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MEDICARE CURRENT BENEFICIARY SURVEY
Health Insurance

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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	1					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number
				12,029			LOW-HIGH BASEID Count
D_CARE1	12	1	\$MEDCOVG				C Medicare coverage - Jan
				338			0 No entitlement
				429			1 Part A only
				67			2 Part B only
				11,195			3 Both A and B
D_CAID1	13	1	\$SRC2FMT				C Source of Medicaid coverage status - Jan
				9,297			0 No entitlement
				412			1 Survey data only
				263			2 CMS administrative data only
				2,057			3 Both survey and administrative data
D_PHI1	14	1	\$PHIFMT				C Private health insurance coverage - Jan
				5,597			0 No entitlement
				3,119			1 Employer-sponsored insurance (ESI)
				2,612			2 Self-purchased
				546			3 Both ESI and self-purchased
				155			4 Facility respondent, type unknown
D_HMO1	15	1	\$HMOFMT				C HMO coverage - Jan
				9,787			0 No coverage
				714			1 Private coverage
				1,410			2 Medicare coverage
				118			3 Both Medicare and private coverage
D_OTH1	16	1	\$OTHFMT				C Number of other plans - Jan
				11,428			0 No other plans
				585			1 1 other plan
				13			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE2	17	1	\$MEDCOVG				C Medicare coverage - Feb
				353			0 No entitlement
				430			1 Part A only
				66			2 Part B only
				11,180			3 Both A and B
D_CAID2	18	1	\$SRC2FMT				C Source of Medicaid coverage status - Feb
				9,297			0 No entitlement
				417			1 Survey data only
				263			2 CMS administrative data only
				2,052			3 Both survey and administrative data

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D_PHI2	19	1	\$PHIFMT				C Private health insurance coverage - Feb
				5,604			0 No entitlement
				3,102			1 Employer-sponsored insurance (ESI)
				2,601			2 Self-purchased
				557			3 Both ESI and self-purchased
				165			4 Facility respondent, type unknown
D_HMO2	20	1	\$HMOFMT				C HMO coverage - Feb
				9,780			0 No coverage
				714			1 Private coverage
				1,421			2 Medicare coverage
				114			3 Both Medicare and private coverage
D_OTH2	21	1	\$OTHFMT				C Number of other plans - Feb
				11,425			0 No other plans
				591			1 1 other plan
				10			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE3	22	1	\$MEDCOVG				C Medicare coverage - Mar
				384			0 No entitlement
				437			1 Part A only
				65			2 Part B only
				11,143			3 Both A and B
D_CAID3	23	1	\$SRC2FMT				C Source of Medicaid coverage status - Mar
				9,290			0 No entitlement
				424			1 Survey data only
				279			2 CMS administrative data only
				2,036			3 Both survey and administrative data
D_PHI3	24	1	\$PHIFMT				C Private health insurance coverage - Mar
				5,598			0 No entitlement
				3,107			1 Employer-sponsored insurance (ESI)
				2,591			2 Self-purchased
				559			3 Both ESI and self-purchased
				174			4 Facility respondent, type unknown
D_HMO3	25	1	\$HMOFMT				C HMO coverage - Mar
				9,776			0 No coverage
				720			1 Private coverage
				1,425			2 Medicare coverage
				108			3 Both Medicare and private coverage
D_OTH3	26	1	\$OTHFMT				C Number of other plans - Mar
				11,423			0 No other plans
				594			1 1 other plan
				10			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE4	27	1	\$MEDCOVG				C Medicare coverage - Apr
				420			0 No entitlement
				442			1 Part A only
				64			2 Part B only
				11,103			3 Both A and B
D_CAID4	28	1	\$SRC2FMT				C Source of Medicaid coverage status - Apr
				9,288			0 No entitlement
				427			1 Survey data only
				281			2 CMS administrative data only
				2,033			3 Both survey and administrative data
D_PHI4	29	1	\$PHIFMT				C Private health insurance coverage - Apr
				5,616			0 No entitlement
				3,089			1 Employer-sponsored insurance (ESI)
				2,590			2 Self-purchased
				560			3 Both ESI and self-purchased
				174			4 Facility respondent, type unknown
D_HMO4	30	1	\$HMOFMT				C HMO coverage - Apr
				9,773			0 No coverage
				716			1 Private coverage
				1,435			2 Medicare coverage
				105			3 Both Medicare and private coverage
D_OTH4	31	1	\$OTHFMT				C Number of other plans - Apr
				11,420			0 No other plans
				597			1 1 other plan
				10			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE5	32	1	\$MEDCOVG				C Medicare coverage - May
				439			0 No entitlement
				443			1 Part A only
				63			2 Part B only
				11,084			3 Both A and B
D_CAID5	33	1	\$SRC2FMT				C Source of Medicaid coverage status - May
				9,289			0 No entitlement
				423			1 Survey data only
				281			2 CMS administrative data only
				2,036			3 Both survey and administrative data
D_PHI5	34	1	\$PHIFMT				C Private health insurance coverage - May
				5,623			0 No entitlement
				3,081			1 Employer-sponsored insurance (ESI)
				2,584			2 Self-purchased
				567			3 Both ESI and self-purchased
				174			4 Facility respondent, type unknown

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D_HMO5	35	1	\$HMOFMT				C HMO coverage - May
				9,772			0 No coverage
				716			1 Private coverage
				1,436			2 Medicare coverage
				105			3 Both Medicare and private coverage
D_OTH5	36	1	\$OTHFMT				C Number of other plans - May
				11,413			0 No other plans
				592			1 1 other plan
				22			2 2 other plans
				0			3 3 other plans
				2			4 4 other plans
D_CARE6	37	1	\$MEDCOVG				C Medicare coverage - Jun
				470			0 No entitlement
				453			1 Part A only
				64			2 Part B only
				11,042			3 Both A and B
D_CAID6	38	1	\$SRC2FMT				C Source of Medicaid coverage status - Jun
				9,298			0 No entitlement
				418			1 Survey data only
				288			2 CMS administrative data only
				2,025			3 Both survey and administrative data
D_PHI6	39	1	\$PHIFMT				C Private health insurance coverage - Jun
				5,622			0 No entitlement
				3,073			1 Employer-sponsored insurance (ESI)
				2,574			2 Self-purchased
				565			3 Both ESI and self-purchased
				195			4 Facility respondent, type unknown
D_HMO6	40	1	\$HMOFMT				C HMO coverage - Jun
				9,758			0 No coverage
				723			1 Private coverage
				1,434			2 Medicare coverage
				114			3 Both Medicare and private coverage
D_OTH6	41	1	\$OTHFMT				C Number of other plans - Jun
				11,407			0 No other plans
				599			1 1 other plan
				21			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE7	42	1	\$MEDCOVG				C Medicare coverage - Jul
				491			0 No entitlement
				441			1 Part A only
				65			2 Part B only
				11,032			3 Both A and B

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D_CAID7	43	1	\$SRC2FMT				C Source of Medicaid coverage status - Jul
				9,297			0 No entitlement
				422			1 Survey data only
				294			2 CMS administrative data only
				2,016			3 Both survey and administrative data
D_PHI7	44	1	\$PHIFMT				C Private health insurance coverage - Jul
				5,617			0 No entitlement
				3,055			1 Employer-sponsored insurance (ESI)
				2,568			2 Self-purchased
				574			3 Both ESI and self-purchased
				215			4 Facility respondent, type unknown
D_HMO7	45	1	\$HMOFMT				C HMO coverage - Jul
				9,745			0 No coverage
				729			1 Private coverage
				1,439			2 Medicare coverage
				116			3 Both Medicare and private coverage
D_OTH7	46	1	\$OTHFMT				C Number of other plans - Jul
				11,403			0 No other plans
				612			1 1 other plan
				11			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans
D_CARE8	47	1	\$MEDCOVG				C Medicare coverage - Aug
				508			0 No entitlement
				449			1 Part A only
				62			2 Part B only
				11,010			3 Both A and B
D_CAID8	48	1	\$SRC2FMT				C Source of Medicaid coverage status - Aug
				9,300			0 No entitlement
				410			1 Survey data only
				303			2 CMS administrative data only
				2,016			3 Both survey and administrative data
D_PHI8	49	1	\$PHIFMT				C Private health insurance coverage - Aug
				5,651			0 No entitlement
				3,051			1 Employer-sponsored insurance (ESI)
				2,551			2 Self-purchased
				568			3 Both ESI and self-purchased
				208			4 Facility respondent, type unknown
D_HMO8	50	1	\$HMOFMT				C HMO coverage - Aug
				9,710			0 No coverage
				741			1 Private coverage
				1,462			2 Medicare coverage
				116			3 Both Medicare and private coverage

