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CODEBOOK FOR 1996 MEPS INSURANCE COMPONENT RESEARCH FILE

DATE: June 2, 2000

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----ALPHABETICAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
89	90	AGE1X	HC: AGE-RD1 (EDITED/IMPUTED)
108	109	C001	ANY PLANS OFFRD/RECD ANY EMP/RET 7/1/96
110	111	C003	# PLANS UNION OFFRD MEMBERS/RET 7/1/96
112	117	C011	C011
118	120	C014	C014
121	122	C015	C015
123	125	C016	C016
126	127	C017	C017
128	129	C018	C018
130	131	C019	C019
132	148	C021_NUM	PLAN 1 IN WHICH PERS ENROLLED
149	150	C022	C022
151	153	C023	C023
154	155	C024	C024
156	157	C031	EST OFFR ANY H INS THIS LOC SINCE 1/1/91
158	161	C032	YEAR EST LAST OFFRD HLTH INS THIS LOC
162	163	C033	C033
164	172	C034	TOTAL # EMPLOYEES/MEMBERS ALL LOC 7/1/96
173	178	C038	# EMPLOYEES/MEMBERS WOMEN 7/1/96
179	183	C039	# EMPLOYEES/MEMBERS AGE 50+ 7/1/96
184	189	C040	# EMPLOYEES WHO WERE UNION MEMB 7/1/96
190	191	C041	# HRS WORK PER WEEK EQUALS FULL TIME
192	196	C042	# EMPL/MEMBS EARN LT \$6.50/HR 7/1/96
197	202	C043	# EMPL/MEMBS EARN \$6.50-\$15/HR 7/1/96
203	208	C044	# EMPL/MEMBS EARN GT \$15/HR 7/1/96
209	210	C045	EST PROV VOUCH/STIPEND HLTH INS 1996
211	212	C046	VOUCH/STIPEND FOR HLTH INS/CARE ONLY
213	216	C047	VOUCH/STIPEND AVG VALUE PER EMPLOYEE
217	218	C048	VALUE PER WK/2 WKS/MONTH/YEAR
219	220	C049	EST PAY MEDICAL BILLS DIRECT EXCL WC
221	222	C050	ESTAB OFFERS PAID VACATION
223	224	C051	ESTAB OFFERS PAID SICK LEAVE
225	226	C052	ESTAB OFFERS LIFE INSURANCE
227	228	C053	ESTAB OFFERS DISABILITY INSUR
229	230	C054	ESTAB OFFERS RETIREMENT/PENSION PLANS
231	232	C055	ESTAB OFFERS MEDICAL SAVINGS ACCTS
233	234	C056	ESTAB OFFERS FLEXIBLE SPEND ACCTS
235	236	C057	ESTAB OFFERS CAFETERIA PLAN
237	241	C058	AVG ANNUAL VALUE CAF PLAN PER EMPLOYEE
242	243	C060	PRINCIPAL BUSINESS ACTIVITY
244	245	C062	TYPE OF OWNERSHIP
246	247	C063	NON-PROFIT BUSINESS
248	250	C064	# YEARS COMPANY IN BUSINESS
251	252	C065	C065
253	254	C066	C066
255	263	C073	C073
264	273	C074	C074
274	309	C099	PREMIUMS VARY BY OTHER SPECIFY
310	311	C103	TYPE OF PROVIDERS IN PLAN
314	315	C104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL
318	319	C105	TYPE OF INDEMNIFICATION OF PLAN
322	323	C106	SI PLAN:SELF-ADMINISTERED OR THIRD PARTY
324	325	C107	SI PLAN:PURCHASE STOP-LOSS COVERAGE
326	334	C108	ANNUAL COST PLAN COVERAGE-YR INCL 7/1/96
335	337	C109	MONTHLY PREM EQUIV/COBRA - SINGLE COV
338	341	C110	MONTHLY PREM EQUIV/COBRA - FAMILY COV
342	343	C111	AMOUNT IS PREMIUM EQUIVALENT OR COBRA
344	345	C112	PLAN PURCHD POOLING ARRANGE OTH EMPL
346	347	C113	PLAN OPER BY UNION/TRADE ASSOC/NEITHER

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
348	349	C122	ANY ENROLLEE REC SUBSIDY/CONTRIB PREM
350	351	C123	MONTH PLAN YEAR BEGIN
354	359	C124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96
366	372	C124TOT	B9A FED TOT:ENROLLEES EXC DEPS 7/1/96
373	378	C125	TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96
385	390	C125TOT	B9B FED TOT:ENROLLED ACTIVE EMPLOYEES
391	394	C126	TOT # FORMER EMPL ENROLLED 7/1/96
395	396	C126TOT	B9C FED TOT:EX EMP THRU COBRA OR OTHR
397	402	C127	TOT # RETIREES ENROLLED 7/1/96
403	408	C127TOT	B9D FED TOT:RETIREES ENROLLED
409	413	C128	TOT # RETIREES 65+ ENROLLED 7/1/96
414	419	C128TOT	B9E FED TOT:RETIREES 65+ ENROLLED
420	425	C129	TOT # ENROLLEES SINGLE COVERAGE 7/1/96
431	436	C129TOT	B9F FED TOT:ENROLLEES W/SINGLE COVRG
437	442	C130	TOTAL PREMIUM FT EMPL-SINGLE COVG
449	452	C131	EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV
457	462	C132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV
469	470	C133	PREMIUM PERIOD FT EMPL-SINGLE COV
471	476	C134	TOTAL PREMIUM FT EMPL-FAMILY COV
483	488	C135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV
495	499	C136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV
505	506	C137	FAMILY COVERAGE NOT OFFERED
509	510	C138	PREMIUMS VARY BY AGE
511	512	C139	PREMIUMS VARY BY SEX
513	514	C140	PREMIUMS VARY BY # PERSONS IN FAMILY
515	516	C141	PREMIUMS VARY BY WAGE/SALARY LEVELS
517	518	C142	PREMIUMS VARY BY OTHER
519	520	C143	AMNT EMPLOYEE CONTRIB VARYS FT/PT/RETIR
521	522	C144	PLAN PREMIUM INCLUDES LIFE INSURANCE
523	524	C145	PLAN PREMIUM INCLUDES DISABILITY INSUR
525	529	C146	INDIVIDUAL ANNUAL DEDUCTIBLE-TOTAL
530	533	C147	INDIVID ANNUAL DEDUCT-PHYSICIAN CARE
534	537	C148	INDIVID ANNUAL DEDUCT-HOSPITAL CARE
538	542	C149	FAMILY ANNUAL DEDUCTIBLE-TOTAL
543	544	C150	# PERSONS TO MEET FAMILY DEDUCTIBLE
545	546	C151	PLAN DID NOT HAVE A DEDUCTIBLE
547	550	C152	AMT ENROLLEE PAID HOSP STAY AFTER DEDUCT
551	552	C153	PCNT ENROLLEE PD HOSP STAY AFTER DEDUCT
553	554	C154	AMOUNT PAID WAS PER DAY/PER STAY
555	556	C155	HOSPITAL CARE WAS NOT COVERED
557	559	C156	AMT ENROLLEE PAID OFFICE VISIT AFTER DED
560	561	C157	PCT ENROLLEE PAID OFFICE VISIT AFTER DED
562	563	C158	PLAN HAD NO MAX AMT PAY FOR INDIVIDUAL
564	570	C159	MAX AMOUNT PLAN PAID INDIV-LIFETIME
571	577	C160	MAX AMOUNT PLAN PAID INDIV-ANNUAL
578	584	C161	MAX AMT ANNUAL OUT-OF-POCKET INDIVIDUAL
585	591	C162	MAX AMT ANNUAL OUT-OF-POCKET FAMILY
592	593	C163	PLAN HAD NO MAX ANNUAL OUT-OF-POCKET
594	595	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
596	597	C165	PLAN INCLUDES ADULT ROUTINE PHYSICAL
598	599	C166	PLAN INCLUDES ROUTINE PAP SMEARS
600	601	C167	PLAN INCLUD OFFICE VISITS PRENATAL CARE
602	603	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
604	605	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
606	607	C170	PLAN INCLUDES WELL BABY CARE LT 1 YR
608	609	C171	PLAN INCLUDES WELL CHILD CARE 1-4 YR
610	611	C172	PLAN INCLUDES 100% WELL BABY CARE
612	613	C173	PLAN INCLUDES CHIROPRACTIC CARE
614	615	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROV

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
616	617	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
618	619	C176	PLAN INCLUDES ROUTINE DENTAL CARE
620	621	C177	PLAN INCLUDES ORTHODONTIC CARE
622	623	C178	PLAN INCLUDES NURSING HOME CARE
624	625	C179	PLAN INCLUDES HOME HEALTH CARE
626	627	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
628	629	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
630	631	C182	PLAN INCLUDES ALCOHOL/SUBST ABUSE TREAT
632	633	C183	PLAN CLD REFUSE PERS PRE-EXISTING COND
634	635	C184	PLAN DID REFUSE PERS PRE-EXISTING COND
636	637	C185	PLAN CLD REQ WAIT PERIOD PRE-EXIST COND
638	639	C186	THIS PLAN OFFERED IN 1997
640	641	C187	THIS PLAN REPLACD SIM/DIFF/DROPPED 1997
642	647	C188	1997 PLAN-TOTAL SINGLE ENROLLMENTS
648	653	C189	1997 PLAN-TOTAL FAMILY ENROLLMENTS
654	663	C190	1997 PLAN PREMIUM-SINGLE
664	671	C191	1997 PLAN PREMIUM-FAMILY
672	673	C192	OFFERS OPTIONAL COVERAGE DENTAL
674	675	C193	OFFERS OPTIONAL COVERAGE VISION
676	677	C194	OFFERS OPTIONAL COVERAGE PRESCRIP DRUG
678	679	C195	OFFERS OPTIONAL COVERAGE LONG-TERM CARE
680	687	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1996
688	689	C197	WAITING PERIOD NEW EMPLOYEES HLTH INSUR
690	691	C198	LENGTH OF TIME TYPICAL WAITING PERIOD
692	701	C199	TOTAL ANNUAL COST COVERAGE ALL PLANS
702	707	C200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96
714	719	C201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96
726	731	C202	# EMPLOYEES ENROLLED HLTH INS 7/1/96
738	743	C203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96
749	753	C204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96
759	762	C205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96
768	771	C206	TOTAL # TEMP EMPLOYEES THIS LOCAT 7/1/96
772	775	C207	# TEMP EMPLOYEES ELIGIB HLTH INS 7/1/96
776	779	C208	# TEMP EMPLOYEES ENROLD HLTH INS 7/1/96
780	781	C209	RETIRES LT 65 ELIGIBL HEALTH INS 7/1/96
784	785	C210	RETIRES 65+ ELIGIBL HEALTH INS 7/1/96
788	789	C218	PHYSICIAN CARE NOT COVERED
790	791	C219	RETIRES ELIGIBLE HEALTH INSUR 7/1/96
794	795	C231	COVD BY PRIV HEALTH INSUR PLAN 7/1/96
796	797	C239	LEVEL OF COVERAGE PURCHASED
798	799	C246	OBTAINED ANY OPTIONAL SINGLE-SERVICE COV
800	801	C275	PLAN WAS A MEDIGAP PLAN
802	803	C276	MEDIGAP PLAN LETTER ID
804	805	C277	MEDIGAP PLAN LETTER ID NOT APPLICABLE
806	807	C278	MEDIGAP PLAN RATED ISSUE/ATTAINED AGE
808	809	C279	ENROLLMENT FINANCED MCARE/MCAID/NEITHER
810	811	C280	PLAN WAS A GROUP POLICY
812	818	C281	# POLICYHOLDERS IN GROUP
819	820	C282	TYPE OF PLAN PROVIDED TO PERSON
821	822	C290	PLAN HAD WAITING PERIOD THIS PERSON
823	824	C291	PLAN REQD SUMMARY PERS HEALTH HISTORY
825	826	C292	PLAN REQD PHYSICAL EXAMINATION
827	828	C293	PLAN IS COMMUNITY RATED
829	830	C294	PLAN IS COMMUNITY RATED-AGE
831	832	C295	PLAN IS COMMUNITY RATED-GEOGRAPHIC AREA
833	834	C296	PLAN IS COMMUNITY RATED-OTHER
835	836	C297	PLAN PREMIUM AFFECTED-AGE
837	838	C298	PLAN PREMIUM AFFECTED-GOOD HLTH HABITS
839	840	C299	PLAN PREMIUM AFFECTED-SMOKING

