				13,708		2	Not currently enrolled
MHMORX	49	2	YES1FMT				N Does Medicare HMO plan cover drugs?
				13,708		.	Inapplicable
				1		-9	Not ascertained
				30		-8	Don't know
				1,788		1	Yes
				476		2	No

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

MHMODENT	51	2	YES1FMT				N Does Medicare HMO plan cover dental?
				13,708		.	Inapplicable
				1		-9	Not ascertained
				106		-8	Don't know
				525		1	Yes
				1,663		2	No

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 4
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHMOEYE	53	2	YES1FMT				N Does Medicare HMO plan cover eye exams?
				13,708			. Inapplicable
				1			-9 Not ascertained
				91			-8 Don't know
				1,484			1 Yes
				719			2 No
				Note:			Applies only if INTERVU = C and D_MCRHMO = 1 or 3
MHMOPCAR	55	2	YES1FMT				N Does Mcare HMO plan cover preventiv care
				13,708			. Inapplicable
				1			-9 Not ascertained
				59			-8 Don't know
				2,122			1 Yes
				113			2 No
				Note:			Applies only if INTERVU = C and D_MCRHMO = 1 or 3
MHMONH	57	2	YES1FMT				N Does Mcare HMO plan cover nursing home?
				13,708			. Inapplicable
				1			-9 Not ascertained
				603			-8 Don't know
				1			-7 Refused
				308			1 Yes
				1,382			2 No
				Note:			Applies only if INTERVU = C and D_MCRHMO = 1 or 3
MHMOPAY	59	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,708			. Inapplicable
				1			-9 Not ascertained
				29			-8 Don't know
				1,304			1 Yes
				961			2 No
				Note:			Applies only if INTERVU = C and D_MCRHMO = 1 or 3
MHMCOST	61	3	YES1FMT				N Did anyone else pay portion of premium?
				14,699			. Inapplicable
				2			-9 Not ascertained
				17			-8 Don't know
				212			1 Yes
				1,073			2 No
				Notes:			Applies only if MHMOPAY = 1
							First available in 1999

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 5
Version: 3

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

MHMOWHO	64	3	WHOFMT				N Who else pays a portion of the premium?
				15,791			. Inapplicable
				21			1 Main insured person's current employer
				113			2 Main insured person's former employer
				5			3 Main insured person's union
				18			4 Spouse's current employer
				49			5 Spouse's former employer
				1			6 Professional/fraternal organization
				1			7 Medicaid/medical assistance
				4			91 Other

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

D_ANHMO	67	8	PREM_F				N Annual amnt paid for Mcare HMO coverage?
				14,699			. Inapplicable
				2			-9 Not ascertained
				107			-8 Don't know
				2			-7 Refused
				18		0-100	\$100 or less
				284		100.01-500	\$101-\$500
				341		500.01-1000	\$501-\$1000
				288		1000.01-1500	\$1001-\$1500
				123		1500.01-2000	\$1501-\$2000
				55		2000.01-2500	\$2001-\$2500
				30		2500.01-3000	\$2501-\$3000
				17		3000.01-3500	\$3001-\$3500
				11		3500.01-4000	\$3501-\$4000
				6		4000.01-4500	\$4001-\$4500
				4		4500.01-5000	\$4501-\$5000
				16			Over \$5000

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

TRICOVER	75	3	YES1FMT		HIT1		N Is SP covered by triccare?
				15,423			. Inapplicable
				580			1 Yes
				0			2 No

Notes: Applies only if SP was not covered by Tricare in previous round
First available in 2003

MTRIRX	78	2	YES1FMT		HIST3		N Does triccare plan cover drugs?
				15,423			. Inapplicable
				24			-8 Don't know
				526			1 Yes
				30			2 No

Note: First available in 2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 6
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MTRIDENT	80	2	YES1FMT		HIST4		N Does tricare plan cover dental?
				15,423			. Inapplicable
				1			-9 Not ascertained
				42			-8 Don't know
				73			1 Yes
				464			2 No
				Note: First available in 2003			
MTRIEYE	82	2	YES1FMT		HIST5		N Does tricare plan cover eye exams?
				15,423			. Inapplicable
				1			-9 Not ascertained
				57			-8 Don't know
				147			1 Yes
				375			2 No
				Note: First available in 2003			
MTRIPCAR	84	2	YES1FMT		HIST6		N Does tricare plan cover preventiv care
				15,423			. Inapplicable
				1			-9 Not ascertained
				45			-8 Don't know
				450			1 Yes
				84			2 No
				Note: First available in 2003			
MTRINH	86	2	YES1FMT		HIST7		N Does tricare plan cover nursing home?
				15,423			. Inapplicable
				1			-9 Not ascertained
				181			-8 Don't know
				82			1 Yes
				316			2 No
				Note: First available in 2003			
D_ANTRI	88	8	PREM_F		HIST9		N Annual amnt paid for tricare coverage?
				15,423			. Inapplicable
				559			-9 Not ascertained
				6			-8 Don't know
				0		0-100	\$100 or less
				5		100.01-500	\$101-\$500
				7		500.01-1000	\$501-\$1000
				2		1000.01-1500	\$1001-\$1500
				0		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: First available in 2003			