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D_OTH8	51	1	\$OTHFMT				C Number of other plans - Aug
				11,400			0 No other plans
				616			1 1 other plan
				11			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE9	52	1	\$MEDCOVG				C Medicare coverage - Sep
				515			0 No entitlement
				453			1 Part A only
				63			2 Part B only
				10,998			3 Both A and B
D_CAID9	53	1	\$SRC2FMT				C Source of Medicaid coverage status - Sep
				9,304			0 No entitlement
				412			1 Survey data only
				301			2 CMS administrative data only
				2,012			3 Both survey and administrative data
D_PHI9	54	1	\$PHIFMT				C Private health insurance coverage - Sep
				5,644			0 No entitlement
				3,042			1 Employer-sponsored insurance (ESI)
				2,560			2 Self-purchased
				571			3 Both ESI and self-purchased
				212			4 Facility respondent, type unknown
D_HMO9	55	1	\$HMOFMT				C HMO coverage - Sep
				9,649			0 No coverage
				784			1 Private coverage
				1,473			2 Medicare coverage
				123			3 Both Medicare and private coverage
D_OTH9	56	1	\$OTHFMT				C Number of other plans - Sep
				11,388			0 No other plans
				619			1 1 other plan
				20			2 2 other plans
				0			3 3 other plans
				2			4 4 other plans
D_CARE10	57	1	\$MEDCOVG				C Medicare coverage - Oct
				531			0 No entitlement
				454			1 Part A only
				60			2 Part B only
				10,984			3 Both A and B
D_CAID10	58	1	\$SRC2FMT				C Source of Medicaid coverage status - Oct
				9,304			0 No entitlement
				415			1 Survey data only
				314			2 CMS administrative data only
				1,996			3 Both survey and administrative data

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D_PHI10	59	1	\$PHIFMT				C Private health insurance coverage - Oct
				5,688			0 No entitlement
				3,020			1 Employer-sponsored insurance (ESI)
				2,529			2 Self-purchased
				584			3 Both ESI and self-purchased
				208			4 Facility respondent, type unknown
D_HMO10	60	1	\$HMOFMT				C HMO coverage - Oct
				9,625			0 No coverage
				810			1 Private coverage
				1,466			2 Medicare coverage
				128			3 Both Medicare and private coverage
D_OTH10	61	1	\$OTHFMT				C Number of other plans - Oct
				11,379			0 No other plans
				627			1 1 other plan
				21			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE11	62	1	\$MEDCOVG				C Medicare coverage - Nov
				564			0 No entitlement
				451			1 Part A only
				60			2 Part B only
				10,954			3 Both A and B
D_CAID11	63	1	\$SRC2FMT				C Source of Medicaid coverage status - Nov
				9,313			0 No entitlement
				410			1 Survey data only
				328			2 CMS administrative data only
				1,978			3 Both survey and administrative data
D_PHI11	64	1	\$PHIFMT				C Private health insurance coverage - Nov
				5,788			0 No entitlement
				2,996			1 Employer-sponsored insurance (ESI)
				2,490			2 Self-purchased
				576			3 Both ESI and self-purchased
				179			4 Facility respondent, type unknown
D_HMO11	65	1	\$HMOFMT				C HMO coverage - Nov
				9,613			0 No coverage
				831			1 Private coverage
				1,451			2 Medicare coverage
				134			3 Both Medicare and private coverage
D_OTH11	66	1	\$OTHFMT				C Number of other plans - Nov
				11,382			0 No other plans
				626			1 1 other plan
				18			2 2 other plans
				3			3 3 other plans
				0			4 4 other plans

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_CARE12	67	1	\$MEDCOVG				C Medicare coverage - Dec
				591			0 No entitlement
				451			1 Part A only
				60			2 Part B only
				10,927			3 Both A and B
D_CAID12	68	1	\$SRC2FMT				C Source of Medicaid coverage status - Dec
				9,343			0 No entitlement
				416			1 Survey data only
				336			2 CMS administrative data only
				1,934			3 Both survey and administrative data
D_PHI12	69	1	\$PHIFMT				C Private health insurance coverage - Dec
				5,942			0 No entitlement
				2,968			1 Employer-sponsored insurance (ESI)
				2,461			2 Self-purchased
				565			3 Both ESI and self-purchased
				93			4 Facility respondent, type unknown
D_HMO12	70	1	\$HMOFMT				C HMO coverage - Dec
				9,612			0 No coverage
				839			1 Private coverage
				1,445			2 Medicare coverage
				133			3 Both Medicare and private coverage
D_OTH12	71	1	\$OTHFMT				C Number of other plans - Dec
				11,383			0 No other plans
				632			1 1 other plan
				12			2 2 other plans
				2			3 3 other plans
				0			4 4 other plans
D_CARE	72	1	\$MEDCOVG				C Annual Medicare coverage
				0			0 No entitlement
				444			1 Part A only
				66			2 Part B only
				11,519			3 Both A and B
D_CAID	73	1	\$SRC2FMT				C Source of annual Medicaid coverage
				9,021			0 No entitlement
				488			1 Survey data only
				299			2 CMS administrative data only
				2,221			3 Both survey and administrative data
D_PHI	74	1	\$PHIAFMT				C Annual private health insurance coverage
				5,199			0 No entitlement
				3,172			1 Employer-sponsored insurance (ESI)
				2,680			2 Self-purchased
				666			3 Both ESI and self-purchased
				214			4 Facility respondent, type unknown
				42			5 Both ESI and unknown (facil)
				50			6 Both self-purchased and unknown (facil)
				6			7 ESI, self-purchased and unknown (facil)

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Note: See Notes for derivation

Note: Applies only if D CAID is greater than zero.

Note: Applies only if D_OTH is greater than zero.

Note: Applies only if D_OTH is greater than zero.

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D_INSOTH	91	2	INSPLFMT				N Other public plan insurance cov
				11,285			. Inapplicable
				6			0 Other government program
				252			1 General insurance
				0			2 Dental only
				1			3 Vision only
				0			4 LTC
				483			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				1			8 Cancer/dread disease
				1			9 Military/Other

Note: Applies only if D_OTH is greater than zero.

D_TYPPL1	93	2	PLANFMT		HI17		N Type of plan - Plan #1
				3,378			. Inapplicable
				3,386			1 Employer-sponsored insurance (ESI)
				2,690			2 Self-purchased
				192			3 Private unknown
				872			4 Private HMO
				1,511			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
				3,378			. Inapplicable
				8,651			Date as YYYYMMDD
D_ENDPL1	103	8	DTE8FMT				N Date coverage ended - plan #1
				3,378			. Inapplicable
				8,651			Date as YYYYMMDD

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D_PHREL1	111	2	RELFMT				N Policy holder relationship - Plan #1
				3,900			. Inapplicable
				0			-5 Never ask again
				6,798			1 Sample person
				1,261			2 Spouse
				2			3 Son
				5			4 Daughter
				1			5 Brother
				0			6 Sister
				23			7 Father
				26			8 Mother
				0			9 Son-in-law
				1			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				6			50 Partner/roommate
				2			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				4			91 Other relative
				0			92 Other non-relative
D_COVNM1	113	2	COVGFMT				N # of family members covered by Plan #1
				3,899			. Inapplicable
				3			-9 Not ascertained
				15			-8 Don't know
				8,112			Number reported covered
D_COVRX1	115	2	YES1FMT				N Does Plan #1 cover prescribed medicines?
				3,674			. Inapplicable
				5,408			1 Yes
				2,947			2 No
D_COVNH1	117	2	YES1FMT				N Does Plan #1 cover stay in nursing home?
				3,674			. Inapplicable
				4			-9 Not ascertained
				2,188			-8 Don't know
				1,505			1 Yes
				4,658			2 No
D_PAYSP1	119	2	PAYSPFMT				N MIP pay any/all cost for Plan #1
				3,674			. Inapplicable
				4			-9 Not ascertained
				300			-8 Don't know
				1			-7 Refused
				4,735			1 Yes
				2,532			2 No
				783			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
				4,762			. Inapplicable
				2,656			0-100 \$100 or less
				666			100.01-500 \$101-\$500
				897			500.01-1000 \$501-\$1000
				970			1000.01-1500 \$1001-\$1500
				885			1500.01-2000 \$1501-\$2000
				476			2000.01-2500 \$2001-\$2500
				228			2500.01-3000 \$2501-\$3000
				160			3000.01-3500 \$3001-\$3500
				105			3500.01-4000 \$3501-\$4000
				75			4000.01-4500 \$4001-\$4500
				47			4500.01-5000 \$4501-\$5000
				102			5000.01-99999 Over \$5000
Note: Applies only if D_PAYSP1 = 1							
D_HMOPL1	129	2	YES1FMT		HI25		N Is Plan #1 an HMO
				5,413			. Inapplicable
				8			-9 Not ascertained
				154			-8 Don't know
				1			-7 Refused
				561			1 Yes
				5,892			2 No
D_PLNUM1	131	5					C Medicare HMO code or other plan code #1
D_OBTNP1	136	2	MIPFMT				N How did MIP get Plan #1
				5,410			. Inapplicable
				5			-9 Not ascertained
				192			-8 Don't know
				2,442			1 Directly
				589			2 Main insured person's current employer
				2,608			3 Main insured person's prior employer
				85			4 Union
				37			5 Family business
				205			6 AARP
				387			7 Deceased spouse's employer
				19			8 Deceased spouse's union
				14			9 Fraternal/professional organization
				36			91 Other