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START	END	NAME	DESCRIPTION
841	842	C300	PLAN PREMIUM AFFECTD-OTH BAD HLTH HABITS
843	844	C301	PLAN PREMIUM AFFECTED-GEOGRAPHIC AREA
845	846	C302	PLAN PREMIUM AFFECTED-SPECIFIC MED COND
847	848	C303	PLAN PREMIUM AFFECTED-OTHER
849	850	C304	PLAN ENROLLMENT PRECLUDED BY ANY CHAR
851	852	C305	PLAN ENROLLMENT PRECLUDED-AGE
853	854	C306	PLAN ENROLLMENT PRECLUDED-SMOKING
855	856	C307	PLAN ENROLLMENT PRECLUD-OTH BAD HLTH HAB
857	858	C308	PLAN ENROLLMENT PRECUDED-SPEC MED COND
859	860	C309	PLAN ENROLLMENT PRECLUDED-OTHER
861	862	C310	INSUR COMPANY PROV COVERAGE THIS PERS
863	864	C311	PROVIDED HOSP AND/OR PHYS PLAN THIS PERS
865	866	C312	PROVIDED SINGLE-SERVICE PLAN THIS PERS
867	868	C313	PROVID DREAD DISEASE/CASH PLAN THIS PERS
869	870	C314	LEVEL OF COVERAGE THIS PERSON HELD
871	872	C350	PERS ELIGIBLE FOR HOSP/PHYS INSUR 7/1/96
873	874	C351	PERS ELIGIBLE FOR ALL PLANS OFFERED
875	876	C352	PERS ENROLLED IN ALL PLANS OFFERED
877	879	C353	PCT PERS CONTRIBUTION TO PREMIUM
880	882	C354	PCT ORGANIZ CONTRIBUTION TO PREMIUM
883	886	C355	AMT OTHER SOURCES CONTRIB TO PREMIUM
887	889	C356	PCT OTHER SOURCES CONTRIB TO PREMIUM
890	891	C357	NO CONTRIB FROM OTHER SOURCES TO PREM
892	893	C358	SOURCE OUTSIDE SUBSIDY/CONTRIBUTION
894	895	C359	PERS INSURANCE PROVIDED THROUGH COBRA
896	898	C360	PCT PERS CONTRIB TO PREM-SINGLE SERVICE
899	906	C361	AMT TOT PREMIUM:INCL EMPLOYER & EMPLOYEE
907	911	C362	AMT PERS CONTRIBUTION TO PREMIUM
912	918	C363	AMT ORGANIZ CONTRIBUTION TO PREMIUM
919	920	C370	PERS HAD SINGLE SERVICE PLAN-DENTAL
921	922	C371	PERS HAD SINGLE SERVICE PLAN-PRESCRIP
923	924	C372	PERS HAD SINGLE SERVICE PLAN-VISION
925	926	C373	PERS HAD SINGLE SERVICE PLAN-L T CARE
927	931	C374	AMT TOT PREMIUM:ALL SINGLE SERV PLANS
932	935	C375	AMT PERS CONTRIB TO SINGLE SERV PREM
936	937	C376	AMT IS PER WEEK/2 WKS/MONTH/YEAR
938	939	C380	AMT IS PER WEEK/2 WKS/MONTH/YEAR
940	941	C436	C436
942	945	C498	C498
946	962	C501_NUM	PLAN 1 FOR WHICH PERS ELIGIBLE
963	979	C502_NUM	PLAN 2 FOR WHICH PERS ELIGIBLE
980	996	C503_NUM	PLAN 3 FOR WHICH PERS ELIGIBLE
997	1013	C504_NUM	PLAN 4 FOR WHICH PERS ELIGIBLE
1014	1030	C505_NUM	PLAN 2 IN WHICH PERS ENROLLED
79	80	EESTATUS	PERSON ENROLLMENT STATUS
77	77	ENROLLED	PERSON-ESTAB IS ENROLLED IN INSURANCE
19	40	EPRSIDX	HC: EPRS ID (FROM COVMID)
48	51	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
85	86	ESTRESP	IC: RESPONSE FOR ESTABLISHMENT
96	97	ESTMATE1	HC: TOTAL EMPLOYEES
52	54	FEHBP	HC: FEHBP
76	76	HELDPLAN	IC: HELD OR OPTIONAL PLAN
312	313	I103	TYPE OF PROVIDERS IN PLAN
316	317	I104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL
320	321	I105	TYPE OF INDEMNIFICATION OF PLAN
352	353	I123	MONTH PLAN YEAR BEGIN
360	365	I124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96
379	384	I125	TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96
426	430	I129	TOT # ENROLLEES SINGLE COVERAGE 7/1/96

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
443	448	I130	TOTAL PREMIUM FT EMPL-SINGLE COVG
453	456	I131	EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV
463	468	I132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV
477	482	I134	TOTAL PREMIUM FT EMPL-FAMILY COV
489	494	I135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV
500	504	I136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV
507	508	I137	FAMILY COVERAGE NOT OFFERED
708	713	I200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96
720	725	I201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96
732	737	I202	# EMPLOYEES ENROLLED HLTH INS 7/1/96
744	748	I203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96
754	758	I204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96
763	767	I205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96
782	783	I209	RETIREES LT 65 ELIGIBL HEALTH INS 7/1/96
786	787	I210	RETIREES 65+ ELIGIBL HEALTH INS 7/1/96
792	793	I219	RETIREES ELIGIBLE HEALTH INSUR 7/1/96
71	71	ICSOURCE	IC: PRIV,ST/LOC,DIRECT FR INSURR,FED
93	93	JOBSINFO	HC: Flag if have job information
94	95	JOBTYPE	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
55	63	MID	IC: UNIQUE ESTAB ID -INSURANCE COMP
72	73	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
83	84	MIDPLANX	IC: # estab plans:1 if FED, else MIDPLAN
98	99	MORELOC	HC: MORE THAN ONE LOCATION
64	68	MPLANT	IC: GOVT UNIT IDENTIFIER
1	5	DUID	DWELLING UNIT ID
78	78	OFFERED	PERSON-ESTAB IS OFFERED INSURANCE
69	70	PART_CD	IC: PLAN IDENTIFIER
102	103	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
104	105	PAYVACTN	HC: DOES PERSON GET PAID VACATION
9	18	DUPERSID	HC: PERSON ID(DUID+PID)
6	8	PID	HC: PID
87	88	PLANRESP	IC: RESPONSE FOR PLAN
74	75	PNPLANS	IC: # PLANS ASSOCIATED WITH DUPERSID
91	91	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
106	107	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
41	47	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
92	92	SEX	HC: SEX
100	101	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
81	82	SINGFAM	PERSON-ESTAB HAD SING/FAM COVERAGE

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

START	END	NAME	DESCRIPTION
1	5	DUID	DWELLING UNIT ID
6	8	PID	HC: PID
9	18	DUPERSID	PERSON ID (DUID+PID)
19	40	EPRSIDX	HC: EPRS ID (FROM COVMID)
41	47	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
48	51	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
52	54	FEHBP	HC: FEHBP
55	63	MID	IC: UNIQUE ESTAB ID -INSURANCE COMP
64	68	MPLANT	IC: GOVT UNIT IDENTIFIER
69	70	PART_CD	IC: PLAN IDENTIFIER
71	71	ICSOURCE	IC: PRIV,ST/LOC,DIRECT FR INSURR,FED
72	73	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
74	75	PNPLANS	IC: # PLANS ASSOCIATED WITH DUPERSID
76	76	HELDPLAN	IC: HELD OR OPTIONAL PLAN
77	77	ENROLLED	PERSON-ESTAB IS ENROLLED IN INSURANCE
78	78	OFFERED	PERSON-ESTAB IS OFFERED INSURANCE
79	80	EESTATUS	PERSON ENROLLMENT STATUS
81	82	SINGFAM	PERSON-ESTAB HAD SING/FAM COVERAGE
83	84	MIDPLANX	IC: # estab plans:1 if FED, else MIDPLAN
85	86	ESTBRESP	IC: RESPONSE FOR ESTABLISHMENT
87	88	PLANRESP	IC: RESPONSE FOR PLAN
89	90	AGEIX	HC: AGE-RD1 (EDITED/IMPUTED)
91	91	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
92	92	SEX	HC: SEX
93	93	JOBSINFO	HC: Flag if have job information
94	95	JOBTYP	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
96	97	ESTMATE1	HC: TOTAL EMPLOYEES
98	99	MORELOC	HC: MORE THAN ONE LOCATION
100	101	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
102	103	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
104	105	PAYVACTN	HC: DOES PERSON GET PAID VACATION
106	107	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
108	109	C001	ANY PLANS OFFRD/RECD ANY EMP/RET 7/1/96
110	111	C003	# PLANS UNION OFFRD MEMBERS/RET 7/1/96
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118	120	C014	C014
121	122	C015	C015
123	125	C016	C016
126	127	C017	C017
128	129	C018	C018
130	131	C019	C019
132	148	C021_NUM	PLAN 1 IN WHICH PERS ENROLLED
149	150	C022	C022
151	153	C023	C023
154	155	C024	C024
156	157	C031	EST OFFR ANY H INS THIS LOC SINCE 1/1/91
158	161	C032	YEAR EST LAST OFFRD HLTH INS THIS LOC
162	163	C033	C033
164	172	C034	TOTAL # EMPLOYEES/MEMBERS ALL LOC 7/1/96
173	178	C038	# EMPLOYEES/MEMBERS WOMEN 7/1/96
179	183	C039	# EMPLOYEES/MEMBERS AGE 50+ 7/1/96
184	189	C040	# EMPLOYEES WHO WERE UNION MEMB 7/1/96
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203	208	C044	# EMPL/MEMBS EARN GT \$15/HR 7/1/96
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213	216	C047	VOUCH/STIPEND AVG VALUE PER EMPLOYEE

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-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
217	218	C048	VALUE PER WK/2 WKS/MONTH/YEAR
219	220	C049	EST PAY MEDICAL BILLS DIRECT EXCL WC
221	222	C050	ESTAB OFFERS PAID VACATION
223	224	C051	ESTAB OFFERS PAID SICK LEAVE
225	226	C052	ESTAB OFFERS LIFE INSURANCE
227	228	C053	ESTAB OFFERS DISABILITY INSUR
229	230	C054	ESTAB OFFERS RETIREMENT/PENSION PLANS
231	232	C055	ESTAB OFFERS MEDICAL SAVINGS ACCTS
233	234	C056	ESTAB OFFERS FLEXIBLE SPEND ACCTS
235	236	C057	ESTAB OFFERS CAFETERIA PLAN
237	241	C058	AVG ANNUAL VALUE CAF PLAN PER EMPLOYEE
242	243	C060	PRINCIPAL BUSINESS ACTIVITY
244	245	C062	TYPE OF OWNERSHIP
246	247	C063	NON-PROFIT BUSINESS
248	250	C064	# YEARS COMPANY IN BUSINESS
251	252	C065	C065
253	254	C066	C066
255	263	C073	C073
264	273	C074	C074
274	309	C099	PREMIUMS VARY BY OTHER SPECIFY
310	311	C103	TYPE OF PROVIDERS IN PLAN
312	313	I103	TYPE OF PROVIDERS IN PLAN
314	315	C104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL
316	317	I104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL
318	319	C105	TYPE OF INDEMNIFICATION OF PLAN
320	321	I105	TYPE OF INDEMNIFICATION OF PLAN
322	323	C106	SI PLAN:SELF-ADMINISTERED OR THIRD PARTY
324	325	C107	SI PLAN:PURCHASE STOP-LOSS COVERAGE
326	334	C108	ANNUAL COST PLAN COVERAGE-YR INCL 7/1/96
335	337	C109	MONTHLY PREM EQUIV/COBRA - SINGLE COV
338	341	C110	MONTHLY PREM EQUIV/COBRA - FAMILY COV
342	343	C111	AMOUNT IS PREMIUM EQUIVALENT OR COBRA
344	345	C112	PLAN PURCHD POOLING ARRANGE OTH EMPL
346	347	C113	PLAN OPER BY UNION/TRADE ASSOC/NEITHER
348	349	C122	ANY ENROLLEE REC SUBSIDY/CONTRIB PREM
350	351	C123	MONTH PLAN YEAR BEGIN
352	353	I123	MONTH PLAN YEAR BEGIN
354	359	C124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96
360	365	I124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96
366	372	C124TOT	B9A FED TOT:ENROLLEES EXC DEPS 7/1/96
373	378	C125	TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96
379	384	I125	TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96
385	390	C125TOT	B9B FED TOT:ENROLLED ACTIVE EMPLOYEES
391	394	C126	TOT # FORMER EMPL ENROLLED 7/1/96
395	396	C126TOT	B9C FED TOT:EX EMP THRU COBRA OR OTHR
397	402	C127	TOT # RETIREES ENROLLED 7/1/96
403	408	C127TOT	B9D FED TOT:RETIREES ENROLLED
409	413	C128	TOT # RETIREES 65+ ENROLLED 7/1/96
414	419	C128TOT	B9E FED TOT:RETIREES 65+ ENROLLED
420	425	C129	TOT # ENROLLEES SINGLE COVERAGE 7/1/96
426	430	I129	TOT # ENROLLEES SINGLE COVERAGE 7/1/96
431	436	C129TOT	B9F FED TOT:ENROLLEES W/SINGLE COVRG
437	442	C130	TOTAL PREMIUM FT EMPL-SINGLE COVG
443	448	I130	TOTAL PREMIUM FT EMPL-SINGLE COVG
449	452	C131	EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV
453	456	I131	EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV
457	462	C132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV
463	468	I132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV
469	470	C133	PREMIUM PERIOD FT EMPL-SINGLE COV

