

MEPS HC 242 CODEBOOK
 2022 PERSON ROUND PLAN FILE
 Date: Jun 21, 2024

Alphabetical Listing of Variables

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
222	223	ANNDCTP	Plan deductible range estimate
129	130	CMJINS	Current main job is the source of plan
185	187	COBRA	COBRA coverage
165	166	COVROUT_M18	Policy covers person not in RU
190	190	COVTYPIN	Single or family health insurance coverage plan
162	162	DECPHLDR	Deceased policyholder flag
177	178	DENTLINS	Type health insurance received: dental
179	180	DENTLINX	Type health insurance received: dental (edited)
135	135	DEPDNT	Dependent of policy holder flag
36	45	DUPERSID	Person identifier
131	133	EMPLSTAT	Policyholder employment status
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
67	91	EPRSIDX	Unique insurance policy-source
56	66	ESTBIDX	Insurance source identifier
136	137	EVALCOVR	Covered at interview or December 31st
128	128	FYFLG	Person in full year file
173	174	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
224	225	HSAACCT	HSA with this plan
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
125	127	JOBSFILE	Jobs file containing job information
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
175	176	MSUPINSX	Type health insurance received: Medigap (edited)
229	230	NAMECHNG	Plan name change
164	164	NOPUFLG	Policyholder not in full year file
191	191	OPELIG	Policyholder-insurance source has premium
215	216	OOPFLAG	OOPPREMX edit/imputation flag
192	199	OOPPREM	Monthly out-of-pocket premium
200	206	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
207	214	OOPX12X	Annual out-of-pocket premium (edited/imputed)
163	163	OUTPHLDR	Out-of-RU policyholder flag
106	107	PANEL	Panel number
46	55	PHLDRIDX	Policyholder person identifier
134	134	PHOLDER	Policy holder flag
188	189	PLANMETL	Plan metal level
183	184	PMEDINS	Type health insurance received: prescription drug
217	219	PREMLEVX	Portion of premium paid by family (edited)
220	221	PREMSUBZ	Cost of the premium subsidized
171	172	PrivateCat_M23	Category of private coverage
108	108	RN	Round number
138	139	STAT1	Insurance active in January
156	157	STAT10	Insurance active in October
158	159	STAT11	Insurance active in November

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
160	161	STAT12	Insurance active in December
140	141	STAT2	Insurance active in February
142	143	STAT3	Insurance active in March
144	145	STAT4	Insurance active in April
146	147	STAT5	Insurance active in May
148	149	STAT6	Insurance active in June
150	151	STAT7	Insurance active in July
152	153	STAT8	Insurance active in August
154	155	STAT9	Insurance active in September
169	170	STEXCH	State exchange coverage
167	168	TYPEFLAG_M23	Type of insurance source
226	228	UPRHMO_M23	HMO coverage (edited)
181	182	VISIONIN	Type health insurance received: vision

Positional Listing of Variables

Start	End	Name	Description
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
36	45	DUPERSID	Person identifier
46	55	PHLDRIDX	Policyholder person identifier
56	66	ESTBIDX	Insurance source identifier
67	91	EPRSIDX	Unique insurance policy-source
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
106	107	PANEL	Panel number
108	108	RN	Round number
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
125	127	JOBSFILE	Jobs file containing job information
128	128	FYFLG	Person in full year file
129	130	CMJINS	Current main job is the source of plan
131	133	EMPLSTAT	Policyholder employment status
134	134	PHOLDER	Policy holder flag
135	135	DEPNONT	Dependent of policy holder flag
136	137	EVALCOVR	Covered at interview or December 31st
138	139	STAT1	Insurance active in January
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142	143	STAT3	Insurance active in March
144	145	STAT4	Insurance active in April
146	147	STAT5	Insurance active in May
148	149	STAT6	Insurance active in June
150	151	STAT7	Insurance active in July
152	153	STAT8	Insurance active in August
154	155	STAT9	Insurance active in September
156	157	STAT10	Insurance active in October
158	159	STAT11	Insurance active in November
160	161	STAT12	Insurance active in December
162	162	DECPHLDR	Deceased policyholder flag
163	163	OUTPHLDR	Out-of-RU policyholder flag
164	164	NOPUFLG	Policyholder not in full year file
165	166	COVROUT_M18	Policy covers person not in RU
167	168	TYPEFLAG_M23	Type of insurance source
169	170	STEXCH	State exchange coverage
171	172	PrivateCat_M23	Category of private coverage
173	174	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
175	176	MSUPINSX	Type health insurance received: Medigap (edited)
177	178	DENTLINS	Type health insurance received: dental
179	180	DENTLINX	Type health insurance received: dental (edited)
181	182	VISIONIN	Type health insurance received: vision
183	184	PMEDINS	Type health insurance received: prescription drug
185	187	COBRA	COBRA coverage
188	189	PLANMETL	Plan metal level
190	190	COVTYPIN	Single or family health insurance coverage plan