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D_INDUS1	138	2	\$IND1COD				C Industry of employer - Plan #1
				8,320			Inapplicable
				1			-7 Refused
				2			-8 Don't know
				12			-9 Not ascertained
				7			A Agriculture, forestry, and fishing
				21			B Mining
				24			C Construction
				56			D Manufacturing
				10			E Transportation and public utilities
				4			F Wholesale trade
				23			G Retail trade
				9			H Finance, insurance, and real estate
				4			I Services
				176			J Public administration
				82			K Nonclassifiable establishments
				9			01 Agricultural production - crops
				13			02 Agricultural production - livestock
				4			07 Agricultural services
				5			08 Forestry
				2			09 Fishing, hunting, and trapping
				14			10 Metal mining
				46			12 Coal mining
				46			13 Oil and gas extraction
				6			14 Nonmetallic minerals, except fuels
				4			15 General building contractors
				11			16 Heavy construction, excluding building
				46			17 Special trade contractors
				59			20 Food and kindred products
				4			21 Tobacco products
				22			22 Textile mill products
				11			23 Apparel and other textile products
				17			24 Lumber and wood products
				9			25 Furniture and fixtures
				18			26 Paper and allied products
				21			27 Printing and publishing
				110			28 Chemicals and allied products
				17			29 Petroleum and coal products
				37			30 Rubber and misc. plastics products
				1			31 Leather and leather products
				33			32 Stone, clay, and glass products
				60			33 Primary metal industries
				28			34 Fabricated metal products
				80			35 Industrial machinery and equipment
				85			36 Electronic & other electric equipment
				279			37 Transportation equipment
				11			38 Instruments and related products
				11			39 Miscellaneous manufacturing industries
				38			40 Railroad transportation
				15			41 Local and interurban passenger transit
				26			42 Trucking and warehousing
				124			43 U.S. Postal Service
				7			44 Water transportation
				15			45 Transportation by air
				1			46 Pipelines, except natural gas
				1			47 Transportation services
				122			48 Communications
				99			49 Electric, gas, and sanitary services
				9			50 Wholesale trade - durable goods
				10			51 Wholesale trade - nondurable goods
				8			52 Building materials & garden supplies
				34			53 General merchandise stores

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

				23			54 Food stores
				15			55 Automotive dealers & service stations
				4			56 Apparel and accessory stores
				4			57 Furniture and home furnishings stores
				10			58 Eating and drinking places
				8			59 Miscellaneous retail
				48			60 Depository institutions
				6			61 Nondepository institutions
				5			62 Security and commodity brokers
				67			63 Insurance carriers
				9			64 Insurance agents, brokers, and services
				14			65 Real estate
				4			67 Holding and other investment offices
				1			70 Hotels and other lodging places
				9			72 Personal services
				25			73 Business services
				8			75 Auto repair, services, and parking
				7			76 Miscellaneous repair services
				2			78 Motion pictures
				21			79 Amusement & recreation services
				144			80 Health services
				9			81 Legal services
				523			82 Educational services
				8			83 Social services
				0			84 Museums, botanical, zoological gardens
				69			86 Membership organizations
				67			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				175			91 Executive, legislative, and general
				91			92 Justice, public order, and safety
				12			93 Finance, taxation, & monetary policy
				85			94 Administration of Human Resources
				28			95 Environmental quality and housing
				55			96 Administration of economic programs
				94			97 National security and inst. affairs
				0			99 Nonclassifiable establishments

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

D_PLLTR1	140	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter -Pla
				11,222			Inapplicable
				115			-8 Don't know
				30			A Plan A
				38			B Plan B
				113			C Plan C
				47			D Plan D
				19			E Plan E
				306			F Plan F
				36			G Plan G
				18			H Plan H
				14			I Plan I
				54			J Plan J
				0			99 SP reports plan does not have a letter
				17			Other plan

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI1	142	2	YES1FMT				N Is Plan #1 TRICARE?
				8,643			. Inapplicable
				402			1 Yes
				2,984			2 No
D_INS1	144	2	INSPLFMT				N Insurance coverage Plan #1
				5,486			. Inapplicable
				0			0 Other government program
				6,387			1 General insurance
				61			2 Dental only
				1			3 Vision only
				19			4 LTC
				65			5 Rx only
				0			6 Dental/Vision
				3			7 Life insurance
				7			8 Cancer/dread disease
				0			9 Military/Other
Note: Applies only if D_TYPL1 = 1 or 2							
D_RX1	146	2	RXPLFMT				N Drug coverage Plan #1
				5,486			. Inapplicable
				3,966			1 Plan covers prescription drugs
				2,437			2 Plan does not cover prescription drugs
				140			3 Drug discount card
Note: Applies only if D_TYPL1 = 1 or 2							
D_TYPL2	148	2	PLANFMT		HI17		N Type of plan - Plan #2
				8,205			. Inapplicable
				1,391			1 Employer-sponsored insurance (ESI)
				1,546			2 Self-purchased
				82			3 Private unknown
				369			4 Private HMO
				436			5 Medicare HMO
Note: Applies only if D_PHI is not equal to zero or D_HMO is not equal to zero							
D_BEGPL2	150	8	DTE8FMT				N Date coverage began - plan #2
				8,205			. Inapplicable
				3,824			Date as YYYYMMDD
D_ENDPL2	158	8	DTE8FMT				N Date coverage ended - plan #2
				8,205			. Inapplicable
				3,824			Date as YYYYMMDD

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL2	166	2	RELFMT				N Policy holder relationship - Plan #2
				8,435			. Inapplicable
				0			-5 Never ask again
				3,019			1 Sample person
				544			2 Spouse
				3			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				10			7 Father
				13			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				1			50 Partner/roommate
				2			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				1			91 Other relative
				0			92 Other non-relative
D_COVNM2	168	2	COVGFMT				N # of family members covered by Plan #2
				8,434			. Inapplicable
				4			-9 Not ascertained
				23			-8 Don't know
				3,568			Number reported covered
D_COVRX2	170	2	YES1FMT				N Does Plan #2 cover prescribed medicines?
				8,349			. Inapplicable
				1,625			1 Yes
				2,055			2 No
D_COVNH2	172	2	YES1FMT				N Does Plan #2 cover stay in nursing home?
				8,349			. Inapplicable
				2			-9 Not ascertained
				583			-8 Don't know
				953			1 Yes
				2,142			2 No
D_PAYSP2	174	2	PAYSPFMT				N MIP pay any/all cost for Plan #2
				8,349			. Inapplicable
				4			-9 Not ascertained
				95			-8 Don't know
				2,095			1 Yes
				1,053			2 No
				433			3 Yes, but don't know how much

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT2	176	8	PREM_F				N Premium MIP pays for Plan #2-Annualized
				8,881			. Inapplicable
				1,230			0-100 \$100 or less
				626			100.01-500 \$101-\$500
				522			500.01-1000 \$501-\$1000
				385			1000.01-1500 \$1001-\$1500
				159			1500.01-2000 \$1501-\$2000
				92			2000.01-2500 \$2001-\$2500
				50			2500.01-3000 \$2501-\$3000
				23			3000.01-3500 \$3001-\$3500
				22			3500.01-4000 \$3501-\$4000
				8			4000.01-4500 \$4001-\$4500
				13			4500.01-5000 \$4501-\$5000
				18			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP2 = 1