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
471	476	C134	TOTAL PREMIUM FT EMPL-FAMILY COV
477	482	I134	TOTAL PREMIUM FT EMPL-FAMILY COV
483	488	C135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV
489	494	I135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV
495	499	C136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV
500	504	I136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV
505	506	C137	FAMILY COVERAGE NOT OFFERED
507	508	I137	FAMILY COVERAGE NOT OFFERED
509	510	C138	PREMIUMS VARY BY AGE
511	512	C139	PREMIUMS VARY BY SEX
513	514	C140	PREMIUMS VARY BY # PERSONS IN FAMILY
515	516	C141	PREMIUMS VARY BY WAGE/SALARY LEVELS
517	518	C142	PREMIUMS VARY BY OTHER
519	520	C143	AMNT EMPLOYEE CONTRIB VARYS FT/PT/RETIR
521	522	C144	PLAN PREMIUM INCLUDES LIFE INSURANCE
523	524	C145	PLAN PREMIUM INCLUDES DISABILITY INSUR
525	529	C146	INDIVIDUAL ANNUAL DEDUCTIBLE-TOTAL
530	533	C147	INDIVID ANNUAL DEDUCT-PHYSICIAN CARE
534	537	C148	INDIVID ANNUAL DEDUCT-HOSPITAL CARE
538	542	C149	FAMILY ANNUAL DEDUCTIBLE-TOTAL
543	544	C150	# PERSONS TO MEET FAMILY DEDUCTIBLE
545	546	C151	PLAN DID NOT HAVE A DEDUCTIBLE
547	550	C152	AMT ENROLLEE PAID HOSP STAY AFTER DEDUCT
551	552	C153	PCNT ENROLLEE PD HOSP STAY AFTER DEDUCT
553	554	C154	AMOUNT PAID WAS PER DAY/PER STAY
555	556	C155	HOSPITAL CARE WAS NOT COVERED
557	559	C156	AMT ENROLLEE PAID OFFICE VISIT AFTER DED
560	561	C157	PCT ENROLLEE PAID OFFICE VISIT AFTER DED
562	563	C158	PLAN HAD NO MAX AMT PAY FOR INDIVIDUAL
564	570	C159	MAX AMOUNT PLAN PAID INDIV-LIFETIME
571	577	C160	MAX AMOUNT PLAN PAID INDIV-ANNUAL
578	584	C161	MAX AMT ANNUAL OUT-OF-POCKET INDIVIDUAL
585	591	C162	MAX AMT ANNUAL OUT-OF-POCKET FAMILY
592	593	C163	PLAN HAD NO MAX ANNUAL OUT-OF-POCKET
594	595	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
596	597	C165	PLAN INCLUDES ADULT ROUTINE PHYSICAL
598	599	C166	PLAN INCLUDES ROUTINE PAP SMEARS
600	601	C167	PLAN INCLUD OFFICE VISITS PRENATAL CARE
602	603	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
604	605	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
606	607	C170	PLAN INCLUDES WELL BABY CARE LT 1 YR
608	609	C171	PLAN INCLUDES WELL CHILD CARE 1-4 YR
610	611	C172	PLAN INCLUDES 100% WELL BABY CARE
612	613	C173	PLAN INCLUDES CHIROPRACTIC CARE
614	615	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROV
616	617	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
618	619	C176	PLAN INCLUDES ROUTINE DENTAL CARE
620	621	C177	PLAN INCLUDES ORTHODONTIC CARE
622	623	C178	PLAN INCLUDES NURSING HOME CARE
624	625	C179	PLAN INCLUDES HOME HEALTH CARE
626	627	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
628	629	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
630	631	C182	PLAN INCLUDES ALCOHOL/SUBST ABUSE TREAT
632	633	C183	PLAN CLD REFUSE PERS PRE-EXISTING COND
634	635	C184	PLAN DID REFUSE PERS PRE-EXISTING COND
636	637	C185	PLAN CLD REQ WAIT PERIOD PRE-EXIST COND
638	639	C186	THIS PLAN OFFERED IN 1997
640	641	C187	THIS PLAN REPLACD SIM/DIFF/DROPPED 1997
642	647	C188	1997 PLAN-TOTAL SINGLE ENROLLMENTS

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----



<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
648	653	C189	1997 PLAN-TOTAL FAMILY ENROLLMENTS
654	663	C190	1997 PLAN PREMIUM-SINGLE
664	671	C191	1997 PLAN PREMIUM-FAMILY
672	673	C192	OFFERS OPTIONAL COVERAGE DENTAL
674	675	C193	OFFERS OPTIONAL COVERAGE VISION
676	677	C194	OFFERS OPTIONAL COVERAGE PRESCRIP DRUG
678	679	C195	OFFERS OPTIONAL COVERAGE LONG-TERM CARE
680	687	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1996
688	689	C197	WAITING PERIOD NEW EMPLOYEES HLTH INSUR
690	691	C198	LENGTH OF TIME TYPICAL WAITING PERIOD
692	701	C199	TOTAL ANNUAL COST COVERAGE ALL PLANS
702	707	C200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96
708	713	I200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96
714	719	C201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96
720	725	I201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96
726	731	C202	# EMPLOYEES ENROLLED HLTH INS 7/1/96
732	737	I202	# EMPLOYEES ENROLLED HLTH INS 7/1/96
738	743	C203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96
744	748	I203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96
749	753	C204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96
754	758	I204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96
759	762	C205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96
763	767	I205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96
768	771	C206	TOTAL # TEMP EMPLOYEES THIS LOCAT 7/1/96
772	775	C207	# TEMP EMPLOYEES ELIGIB HLTH INS 7/1/96
776	779	C208	# TEMP EMPLOYEES ENROLD HLTH INS 7/1/96
780	781	C209	RETIREES LT 65 ELIGIBL HEALTH INS 7/1/96
782	783	I209	RETIREES LT 65 ELIGIBL HEALTH INS 7/1/96
784	785	C210	RETIREES 65+ ELIGIBL HEALTH INS 7/1/96
786	787	I210	RETIREES 65+ ELIGIBL HEALTH INS 7/1/96
788	789	C218	PHYSICIAN CARE NOT COVERED
790	791	C219	RETIREES ELIGIBLE HEALTH INSUR 7/1/96
792	793	I219	RETIREES ELIGIBLE HEALTH INSUR 7/1/96
794	795	C231	COVD BY PRIV HEALTH INSUR PLAN 7/1/96
796	797	C239	LEVEL OF COVERAGE PURCHASED
798	799	C246	OBTAINED ANY OPTIONAL SINGLE-SERVICE COV
800	801	C275	PLAN WAS A MEDIGAP PLAN
802	803	C276	MEDIGAP PLAN LETTER ID
804	805	C277	MEDIGAP PLAN LETTER ID NOT APPLICABLE
806	807	C278	MEDIGAP PLAN RATED ISSUE/ATTAINED AGE
808	809	C279	ENROLLMENT FINANCED MCARE/MCAID/NEITHER
810	811	C280	PLAN WAS A GROUP POLICY
812	818	C281	# POLICYHOLDERS IN GROUP
819	820	C282	TYPE OF PLAN PROVIDED TO PERSON
821	822	C290	PLAN HAD WAITING PERIOD THIS PERSON
823	824	C291	PLAN REQD SUMMARY PERS HEALTH HISTORY
825	826	C292	PLAN REQD PHYSICAL EXAMINATION
827	828	C293	PLAN IS COMMUNITY RATED
829	830	C294	PLAN IS COMMUNITY RATED-AGE
831	832	C295	PLAN IS COMMUNITY RATED-GEOGRAPHIC AREA
833	834	C296	PLAN IS COMMUNITY RATED-OTHER
835	836	C297	PLAN PREMIUM AFFECTED-AGE
837	838	C298	PLAN PREMIUM AFFECTED-GOOD HLTH HABITS
839	840	C299	PLAN PREMIUM AFFECTED-SMOKING
841	842	C300	PLAN PREMIUM AFFECTD-OTH BAD HLTH HABITS
843	844	C301	PLAN PREMIUM AFFECTED-GEOGRAPHIC AREA
845	846	C302	PLAN PREMIUM AFFECTED-SPECIFIC MED COND
847	848	C303	PLAN PREMIUM AFFECTED-OTHER
849	850	C304	PLAN ENROLLMENT PRECLUDED BY ANY CHAR

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 CODEBOOK FOR 1996 MEPS INSURANCE COMPONENT RESEARCH FILE

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

-----POSITIONAL LISTING OF VARIABLES-----

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
851	852	C305	PLAN ENROLLMENT PRECLUDED-AGE
853	854	C306	PLAN ENROLLMENT PRECLUDED-SMOKING
855	856	C307	PLAN ENROLLMENT PRECLUD-OTH BAD HLTH HAB
857	858	C308	PLAN ENROLLMENT PRECLUDED-SPEC MED COND
859	860	C309	PLAN ENROLLMENT PRECLUDED-OTHER
861	862	C310	INSUR COMPANY PROV COVERAGE THIS PERS
863	864	C311	PROVIDED HOSP AND/OR PHYS PLAN THIS PERS
865	866	C312	PROVIDED SINGLE-SERVICE PLAN THIS PERS
867	868	C313	PROVID DREAD DISEASE/CASH PLAN THIS PERS
869	870	C314	LEVEL OF COVERAGE THIS PERSON HELD
871	872	C350	PERS ELIGIBLE FOR HOSP/PHYS INSUR 7/1/96
873	874	C351	PERS ELIGIBLE FOR ALL PLANS OFFERED
875	876	C352	PERS ENROLLED IN ALL PLANS OFFERED
877	879	C353	PCT PERS CONTRIBUTION TO PREMIUM
880	882	C354	PCT ORGANIZ CONTRIBUTION TO PREMIUM
883	886	C355	AMT OTHER SOURCES CONTRIB TO PREMIUM
887	889	C356	PCT OTHER SOURCES CONTRIB TO PREMIUM
890	891	C357	NO CONTRIB FROM OTHER SOURCES TO PREM
892	893	C358	SOURCE OUTSIDE SUBSIDY/CONTRIBUTION
894	895	C359	PERS INSURANCE PROVIDED THROUGH COBRA
896	898	C360	PCT PERS CONTRIB TO PREM-SINGLE SERVICE
899	906	C361	AMT TOT PREMIUM:INCL EMPLOYER & EMPLOYEE
907	911	C362	AMT PERS CONTRIBUTION TO PREMIUM
912	918	C363	AMT ORGANIZ CONTRIBUTION TO PREMIUM
919	920	C370	PERS HAD SINGLE SERVICE PLAN-DENTAL
921	922	C371	PERS HAD SINGLE SERVICE PLAN-PRESCRIP
923	924	C372	PERS HAD SINGLE SERVICE PLAN-VISION
925	926	C373	PERS HAD SINGLE SERVICE PLAN-L T CARE
927	931	C374	AMT TOT PREMIUM:ALL SINGLE SERV PLANS
932	935	C375	AMT PERS CONTRIB TO SINGLE SERV PREM
936	937	C376	AMT IS PER WEEK/2 WKS/MONTH/YEAR
938	939	C380	AMT IS PER WEEK/2 WKS/MONTH/YEAR
940	941	C436	C436
942	945	C498	C498
946	962	C501_NUM	PLAN 1 FOR WHICH PERS ELIGIBLE
963	979	C502_NUM	PLAN 2 FOR WHICH PERS ELIGIBLE
980	996	C503_NUM	PLAN 3 FOR WHICH PERS ELIGIBLE
997	1013	C504_NUM	PLAN 4 FOR WHICH PERS ELIGIBLE
1014	1030	C505_NUM	PLAN 2 IN WHICH PERS ENROLLED