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 7
Version: 3

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

D_TYPPL1	96	2	PLANFMT		HI17		N Type of plan - Plan #1
				6,936			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				9,067			4 Private plan
				0			5 Medicare HMO

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

D_PHREL1	98	2	RELFMT				N Policy holder relationship - Plan #1
				7,250			. Inapplicable
				0			-5 Never ask again
				7,249			1 Sample person
				1,435			2 Spouse
				4			3 Son
				6			4 Daughter
				1			5 Brother
				0			6 Sister
				23			7 Father
				26			8 Mother
				1			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				3			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				2			91 Other relative
				3			92 Other non-relative

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

D_COVNM1	100	2	COVGfmt				N # of family members covered by Plan #1
				7,250			. Inapplicable
				6			-9 Not ascertained
				9			-8 Don't know
				8,738			Number reported covered

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

D_COVRX1	102	2	YES1FMT				N Plan #1 covers prescribed medicines?
				7,250			. Inapplicable
				1			-9 Not ascertained
				143			-8 Don't know
				1			-7 Refused
				4,707			1 Yes
				3,901			2 No

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 8
Version: 3

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

D_COVNH1	104	2	YES1FMT				N Plan #1 covers stay in nursing home?
				7,250			. Inapplicable
				2			-9 Not ascertained
				2,398			-8 Don't know
				2			-7 Refused
				2,072			1 Yes
				4,279			2 No

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

D_PAYSP1	106	2	YES1FMT				N MIP pay any/all cost for Plan #1
				7,250			. Inapplicable
				2			-9 Not ascertained
				100			-8 Don't know
				1			-7 Refused
				6,985			1 Yes
				1,665			2 No

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

D_ANAMT1	108	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,018			. Inapplicable
				10			-9 Not ascertained
				964			-8 Don't know
				17			-7 Refused
				104	0-100	\$100 or less	
				496	100.01-500	\$101-\$500	
				591	500.01-1000	\$501-\$1000	
				1,491	1000.01-1500	\$1001-\$1500	
				1,290	1500.01-2000	\$1501-\$2000	
				713	2000.01-2500	\$2001-\$2500	
				462	2500.01-3000	\$2501-\$3000	
				269	3000.01-3500	\$3001-\$3500	
				185	3500.01-4000	\$3501-\$4000	
				104	4000.01-4500	\$4001-\$4500	
				83	4500.01-5000	\$4501-\$5000	
				206		Over \$5000	

Note: Applies only if D_PAYSP1 = 1

D_HMOPL1	115	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,250			. Inapplicable
				12			-9 Not ascertained
				177			-8 Don't know
				1			-7 Refused
				651			1 Yes
				7,912			2 No

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 9
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	117	2	MIPFMT				N How did MIP get Plan #1
				7,250			. Inapplicable
				3			-9 Not ascertained
				57			-8 Don't know
				3			-7 Refused
				3,447			1 Directly
				685			2 Main insured person's current employer
				3,282			3 Main insured person's prior employer
				146			4 Union
				57			5 Family business
				445			6 AARP
				501			7 Deceased spouse's employer
				19			8 Deceased spouse's union
				34			9 Fraternal/professional organization
				74			91 Other