D_HMOPL2	184	2	YES1FMT		HI25		N Is Plan #2 an HMO
				8,871			. Inapplicable
				10			-9 Not ascertained
				77			-8 Don't know
				231			1 Yes
				2,840			2 No
D_PLNUM2	186	5					C Medicare HMO code or other plan code #2
D_OBTNP2	191	2	MIPFMT				N How did MIP get Plan #2
				8,870			. Inapplicable
				7			-9 Not ascertained
				48			-8 Don't know
				1,433			1 Directly
				282			2 Main insured person's current employer
				1,058			3 Main insured person's prior employer
				42			4 Union
				12			5 Family business
				96			6 AARP
				148			7 Deceased spouse's employer
				8			8 Deceased spouse's union
				8			9 Fraternal/professional organization
				17			91 Other

D_INDUS2	193	2	\$IND2COD				C Industry of employer - Plan #2
				10,393			Inapplicable
				1			-7 Refused
				3			-8 Don't know
				9			-9 Not ascertained
				1,623			Industry classification code

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PLLTR2	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				11,703			Missing
				0			. Inapplicable
				49			-8 Don't know
				0			99 SP reports plan does not have a letter
				277			Plan letter
Note: Applies only if INTERVU = C and D_OBTNP2 = 1, 5, or 6							
D_TRI2	197	2	YES1FMT				N Is Plan #2 TRICARE?
				10,638			. Inapplicable
				64			1 Yes
				1,327			2 No
D_INS2	199	2	INSPLFMT				N Insurance coverage Plan #2
				8,895			. Inapplicable
				0			0 Other government program
				2,427			1 General insurance
				392			2 Dental only
				30			3 Vision only
				162			4 LTC
				105			5 Rx only
				9			6 Dental/Vision
				5			7 Life insurance
				4			8 Cancer/dread disease
				0			9 Military/Other
Note: Applies only if D_TYPL2 = 1 or 2							
D_RX2	201	2	RXPLFMT				N Drug coverage Plan #2
				8,895			. Inapplicable
				1,096			1 Plan covers prescription drugs
				1,932			2 Plan does not cover prescription drugs
				106			3 Drug discount card
Note: Applies only if D_TYPL2 = 1 or 2							
D_TYPPL3	203	2	PLANFMT		HI17		N Type of plan - Plan #3
				10,760			. Inapplicable
				575			1 Employer-sponsored insurance (ESI)
				437			2 Self-purchased
				30			3 Private unknown
				152			4 Private HMO
				75			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
				10,760			. Inapplicable
				1,269			Date as YYYYMMDD
D_ENDPL3	213	8	DTE8FMT				N Date coverage ended - plan #3
				10,760			. Inapplicable
				1,269			Date as YYYYMMDD

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL3	221	2	REL FMT				N Policy holder relationship - Plan #3
				10,844			. Inapplicable
				0			-5 Never ask again
				946			1 Sample person
				232			2 Spouse
				2			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				4			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
D_COVNM3	223	2	COVG FMT				N # of family members covered by Plan #3
				10,844			. Inapplicable
				1			-9 Not ascertained
				13			-8 Don't know
				1,171			Number reported covered
D_COVRX3	225	2	YES1 FMT				N Does Plan #3 cover prescribed medicines?
				10,824			. Inapplicable
				476			1 Yes
				729			2 No
D_COVNH3	227	2	YES1 FMT				N Does Plan #3 cover stay in nursing home?
				10,824			. Inapplicable
				107			-8 Don't know
				316			1 Yes
				782			2 No
D_PAYSP3	229	2	PAYSP FMT				N MIP pay any/all cost for Plan #3
				10,824			. Inapplicable
				33			-8 Don't know
				577			1 Yes
				433			2 No
				162			3 Yes, but don't know how much

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT3	231	8	PREM_F				N Premium MIP pays for Plan #3-Annualized
				11,019			. Inapplicable
				527			0-100 \$100 or less
				188			100.01-500 \$101-\$500
				120			500.01-1000 \$501-\$1000
				68			1000.01-1500 \$1001-\$1500
				40			1500.01-2000 \$1501-\$2000
				17			2000.01-2500 \$2001-\$2500
				18			2500.01-3000 \$2501-\$3000
				12			3000.01-3500 \$3001-\$3500
				8			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				2			4500.01-5000 \$4501-\$5000
				9			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP3 = 1

D_HMOPL3	239	2	YES1FMT		HI25		N Is Plan #3 an HMO
				10,919			. Inapplicable
				4			-9 Not ascertained
				24			-8 Don't know
				103			1 Yes
				979			2 No
D_PLNUM3	241	5					C Medicare HMO code or other plan code #3
D_OBTNP3	246	2	MIPFMT				N How did MIP get Plan #3
				10,919			. Inapplicable
				1			-9 Not ascertained
				21			-8 Don't know
				421			1 Directly
				117			2 Main insured person's current employer
				449			3 Main insured person's prior employer
				22			4 Union
				3			5 Family business
				17			6 AARP
				45			7 Deceased spouse's employer
				2			8 Deceased spouse's union
				4			9 Fraternal/professional organization
				8			91 Other

D_INDUS3	248	2	\$IND2COD				C Industry of employer - Plan #3
				11,379			Inapplicable
				3			-9 Not ascertained
				647			Industry classification code

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

D_PLLTR3	250	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				11,993			Missing
				0			. Inapplicable
				5			-8 Don't know
				0			99 SP reports plan does not have a letter
				31			Plan letter

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI3	252	2	YES1FMT				N Is Plan #3 TRICARE?
				11,454			. Inapplicable
				27			1 Yes
				548			2 No
D_INS3	254	2	INSPLFMT				N Insurance coverage Plan #3
				10,932			. Inapplicable
				0			0 Other government program
				651			1 General insurance
				224			2 Dental only
				33			3 Vision only
				97			4 LTC
				82			5 Rx only
				3			6 Dental/Vision
				1			7 Life insurance
				6			8 Cancer/dread disease
				0			9 Military/Other
Note: Applies only if D_TYPL3 = 1 or 2							
D_RX3	256	2	RXPLFMT				N Drug coverage Plan #3
				10,932			. Inapplicable
				365			1 Plan covers prescription drugs
				710			2 Plan does not cover prescription drugs
				22			3 Drug discount card
Note: Applies only if D_TYPL3 = 1 or 2							
D_TYPL4	258	2	PLANFMT		HI17		N Type of plan - Plan #4
				11,661			. Inapplicable
				198			1 Employer-sponsored insurance (ESI)
				107			2 Self-purchased
				8			3 Private unknown
				35			4 Private HMO
				20			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				N Date coverage began - plan #4
				11,661			. Inapplicable
				368			Date as YYYYMMDD
D_ENDPL4	268	8	DTE8FMT				N Date coverage ended - plan #4
				11,661			. Inapplicable
				368			Date as YYYYMMDD

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL4	276	2	RELFMT				N Policy holder relationship - Plan #4
				11,681			. Inapplicable
				0			-5 Never ask again
				251			1 Sample person
				97			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
D_COVNM4	278	2	COVGFMT				N # of family members covered by Plan #4
				11,681			. Inapplicable
				1			-8 Don't know
				347			Number reported covered
D_COVRX4	280	2	YES1FMT				N Does Plan #4 cover prescribed medicines?
				11,679			. Inapplicable
				166			1 Yes
				184			2 No
D_COVNH4	282	2	YES1FMT				N Does Plan #4 cover stay in nursing home?
				11,679			. Inapplicable
				27			-8 Don't know
				72			1 Yes
				251			2 No
D_PAYSP4	284	2	PAYSPFMT				N MIP pay any/all cost for Plan #4
				11,679			. Inapplicable
				9			-8 Don't know
				135			1 Yes
				140			2 No
				66			3 Yes, but don't know how much

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D_ANAMT4	286	8	PREM_F				N Premium MIP pays for Plan #4-Annualized
				11,754			. Inapplicable
				165			0-100 \$100 or less
				51			100.01-500 \$101-\$500
				22			500.01-1000 \$501-\$1000
				19			1000.01-1500 \$1001-\$1500
				6			1500.01-2000 \$1501-\$2000
				6			2000.01-2500 \$2001-\$2500
				4			2500.01-3000 \$2501-\$3000
				1			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				1			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				0			5000.01-99999 Over \$5000

Note: Applies only if D_PAYSP4 = 1

D_HMOPL4	294	2	YES1FMT		HI25		N Is Plan #4 an HMO
				11,701			. Inapplicable
				7			-8 Don't know
				25			1 Yes
				296			2 No
D_PLNUM4	296	5					C Medicare HMO code or other plan code #4
D_OBTNP4	301	2	MIPFMT				N How did MIP get Plan #4
				11,701			. Inapplicable
				6			-8 Don't know
				101			1 Directly
				41			2 Main insured person's current employer
				151			3 Main insured person's prior employer
				6			4 Union
				0			5 Family business
				6			6 AARP
				15			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				0			91 Other
D_INDUS4	303	2	\$IND2COD				C Industry of employer - Plan #4
				11,799			Inapplicable
				230			Industry classification code