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>DUID</u>	<u>DWELLING UNIT ID</u>	<u>5.0</u>	<u>CHAR</u>	<u>1</u>	<u>5</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	VALID ID		15,884		
	TOTAL		15,884		
<u>PID</u>	<u>HC: PID</u>	<u>3.0</u>	<u>CHAR</u>	<u>6</u>	<u>8</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	010-901		15,884		
	TOTAL		15,884		
<u>DUPERSID</u>	<u>PERSON ID (DUID+PID)</u>	<u>10.0</u>	<u>CHAR</u>	<u>9</u>	<u>18</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	VALID ID		15,884		
	TOTAL		15,884		
<u>EPRSIDX</u>	<u>HC: EPRS ID (FROM COVMID)</u>	<u>22.0</u>	<u>CHAR</u>	<u>19</u>	<u>40</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	VALID ID		15,884		
	TOTAL		15,884		
<u>RUID</u>	<u>HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER</u>	<u>7.0</u>	<u>CHAR</u>	<u>41</u>	<u>47</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	VALID ID		15,884		
	TOTAL		15,884		
<u>ESTBIDX</u>	<u>HC: UNIQUE ESTABLISHMENT ID</u>	<u>4.0</u>	<u>CHAR</u>	<u>48</u>	<u>51</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	VALID ID		15,884		
	TOTAL		15,884		
<u>FEHBP</u>	<u>HC: FEHBP</u>	<u>3.0</u>	<u>CHAR</u>	<u>52</u>	<u>54</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-1 INAPPLICABLE		15,631		
	101-ZE1		253		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>MID</u>	<u>IC: UNIQUE ESTAB ID -INSURANCE COMP</u>	<u>9.0</u>	<u>CHAR</u>	<u>55</u>	<u>63</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0-100000		253		
	GT 100000-LTE 900000		8,420		
	GT 900000		7,211		
	TOTAL		15,884		
<u>MPLANT</u>	<u>IC: GOVT UNIT IDENTIFIER</u>	<u>5.0</u>	<u>CHAR</u>	<u>64</u>	<u>68</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	00000-99999		15,884		
	TOTAL		15,884		
<u>PART_CD</u>	<u>IC: PLAN IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>69</u>	<u>70</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-1 INAPPLICABLE		2,975		
	01-84		12,909		
	TOTAL		15,884		
<u>ICSOURCE</u>	<u>IC: PRIV,ST/LOC,DIRECT FR INSURR,FED</u>	<u>1.0</u>	<u>NUM</u>	<u>71</u>	<u>71</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	1 PRIVATE EMPLOYER		7,628		
	2 ST/LOCAL GOVERNMENT		7,211		
	3 DIRECT FROM INSURER		792		
	4 FEDERAL GOVERNMENT		253		
	TOTAL		15,884		
<u>MIDPLAN</u>	<u>IC: # PLANS PER ESTABLISHMENT</u>	<u>2.0</u>	<u>NUM</u>	<u>72</u>	<u>73</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0		2,975		
	1-60		12,909		
	TOTAL		15,884		
<u>PNPLANS</u>	<u>IC: # PLANS ASSOCIATED WITH DUPERSID</u>	<u>2.0</u>	<u>NUM</u>	<u>74</u>	<u>75</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0		2,729		
	1-60		13,155		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>HELDPLAN</u>	<u>IC: HELD OR OPTIONAL PLAN</u>	<u>1.0</u>	<u>NUM</u>	<u>76</u>	<u>76</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0 NO PLANS		2,975		
	1 HELD PLAN-REPORTED		4,314		
	2 HELD PLAN-IMPUTED		5,385		
	3 OPTIONAL PLAN		3,210		
	TOTAL		15,884		
<u>ENROLLED</u>	<u>PERSON-ESTAB IS ENROLLED IN INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>77</u>	<u>77</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	1 YES		12,123		
	2 NO		3,761		
	TOTAL		15,884		
<u>OFFERED</u>	<u>PERSON-ESTAB IS OFFERED INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>78</u>	<u>78</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	1 YES		13,276		
	2 NO		2,608		
	TOTAL		15,884		
<u>EESTATUS</u>	<u>PERSON ENROLLMENT STATUS</u>	<u>2.0</u>	<u>NUM</u>	<u>79</u>	<u>80</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		211		
	-1 INAPPLICABLE		792		
	1 ACTIVE		10,689		
	2 RETIREE		979		
	3 OTHER		1,220		
	4 BAD TYPE		1,993		
	TOTAL		15,884		
<u>SINGFAM</u>	<u>PERSON-ESTAB HAD SING/FAM COVERAGE</u>	<u>2.0</u>	<u>NUM</u>	<u>81</u>	<u>82</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-1 INAPPLICABLE		3,730		
	1 SINGLE		5,921		
	2 FAMILY		6,233		
	TOTAL		15,884		
<u>MIDPLANX</u>	<u>IC: # estab plans:1 if FED, else MIDPLAN</u>	<u>2.0</u>	<u>NUM</u>	<u>83</u>	<u>84</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0		2,975		
	1-60		12,909		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>ESTBRESP</u>	<u>IC: RESPONSE FOR ESTABLISHMENT</u>	<u>2.0</u>	<u>NUM</u>	<u>85</u>	<u>86</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-1 INAPPLICABLE		792		
	1 YES		12,763		
	2 NO		2,329		
	TOTAL		15,884		
<u>PLANRESP</u>	<u>IC: RESPONSE FOR PLAN</u>	<u>2.0</u>	<u>NUM</u>	<u>87</u>	<u>88</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-1 INAPPLICABLE		792		
	1 YES		11,792		
	2 NO		3,300		
	TOTAL		15,884		
<u>AGE1X</u>	<u>HC: AGE-RD1 (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>89</u>	<u>90</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0-4		3		
	5-17		101		
	18-24		1,317		
	25-44		7,129		
	45-64		5,308		
	65-90		2,026		
	TOTAL		15,884		
<u>RACETHNX</u>	<u>HC: RACE/ETHNICITY (EDITED/IMPUTED)</u>	<u>1.0</u>	<u>NUM</u>	<u>91</u>	<u>91</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	1 PERSON IS HISPANIC		1,973		
	2 PERSON IS BLACK/NOT HISPANIC		1,798		
	3 OTHER		12,113		
	TOTAL		15,884		
<u>SEX</u>	<u>HC: SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>92</u>	<u>92</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	1 MALE		7,668		
	2 FEMALE		8,216		
	TOTAL		15,884		
<u>JOBSINFO</u>	<u>HC: Flag if have job information</u>	<u>1.0</u>	<u>NUM</u>	<u>93</u>	<u>93</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	0		1,548		
	1-1		14,336		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>JOBTYP</u>	<u>HC: SELF-EMP OR WORK FOR SOMEONE ELSE</u>	<u>2.0</u>	<u>NUM</u>	<u>94</u>	<u>95</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,548		
	1 SELF-EMPLOYED		449		
	2 FOR SOMEONE ELSE		13,887		
	TOTAL		15,884		
<u>ESTMATE1</u>	<u>HC: TOTAL EMPLOYEES</u>	<u>2.0</u>	<u>NUM</u>	<u>96</u>	<u>97</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,588		
	-8 DK		243		
	-7 REFUSED		1		
	-1 INAPPLICABLE		10,950		
	1 LESS THAN 10		76		
	2 10 - 25		247		
	3 26 - 49		259		
	4 50 - 100		456		
	5 101 - 500		904		
	6 501 - 1,000		318		
	7 1,001 - 5,000		516		
	8 5,001 OR MORE		326		
	TOTAL		15,884		
<u>MORELOC</u>	<u>HC: MORE THAN ONE LOCATION</u>	<u>2.0</u>	<u>NUM</u>	<u>98</u>	<u>99</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,560		
	-8 DK		86		
	-1 INAPPLICABLE		2,254		
	1 YES		9,075		
	2 NO		2,909		
	TOTAL		15,884		
<u>SICKPAY</u>	<u>HC: DOES PERSON HAVE PAID SICK LEAVE</u>	<u>2.0</u>	<u>NUM</u>	<u>100</u>	<u>101</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,565		
	-8 DK		112		
	-7 REFUSED		1		
	-1 INAPPLICABLE		2,255		
	1 YES		8,712		
	2 NO		3,239		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>PAYDRVST</u>	<u>HC: PAID SICK LEAVE FOR DR'S VISITS ?</u>	<u>2.0</u>	<u>NUM</u>	<u>102</u>	<u>103</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,554		
	-8 DK		82		
	-1 INAPPLICABLE		5,621		
	1 YES		7,875		
	2 NO		752		
	TOTAL		15,884		
<u>PAYVACTN</u>	<u>HC: DOES PERSON GET PAID VACATION</u>	<u>2.0</u>	<u>NUM</u>	<u>104</u>	<u>105</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,564		
	-8 DK		84		
	-7 REFUSED		2		
	-1 INAPPLICABLE		2,256		
	1 YES		9,355		
	2 NO		2,623		
	TOTAL		15,884		
<u>RETIRPLN</u>	<u>HC: PERSON HAVE PENSION/RETIREMENT PLAN?</u>	<u>2.0</u>	<u>NUM</u>	<u>106</u>	<u>107</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	-9 NOT ASCERTAINED		1,561		
	-8 DK		161		
	-7 REFUSED		4		
	-1 INAPPLICABLE		2,259		
	1 YES		8,011		
	2 NO		3,888		
	TOTAL		15,884		
<u>C001</u>	<u>ANY PLANS OFFRD/RECD ANY EMP/RET 7/1/96</u>	<u>2.0</u>	<u>NUM</u>	<u>108</u>	<u>109</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,241		
	-1 INAPPLICABLE		1,192		
	1 YES		12,674		
	2 NO		777		
	TOTAL		15,884		
<u>C003</u>	<u># PLANS UNION OFFRD MEMBERS/RET 7/1/96</u>	<u>2.0</u>	<u>NUM</u>	<u>110</u>	<u>111</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,188		
	-1 INAPPLICABLE		1,114		
	0		1,794		
	1-61		11,788		
	TOTAL		15,884		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C011	C011	6.0	NUM	112	117
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,730		
	-1 INAPPLICABLE		2,339		
	0		2		
	1-160000		1,813		
	TOTAL		15,884		
C014	C014	3.0	NUM	118	120
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,969		
	10-100		6		
	TOTAL		15,884		
C015	C015	2.0	NUM	121	122
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,973		
	33		2		
	TOTAL		15,884		
C016	C016	3.0	NUM	123	125
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,964		
	1-100		11		
	TOTAL		15,884		
C017	C017	2.0	NUM	126	127
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,968		
	0		2		
	0-30		5		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C018	C018	2.0	NUM	128	129
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,974		
	0		1		
	TOTAL		15,884		
C019	C019	2.0	NUM	130	131
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,947		
	-1 INAPPLICABLE		1,786		
	0		2		
	1-60		6,149		
	TOTAL		15,884		
C021_NUM	PLAN 1 IN WHICH PERS ENROLLED	17.0	CHAR	132	148
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		10,047		
	-1 INAPPLICABLE		2,937		
	VALID ID		2,900		
	TOTAL		15,884		
C022	C022	2.0	NUM	149	150
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,967		
	1-90		8		
	TOTAL		15,884		
C023	C023	3.0	NUM	151	153
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,963		
	0		1		
	10-100		11		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C024	C024	2.0	NUM	154	155
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,909		
	-1 INAPPLICABLE		2,970		
	0		3		
	5		1		
	85		1		
	TOTAL		15,884		
C031	EST OFFR ANY H INS THIS LOC SINCE 1/1/91	2.0	NUM	156	157
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,951		
	-1 INAPPLICABLE		2,433		
	0		1		
	1 YES		943		
	2 NO		556		
	TOTAL		15,884		
C032	YEAR EST LAST OFFRD HLTH INS THIS LOC	4.0	NUM	158	161
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,388		
	-1 INAPPLICABLE		2,915		
	7		4		
	1991		25		
	1992		4		
	1993		5		
	1994		11		
	1995		13		
	1996		48		
	1997		471		
	TOTAL		15,884		
C033	C033	2.0	NUM	162	163
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,908		
	-1 INAPPLICABLE		2,607		
	1 YES		46		
	2 NO		323		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C034	TOTAL # EMPLOYEES/MEMBERS ALL LOC 7/1/96	9.0	NUM	164	172
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,373		
	-1 INAPPLICABLE		1,212		
	0		9		
	1-100000000		6,290		
	TOTAL		15,884		
C038	# EMPLOYEES/MEMBERS WOMEN 7/1/96	6.0	NUM	173	178
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,817		
	-1 INAPPLICABLE		2,430		
	0		205		
	1-195697		7,432		
	TOTAL		15,884		
C039	# EMPLOYEES/MEMBERS AGE 50+ 7/1/96	5.0	NUM	179	183
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,696		
	-1 INAPPLICABLE		2,445		
	0		451		
	1-91996		6,292		
	TOTAL		15,884		
C040	# EMPLOYEES WHO WERE UNION MEMB 7/1/96	6.0	NUM	184	189
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,043		
	-1 INAPPLICABLE		2,420		
	0		4,398		
	1-175645		4,023		
	TOTAL		15,884		
C041	# HRS WORK PER WEEK EQUALS FULL TIME	2.0	NUM	190	191
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,832		
	-1 INAPPLICABLE		2,410		
	0		11		
	1-70		10,631		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C042	# EMPL/MEMBS EARN LT \$6.50/HR 7/1/96	5.0	NUM	192	196
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,849		
	-1 INAPPLICABLE		2,448		
	0		2,557		
	1-18616		4,030		
	TOTAL		15,884		
C043	# EMPL/MEMBS EARN \$6.50-\$15/HR 7/1/96	6.0	NUM	197	202
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,156		
	-1 INAPPLICABLE		2,462		
	0		286		
	1-130331		5,980		
	TOTAL		15,884		
C044	# EMPL/MEMBS EARN GT \$15/HR 7/1/96	6.0	NUM	203	208
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,154		
	-1 INAPPLICABLE		2,462		
	0		757		
	1-250045		5,511		
	TOTAL		15,884		
C045	EST PROV VOUCH/STIPEND HLTH INS 1996	2.0	NUM	209	210
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,985		
	-1 INAPPLICABLE		2,449		
	1 YES		24		
	2 NO		1,426		
	TOTAL		15,884		
C046	VOUCH/STIPEND FOR HLTH INS/CARE ONLY	2.0	NUM	211	212
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,897		
	-1 INAPPLICABLE		2,958		
	0		4		
	1 YES		14		
	2 NO		11		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C047	<u>VOUCH/STIPEND AVG VALUE PER EMPLOYEE</u>	4.0	NUM	213	216
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,901		
	-1 INAPPLICABLE		2,966		
	48-3660		17		
	TOTAL		15,884		
C048	<u>VALUE PER WK/2 WKS/MONTH/YEAR</u>	2.0	NUM	217	218
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,901		
	-1 INAPPLICABLE		2,966		
	1 WEEK		1		
	3 MONTH		4		
	4 YEAR		12		
	TOTAL		15,884		
C049	<u>EST PAY MEDICAL BILLS DIRECT EXCL WC</u>	2.0	NUM	219	220
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,011		
	-1 INAPPLICABLE		2,460		
	0		2		
	1 YES		143		
	2 NO		1,268		
	TOTAL		15,884		
C050	<u>ESTAB OFFERS PAID VACATION</u>	2.0	NUM	221	222
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,448		
	-1 INAPPLICABLE		2,417		
	1 YES		10,736		
	2 NO		283		
	TOTAL		15,884		
C051	<u>ESTAB OFFERS PAID SICK LEAVE</u>	2.0	NUM	223	224
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,689		
	-1 INAPPLICABLE		2,446		
	1 YES		10,188		
	2 NO		561		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C052	ESTAB OFFERS LIFE INSURANCE	2.0	NUM	225	226
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,174		
	-1 INAPPLICABLE		2,459		
	1 YES		9,645		
	2 NO		606		
	TOTAL		15,884		
C053	ESTAB OFFERS DISABILITY INSUR	2.0	NUM	227	228
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,164		
	-1 INAPPLICABLE		2,463		
	1 YES		7,395		
	2 NO		862		
	TOTAL		15,884		
C054	ESTAB OFFERS RETIREMENT/PENSION PLANS	2.0	NUM	229	230
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,058		
	-1 INAPPLICABLE		2,456		
	1 YES		9,726		
	2 NO		644		
	TOTAL		15,884		
C055	ESTAB OFFERS MEDICAL SAVINGS ACCTS	2.0	NUM	231	232
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,012		
	-1 INAPPLICABLE		2,496		
	1 YES		2,237		
	2 NO		2,139		
	TOTAL		15,884		
C056	ESTAB OFFERS FLEXIBLE SPEND ACCTS	2.0	NUM	233	234
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,696		
	-1 INAPPLICABLE		2,480		
	1 YES		5,111		
	2 NO		1,597		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C057	ESTAB OFFERS CAFETERIA PLAN	2.0	NUM	235	236
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,433		
	-1 INAPPLICABLE		2,473		
	1 YES		3,194		
	2 NO		1,784		
	TOTAL		15,884		
C058	AVG ANNUAL VALUE CAF PLAN PER EMPLOYEE	5.0	NUM	237	241
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,589		
	-1 INAPPLICABLE		2,947		
	1-10000		1,348		
	TOTAL		15,884		
C060	PRINCIPAL BUSINESS ACTIVITY	2.0	NUM	242	243
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,554		
	-1 INAPPLICABLE		1,479		
	1 RETAIL TRADE		1,003		
	2 PERSONAL SERVICES (BEAUTY SHOPS, DRY CLEANERS)		143		
	3 BUSINESS SERVICES (ADVERTISING, COMPUTER PR)		320		
	4 OTHER SERVICES (LEGAL & HEALTH SERVICES)		1,360		
	5 MANUFACTURING		1,448		
	6 WHOLESALE TRADE		285		
	7 FINANCE, INSURANCE, OR REAL ESTATE		498		
	8 TRANSPORTATION, COMMUNICATIONS, ELECTRIC, G		450		
	9 CONSTRUCTION		187		
	10 AGRICULTURE OR FORESTRY		80		
	11 MINING		33		
	12 PUBLIC ADMINISTRATION		44		
	TOTAL		15,884		
C062	TYPE OF OWNERSHIP	2.0	NUM	244	245
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,682		
	-1 INAPPLICABLE		1,560		
	0		1		
	1 S CORPORATION		597		
	2 CORPORATION		4,056		
	3 PARTNERSHIP		220		
	4 SOLE PROPRIETORSHIP		348		
	5 GOVERNMENT (FEDERAL, STATE, OR LOCAL)		145		
	6 JOINT VENTURE OR COOPERATIVE		89		
	7		186		
	TOTAL		15,884		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C063	NON-PROFIT BUSINESS	2.0	NUM	246	247
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,999		
	-1 INAPPLICABLE		1,992		
	1 YES		999		
	2 NO		3,894		
	TOTAL		15,884		
C064	# YEARS COMPANY IN BUSINESS	3.0	NUM	248	250
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,546		
	-1 INAPPLICABLE		1,872		
	0		57		
	1-300		4,409		
	TOTAL		15,884		
C065	C065	2.0	NUM	251	252
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		4,574		
	-1 INAPPLICABLE		999		
	0		1		
	1 A FULL OR PART-TIME EMPLOYEE/MEMBER		6,817		
	2 A RETIREE/RETIRED MEMBER		807		
	3 A FORMER EMPLOYEE/MEMBER		456		
	4 A A RELATIVE /SURVIVOR OF A FORMER EMPLOYE		63		
	5 A SEASONAL OR TEMPORARY EMPLOYEE		174		
	6 AN EMPLOYEE OF A TEMPORARY AGENCY		26		
	7 AN INDEPENDENT CONTRACT WORKER		84		
	8 NO RECORD OF THIS PERSON		856		
	9		68		
	10		715		
	11		106		
	12		138		
	TOTAL		15,884		
C066	C066	2.0	NUM	253	254
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,905		
	-1 INAPPLICABLE		2,932		
	1 YES		24		
	2 NO		23		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C073	C073	9.0	CHAR	255	263
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,909		
	S		4		
	-1 INAPPLICABLE		2,955		
	GT 0		16		
	TOTAL		15,884		
C074	C074	10.0	CHAR	264	273
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,909		
	-1 INAPPLICABLE		2,957		
	GT 0		18		
	TOTAL		15,884		
C099	PREMIUMS VARY BY OTHER SPECIFY	36.0	CHAR	274	309
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,594		
	-1 INAPPLICABLE		2,975		
	TEXT		315		
	TOTAL		15,884		
C103	TYPE OF PROVIDERS IN PLAN	2.0	NUM	310	311
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,457		
	-1 INAPPLICABLE		2,975		
	0		11		
	1 EXCLUSIVE PROVIDERS		5,947		
	2 ANY PROVIDERS		1,177		
	3 MIXTURE OF PREFERRED & ANY PROVIDERS		3,317		
	TOTAL		15,884		
I103	TYPE OF PROVIDERS IN PLAN	2.0	NUM	312	313
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,286		
	-1 INAPPLICABLE		2,975		
	0		3		
	1 EXCLUSIVE PROVIDERS		6,497		
	2 ANY PROVIDERS		1,458		
	3 MIXTURE OF PREFERRED & ANY PROVIDERS		3,665		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL	2.0	NUM	314	315
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,570		
	-1 INAPPLICABLE		2,975		
	0		4		
	1 YES		6,752		
	2 NO		3,583		
	TOTAL		15,884		
I104	PLAN REQUIRES SEE PCP FOR SPEC REFERRAL	2.0	NUM	316	317
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,291		
	-1 INAPPLICABLE		2,975		
	1 YES		7,564		
	2 NO		4,054		
	TOTAL		15,884		
C105	TYPE OF INDEMNIFICATION OF PLAN	2.0	NUM	318	319
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,660		
	-1 INAPPLICABLE		2,975		
	1 PURCHASED FROM INS. COMPANY		8,251		
	2 SELF-INSURED		2,998		
	TOTAL		15,884		
I105	TYPE OF INDEMNIFICATION OF PLAN	2.0	NUM	320	321
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,256		
	-1 INAPPLICABLE		2,975		
	1 PURCHASED FROM INS. COMPANY		8,381		
	2 SELF-INSURED		3,272		
	TOTAL		15,884		
C106	SI PLAN:SELF-ADMINISTERED OR THIRD PARTY	2.0	NUM	322	323
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,841		
	-1 INAPPLICABLE		2,975		
	0		2		
	1 SELF-ADMINISTERED		404		
	2 INSURANCE COMPANY OR OTH ADMINISTRATOR		1,662		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE	2.0	NUM	324	325
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,376		
	-1 INAPPLICABLE		2,975		
	1 YES		947		
	2 NO		586		
	TOTAL		15,884		
C108	ANNUAL COST PLAN COVERAGE-YR INCL 7/1/96	9.0	NUM	326	334
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,966		
	-1 INAPPLICABLE		2,975		
	0		5		
	1-358660000		938		
	TOTAL		15,884		
C109	MONTHLY PREM EQUIV/COBRA - SINGLE COV	3.0	NUM	335	337
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,646		
	-1 INAPPLICABLE		2,975		
	0		5		
	4-780		1,258		
	TOTAL		15,884		
C110	MONTHLY PREM EQUIV/COBRA - FAMILY COV	4.0	NUM	338	341
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,645		
	-1 INAPPLICABLE		2,975		
	0		3		
	17-1152		1,261		
	TOTAL		15,884		
C111	AMOUNT IS PREMIUM EQUIVALENT OR COBRA	2.0	NUM	342	343
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,737		
	-1 INAPPLICABLE		2,975		
	0		17		
	1 A PREMIUM EQUIVALENT		928		
	2 A COBRA AMOUNT		227		
	TOTAL		15,884		