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 10
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	119	2	\$IND1COD				C Industry of employer - Plan #1
				7,250			Inapplicable
				2			-7 Refused
				4			-8 Don't know
				4,208			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				18			B Mining
				12			C Construction
				30			D Manufacturing
				3			E Transportation and public utilities
				1			F Wholesale trade
				13			G Retail trade
				1			H Finance, insurance, and real estate
				1			I Services
				125			J Public administration
				55			K Nonclassifiable establishments
				2			01 Agricultural production - crops
				10			02 Agricultural production - livestock
				4			07 Agricultural services
				10			08 Forestry
				0			09 Fishing, hunting, and trapping
				10			10 Metal mining
				39			12 Coal mining
				19			13 Oil and gas extraction
				15			14 Nonmetallic minerals, except fuels
				17			15 General building contractors
				12			16 Heavy construction, excluding building
				44			17 Special trade contractors
				74			20 Food and kindred products
				3			21 Tobacco products
				28			22 Textile mill products
				9			23 Apparel and other textile products
				9			24 Lumber and wood products
				11			25 Furniture and fixtures
				38			26 Paper and allied products
				43			27 Printing and publishing
				138			28 Chemicals and allied products
				61			29 Petroleum and coal products
				44			30 Rubber and misc. plastics products
				2			31 Leather and leather products
				28			32 Stone, clay, and glass products
				103			33 Primary metal industries
				58			34 Fabricated metal products
				90			35 Industrial machinery and equipment
				106			36 Electronic & other electric equipment
				323			37 Transportation equipment
				63			38 Instruments and related products
				5			39 Miscellaneous manufacturing industries
				47			40 Railroad transportation
				20			41 Local and interurban passenger transit
				29			42 Trucking and warehousing
				138			43 U.S. Postal Service
				7			44 Water transportation
				23			45 Transportation by air
				0			46 Pipelines, except natural gas
				2			47 Transportation services
				181			48 Communications
				132			49 Electric, gas, and sanitary services
				25			50 Wholesale trade - durable goods
				15			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				46			53 General merchandise stores
				32			54 Food stores

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 11
Version: 3

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

				25			55 Automotive dealers & service stations
				1			56 Apparel and accessory stores
				2			57 Furniture and home furnishings stores
				13			58 Eating and drinking places
				8			59 Miscellaneous retail
				64			60 Depository institutions
				6			61 Nondepository institutions
				5			62 Security and commodity brokers
				111			63 Insurance carriers
				2			64 Insurance agents, brokers, and services
				7			65 Real estate
				2			67 Holding and other investment offices
				9			70 Hotels and other lodging places
				9			72 Personal services
				34			73 Business services
				8			75 Auto repair, services, and parking
				1			76 Miscellaneous repair services
				4			78 Motion pictures
				18			79 Amusement & recreation services
				174			80 Health services
				11			81 Legal services
				676			82 Educational services
				8			83 Social services
				1			84 Museums, botanical, zoological gardens
				77			86 Membership organizations
				69			87 Engineering & management services
				0			88 Private households
				1			89 Services, nec
				485			91 Executive, legislative, and general
				91			92 Justice, public order, and safety
				16			93 Finance, taxation, & monetary policy
				32			94 Administration of Human Resources
				15			95 Environmental quality and housing
				25			96 Administration of economic programs
				152			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 12
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR1	121	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				12,054			Inapplicable
				1			-7 Refused
				143			-8 Don't know
				1,683			-9 Not ascertained
				71			A Plan A
				78			B Plan B
				214			C Plan C
				57			D Plan D
				29			E Plan E
				442			F Plan F
				33			G Plan G
				35			H Plan H
				34			I Plan I
				80			J Plan J
				1			K Plan K
				1			L Plan L
				7			M Plan M
				0			N Plan N
				4			P Plan P
				1			Q Plan Q
				1			R Plan R
				1			S Plan S
				0			X Plan X
				1			Y Plan Y
				2			0 Plan 0
				2			1 Plan 1
				5			3 Plan 3
				2			8 Plan 8
				1,021			99 SP reports plan does not have a letter

Notes: Applies only if INTERVU = C, D_TYPPL1 = 4, and D_OBTNP1 = 1, 5, or 6
First available in 2000

D_COVIP1	123	2	YES1FMT		HIS29b		N Plan #1 covers some inpatient costs
				7,250			. Inapplicable
				6			-9 Not ascertained
				159			-8 Don't know
				7,735			1 Yes
				853			2 No

Notes: Applies if D_TYPPL1 > 0
First available in 2003

D_COVMD1	125	2	YES1FMT		HIS29b		N Plan #1 covers some MD/lab visit costs
				7,250			. Inapplicable
				5			-9 Not ascertained
				99			-8 Don't know
				1			-7 Refused
				7,667			1 Yes
				981			2 No

Notes: Applies if D_TYPPL1 > 0
First available in 2003

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 13
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL2	127	2	PLANFMT		HI17		N Type of plan - Plan #2
				14,090			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,913			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	129	2	REL FMT				N Policy holder relationship - Plan #2
				14,118			. Inapplicable
				0			-5 Never ask again
				1,459			1 Sample person
				417			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				4			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
				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
				1			92 Other non-relative

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

D_COVNM2	131	2	COVG FMT				N # of family members covered by Plan #2
				14,118			. Inapplicable
				3			-9 Not ascertained
				6			-8 Don't know
				1,876			Number reported covered