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

D_PLLTR4	305	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter -Pla
				12,023			Missing
				0			. Inapplicable
				0			99 SP reports plan does not have a letter
				6			Plan letter

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

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_TRI4	307	2	YES1FMT				N Is Plan #4 TRICARE?
				11,831			. Inapplicable
				4			1 Yes
				194			2 No
D_INS4	309	2	INSPLFMT				N Insurance coverage Plan #4
				11,708			. Inapplicable
				0			0 Other government program
				193			1 General insurance
				55			2 Dental only
				14			3 Vision only
				17			4 LTC
				40			5 Rx only
				0			6 Dental/Vision
				1			7 Life insurance
				1			8 Cancer/dread disease
				0			9 Military/Other
Note: Applies only if D_TYPL4 = 1 or 2							
D_RX4	311	2	RXPLFMT				N Drug coverage Plan #4
				11,708			. Inapplicable
				121			1 Plan covers prescription drugs
				195			2 Plan does not cover prescription drugs
				5			3 Drug discount card
Note: Applies only if D_TYPL4 = 1 or 2							
D_TYPL5	313	2	PLANFMT		HI17		N Type of plan - Plan #5
				11,916			. Inapplicable
				67			1 Employer-sponsored insurance (ESI)
				23			2 Self-purchased
				2			3 Private unknown
				13			4 Private HMO
				8			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
				11,916			. Inapplicable
				113			Date as YYYYMMDD
D_ENDPL5	323	8	DTE8FMT				N Date coverage ended - plan #5
				11,916			. Inapplicable
				113			Date as YYYYMMDD

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D_PHREL5	331	2	RELFMT				N Policy holder relationship - Plan #5
				11,921			. Inapplicable
				0			-5 Never ask again
				71			1 Sample person
				37			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
D_COVNM5	333	2	COVGFMT				N # of family members covered by Plan #5
				11,921			. Inapplicable
				1			-8 Don't know
				107			Number reported covered
D_COVRX5	335	2	YES1FMT				N Does Plan #5 cover prescribed medicines?
				11,924			. Inapplicable
				56			1 Yes
				49			2 No
D_COVNH5	337	2	YES1FMT				N Does Plan #5 cover stay in nursing home?
				11,924			. Inapplicable
				8			-8 Don't know
				11			1 Yes
				86			2 No
D_PAYSP5	339	2	PAYSPFMT				N MIP pay any/all cost for Plan #5
				11,924			. Inapplicable
				6			-8 Don't know
				36			1 Yes
				55			2 No
				8			3 Yes, but don't know how much

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D_TRI5	362	2	YES1FMT				N Is Plan #5 TRICARE?
				11,962			. Inapplicable
				0			1 Yes
				67			2 No
D_INS5	364	2	INSPLFMT				N Insurance coverage Plan #5
				11,932			. Inapplicable
				0			0 Other government program
				42			1 General insurance
				22			2 Dental only
				10			3 Vision only
				1			4 LTC
				22			5 Rx only
				0			6 Dental/Vision
				0			7 Life insurance
				0			8 Cancer/dread disease
				0			9 Military/Other
							Note: Applies only if D_TYPL5 = 1 or 2
D_RX5	366	2	RXPLFMT				N Drug coverage Plan #5
				11,931			. Inapplicable
				47			1 Plan covers prescription drugs
				50			2 Plan does not cover prescription drugs
				1			3 Drug discount card
							Note: Applies only if D_TYPL5 = 1 or 2
MHDEDUCT	368	2	YES1FMT			HIMC6b	N SP has a Rx deductible - MHMO
				10,847			. Inapplicable
				1			-9 Not ascertained
				44			-8 Don't know
				70			1 Yes
				1,067			2 No
							Note: Applies when MHMORX = 1 and SP is alive and noninstitutionalized.
D_DED_MH	370	5	DEDFMT			HIMC6c	N Deductible for Rx coverage - MHMO
				11,974			. Inapplicable
				55			1-99999 Annual Drug Deductible
							Note: Applies if MHDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0
MHDIFAMT	375	2	BRNDFMT			HIMC6d	N SP pays dif amt for gen & brnd Rx- MHMO
				10,847			. Inapplicable
				1			-9 Not ascertained
				117			-8 Don't know
				796			1 Yes
				190			2 No
				78			3 Plan does not cover brand name drugs
							Note: Applies when MHMORX = 1 and SP is alive and noninstitutionalized.

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MHBRUNIT	377	2	UNITFMT			HIMC6g	N Unit of amt paid for brand Rx - MHMO
				11,233			. Inapplicable
				216			-8 Don't know
				75			1 Percentage
				497			2 Dollars
				8			3 No cost
				Note: Applies only if MHDIFAMT ? . or MHDIFAMT ? 3			
MHBRAMT	379	8	COSTFMT			HIMC6g	N Amount paid for brand Rx - MHMO
				11,532			. Inapplicable
				497		0.01-99999.99	Amount usually paid for prescription
				Note: Applies if MHBRUNIT = 2 or MHDIFAMT = 2			
MHBRPCT	387	3	PCTFMT			HIMC6g	N Percentage paid for brand Rx - MHMO
				11,954			. Inapplicable
				75			1-100 Percent SP usually pays for Rx
				Note: Applies only if MHBRUNIT = 1			
MHBRMORL	390	2	MORELESS			HIMC6h	N Brand Rx more/less than \$15 - MHMO
				11,813			. Inapplicable
				68			-8 Don't know
				129			1 More than \$15
				19			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (MHBRUNIT = -7 or -8)			
MHGNUNIT	392	2	UNITFMT			HIMC6i	N Unit of amt paid for generic Rx - MHMO
				11,155			. Inapplicable
				116			-8 Don't know
				13			1 Percentage
				677			2 Dollars
				68			3 No cost
				Note: Applies only if MHDIFAMT = 1			
MHGNAMT	394	8	COSTFMT			HIMC6i	N Amount paid for generic Rx - MHMO
				11,352			. Inapplicable
				677		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if MHGNUNIT = 2 or MHDIFAMT = 2			
MHGNPCT	402	3	PCTFMT			HIMC6i	N Percentage paid for generic Rx - MHMO
				12,016			. Inapplicable
				13			1-100 Percent SP usually pays for Rx
				Note: Applies only if MHGNUNIT = 1			

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MHGNMORL	405	2	MORELESS			HIMC6j	N Generic Rx more/less than \$15 - MHMO
				11,913			. Inapplicable
				59			-8 Don't know
				25			1 More than \$15
				32			2 Less than \$15

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

MHLIMIT	407	2	YES1FMT			HIMC6k	N Plan has Rx coverage limit - MHMO
				10,847			. Inapplicable
				1			-9 Not ascertained
				253			-8 Don't know
				215			1 Yes
				713			2 No

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

D_LIM_MH	409	5	RXLIMIT			HIMC6l	N Amount of Rx coverage limit - MHMO
				11,872			. Inapplicable
				157			1-99999 Annual drug coverage limit

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

MHRATE	414	2	GENHFMT			HIMC6m	N SP rating of Rx coverage - MHMO
				10,847			. Missing
				1			-9 Not ascertained
				31			-8 Don't know
				283			1 Excellent
				340			2 Very good
				320			3 Good
				135			4 Fair
				72			5 Poor

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

MCDEDUCT	416	2	YES1FMT			HI10d2	N SP has a Rx deductible - Mcaid
				10,522			. Inapplicable
				1			-9 Not ascertained
				34			-8 Don't know
				42			1 Yes
				1,430			2 No

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

D_DED_MC	418	5	DEDFMT			HI10d3	N Deductible for Rx coverage - Mcaid
				11,996			. Inapplicable
				33			1-99999 Annual Drug Deductible