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C112	PLAN PURCHD POOLING ARRANGE OTH EMPL	2.0	NUM	344	345
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,431		
	-1 INAPPLICABLE		2,975		
	0		1		
	1 YES		169		
	2 NO		2,308		
	TOTAL		15,884		
C113	PLAN OPER BY UNION/TRADE ASSOC/NEITHER	2.0	NUM	346	347
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,634		
	-1 INAPPLICABLE		2,975		
	1 UNION		56		
	2 TRADE ASSOCIATION		58		
	3 NEITHER		11,161		
	TOTAL		15,884		
C122	ANY ENROLLEE REC SUBSIDY/CONTRIB PREM	2.0	NUM	348	349
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,994		
	-1 INAPPLICABLE		2,975		
	1 YES		188		
	2 NO		6,727		
	TOTAL		15,884		
C123	MONTH PLAN YEAR BEGIN	2.0	NUM	350	351
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,334		
	-1 INAPPLICABLE		2,975		
	1 JAN		2,015		
	2 FEB		53		
	3 MAR		69		
	4 APR		85		
	5 MAY		67		
	6 JUN		84		
	7 JUL		627		
	8 AUG		78		
	9 SEP		175		
	10 OCT		191		
	11 NOV		80		
	12 DEC		51		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I123	MONTH PLAN YEAR BEGIN	2.0	NUM	352	353
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,323		
	-1 INAPPLICABLE		2,975		
	1 JAN		5,294		
	2 FEB		144		
	3 MAR		143		
	4 APR		232		
	5 MAY		351		
	6 JUN		247		
	7 JUL		2,956		
	8 AUG		249		
	9 SEP		1,092		
	10 OCT		565		
	11 NOV		170		
	12 DEC		143		
	TOTAL		15,884		
C124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96	6.0	NUM	354	359
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,034		
	-1 INAPPLICABLE		2,975		
	0		113		
	1-289775		9,762		
	TOTAL		15,884		
I124	TOT # ENROLLEES EXCL DEPENDENTS 7/1/96	6.0	NUM	360	365
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,966		
	-1 INAPPLICABLE		2,975		
	0		106		
	1-289775		10,837		
	TOTAL		15,884		
C124TOT	B9A FED TOT:ENROLLEES EXC DEPS 7/1/96	7.0	NUM	366	372
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	147-1545713		253		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C125</u>	<u>TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96</u>	<u>6.0</u>	<u>NUM</u>	<u>373</u>	<u>378</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,640		
	-1 INAPPLICABLE		2,975		
	0		297		
	1-200772		9,972		
	TOTAL		15,884		
<u>I125</u>	<u>TOT # ACTIVE EMPLOYEES ENROLLED 7/1/96</u>	<u>6.0</u>	<u>NUM</u>	<u>379</u>	<u>384</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,301		
	-4416		1		
	-1168		2		
	-1145		1		
	-1123		1		
	-1 INAPPLICABLE		2,975		
	0		595		
	1-200772		11,008		
	TOTAL		15,884		
<u>C125TOT</u>	<u>B9B FED TOT:ENROLLED ACTIVE EMPLOYEES</u>	<u>6.0</u>	<u>NUM</u>	<u>385</u>	<u>390</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	3-673066		253		
	TOTAL		15,884		
<u>C126</u>	<u>TOT # FORMER EMPL ENROLLED 7/1/96</u>	<u>4.0</u>	<u>NUM</u>	<u>391</u>	<u>394</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,200		
	-1 INAPPLICABLE		2,975		
	0		4,668		
	1-6755		5,041		
	TOTAL		15,884		
<u>C126TOT</u>	<u>B9C FED TOT:EX EMP THRU COBRA OR OTHR</u>	<u>2.0</u>	<u>NUM</u>	<u>395</u>	<u>396</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	0		253		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C127</u>	<u>TOT # RETIREES ENROLLED 7/1/96</u>	<u>6.0</u>	<u>NUM</u>	<u>397</u>	<u>402</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,934		
	-1 INAPPLICABLE		2,975		
	0		4,388		
	1-102280		5,587		
	TOTAL		15,884		
<u>C127TOT</u>	<u>B9D FED TOT:RETIREES ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>403</u>	<u>408</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	13-872647		253		
	TOTAL		15,884		
<u>C128</u>	<u>TOT # RETIREES 65+ ENROLLED 7/1/96</u>	<u>5.0</u>	<u>NUM</u>	<u>409</u>	<u>413</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,963		
	-1 INAPPLICABLE		2,975		
	0		5,361		
	1-71052		3,585		
	TOTAL		15,884		
<u>C128TOT</u>	<u>B9E FED TOT:RETIREES 65+ ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>414</u>	<u>419</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	4-702870		253		
	TOTAL		15,884		
<u>C129</u>	<u>TOT # ENROLLEES SINGLE COVERAGE 7/1/96</u>	<u>6.0</u>	<u>NUM</u>	<u>420</u>	<u>425</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,872		
	-1 INAPPLICABLE		2,975		
	0		403		
	1-112318		8,634		
	TOTAL		15,884		