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

D_COVRX2	133	2	YES1 FMT				N Plan #2 covers prescribed medicines?
				14,118			. Inapplicable
				1			-9 Not ascertained
				82			-8 Don't know
				521			1 Yes
				1,281			2 No

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

2003

Health Insurance

Version: 3

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

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP2	148	2	MIPFMT				N How did MIP get Plan #2
				14,118			. Inapplicable
				2			-9 Not ascertained
				9			-8 Don't know
				902			1 Directly
				154			2 Main insured person's current employer
				655			3 Main insured person's prior employer
				32			4 Union
				10			5 Family business
				38			6 AARP
				57			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				7			9 Fraternal/professional organization
				15			91 Other
							Note: Applies only if INTERVU = C and D_TYPPL2 = 4
D_INDUS2	150	2	\$IND2COD				C Industry of employer - Plan #2
				14,118			Inapplicable
				1,021			-9 Not ascertained
				864			Industry classification code
							Note: Applies only if D_OBTNP2 = 2, 3, 5, or 8
D_PLLTR2	152	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				15,053			Missing
				14			-8 Don't know
				411			-9 Not ascertained
				460			99 SP reports plan does not have a letter
				65			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL2 = 4, and D_OBTNP2 = 1, 5, or 6
							First available in 2000
D_COVIP2	154	2	YES1FMT		HIS29b		N Plan #2 covers some inpatient costs
				14,118			. Inapplicable
				3			-9 Not ascertained
				76			-8 Don't know
				1			-7 Refused
				568			1 Yes
				1,237			2 No
							Notes: Applies if D_TYPPL2 > 0
							First available in 2003
D_COVMD2	156	2	YES1FMT		HIS29b		N Plan #2 covers some MD/lab visit costs
				14,118			. Inapplicable
				3			-9 Not ascertained
				68			-8 Don't know
				585			1 Yes
				1,229			2 No
							Notes: Applies if D_TYPPL2 > 0
							First available in 2003

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 16
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL3	158	2	PLANFMT		HI17		N Type of plan - Plan #3
				15,637			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				366			4 Private plan
				0			5 Medicare HMO

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

D_PHREL3	160	2	RELFMT				N Policy holder relationship - Plan #3
				15,639			. Inapplicable
				0			-5 Never ask again
				260			1 Sample person
				100			2 Spouse
				1			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				2			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				0			92 Other non-relative

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

D_COVNM3	162	2	COVGFMT				N # of family members covered by Plan #3
				15,639			. Inapplicable
				1			-9 Not ascertained
				363			Number reported covered

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

D_COVRX3	164	2	YES1FMT				N Plan #3 covers prescribed medicines?
				15,639			. Inapplicable
				7			-8 Don't know
				97			1 Yes
				260			2 No

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

2003

Health Insurance

Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH3	166	2	YES1FMT				N Plan #3 covers stay in nursing home?
				15,639			. Inapplicable
				20			-8 Don't know
				64			1 Yes
				280			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_PAYSP3	168	2	YES1FMT				N MIP pay any/all cost for Plan #3
				15,639			. Inapplicable
				1			-8 Don't know
				208			1 Yes
				155			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4
D_ANAMT3	170	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				15,795			. Inapplicable
				32			-8 Don't know
				23		0-100	\$100 or less
				59		100.01-500	\$101-\$500
				38		500.01-1000	\$501-\$1000
				24		1000.01-1500	\$1001-\$1500
				11		1500.01-2000	\$1501-\$2000
				7		2000.01-2500	\$2001-\$2500
				7		2500.01-3000	\$2501-\$3000
				4		3000.01-3500	\$3001-\$3500
				2		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
				1			Over \$5000
							Note: Applies only if D_PAYSP3 = 1
D_HMOPL3	177	2	YES1FMT		HI25		N Is Plan #3 an HMO
				15,639			. Inapplicable
				3			-9 Not ascertained
				5			-8 Don't know
				17			1 Yes
				339			2 No
							Note: Applies only if INTERVU = C and D_TYPPL3 = 4

RIC: 4
Page: 18
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP3	179	2	MIPFMT				N How did MIP get Plan #3
				15,639			. Inapplicable
				1			-9 Not ascertained
				112			1 Directly
				48			2 Main insured person's current employer
				166			3 Main insured person's prior employer
				9			4 Union
				1			5 Family business
				5			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
D_INDUS3	181	2	\$IND2COD				C Industry of employer - Plan #3
				15,639			Inapplicable
				136			-9 Not ascertained
				228			Industry classification code
							Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8
D_PLLTR3	183	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				15,885			Missing
				2			-8 Don't know
				50			-9 Not ascertained
				56			99 SP reports plan does not have a letter
				10			Plan letter
							Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6
							First available in 2000
D_COVIP3	185	2	YES1FMT		HIS29b		N Plan #3 covers some inpatient costs
				15,639			. Inapplicable
				2			-9 Not ascertained
				11			-8 Don't know
				91			1 Yes
				260			2 No
							Notes: Applies if D_TYPPL3 > 0
							First available in 2003
D_COVMD3	187	2	YES1FMT		HIS29b		N Plan #3 covers some MD/lab visit costs
				15,639			. Inapplicable
				3			-8 Don't know
				116			1 Yes
				245			2 No
							Notes: Applies if D_TYPPL3 > 0
							First available in 2003