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

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MCDFAMT	423	2	BRNDFMT			HI10d4	N SP pays dif amt 4 gen & brand Rx- Mcaid
				10,522			. Inapplicable
				1			-9 Not ascertained
				171			-8 Don't know
				348			1 Yes
				836			2 No
				151			3 Plan does not cover brand name drugs
							Note: Applies when MCDRXCOV = 1 and SP is alive and noninstitutionalized.
MCBRUNIT	425	2	UNITFMT			HI10d7	N Unit of amt paid for brand Rx - Mcaid
				11,681			. Inapplicable
				52			-8 Don't know
				4			1 Percentage
				266			2 Dollars
				26			3 No cost
							Note: Applies only if MCDIFAMT ? . or MCDIFAMT ? 3
MCBRAMT	427	8	COSTFMT			HI10d7	N Amount paid for brand Rx - Mcaid
				11,763			. Inapplicable
				266		0.01-99999.99	Amount usually paid for prescription
							Note: Applies if MCBRUNIT = 2 or MCDIFAMT = 3
MCBRPCT	435	3	PCTFMT			HI10d7	N Percentage paid for brand Rx - Mcaid
				12,025			. Inapplicable
				4			1-100 Percent SP usually pays for Rx
							Note: Applies only if MCBRUNIT = 1
MCBRMORL	438	2	MORELESS			HI10d8	N Brand Rx more/less than \$15 - Mcaid
				11,977			. Inapplicable
				15			-8 Don't know
				17			1 More than \$15
				20			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (MCBRUNIT = -7 or -8)
MCGNUNIT	440	2	UNITFMT			HI10d9	N Unit of amt paid for generic Rx - Mcaid
				11,530			. Inapplicable
				29			-8 Don't know
				2			1 Percentage
				305			2 Dollars
				163			3 No cost
							Note: Applies only if MCDIFAMT = 1
MCGNAMT	442	8	COSTFMT			HI10d9	N Amount paid for generic Rx - Mcaid
				11,724			. Inapplicable
				305		0.01-99999.99	Amount usually paid for prescription
							Note: Applies only if MCGNUNIT = 2 or MCDIFAMT = 2

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MCGNPCT	450	3	PCTFMT			HI10d9	N Percentage paid for generic Rx - Mcaid
				12,027			. Inapplicable
				2			1-100 Percent SP usually pays for Rx

Note: Applies only if MCGNUNIT = 1

MCGNMORL	453	2	MORELESS			HI10d10	N Gener Rx more/less than \$15 - Mcaid
				12,000			. Inapplicable
				6			-8 Don't know
				9			1 More than \$15
				14			2 Less than \$15

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

MCLIMIT	455	2	YES1FMT			HI10d11	N Plan has Rx coverage limit - Mcaid
				10,522			. Inapplicable
				1			-9 Not ascertained
				201			-8 Don't know
				1			-7 Refused
				41			1 Yes
				1,263			2 No

Note: Applies to Medicaid Managed Care plans with drug coverage (MCMORX = 1)

D_LIM_MC	457	5	RXLIMIT			HI10d12	N Amount of Rx coverage limit - Mcaid
				12,025			. Inapplicable
				4			1-99999 Annual drug coverage limit

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

MCRATE	462	2	GENHFMT			HI10d13	N SP rating of Rx coverage - Mcaid
				10,522			. Missing
				1			-9 Not ascertained
				29			-8 Don't know
				658			1 Excellent
				420			2 Very good
				292			3 Good
				76			4 Fair
				31			5 Poor

Note: Applies to Medicaid Managed Care plans w/ drug coverage (MCDRXCOV = 1)

MTDEDUCT	464	2	YES1FMT			HIT4b	N SP has a Rx deductible - Tricare
				11,616			. Inapplicable
				13			-8 Don't know
				12			1 Yes
				388			2 No

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

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D_DED_MT	466	5	DEDFMT			HIT4c	N Deductible for Rx coverage - Tricare
				12,024			. Inapplicable
				5			1-99999 Annual Drug Deductible
							Note: Applies if MTDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0
MTDIFAMT	471	2	BRNDFMT			HIT4d	N SP pays dif amt for gen & brnd Rx-Tric
				11,616			. Inapplicable
				48			-8 Don't know
				231			1 Yes
				119			2 No
				15			3 Plan does not cover brand name drugs
							Note: Applies when TRIRXCOV = 1 and SP is alive and noninstitutionalized.
MTBRUNIT	473	2	UNITFMT			HIT4g	N Unit of amt paid for brand Rx - Tricare
				11,798			. Inapplicable
				11			-8 Don't know
				1			1 Percentage
				214			2 Dollars
				5			3 No cost
							Note: Applies only if MTDIFAMT ? . or MTDIFAMT ? 3
MTBRAMT	475	8	COSTFMT			HIT4g	N Amount paid for brand Rx - Tricare
				11,815			. Inapplicable
				214			0.01-99999.99 Amount usually paid for prescription
							Note: Applies if MTBRUNIT = 2 or MTDIFAMT = 3
MTBRPCT	483	3	PCTFMT			HIT4g	N Percentage paid for brand Rx - Tricare
				12,028			. Inapplicable
				1			1-100 Percent SP usually pays for Rx
							Note: Applies only if MTBRUNIT = 1
MTBRMORL	486	2	MORELESS			HIT4h	N Brand Rx more/less than \$15 - Tricare
				12,018			. Inapplicable
				6			-8 Don't know
				1			1 More than \$15
				4			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (MTBRUNIT = -7 or -8)
MTGNUNIT	488	2	UNITFMT			HIT4i	N Unit of amt paid for gen Rx - Tricare
				11,783			. Inapplicable
				11			-8 Don't know
				3			1 Percentage
				214			2 Dollars
				18			3 No cost
							Note: Applies only if MTDIFAMT = 1

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MTGNAMT	490	8	COSTFMT			HIT4i	N Amount paid for generic Rx - Tricare
				11,815			. Inapplicable
				214		0.01-99999.99	Amount usually paid for prescription
							Note: Applies only if MTGNUNIT = 2 or MTDIFAMT = 2
MTGNPCT	498	3	PCTFMT			HIT4i	N Percentage paid for generic Rx - Tricare
				12,026			. Inapplicable
				3		1-100	Percent SP usually pays for Rx
							Note: Applies only if MTGNUNIT = 1
MTGNMORL	501	2	MORELESS			HIT4j	N Generic Rx more/less than \$15 - Tricare
				12,018			. Inapplicable
				4			-8 Don't know
				0			1 More than \$15
				7			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (MTGNUNIT = -7 or -8)
MTLIMIT	503	2	YES1FMT			HIT4k	N Plan has Rx coverage limit - Tricare
				11,616			. Inapplicable
				44			-8 Don't know
				2			1 Yes
				367			2 No
							Note: Applies to Tricare plans with drug coverage (TRIRXCOV = 1)
D_LIM_MT	505	5	RXLIMIT			HIT4l	N Amount of Rx coverage limit - Tricare
				12,029			. Inapplicable
				0		1-99999	Annual drug coverage limit
							Note: Applies if MTLIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT
MTRATE	510	2	GENHFMT			HIT4m	N SP rating of Rx coverage - Tricare
				11,616			. Missing
				14			-8 Don't know
				302			1 Excellent
				74			2 Very good
				22			3 Good
				1			4 Fair
				0			5 Poor
							Note: Applies to Tricare plans with drug coverage (TRIRXCOV = 1)
PUDEDUCT	514	2	YES1FMT			HI16a2	N SP has a Rx deductible - Publ
				11,554			. Inapplicable
				1			-9 Not ascertained
				14			-8 Don't know
				84			1 Yes
				376			2 No
							Note: Applies when PUBRXCOV = 1 and SP is alive and noninstitutionalized.

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D_DED_PU	516	5	DEDFMT			HI16a3	N Deductible for Rx coverage - Publ
				11,954			. Inapplicable
				75		1-99999	Annual Drug Deductible
							Note: Applies if PUDEDUCT = 1 & RXDEAMT > 0 & RXDEUNIT > 0
PUDIFAMT	521	2	BRNDFMT			HI16a4	N SP pays dif amt for gen & brnd Rx - Publ
				11,554			. Inapplicable
				1		-9	Not ascertained
				63		-8	Don't know
				221		1	Yes
				183		2	No
				7		3	Plan does not cover brand name drugs
							Note: Applies when PUBRXCOV = 1 and SP is alive and noninstitutionalized.
PUBRUNIT	523	2	UNITFMT			HI16a7	N Unit of amt paid for brand Rx - Public
				11,808			. Inapplicable
				30		-8	Don't know
				3		1	Percentage
				187		2	Dollars
				1		3	No cost
							Note: Applies only if PUDIFAMT ? . or PUDIFAMT ? 3
PUBRAMT	525	8	COSTFMT			HI16a7	N Amount paid for brand Rx - Public
				11,842			. Inapplicable
				187		0.01-99999.99	Amount usually paid for prescription
							Note: Applies if PUBRUNIT = 2 or PUDIFAMT = 3
PUBRPCT	533	3	PCTFMT			HI16a7	N Percentage paid for brand Rx - Public
				12,026			. Inapplicable
				3		1-100	Percent SP usually pays for Rx
							Note: Applies only if PUBRUNIT = 1
PUBRMORL	536	2	MORELESS			HI16a8	N Brand Rx more/less than \$15 - Public
				11,999			. Inapplicable
				17		-8	Don't know
				4		1	More than \$15
				9		2	Less than \$15
							Note: Applies if usual cost of Rx was not provided (PUBRUNIT = -7 or -8)
PUGNUNIT	538	2	UNITFMT			HI16a9	N Unit of amt paid for generic Rx - Public
				11,801			. Inapplicable
				28		-8	Don't know
				4		1	Percentage
				192		2	Dollars
				4		3	No cost
							Note: Applies only if PUDIFAMT = 1