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
191	191	OPELIG	Policyholder-insurance source has premium
192	199	OOPPREM	Monthly out-of-pocket premium
200	206	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
207	214	OOPX12X	Annual out-of-pocket premium (edited/imputed)
215	216	OOPFLAG	OOPPREMX edit/imputation flag
217	219	PREMLEVX	Portion of premium paid by family (edited)
220	221	PREMSUBZ	Cost of the premium subsidized
222	223	ANNDCTP	Plan deductible range estimate
224	225	HSAACCT	HSA with this plan
226	228	UPRHMO_M23	HMO coverage (edited)
229	230	NAMECHNG	Plan name change

Variable Codebook

Name: EPCPIDX
Description: Insurance source-phldr-dependent identifier
Format: 35.0
Type: Char
Start: 1
End: 35

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: DUPERSID
Description: Person identifier
Format: 10.0
Type: Char
Start: 36
End: 45

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: PHLDRIDX
Description: Policyholder person identifier
Format: 10.0
Type: Char
Start: 46
End: 55

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: ESTBIDX
Description: Insurance source identifier
Format: 11.0
Type: Char
Start: 56
End: 66

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: EPRSIDX
Description: Unique insurance policy-source
Format: 25.0
Type: Char
Start: 67
End: 91

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: InsurPrivIDEX
Description: Unique insurance plcy source-insurance identifier
Format: 14.0
Type: Char
Start: 92
End: 105

Value	Unweighted
VALID ID	41,617
Total:	41,617

Name: PANEL
Description: Panel number
Format: 2.0
Type: Num
Start: 106
End: 107

Value	Unweighted
24 PANEL 24	9,441
26 PANEL 26	13,416
27 PANEL 27	18,760
Total:	41,617

Name: RN
Description: Round number
Format: 1.0
Type: Num
Start: 108
End: 108

<u>Value</u>	<u>Unweighted</u>
1	5,775
2	6,409
3	10,868
4	4,589
5	4,535
7	3,008
8	3,234
9	3,199
Total:	41,617

Name: JOBSIDX
Description: Policyholder job-round identifier
Format: 14.0
Type: Char
Start: 109
End: 122

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	9,718
VALID ID	31,899
Total:	41,617

Name: JOBSINFR
Description: Job identifier inferred not reported
Format: 2.0
Type: Num
Start: 123
End: 124

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	9,718
0 NO	31,345
1 YES	554
Total:	41,617

Name: JOBSFILE
Description: Jobs file containing job information
Format: 3.0
Type: Num
Start: 125
End: 127

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	9,718
HC211 2019 JOBSFILE	576
HC218 2020 JOBSFILE	63
HC227 2021 JOBSFILE	1,291
HC237 2022 JOBSFILE	29,969
Total:	41,617

Name: FYFLG
Description: Person in full year file
Format: 1.0
Type: Num
Start: 128
End: 128

<u>Value</u>	<u>Unweighted</u>
0 NO	1,484
1 YES	40,133
Total:	41,617

Name: CMJINS
Description: Current main job is the source of plan
Format: 2.0
Type: Num
Start: 129
End: 130

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	9,718
1 YES	26,144
2 NO	5,755
Total:	41,617

Name: EMPLSTAT
Description: Policyholder employment status
Format: 3.0
Type: Num
Start: 131
End: 133

Value	Unweighted
-15 CANNOT BE COMPUTED	24
-8 DK	6
-7 REFUSED	10
-1 INAPPLICABLE	40,482
1 CURRENTLY EMPLOYED	333
2 RETIRED	379
3 PREVIOUSLY EMPLOYED	113
4 DECEASED	160
91 OTHER	110
Total:	41,617