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 19
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL4	189	2	PLANFMT		HI17		N Type of plan - Plan #4
				15,950			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				53			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	191	2	RELFMT				N Policy holder relationship - Plan #4
				15,950			. Inapplicable
				0			-5 Never ask again
				37			1 Sample person
				14			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
				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

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

D_COVNM4	193	2	COVGFMT				N # of family members covered by Plan #4
				15,950			. Inapplicable
				53			Number reported covered

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

D_COVRX4	195	2	YES1FMT				N Plan #4 covers prescribed medicines?
				15,950			. Inapplicable
				11			1 Yes
				42			2 No

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 20
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH4	197	2	YES1FMT				N Plan #4 covers stay in nursing home?
				15,950			. Inapplicable
				6			-8 Don't know
				10			1 Yes
				37			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	199	2	YES1FMT				N MIP pay any/all cost for Plan #4
				15,950			. Inapplicable
				31			1 Yes
				22			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_ANAMT4	201	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				15,972			. Inapplicable
				7			-8 Don't know
				3		0-100	\$100 or less
				8		100.01-500	\$101-\$500
				2		500.01-1000	\$501-\$1000
				4		1000.01-1500	\$1001-\$1500
				3		1500.01-2000	\$1501-\$2000
				3		2000.01-2500	\$2001-\$2500
				0		2500.01-3000	\$2501-\$3000
				0		3000.01-3500	\$3001-\$3500
				1		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
							Note: Applies only if D_PAYSP4 = 1
D_HMOPL4	208	2	YES1FMT		HI25		N Is Plan #4 an HMO
				15,950			. Inapplicable
				1			1 Yes
				52			2 No
							Note: Applies only if INTERVU = C and D_TYPPL4 = 4
D_OBTNP4	210	2	MIPFMT				N How did MIP get Plan #4
				15,950			. Inapplicable
				19			1 Directly
				6			2 Main insured person's current employer
				24			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				2			6 AARP
				1			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_TYPPL4 = 4

RIC: 4
Page: 21
Version: 3

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

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 22
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	222	2	REL5FMT				N Policy holder relationship - Plan #5
				15,996			. Inapplicable
				0			-5 Never ask again
				5			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	224	2	COVG5FMT				N # of family members covered by Plan #5
				15,996			. Inapplicable
				7			Number reported covered
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	226	2	YES1FMT				N Plan #5 covers prescribed medicines?
				15,996			. Inapplicable
				1			-8 Don't know
				1			1 Yes
				5			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	228	2	YES1FMT				N Plan #5 covers stay in nursing home?
				15,996			. Inapplicable
				1			-8 Don't know
				0			1 Yes
				6			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	230	2	YES1FMT				N MIP pay any/all cost for Plan #5
				15,996			. Inapplicable
				4			1 Yes
				3			2 No
							Note: Applies only if INTERVU = C and D_TYPPL5 = 4

09/08/05
ACCESS
2003

MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

RIC: 4
Page: 23
Version: 3

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT5	232	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				15,999			. Inapplicable
				1			-8 Don't know
				0			0-100 \$100 or less
				3			100.01-500 \$101-\$500
				0			500.01-1000 \$501-\$1000
				0			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_PAYSP5 = 1

D_HMOPL5	239	2	YES1FMT		HI25		N Is Plan #5 an HMO
				15,996			. Inapplicable
				0			1 Yes
				7			2 No

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

D_OBTNP5	241	2	MIPFMT				N How did MIP get Plan #5
				15,996			. Inapplicable
				3			1 Directly
				1			2 Main insured person's current employer
				3			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			6 AARP
				0			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	243	2	\$IND2COD				C Industry of employer - Plan #5
				15,996			Inapplicable
				3			-9 Not ascertained
				4			Industry classification code

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

D_PLLTR5	245	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				16,000			Missing
				1			-9 Not ascertained
				1			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 2000

ACCESS
2003

Health Insurance

Page: 24

Notes: Applies if D_TYPPL5 > 0
First available in 2003