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PUGNAMT	540	8	COSTFMT			HI16a9	N Amount paid for generic Rx - Public
				11,837			. Inapplicable
				192		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if PUGNUNIT = 2 or PUDIFAMT = 2			
PUGNPCT	548	3	PCTFMT			HI16a9	N Percentage paid for generic Rx - Public
				12,025			. Inapplicable
				4		1-100	Percent SP usually pays for Rx
				Note: Applies only if PUGNUNIT = 1			
PUGNMORL	551	2	MORELESS			HI16a10	N Gener Rx more/less than \$15 - Public
				12,001			. Inapplicable
				12			-8 Don't know
				1			1 More than \$15
				15			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (PUGNUNIT = -7 or -8)			
PULIMIT	553	2	YES1FMT			HI16a11	N Plan has Rx coverage limit - Public
				11,554			. Inapplicable
				1			-9 Not ascertained
				69			-8 Don't know
				32			1 Yes
				373			2 No
				Note: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)			
D_LIM_PU	555	5	RXLIMIT			HI16a12	N Amount of Rx coverage limit - Public
				12,013			. Inapplicable
				16		1-99999	Annual drug coverage limit
				Note: Applies if PULIMIT = 1. Calculate using RXLIMAMT and RXLIMUNT			
PURATE	560	2	GENHFMT			HI16a13	N SP rating of Rx coverage - Public
				11,554			. Missing
				1			-9 Not ascertained
				18			-8 Don't know
				190			1 Excellent
				159			2 Very good
				76			3 Good
				16			4 Fair
				15			5 Poor
				Note: Applies to Other Public plans with drug coverage (PUBRXCOV = 1)			

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Note: Applies only if BRUNIT1 = 1

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BRMORL1	586	2	MORELESS			HI22elh	N Brand Rx more/less than \$15 - Priv1
				11,525			. Inapplicable
				1			-9 Not ascertained
				203			-8 Don't know
				1			-7 Refused
				253			1 More than \$15
				46			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (BRUNIT1 = -7 or -8)
GNUNIT1	588	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv1
				9,930			. Inapplicable
				474			-8 Don't know
				2			-7 Refused
				229			1 Percentage
				1,335			2 Dollars
				59			3 No cost
							Note: Applies only if DIFAMT1 = 1
GNAMT1	590	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv1
				10,694			. Inapplicable
				1,335		0.01-99999.99	Amount usually paid for prescription
							Note: Applies only if GNUNIT1 = 2 or DIFAMT1 = 2
GNPCT1	598	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv1
				11,800			. Inapplicable
				229			1-100 Percent SP usually pays for Rx
							Note: Applies only if GNUNIT1 = 1
GNMORL1	601	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv1
				11,553			. Inapplicable
				1			-9 Not ascertained
				234			-8 Don't know
				2			-7 Refused
				91			1 More than \$15
				148			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (GNUNIT1 = -7 or -8)
LIMIT1	603	2	YES1FMT			HI22elk	N Plan has Rx coverage limit - Priv1
				8,506			. Inapplicable
				7			-9 Not ascertained
				580			-8 Don't know
				214			1 Yes
				2,722			2 No
							Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)

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D_LIM_1	605	5	RXLIMIT			HI22e1l	N Amount of Rx coverage limit - Priv1
				11,903			. Inapplicable
				126		1-99999	Annual drug coverage limit
Note: Applies if LIMIT1 = 1. Calculate using RXLIMAMT and RXLIMUNT							
RATE1	610	2	GENHFMT			HI22e1m	N SP rating of Rx coverage - Priv1
				8,506			. Missing
				7		-9	Not ascertained
				91		-8	Don't know
				1,182		1	Excellent
				1,045		2	Very good
				797		3	Good
				280		4	Fair
				121		5	Poor
Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)							
DEDUCT2	614	2	YES1FMT			HI22e1b	N SP has a Rx deductible - Priv2
				8,506			. Inapplicable
				9		-9	Not ascertained
				219		-8	Don't know
				756		1	Yes
				2,539		2	No
Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.							
D_DED_2	616	5	DEDFMT			HI22e1c	N Deductible for Rx coverage - Priv2
				11,432			. Inapplicable
				597		1-99999	Annual Drug Deductible
Note: Applies if DEDUCT2 = 1 & RXDEAMT > 0 & RXDEUNIT > 0							
DIFAMT2	621	2	BRNDFMT			HI22e1d	N SP pays dif amt for gen & brnd Rx - Priv2
				8,506			. Inapplicable
				6		-9	Not ascertained
				461		-8	Don't know
				2		-7	Refused
				2,070		1	Yes
				955		2	No
				29		3	Plan does not cover brand name drugs
Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.							
BRUNIT2	623	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv2
				9,959			. Inapplicable
				502		-8	Don't know
				2		-7	Refused
				269		1	Percentage
				1,291		2	Dollars
				6		3	No cost
Note: Applies only if DIFAMT2 ? . or DIFAMT2 ? 3							

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
BRAMT2	625	8	COSTFMT			HI22elg	N Amount paid for brand Rx - Priv2
				10,738			. Inapplicable
				1,291		0.01-99999.99	Amount usually paid for prescription
				Note: Applies if BRUNIT2 = 2 or FIDAMT2 = 3			
BRPCT2	633	3	PCTFMT			HI22elg	N Percentage paid for brand Rx - Priv2
				11,760			. Inapplicable
				269		1-100	Percent SP usually pays for Rx
				Note: Applies only if BRUNIT2 = 1			
BRMORL2	636	2	MORELESS			HI22elh	N Brand Rx more/less than \$15 - Priv2
				11,525			. Inapplicable
				1		-9	Not ascertained
				203		-8	Don't know
				1		-7	Refused
				253		1	More than \$15
				46		2	Less than \$15
				Note: Applies if usual cost of Rx was not provided (BRUNIT2 = -7 or -8)			
GNUNIT2	638	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv2
				9,930			. Inapplicable
				474		-8	Don't know
				2		-7	Refused
				229		1	Percentage
				1,335		2	Dollars
				59		3	No cost
				Note: Applies only if DIFAMT2 = 1			
GNAMT2	640	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv2
				10,694			. Inapplicable
				1,335		0.01-99999.99	Amount usually paid for prescription
				Note: Applies only if GNUNIT2 = 2 or DIFAMT2 = 2			
GNPCT2	648	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv2
				11,800			. Inapplicable
				229		1-100	Percent SP usually pays for Rx
				Note: Applies only if GNUNIT2 = 1			
GNMORL2	651	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv2
				11,553			. Inapplicable
				1		-9	Not ascertained
				234		-8	Don't know
				2		-7	Refused
				91		1	More than \$15
				148		2	Less than \$15
				Note: Applies if usual cost of Rx was not provided (GNUNIT2 = -7 or -8)			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
LIMIT2	653	2	YES1FMT			HI22e1k	N Plan has Rx coverage limit - Priv2
				8,506			. Inapplicable
				7			-9 Not ascertained
				580			-8 Don't know
				214			1 Yes
				2,722			2 No
							Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)
D_LIM_2	655	5	RXLIMIT			HI22e1l	N Amount of Rx coverage limit - Priv2
				11,903			. Inapplicable
				126			1-99999 Annual drug coverage limit
							Note: Applies if LIMIT2 = 1. Calculate using RXLIMAMT and RXLIMUNT
RATE2	660	2	GENHFMT			HI22e1m	N SP rating of Rx coverage - Priv2
				8,506			. Missing
				7			-9 Not ascertained
				91			-8 Don't know
				1,182			1 Excellent
				1,045			2 Very good
				797			3 Good
				280			4 Fair
				121			5 Poor
							Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)
DEDUCT3	664	2	YES1FMT			HI22e1b	N SP has a Rx deductible - Priv3
				8,506			. Inapplicable
				9			-9 Not ascertained
				219			-8 Don't know
				756			1 Yes
				2,539			2 No
							Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.
D_DED_3	666	5	DEDFMT			HI22e1c	N Deductible for Rx coverage - Priv3
				11,432			. Inapplicable
				597			1-99999 Annual Drug Deductible
							Note: Applies if DEDUCT3 = 1 & RXDEAMT > 0 & RXDEUNIT > 0
DIFAMT3	671	2	BRNDFMT			HI22e1d	N SP pays dif amt for gen & brnd Rx - Prv3
				8,506			. Inapplicable
				6			-9 Not ascertained
				461			-8 Don't know
				2			-7 Refused
				2,070			1 Yes
				955			2 No
				29			3 Plan does not cover brand name drugs
							Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.