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<u>I129</u>	<u>TOT # ENROLLEES SINGLE COVERAGE 7/1/96</u>	<u>5.0</u>	<u>NUM</u>	<u>426</u>	<u>430</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,491		
	-1 INAPPLICABLE		2,975		
	0		378		
	1-67375		9,040		
	TOTAL		15,884		
<u>C129TOT</u>	<u>B9F FED TOT:ENROLLEES W/SINGLE COVRG</u>	<u>6.0</u>	<u>NUM</u>	<u>431</u>	<u>436</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,656		
	-1 INAPPLICABLE		2,975		
	39-691496		253		
	TOTAL		15,884		
<u>C130</u>	<u>TOTAL PREMIUM FT EMPL-SINGLE COVG</u>	<u>6.0</u>	<u>NUM</u>	<u>437</u>	<u>442</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,273		
	-1 INAPPLICABLE		2,975		
	0		128		
	12-332800		10,508		
	TOTAL		15,884		
<u>I130</u>	<u>TOTAL PREMIUM FT EMPL-SINGLE COVG</u>	<u>6.0</u>	<u>NUM</u>	<u>443</u>	<u>448</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,309		
	-1 INAPPLICABLE		2,975		
	0		11		
	12-332800		11,589		
	TOTAL		15,884		
<u>C131</u>	<u>EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV</u>	<u>4.0</u>	<u>NUM</u>	<u>449</u>	<u>452</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,507		
	-1 INAPPLICABLE		2,975		
	0		152		
	12-8220		10,250		
	TOTAL		15,884		

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I131	EMPLOYER CONTRIBUTION FT EMPL-SINGLE COV	4.0	NUM	453	456
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,319		
	-1 INAPPLICABLE		2,975		
	0		188		
	12-8220		11,402		
	TOTAL		15,884		
C132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV	6.0	NUM	457	462
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,467		
	-1 INAPPLICABLE		2,975		
	0		4,583		
	5-332800		5,859		
	TOTAL		15,884		
I132	EMPLOYEE CONTRIBUTION FT EMPL-SINGLE COV	6.0	NUM	463	468
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,319		
	-1 INAPPLICABLE		2,975		
	0		4,917		
	4-332800		6,673		
	TOTAL		15,884		
C133	PREMIUM PERIOD FT EMPL-SINGLE COV	2.0	NUM	469	470
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,050		
	-1 INAPPLICABLE		2,975		
	1 WEEK		117		
	2 WEEKS		449		
	3 MONTHLY		9,746		
	4 YEARLY		547		
	TOTAL		15,884		
C134	TOTAL PREMIUM FT EMPL-FAMILY COV	6.0	NUM	471	476
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,453		
	-1 INAPPLICABLE		2,975		
	0		9		
	72-332800		10,447		
	TOTAL		15,884		

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I134	TOTAL PREMIUM FT EMPL-FAMILY COV	6.0	NUM	477	482
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,501		
	-1 INAPPLICABLE		2,975		
	0		9		
	72-332800		11,399		
	TOTAL		15,884		
C135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV	6.0	NUM	483	488
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,597		
	-1 INAPPLICABLE		2,975		
	0		208		
	26-293800		10,104		
	TOTAL		15,884		
I135	EMPLOYER CONTRIBUTION FT EMPL-FAMILY COV	6.0	NUM	489	494
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,451		
	-1 INAPPLICABLE		2,975		
	0		305		
	26-293800		11,153		
	TOTAL		15,884		
C136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV	5.0	NUM	495	499
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,557		
	-1 INAPPLICABLE		2,975		
	0		2,136		
	12-39000		8,216		
	TOTAL		15,884		
I136	EMPLOYEE CONTRIBUTION FT EMPL-FAMILY COV	5.0	NUM	500	504
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,453		
	-1 INAPPLICABLE		2,975		
	0		2,378		
	12-39000		9,078		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C137	FAMILY COVERAGE NOT OFFERED	2.0	NUM	505	506
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,691		
	-1 INAPPLICABLE		2,975		
	1 YES		218		
	TOTAL		15,884		
I137	FAMILY COVERAGE NOT OFFERED	2.0	NUM	507	508
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,657		
	-1 INAPPLICABLE		2,975		
	1 YES		252		
	TOTAL		15,884		
C138	PREMIUMS VARY BY AGE	2.0	NUM	509	510
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,183		
	-1 INAPPLICABLE		2,975		
	1 YES		292		
	2 NO		434		
	TOTAL		15,884		
C139	PREMIUMS VARY BY SEX	2.0	NUM	511	512
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,324		
	-1 INAPPLICABLE		2,975		
	1 YES		100		
	2 NO		485		
	TOTAL		15,884		
C140	PREMIUMS VARY BY # PERSONS IN FAMILY	2.0	NUM	513	514
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,180		
	-1 INAPPLICABLE		2,975		
	1 YES		1,328		
	2 NO		401		
	TOTAL		15,884		

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C141	PREMIUMS VARY BY WAGE/SALARY LEVELS	2.0	NUM	515	516
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,292		
	-1 INAPPLICABLE		2,975		
	1 YES		131		
	2 NO		486		
	TOTAL		15,884		
C142	PREMIUMS VARY BY OTHER	2.0	NUM	517	518
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,963		
	-1 INAPPLICABLE		2,975		
	1 YES		447		
	2 NO		499		
	TOTAL		15,884		
C143	AMNT EMPLOYEE CONTRIB VARYS FT/PT/RETIR	2.0	NUM	519	520
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,908		
	-1 INAPPLICABLE		2,975		
	1 YES		1,428		
	2 NO		1,573		
	TOTAL		15,884		
C144	PLAN PREMIUM INCLUDES LIFE INSURANCE	2.0	NUM	521	522
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,646		
	-1 INAPPLICABLE		2,975		
	1 YES		936		
	2 NO		327		
	TOTAL		15,884		
C145	PLAN PREMIUM INCLUDES DISABILITY INSUR	2.0	NUM	523	524
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,155		
	-1 INAPPLICABLE		2,975		
	1 YES		325		
	2 NO		429		
	TOTAL		15,884		

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C146	INDIVIDUAL ANNUAL DEDUCTIBLE-TOTAL	5.0	NUM	525	529
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,168		
	-1 INAPPLICABLE		2,975		
	0		122		
	1-10000		2,619		
	TOTAL		15,884		
C147	INDIVID ANNUAL DEDUCT-PHYSICIAN CARE	4.0	NUM	530	533
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,413		
	-1 INAPPLICABLE		2,975		
	0		195		
	3-1500		301		
	TOTAL		15,884		
C148	INDIVID ANNUAL DEDUCT-HOSPITAL CARE	4.0	NUM	534	537
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,375		
	-1 INAPPLICABLE		2,975		
	0		308		
	5-5000		226		
	TOTAL		15,884		
C149	FAMILY ANNUAL DEDUCTIBLE-TOTAL	5.0	NUM	538	542
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,162		
	-1 INAPPLICABLE		2,975		
	0		109		
	1-20000		2,638		
	TOTAL		15,884		
C150	# PERSONS TO MEET FAMILY DEDUCTIBLE	2.0	NUM	543	544
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,326		
	-1 INAPPLICABLE		2,975		
	0		604		
	1-31		979		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C151	PLAN DID NOT HAVE A DEDUCTIBLE	2.0	NUM	545	546
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,256		
	-1 INAPPLICABLE		2,975		
	0		1,162		
	1 YES		6,491		
	TOTAL		15,884		
C152	AMT ENROLLEE PAID HOSP STAY AFTER DEDUCT	4.0	NUM	547	550
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,315		
	-1 INAPPLICABLE		2,975		
	0		2,244		
	1-1000		1,350		
	TOTAL		15,884		
C153	PCNT ENROLLEE PD HOSP STAY AFTER DEDUCT	2.0	NUM	551	552
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,580		
	-1 INAPPLICABLE		2,975		
	0		329		
	1-90		2,000		
	TOTAL		15,884		
C154	AMOUNT PAID WAS PER DAY/PER STAY	2.0	NUM	553	554
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,435		
	-1 INAPPLICABLE		2,975		
	0		19		
	1 Per day		346		
	2 Per stay		2,109		
	TOTAL		15,884		
C155	HOSPITAL CARE WAS NOT COVERED	2.0	NUM	555	556
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,903		
	-1 INAPPLICABLE		2,975		
	1 YES		6		
	TOTAL		15,884		

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C156	AMT ENROLLEE PAID OFFICE VISIT AFTER DED	3.0	NUM	557	559
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,985		
	-1 INAPPLICABLE		2,975		
	0		459		
	1-668		6,465		
	TOTAL		15,884		
C157	PCT ENROLLEE PAID OFFICE VISIT AFTER DED	2.0	NUM	560	561
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,134		
	-1 INAPPLICABLE		2,975		
	0		306		
	5-90		1,469		
	TOTAL		15,884		
C158	PLAN HAD NO MAX AMT PAY FOR INDIVIDUAL	2.0	NUM	562	563
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,186		
	-1 INAPPLICABLE		2,975		
	0		9		
	1 YES		5,714		
	TOTAL		15,884		
C159	MAX AMOUNT PLAN PAID INDIV-LIFETIME	7.0	NUM	564	570
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,168		
	-1 INAPPLICABLE		2,975		
	0		10		
	1-9999999		1,731		
	TOTAL		15,884		
C160	MAX AMOUNT PLAN PAID INDIV-ANNUAL	7.0	NUM	571	577
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,435		
	-1 INAPPLICABLE		2,975		
	0		3		
	2-2000000		471		
	TOTAL		15,884		



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C161	MAX AMT ANNUAL OUT-OF-POCKET INDIVIDUAL	7.0	NUM	578	584
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,304		
	-1 INAPPLICABLE		2,975		
	1-5000000		3,605		
	TOTAL		15,884		
C162	MAX AMT ANNUAL OUT-OF-POCKET FAMILY	7.0	NUM	585	591
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,707		
	-1 INAPPLICABLE		2,975		
	1-5000000		3,202		
	TOTAL		15,884		
C163	PLAN HAD NO MAX ANNUAL OUT-OF-POCKET	2.0	NUM	592	593
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,122		
	-1 INAPPLICABLE		2,975		
	1 YES		3,787		
	TOTAL		15,884		
C164	PLAN INCLUDES ROUTINE MAMMOGRAMS	2.0	NUM	594	595
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,328		
	-1 INAPPLICABLE		2,975		
	1 YES		7,535		
	2 NO		46		
	TOTAL		15,884		
C165	PLAN INCLUDES ADULT ROUTINE PHYSICAL	2.0	NUM	596	597
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,711		
	-1 INAPPLICABLE		2,975		
	1 YES		7,071		
	2 NO		127		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C166	PLAN INCLUDES ROUTINE PAP SMEARS	2.0	NUM	598	599
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,393		
	-1 INAPPLICABLE		2,975		
	1 YES		7,459		
	2 NO		57		
	TOTAL		15,884		
C167	PLAN INCLUD OFFICE VISITS PRENATAL CARE	2.0	NUM	600	601
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,395		
	-1 INAPPLICABLE		2,975		
	1 YES		7,485		
	2 NO		29		
	TOTAL		15,884		
C168	PLAN INCLUDES ADULT IMMUNIZATIONS	2.0	NUM	602	603
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,117		
	-1 INAPPLICABLE		2,975		
	1 YES		6,645		
	2 NO		147		
	TOTAL		15,884		
C169	PLAN INCLUDES CHLD IMMUNIZATIONS	2.0	NUM	604	605
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,543		
	-1 INAPPLICABLE		2,975		
	1 YES		7,284		
	2 NO		82		
	TOTAL		15,884		
C170	PLAN INCLUDES WELL BABY CARE LT 1 YR	2.0	NUM	606	607
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,665		
	-1 INAPPLICABLE		2,975		
	1 YES		7,168		
	2 NO		76		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C171	PLAN INCLUDES WELL CHILD CARE 1-4 YR	2.0	NUM	608	609
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,991		
	-1 INAPPLICABLE		2,975		
	1 YES		6,818		
	2 NO		100		
	TOTAL		15,884		
C172	PLAN INCLUDES 100% WELL BABY CARE	2.0	NUM	610	611
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,184		
	-1 INAPPLICABLE		2,975		
	1 YES		2,574		
	2 NO		151		
	TOTAL		15,884		
C173	PLAN INCLUDES CHIROPRACTIC CARE	2.0	NUM	612	613
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,840		
	-1 INAPPLICABLE		2,975		
	1 YES		3,925		
	2 NO		144		
	TOTAL		15,884		
C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROV	2.0	NUM	614	615
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,904		
	-1 INAPPLICABLE		2,975		
	1 YES		5,825		
	2 NO		180		
	TOTAL		15,884		
C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS	2.0	NUM	616	617
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,804		
	-1 INAPPLICABLE		2,975		
	1 YES		7,064		
	2 NO		41		
	TOTAL		15,884		