Name: PHOLDER
Description: Policy holder flag
Format: 1.0
Type: Num
Start: 134
End: 134

Value	Unweighted
0 DEPENDENT	16,849
1 POLICYHOLDER	24,768
Total:	41,617

Name: DEPNDNT
Description: Dependent of policy holder flag
Format: 1.0
Type: Num
Start: 135
End: 135

Value	Unweighted
0 POLICYHOLDER	24,768
1 DEPENDENT	16,849
Total:	41,617

Name: EVALCOVR
Description: Covered at interview or December 31st
Format: 2.0
Type: Num
Start: 136
End: 137

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	1,173
1 YES	38,288
2 NO	2,156
Total:	41,617

Name: STAT1
Description: Insurance active in January
Format: 2.0
Type: Num
Start: 138
End: 139

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	27,339
1 YES	14,055
2 NO	223
Total:	41,617

Name: STAT2
Description: Insurance active in February
Format: 2.0
Type: Num
Start: 140
End: 141

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	25,549
1 YES	15,686
2 NO	382
Total:	41,617

Name: STAT3
Description: Insurance active in March
Format: 2.0
Type: Num
Start: 142
End: 143

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	25,048
1 YES	16,054
2 NO	515
Total:	41,617

Name: STAT4
Description: Insurance active in April
Format: 2.0
Type: Num
Start: 144
End: 145

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	25,819
1 YES	15,176
2 NO	622
Total:	41,617

Name: STAT5
Description: Insurance active in May
Format: 2.0
Type: Num
Start: 146
End: 147

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	26,430
1 YES	14,403
2 NO	784
Total:	41,617

Name: STAT6
Description: Insurance active in June
Format: 2.0
Type: Num
Start: 148
End: 149

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	26,887
1 YES	13,874
2 NO	856
Total:	41,617

Name: STAT7
Description: Insurance active in July
Format: 2.0
Type: Num
Start: 150
End: 151

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	26,281
1 YES	14,352
2 NO	984
Total:	41,617

Name: STAT8
Description: Insurance active in August
Format: 2.0
Type: Num
Start: 152
End: 153

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	22,107
1 YES	18,422
2 NO	1,088
Total:	41,617

Name: STAT9
Description: Insurance active in September
Format: 2.0
Type: Num
Start: 154
End: 155

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	23,895
1 YES	16,798
2 NO	924
Total:	41,617

Name: STAT10
Description: Insurance active in October
Format: 2.0
Type: Num
Start: 156
End: 157

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	25,552
1 YES	15,274
2 NO	791
Total:	41,617

Name: STAT11
Description: Insurance active in November
Format: 2.0
Type: Num
Start: 158
End: 159

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	26,860
1 YES	14,071
2 NO	686
Total:	41,617

Name: STAT12
Description: Insurance active in December
Format: 2.0
Type: Num
Start: 160
End: 161

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	27,529
1 YES	13,442
2 NO	646
Total:	41,617

Name: DECPHLDR
Description: Deceased policyholder flag
Format: 1.0
Type: Num
Start: 162
End: 162

<u>Value</u>	<u>Unweighted</u>
1 YES	229
2 NO	41,388
Total:	41,617

Name: OUTPHLDR
Description: Out-of-RU policyholder flag
Format: 1.0
Type: Num
Start: 163
End: 163

<u>Value</u>	<u>Unweighted</u>
1 YES	1,760
2 NO	39,857
Total:	41,617

Name: NOPUFLG
Description: Policyholder not in full year file
Format: 1.0
Type: Num
Start: 164
End: 164

<u>Value</u>	<u>Unweighted</u>
1 YES	1,268
2 NO	40,349
Total:	41,617

Name: COVROUT_M18
Description: Policy covers person not in RU
Format: 2.0
Type: Num
Start: 165
End: 166

<u>Value</u>	<u>Unweighted</u>
-8 DK	116
-7 REFUSED	85
-1 INAPPLICABLE	20,851
1 YES	765
2 NO	19,800
	Total: 41,617

Name: TYPEFLAG_M23
Description: Type of insurance source
Format: 2.0
Type: Num
Start: 167
End: 168