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BRUNIT3	673	2	UNITFMT			HI22e1g	N Unit of amount paid for brand Rx - Priv3
				9,959			. Inapplicable
				502			-8 Don't know
				2			-7 Refused
				269			1 Percentage
				1,291			2 Dollars
				6			3 No cost
				Note: Applies only if DIFAMT3 = . or DIFAMT3 = 3			
BRAMT3	675	8	COSTFMT			HI22e1g	N Amount paid for brand Rx - Priv3
				10,738			. Inapplicable
				1,291	0.01-99999.99		Amount usually paid for prescription
				Note: Applies if BRUNIT3 = 2 or DIFAMT3 = 3			
BRPCT3	683	3	PCTFMT			HI22e1g	N Percentage paid for brand Rx - Priv3
				11,760			. Inapplicable
				269			1-100 Percent SP usually pays for Rx
				Note: Applies only if BRUNIT3 = 1			
BRMORL3	686	2	MORELESS			HI22e1h	N Brand Rx more/less than \$15 - Priv3
				11,525			. Inapplicable
				1			-9 Not ascertained
				203			-8 Don't know
				1			-7 Refused
				253			1 More than \$15
				46			2 Less than \$15
				Note: Applies if usual cost of Rx was not provided (BRUNIT3 = -7 or -8)			
GNUNIT3	688	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv3
				9,930			. Inapplicable
				474			-8 Don't know
				2			-7 Refused
				229			1 Percentage
				1,335			2 Dollars
				59			3 No cost
				Note: Applies only if DIFAMT3 = 1			
GNAMT3	690	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv3
				10,694			. Inapplicable
				1,335	0.01-99999.99		Amount usually paid for prescription
				Note: Applies only if GNUNIT3 = 2 or DIFAMT3 = 2			
GNPCT3	698	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv3
				11,800			. Inapplicable
				229			1-100 Percent SP usually pays for Rx
				Note: Applies only if GNUNIT3 = 1			

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Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
GNMORL3	701	2	MORELESS			HI22e1j	N Generic Rx more/less than \$15 - Priv3
				11,553			. Inapplicable
				1			-9 Not ascertained
				234			-8 Don't know
				2			-7 Refused
				91			1 More than \$15
				148			2 Less than \$15
							Note: Applies if usual cost of Rx was not provided (GNUNIT3 = -7 or -8)
LIMIT3	703	2	YES1FMT			HI22e1k	N Plan has Rx coverage limit - Priv3
				8,506			. Inapplicable
				7			-9 Not ascertained
				580			-8 Don't know
				214			1 Yes
				2,722			2 No
							Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)
D_LIM_3	705	5	RXLIMIT			HI22e1l	N Amount of Rx coverage limit - Priv3
				11,903			. Inapplicable
				126			1-99999 Annual drug coverage limit
							Note: Applies if LIMIT3 = 1. Calculate using RXLIMAMT and RXLIMUNT
RATE3	710	2	GENHFMT			HI22e1m	N SP rating of Rx coverage - Priv3
				8,506			. Missing
				7			-9 Not ascertained
				91			-8 Don't know
				1,182			1 Excellent
				1,045			2 Very good
				797			3 Good
				280			4 Fair
				121			5 Poor
							Note: Applies to Private plans with drug coverage (PRVRXCOV = 1)
DEDUCT4	714	2	YES1FMT			HI22e1b	N SP has a Rx deductible - Priv4
				8,506			. Inapplicable
				9			-9 Not ascertained
				219			-8 Don't know
				756			1 Yes
				2,539			2 No
							Note: Applies when PRVRXCOV = 1 and SP is alive and noninstitutionalized.
D_DED_4	716	5	DEDFMT			HI22e1c	N Deductible for Rx coverage - Priv4
				11,432			. Inapplicable
				597			1-99999 Annual Drug Deductible
							Note: Applies if DEDUCT4 = 1 & RXDEAMT > 0 & RXDEUNIT > 0

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DIFAMT4	721	2	BRNDFMT	HI22e1d	N SP pays dif amt for gen & brnd Rx - Prv4
			8,506	.	Inapplicable
			6	-9	Not ascertained
			461	-8	Don't know
			2	-7	Refused
			2,070	1	Yes
			955	2	No
			29	3	Plan does not cover brand name drugs

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

BRUNIT4	723	2	UNITFMT	HI22elg	N Unit of amount paid for brand Rx - Priv4
			9,959		. Inapplicable
			502		-8 Don't know
			2		-7 Refused
			269		1 Percentage
			1,291		2 Dollars
			6		3 No cost

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

BRAMT4	725	8	COSTFMT	HI22e1g	N Amount paid for brand Rx - Priv4
			10,738		. Inapplicable
			1,291	0.01-99999.99	Amount usually paid for prescription

Note: Applies if BRUNIT4 = 2 or DIFAMT4 = 3

BRPCT4	733	3	PCTFMT	HI22elg	N Percentage paid for brand Rx - Priv4
			11,760		. Inapplicable
			269	1-100	Percent SP usually pays for Rx

Note: Applies only if BRUNIT4 = 1

BRMORL4	736	2	MORELESS	HI22elh	N Brand Rx more/less than \$15 - Priv4
			11,525		. Inapplicable
			1		-9 Not ascertained
			203		-8 Don't know
			1		-7 Refused
			253		1 More than \$15
			46		2 Less than \$15

Note: Applies if usual cost of Rx was not provided (BRUNIT4 = -7 or -8)

GNUNIT4	738	2	UNITFMT	HI22eli	N Unit of amt paid for generic Rx - Priv4
			9,930		. Inapplicable
			474		-8 Don't know
			2		-7 Refused
			229		1 Percentage
			1,335		2 Dollars
			59		3 No cost

Note: Applies only if DIFAMT4 = 1

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

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Note: Applies only if BRUNIT5 = 1

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BRMORL5	786	2	MORELESS			HI22elh	N Brand Rx more/less than \$15 - Priv5
				11,525			. Inapplicable
				1			-9 Not ascertained
				203			-8 Don't know
				1			-7 Refused
				253			1 More than \$15
				46			2 Less than \$15

Note: Applies if usual cost of Rx was not provided (BRUNIT5 = -7 or -8)

GNUNIT5	788	2	UNITFMT			HI22eli	N Unit of amt paid for generic Rx - Priv5
				9,930			. Inapplicable
				474			-8 Don't know
				2			-7 Refused
				229			1 Percentage
				1,335			2 Dollars
				59			3 No cost

Note: Applies only if DIFAMT5 = 1

GNAMT5	790	8	COSTFMT			HI22eli	N Amount paid for generic Rx - Priv5
				10,694			. Inapplicable
				1,335		0.01-99999.99	Amount usually paid for prescription

Note: Applies only if GNUNIT5 = 2 or DIFAMT5 = 2

GNPCT5	798	3	PCTFMT			HI22eli	N Percentage paid for generic Rx - Priv5
				11,800			. Inapplicable
				229			1-100 Percent SP usually pays for Rx

Note: Applies only if GNUNIT5 = 1

GNMORL5	801	2	MORELESS			HI22elj	N Generic Rx more/less than \$15 - Priv5
				11,553			. Inapplicable
				1			-9 Not ascertained
				234			-8 Don't know
				2			-7 Refused
				91			1 More than \$15
				148			2 Less than \$15

Note: Applies if usual cost of Rx was not provided (GNUNIT5 = -7 or -8)

LIMIT5	803	2	YES1FMT			HI22elk	N Plan has Rx coverage limit - Priv5
				8,506			. Inapplicable
				7			-9 Not ascertained
				580			-8 Don't know
				214			1 Yes
				2,722			2 No

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

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D_LIM_5	805	5	RXLIMIT			HI22e11	N Amount of Rx coverage limit - Priv5
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11,903

. Inapplicable

126

1-99999 Annual drug coverage limit

Note: Applies if LIMIT5 = 1. Calculate using RXLIMAMT and RXLIMUNT

RATE5	810	2	GENHFMT			HI22elm	N SP rating of Rx coverage - Priv5
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8,506

. Missing

7

-9 Not ascertained

91

-8 Don't know

1,182

1 Excellent

1,045

2 Very good

797

3 Good

280

4 Fair

121

5 Poor

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