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C176	PLAN INCLUDES ROUTINE DENTAL CARE	2.0	NUM	618	619
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,109		
	-1 INAPPLICABLE		2,975		
	1 YES		1,438		
	2 NO		362		
	TOTAL		15,884		
C177	PLAN INCLUDES ORTHODONTIC CARE	2.0	NUM	620	621
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,850		
	-1 INAPPLICABLE		2,975		
	1 YES		651		
	2 NO		408		
	TOTAL		15,884		
C178	PLAN INCLUDES NURSING HOME CARE	2.0	NUM	622	623
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,618		
	-1 INAPPLICABLE		2,975		
	1 YES		6,010		
	2 NO		281		
	TOTAL		15,884		
C179	PLAN INCLUDES HOME HEALTH CARE	2.0	NUM	624	625
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,102		
	-1 INAPPLICABLE		2,975		
	1 YES		6,649		
	2 NO		158		
	TOTAL		15,884		
C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS	2.0	NUM	626	627
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,545		
	-1 INAPPLICABLE		2,975		
	1 YES		7,314		
	2 NO		50		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS	2.0	NUM	628	629
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,567		
	-1 INAPPLICABLE		2,975		
	1 YES		7,284		
	2 NO		58		
	TOTAL		15,884		
C182	PLAN INCLUDES ALCOHOL/SUBST ABUSE TREAT	2.0	NUM	630	631
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,630		
	-1 INAPPLICABLE		2,975		
	1 YES		7,206		
	2 NO		73		
	TOTAL		15,884		
C183	PLAN CLD REFUSE PERS PRE-EXISTING COND	2.0	NUM	632	633
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,301		
	-1 INAPPLICABLE		2,975		
	1 YES		901		
	2 NO		2,707		
	TOTAL		15,884		
C184	PLAN DID REFUSE PERS PRE-EXISTING COND	2.0	NUM	634	635
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,103		
	-1 INAPPLICABLE		2,975		
	0		1		
	1 YES		306		
	2 NO		499		
	TOTAL		15,884		
C185	PLAN CLD REQ WAIT PERIOD PRE-EXIST COND	2.0	NUM	636	637
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,450		
	-1 INAPPLICABLE		2,975		
	0		4		
	1 YES		1,494		
	2 NO		2,961		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C186	THIS PLAN OFFERED IN 1997	2.0	NUM	638	639
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		4,828		
	-1 INAPPLICABLE		2,975		
	0		1		
	1 YES		7,408		
	2 NO		672		
	TOTAL		15,884		
C187	THIS PLAN REPLACD SIM/DIFF/DROPPED 1997	2.0	NUM	640	641
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,301		
	-1 INAPPLICABLE		2,975		
	1 REPLACED WITH A SIMILAR PLAN		402		
	2 REPLACED BY A DIFFERENT PLAN		73		
	3 DROPPED WITHOUT OFFERING A REPLACEMENT		133		
	TOTAL		15,884		
C188	1997 PLAN-TOTAL SINGLE ENROLLMENTS	6.0	NUM	642	647
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,174		
	-1 INAPPLICABLE		2,975		
	0		20		
	1-112524		6,715		
	TOTAL		15,884		
C189	1997 PLAN-TOTAL FAMILY ENROLLMENTS	6.0	NUM	648	653
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,142		
	-1 INAPPLICABLE		2,975		
	0		73		
	1-184653		6,694		
	TOTAL		15,884		
C190	1997 PLAN PREMIUM-SINGLE	10.0	NUM	654	663
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,509		
	-1 INAPPLICABLE		2,975		
	0		34		
	7-1982297220		7,366		
	TOTAL		15,884		

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C191	1997 PLAN PREMIUM-FAMILY	8.0	NUM	664	671
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,513		
	-1 INAPPLICABLE		2,975		
	0		30		
	7-13646856		7,366		
	TOTAL		15,884		
C192	OFFERS OPTIONAL COVERAGE DENTAL	2.0	NUM	672	673
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,761		
	-1 INAPPLICABLE		2,879		
	1 YES		3,446		
	2 NO		798		
	TOTAL		15,884		
C193	OFFERS OPTIONAL COVERAGE VISION	2.0	NUM	674	675
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,861		
	-1 INAPPLICABLE		2,905		
	1 YES		1,287		
	2 NO		1,831		
	TOTAL		15,884		
C194	OFFERS OPTIONAL COVERAGE PRESCRIP DRUG	2.0	NUM	676	677
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,110		
	-1 INAPPLICABLE		2,909		
	1 YES		943		
	2 NO		1,922		
	TOTAL		15,884		
C195	OFFERS OPTIONAL COVERAGE LONG-TERM CARE	2.0	NUM	678	679
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,234		
	-1 INAPPLICABLE		2,905		
	1 YES		809		
	2 NO		1,936		
	TOTAL		15,884		

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C196	TOTAL AMT PAID OPTIONAL COVERAGE 1996	8.0	NUM	680	687
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,202		
	-1 INAPPLICABLE		2,947		
	0		72		
	1-84246976		1,663		
	TOTAL		15,884		
C197	WAITING PERIOD NEW EMPLOYEES HLTH INSUR	2.0	NUM	688	689
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,432		
	-1 INAPPLICABLE		2,879		
	1 YES		3,250		
	2 NO		1,323		
	TOTAL		15,884		
C198	LENGTH OF TIME TYPICAL WAITING PERIOD	2.0	NUM	690	691
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,752		
	-1 INAPPLICABLE		2,914		
	0		17		
	1 LESS THAN 2 WEEKS		48		
	2 2 WEEKS TO LESS THAN 1 MONTH		631		
	3 1-3 MONTHS		2,073		
	4 MORE THAN 3 MONTHS		449		
	TOTAL		15,884		
C199	TOTAL ANNUAL COST COVERAGE ALL PLANS	10.0	NUM	692	701
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		4,825		
	-1 INAPPLICABLE		2,939		
	0		223		
	1-1554191385		7,897		
	TOTAL		15,884		
C200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96	6.0	NUM	702	707
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,198		
	-1 INAPPLICABLE		1,129		
	0		409		
	1-416613		13,148		
	TOTAL		15,884		



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I200	TOTAL # EMPLOYEES THIS LOCATION 7/1/96	6.0	NUM	708	713
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,192		
	-1 INAPPLICABLE		1,129		
	0		418		
	1-416613		13,145		
	TOTAL		15,884		
C201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96	6.0	NUM	714	719
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,472		
	-1 INAPPLICABLE		2,873		
	0		188		
	1-326889		10,351		
	TOTAL		15,884		
I201	# EMPLOYEES ELIGIBLE HLTH INS 7/1/96	6.0	NUM	720	725
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,281		
	-1 INAPPLICABLE		2,218		
	0		66		
	1-326889		12,319		
	TOTAL		15,884		
C202	# EMPLOYEES ENROLLED HLTH INS 7/1/96	6.0	NUM	726	731
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,836		
	-1 INAPPLICABLE		2,830		
	0		275		
	1-326889		10,943		
	TOTAL		15,884		
I202	# EMPLOYEES ENROLLED HLTH INS 7/1/96	6.0	NUM	732	737
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,272		
	-1 INAPPLICABLE		2,175		
	0		91		
	1-326889		12,346		
	TOTAL		15,884		

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C203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96	6.0	NUM	738	743
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		2,866		
	-1 INAPPLICABLE		2,347		
	0		1,459		
	1-202040		9,212		
	TOTAL		15,884		
I203	TOT # PT EMPLOYEES THIS LOCATION 7/1/96	5.0	NUM	744	748
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,367		
	-1 INAPPLICABLE		1,546		
	0		2,936		
	1-71816		10,035		
	TOTAL		15,884		
C204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96	5.0	NUM	749	753
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,596		
	-1 INAPPLICABLE		2,679		
	0		3,094		
	1-42911		2,515		
	TOTAL		15,884		
I204	# PT EMPLOYEES ELIGIBLE HLTH INS 7/1/96	5.0	NUM	754	758
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,370		
	-1 INAPPLICABLE		2,024		
	0		5,584		
	1-42911		6,906		
	TOTAL		15,884		
C205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96	4.0	NUM	759	762
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,403		
	-1 INAPPLICABLE		2,681		
	0		3,176		
	1-4271		1,624		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I205	# PT EMPLOYEES ENROLLED HLTH INS 7/1/96	5.0	NUM	763	767
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,370		
	-1 INAPPLICABLE		2,026		
	0		7,090		
	1-37766		5,398		
	TOTAL		15,884		
C206	TOTAL # TEMP EMPLOYEES THIS LOCAT 7/1/96	4.0	NUM	768	771
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,800		
	-1 INAPPLICABLE		2,470		
	0		4,117		
	1-6888		2,497		
	TOTAL		15,884		
C207	# TEMP EMPLOYEES ELIGIB HLTH INS 7/1/96	4.0	NUM	772	775
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,847		
	-1 INAPPLICABLE		2,528		
	0		6,404		
	1-2080		105		
	TOTAL		15,884		
C208	# TEMP EMPLOYEES ENROLD HLTH INS 7/1/96	4.0	NUM	776	779
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,661		
	-1 INAPPLICABLE		2,528		
	0		6,409		
	1-1570		286		
	TOTAL		15,884		
C209	RETIREEES LT 65 ELIGIBL HEALTH INS 7/1/96	2.0	NUM	780	781
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		4,583		
	-1 INAPPLICABLE		2,918		
	1 YES		8,382		
	2 NO		1		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I209	RETIREES LT 65 ELIGIBL HEALTH INS 7/1/96	2.0	NUM	782	783
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,511		
	-1 INAPPLICABLE		2,523		
	1 YES		9,849		
	2 NO		1		
	TOTAL		15,884		
C210	RETIREES 65+ ELIGIBL HEALTH INS 7/1/96	2.0	NUM	784	785
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		5,731		
	-1 INAPPLICABLE		2,921		
	1 YES		7,223		
	2 NO		9		
	TOTAL		15,884		
I210	RETIREES 65+ ELIGIBL HEALTH INS 7/1/96	2.0	NUM	786	787
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		4,692		
	-1 INAPPLICABLE		2,546		
	1 YES		8,637		
	2 NO		9		
	TOTAL		15,884		
C218	PHYSICIAN CARE NOT COVERED	2.0	NUM	788	789
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,862		
	-1 INAPPLICABLE		2,975		
	1 YES		47		
	TOTAL		15,884		
C219	RETIREES ELIGIBLE HEALTH INSUR 7/1/96	2.0	NUM	790	791
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		3,022		
	-1 INAPPLICABLE		2,821		
	1 YES		8,936		
	2 NO		1,105		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I219	RETIREES ELIGIBLE HEALTH INSUR 7/1/96	2.0	NUM	792	793
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		1,272		
	-1 INAPPLICABLE		1,629		
	1 YES		10,447		
	2 NO		2,536		
	TOTAL		15,884		
C231	COVD BY PRIV HEALTH INSUR PLAN 7/1/96	2.0	NUM	794	795
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,396		
	-1 INAPPLICABLE		2,894		
	1 YES		4,952		
	2 NO		642		
	TOTAL		15,884		
C239	LEVEL OF COVERAGE PURCHASED	2.0	NUM	796	797
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,718		
	-1 INAPPLICABLE		2,931		
	1 SINGLE		2,379		
	2 TWO ADULTS		665		
	3 ONE ADULT/ONE CHILD		305		
	4 FAMILY (3 OR MORE PEOPLE)		1,886		
	TOTAL		15,884		
C246	OBTAINED ANY OPTIONAL SINGLE-SERVICE COV	2.0	NUM	798	799
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,180		
	-1 INAPPLICABLE		2,828		
	1 YES		2,154		
	2 NO		4,722		
	TOTAL		15,884		
C275	PLAN WAS A MEDIGAP PLAN	2.0	NUM	800	801
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,627		
	-1 INAPPLICABLE		2,975		
	1 YES		151		
	2 NO		131		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C276	MEDIGAP PLAN LETTER ID	2.0	CHAR	802	803
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,846		
	-1 INAPPLICABLE		2,975		
	A		3		
	B		4		
	C		24		
	D		4		
	F		20		
	G		1		
	H		3		
	I		3		
	J		1		
	TOTAL		15,884		
C277	MEDIGAP PLAN LETTER ID NOT APPLICABLE	2.0	NUM	804	805
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,829		
	-1 INAPPLICABLE		2,975		
	1 YES		80		
	TOTAL		15,884		
C278	MEDIGAP PLAN RATED ISSUE/ATTAINED AGE	2.0	NUM	806	807
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,758		
	-1 INAPPLICABLE		2,975		
	1 ISSUE-AGE RATED		40		
	2 ATTAINED-AGE RATED		33		
	3 NEITHER		78		
	TOTAL		15,884		
C279	ENROLLMENT FINANCED MCARE/MCAID/NEITHER	2.0	CHAR	808	809
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,624		
	-1 INAPPLICABLE		2,975		
	0		1		
	1 MEDICARE		54		
	3 NEITHER		228		
	D		2		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C280	PLAN WAS A GROUP POLICY	2.0	NUM	810	811
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,630		
	-1 INAPPLICABLE		2,975		
	1 YES		59		
	2 NO		220		
	TOTAL		15,884		
C281	# POLICYHOLDERS IN GROUP	7.0	NUM	812	818
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,850		
	-1 INAPPLICABLE		2,975		
	1-5000000		59		
	TOTAL		15,884		
C282	TYPE OF PLAN PROVIDED TO PERSON	2.0	NUM	819	820
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,629		
	-1 INAPPLICABLE		2,975		
	1 CONVENTIONAL HEALTH INSURANCE		96		
	2 PPO		18		
	3 HMO		53		
	4 EPO		1		
	6 OTHER		112		
	TOTAL		15,884		
C290	PLAN HAD WAITING PERIOD THIS PERSON	2.0	NUM	821	822
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,637		
	-1 INAPPLICABLE		2,975		
	1 YES		66		
	2 NO		206		
	TOTAL		15,884		
C291	PLAN REQD SUMMARY PERS HEALTH HISTORY	2.0	CHAR	823	824
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,627		
	-1 INAPPLICABLE		2,975		
	1 YES		86		
	2 NO		195		
	D		1		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C292	PLAN REQD PHYSICAL EXAMINATION	2.0	CHAR	825	826
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,634		
	-1 INAPPLICABLE		2,975		
	1 YES		2		
	2 NO		270		
	D		3		
	TOTAL		15,884		
C293	PLAN IS COMMUNITY RATED	2.0	CHAR	827	828
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,626		
	-1 INAPPLICABLE		2,975		
	1 YES		94		
	2 NO		186		
	D		3		
	TOTAL		15,884		
C294	PLAN IS COMMUNITY RATED-AGE	2.0	CHAR	829	830
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,838		
	-1 INAPPLICABLE		2,975		
	1 YES		66		
	2 NO		4		
	D		1		
	TOTAL		15,884		
C295	PLAN IS COMMUNITY RATED-GEOGRAPHIC AREA	2.0	CHAR	831	832
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,839		
	-1 INAPPLICABLE		2,975		
	1 YES		66		
	2 NO		3		
	D		1		
	TOTAL		15,884		
C296	PLAN IS COMMUNITY RATED-OTHER	2.0	CHAR	833	834
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,848		
	-1 INAPPLICABLE		2,975		
	1 YES		55		
	2 NO		4		
	D		2		
	TOTAL		15,884		