<u>Value</u>	<u>Unweighted</u>
-8 DK	114
-7 REFUSED	2
1 EMPLOYER (THRU CURR/PREV JOB)	32,494
2 UNION (THRU CURR/PREV JOB)	905
3 EMPLOYER/UNION COVG NOT REPORTED IN EMPL SECTION	575
4 STATE EXCH/MARKETPLACE	1,947
5 INS CO-FR AGNT/BROKER	2,773
6 GROUP/ASSOC	458
7 PLAN OF SOMEONE NOT LVNG HERE	1,642
13 OTHER	707
	Total: 41,617

Name: STEXCH
Description: State exchange coverage
Format: 2.0
Type: Num
Start: 169
End: 170

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	36,084
1 YES, EXCHANGE COVERAGE	2,486
2 NO, NOT EXCHANGE COVERAGE	3,047
	Total: 41,617

Name: PrivateCat_M23
Description: Category of private coverage
Format: 2.0
Type: Num
Start: 171
End: 172

<u>Value</u>	<u>Unweighted</u>
0 NOT HOSP/PHYS OR MEDIGAP COVERAGE	1,353
1 EMPLOYER/UNION	32,825
2 NONGROUP	2,121
3 OTHER GROUP	506
4 ESI, PHOLDER OUTSIDE RU	1,473
5 NON-ESI, OUT OF RU PHOLDER	161
6 STATE EXCHANGE	2,463
99 DK TYPE OF PRIV COV	715
Total:	41,617

Name: HOSPINSX
Description: Type health insurance received: hosp phys/HMO (ed)
Format: 2.0
Type: Num
Start: 173
End: 174

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,251
-7 REFUSED	78
1 YES	37,965
2 NO	2,323
Total:	41,617

Name: MSUPINSX
Description: Type health insurance received: Medigap (edited)
Format: 2.0
Type: Num
Start: 175
End: 176

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,312
-7 REFUSED	89
1 YES	2,375
2 NO	37,841
Total:	41,617

Name: DENTLINS
Description: Type health insurance received: dental
Format: 2.0
Type: Num
Start: 177
End: 178

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,254
-7 REFUSED	75
1 YES	28,606
2 NO	11,682
Total:	41,617

Name: DENTLINX
Description: Type health insurance received: dental (edited)
Format: 2.0
Type: Num
Start: 179
End: 180

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,237
-7 REFUSED	75
1 YES	28,758
2 NO	11,547
Total:	41,617

Name: VISIONIN
Description: Type health insurance received: vision
Format: 2.0
Type: Num
Start: 181
End: 182

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,254
-7 REFUSED	75
1 YES	26,777
2 NO	13,511
Total:	41,617

Name: PMEDINS
Description: Type health insurance received: prescription drug
Format: 2.0
Type: Num
Start: 183
End: 184

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,254
-7 REFUSED	75
1 YES	34,649
2 NO	5,639
Total:	41,617

Name: COBRA
Description: COBRA coverage
Format: 3.0
Type: Num
Start: 185
End: 187

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	3,006
-8 DK	145
-7 REFUSED	79
-1 INAPPLICABLE	34,653
1 YES	460
2 NO	3,274
Total:	41,617

Name: PLANMETL
Description: Plan metal level
Format: 2.0
Type: Num
Start: 188
End: 189

<u>Value</u>	<u>Unweighted</u>
-8 DK	254
-7 REFUSED	1
-1 INAPPLICABLE	40,847
1 PLATINUM PLAN	34
2 GOLD PLAN	70
3 SILVER PLAN	237
4 BRONZE PLAN	130
5 CATASTROPHIC PLAN	5
6 IF VOLUNTEERED: SOMETHING ELSE	39
Total:	41,617

Name: COVTYPIN
Description: Single or family health insurance coverage plan
Format: 1.0
Type: Num
Start: 190
End: 190

<u>Value</u>	<u>Unweighted</u>
1 SINGLE	14,287
2 FAMILY	27,330
Total:	41,617

Name: OOPELIG
Description: Policyholder-insurance source has premium
Format: 1.0
Type: Num
Start: 191
End: 191

<u>Value</u>	<u>Unweighted</u>
1 YES	13,075
2 NO	28,542
Total:	41,617

Name: OOPPREM
Description: Monthly out-of-pocket premium
Format: 8.2
Type: Num
Start: 192
End: 199

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	125
-8 DK	3,677
-7 REFUSED	141
-1 INAPPLICABLE	28,542
0 NO PREMIUM CONTRIBUTION	1,940
\$0.02 - \$128.00	1,801
\$128.01 - \$260.00	1,797
\$260.01 - \$463.84	1,796
\$463.85 - \$15,210.00	1,798
Total:	41,617

Name: OOPPREMX
Description: Monthly out-of-pocket premium (edited/imputed)
Format: 7.2
Type: Num
Start: 200
End: 206

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	28,542
0 NO PREMIUM CONTRIBUTION	1,927
\$1.00 - \$130.00	2,802
\$130.01 - \$270.00	2,777
\$270.01 - \$476.67	2,784
\$476.68 - \$4,583.33	2,785
Total:	41,617

Name: OOPX12X
Description: Annual out-of-pocket premium (edited/imputed)
Format: 8.2
Type: Num
Start: 207
End: 214

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	28,542
0 NO PREMIUM CONTRIBUTION	1,927
\$12.00 - \$1,560.00	2,802
\$1,560.01 - \$3,240.00	2,777
\$3,240.01 - \$5,720.04	2,784
\$5,720.05 - \$54,999.96	2,785
Total:	41,617

Name: OOPFLAG
Description: OOPPREMX edit/imputation flag
Format: 2.0
Type: Num
Start: 215
End: 216

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	28,542
0 NO	8,951
1 YES	4,124
Total:	41,617

Name: PREMLEVX
Description: Portion of premium paid by family (edited)
Format: 3.0
Type: Num
Start: 217
End: 219

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	125
-8 DK	1,063
-7 REFUSED	83
-1 INAPPLICABLE	27,354
1 FAMILY PAYS ALL PREMIUM COST	2,634
2 FAMILY PAYS SOME PREMIUM COST	7,831
3 FAMILY DOES NOT KNOW	363
4 FAMILY DOES NOT PAY PREMIUM COST	2,164
Total:	41,617

Name: PREMSUBZ
Description: Cost of the premium subsidized
Format: 2.0
Type: Num
Start: 220
End: 221

<u>Value</u>	<u>Unweighted</u>
-8 DK	105
-7 REFUSED	7
-1 INAPPLICABLE	39,949
1 YES	954
2 NO	602
Total:	41,617

Name: ANNDEDCTP
Description: Plan deductible range estimate
Format: 2.0
Type: Num
Start: 222
End: 223

<u>Value</u>	<u>Unweighted</u>
-8 DK	3,137
-7 REFUSED	93
-1 INAPPLICABLE	29,745
1 LESS THAN \$700/\$1,400	1,360
2 \$700/\$1,400 to \$1,399/\$2,799	1,627
3 \$1,400/\$2,800 to \$2,799/\$5,599	2,421
4 \$2,800/\$5,600 OR MORE	1,510
5 NO ANNUAL DEDUCTIBLE	1,340
6 LESS THAN \$1,400/\$2,800 - RANGE NOT SPECIFIED	247
7 \$1,400/\$2,800 OR MORE - RANGE NOT SPECIFIED	137
Total:	41,617

Name: HSAACCT
Description: HSA with this plan
Format: 2.0
Type: Num
Start: 224
End: 225

<u>Value</u>	<u>Unweighted</u>
-8 DK	91
-7 REFUSED	4
-1 INAPPLICABLE	37,549
1 YES	1,940
2 NO	2,033
Total:	41,617

Name: UPRHMO_M23
Description: HMO coverage (edited)
Format: 3.0
Type: Num
Start: 226
End: 228

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	1,326
-8 DK	4,168
-7 REFUSED	20
-1 INAPPLICABLE	1,353
1 PRIVATE PLAN IS HMO	12,675
2 PRIVATE PLAN IS NOT HMO	22,075
Total:	41,617

Name: NAMECHNG
Description: Plan name change
Format: 2.0
Type: Num
Start: 229
End: 230

<u>Value</u>	<u>Unweighted</u>
-8 DK	357
-7 REFUSED	216
-1 INAPPLICABLE	10,676
1 YES	2,022
2 NO	28,346
Total:	41,617