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C297	PLAN PREMIUM AFFECTED-AGE	2.0	NUM	835	836
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,788		
	-1 INAPPLICABLE		2,975		
	1 YES		116		
	2 NO		5		
	TOTAL		15,884		
C298	PLAN PREMIUM AFFECTED-GOOD HLTH HABITS	2.0	CHAR	837	838
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,892		
	-1 INAPPLICABLE		2,975		
	1 YES		7		
	2 NO		8		
	5		1		
	D		1		
	TOTAL		15,884		
C299	PLAN PREMIUM AFFECTED-SMOKING	2.0	CHAR	839	840
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,872		
	-1 INAPPLICABLE		2,975		
	1 YES		29		
	2 NO		6		
	D		2		
	TOTAL		15,884		
C300	PLAN PREMIUM AFFECTED-OTH BAD HLTH HABITS	2.0	CHAR	841	842
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,891		
	-1 INAPPLICABLE		2,975		
	1 YES		10		
	2 NO		7		
	D		1		
	TOTAL		15,884		
C301	PLAN PREMIUM AFFECTED-GEOGRAPHIC AREA	2.0	CHAR	843	844
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,819		
	-1 INAPPLICABLE		2,975		
	1 YES		83		
	2 NO		6		
	D		1		
	TOTAL		15,884		

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C302	PLAN PREMIUM AFFECTED-SPECIFIC MED COND	2.0	CHAR	845	846
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,869		
	-1 INAPPLICABLE		2,975		
	1 YES		32		
	2 NO		6		
	D		2		
	TOTAL		15,884		
C303	PLAN PREMIUM AFFECTED-OTHER	2.0	CHAR	847	848
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,840		
	-1 INAPPLICABLE		2,975		
	1 YES		60		
	2 NO		8		
	D		1		
	TOTAL		15,884		
C304	PLAN ENROLLMENT PRECLUDED BY ANY CHAR	2.0	CHAR	849	850
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,649		
	-1 INAPPLICABLE		2,975		
	1 YES		86		
	2 NO		173		
	D		1		
	TOTAL		15,884		
C305	PLAN ENROLLMENT PRECLUDED-AGE	2.0	NUM	851	852
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,852		
	-1 INAPPLICABLE		2,975		
	1 YES		57		
	TOTAL		15,884		
C306	PLAN ENROLLMENT PRECLUDED-SMOKING	2.0	NUM	853	854
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,896		
	-1 INAPPLICABLE		2,975		
	1 YES		13		
	TOTAL		15,884		

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C307	PLAN ENROLLMENT PRECLUD-OTH BAD HLTH HAB	2.0	NUM	855	856
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,900		
	-1 INAPPLICABLE		2,975		
	1 YES		9		
	TOTAL		15,884		
C308	PLAN ENROLLMENT PRECUDED-SPEC MED COND	2.0	NUM	857	858
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,868		
	-1 INAPPLICABLE		2,975		
	1 YES		41		
	TOTAL		15,884		
C309	PLAN ENROLLMENT PRECLUDED-OTHER	2.0	NUM	859	860
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,884		
	-1 INAPPLICABLE		2,975		
	1 YES		25		
	TOTAL		15,884		
C310	INSUR COMPANY PROV COVERAGE THIS PERS	2.0	CHAR	861	862
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,233		
	-1 INAPPLICABLE		2,975		
	1 YES		357		
	2 NO		180		
	3		7		
	4		118		
	D		14		
	TOTAL		15,884		
C311	PROVIDED HOSP AND/OR PHYS PLAN THIS PERS	2.0	NUM	863	864
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,604		
	-1 INAPPLICABLE		2,975		
	1 YES		269		
	2 NO		36		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C312	PROVIDED SINGLE-SERVICE PLAN THIS PERS	2.0	NUM	865	866
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,774		
	-1 INAPPLICABLE		2,975		
	1 YES		17		
	2 NO		118		
	TOTAL		15,884		
C313	PROVID DREAD DISEASE/CASH PLAN THIS PERS	2.0	NUM	867	868
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,772		
	-1 INAPPLICABLE		2,975		
	1 YES		13		
	2 NO		124		
	TOTAL		15,884		
C314	LEVEL OF COVERAGE THIS PERSON HELD	2.0	NUM	869	870
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,889		
	-1 INAPPLICABLE		2,975		
	1 SINGLE		17		
	2 TWO ADULTS		2		
	4 FAMILY (3 OR MORE PEOPLE)		1		
	TOTAL		15,884		
C350	PERS ELIGIBLE FOR HOSP/PHYS INSUR 7/1/96	2.0	NUM	871	872
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,611		
	-1 INAPPLICABLE		2,839		
	1 YES		5,573		
	2 NO		861		
	TOTAL		15,884		
C351	PERS ELIGIBLE FOR ALL PLANS OFFERED	2.0	NUM	873	874
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,071		
	-1 INAPPLICABLE		2,950		
	1 All		2,863		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C352	PERS ENROLLED IN ALL PLANS OFFERED	2.0	NUM	875	876
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,732		
	-1 INAPPLICABLE		2,970		
	1 All		182		
	TOTAL		15,884		
C353	PCT PERS CONTRIBUTION TO PREMIUM	3.0	NUM	877	879
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,354		
	-1 INAPPLICABLE		2,963		
	0		428		
	2-100		1,139		
	TOTAL		15,884		
C354	PCT ORGANIZ CONTRIBUTION TO PREMIUM	3.0	NUM	880	882
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,465		
	-1 INAPPLICABLE		2,961		
	0		44		
	20-100		1,414		
	TOTAL		15,884		
C355	AMT OTHER SOURCES CONTRIB TO PREMIUM	4.0	NUM	883	886
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,856		
	-1 INAPPLICABLE		2,972		
	0		7		
	65-7260		49		
	TOTAL		15,884		
C356	PCT OTHER SOURCES CONTRIB TO PREMIUM	3.0	NUM	887	889
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,895		
	-1 INAPPLICABLE		2,975		
	0		2		
	4-100		12		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C357	NO CONTRIB FROM OTHER SOURCES TO PREM	2.0	NUM	890	891
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		6,111		
	-1 INAPPLICABLE		2,739		
	1 NO CONTRIBUTION		7,034		
	TOTAL		15,884		
C358	SOURCE OUTSIDE SUBSIDY/CONTRIBUTION	2.0	NUM	892	893
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,868		
	-1 INAPPLICABLE		2,974		
	2 GOVERNMENT		1		
	3 OTHER		11		
	4 EMPLOYER		30		
	TOTAL		15,884		
C359	PERS INSURANCE PROVIDED THROUGH COBRA	2.0	NUM	894	895
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,420		
	-1 INAPPLICABLE		2,947		
	1 YES		29		
	2 NO		3,488		
	TOTAL		15,884		
C360	PCT PERS CONTRIB TO PREM-SINGLE SERVICE	3.0	NUM	896	898
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,490		
	-1 INAPPLICABLE		2,973		
	1-100		421		
	TOTAL		15,884		
C361	AMT TOT PREMIUM:INCL EMPLOYER & EMPLOYEE	8.0	NUM	899	906
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		7,946		
	-1 INAPPLICABLE		2,939		
	0		58		
	12-16125156		4,941		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C362	AMT PERS CONTRIBUTION TO PREMIUM	5.0	NUM	907	911
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		8,066		
	-1 INAPPLICABLE		2,933		
	0		1,465		
	3-39728		3,420		
	TOTAL		15,884		
C363	AMT ORGANIZ CONTRIBUTION TO PREMIUM	7.0	NUM	912	918
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		9,295		
	-1 INAPPLICABLE		2,949		
	0		351		
	1-4200000		3,289		
	TOTAL		15,884		
C370	PERS HAD SINGLE SERVICE PLAN-DENTAL	2.0	NUM	919	920
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,816		
	-1 INAPPLICABLE		2,956		
	1 YES		2,070		
	2 NO		42		
	TOTAL		15,884		
C371	PERS HAD SINGLE SERVICE PLAN-PRESCRIP	2.0	NUM	921	922
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,083		
	-1 INAPPLICABLE		2,971		
	1 YES		530		
	2 NO		299		
	3		1		
	TOTAL		15,884		
C372	PERS HAD SINGLE SERVICE PLAN-VISION	2.0	NUM	923	924
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		11,743		
	-1 INAPPLICABLE		2,969		
	1 YES		843		
	2 NO		329		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C373	PERS HAD SINGLE SERVICE PLAN-L T CARE	2.0	NUM	925	926
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,465		
	-1 INAPPLICABLE		2,972		
	1 YES		121		
	2 NO		326		
	TOTAL		15,884		
C374	AMT TOT PREMIUM:ALL SINGLE SERV PLANS	5.0	NUM	927	931
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,900		
	-1 INAPPLICABLE		2,957		
	0		80		
	2-67524		1,947		
	TOTAL		15,884		
C375	AMT PERS CONTRIB TO SINGLE SERV PREM	4.0	NUM	932	935
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,679		
	-1 INAPPLICABLE		2,953		
	0		866		
	2-4560		1,386		
	TOTAL		15,884		
C376	AMT IS PER WEEK/2 WKS/MONTH/YEAR	2.0	CHAR	936	937
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		7,984		
	-1 INAPPLICABLE		2,940		
	1 WEEK		84		
	2 WEEKS		299		
	3 MONTHLY		4,385		
	4 YEARLY		147		
	5 QUARTERLY		35		
	6 SEMI-ANNUALLY		8		
	D		2		
	TOTAL		15,884		



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C380	AMT IS PER WEEK/2 WKS/MONTH/YEAR	2.0	NUM	938	939
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		10,829		
	-1 INAPPLICABLE		2,955		
	1 WEEK		24		
	2 WEEKS		149		
	3 MONTHLY		1,809		
	4 YEARLY		116		
	5 QUARTERLY		2		
	TOTAL		15,884		
C436	C436	2.0	NUM	940	941
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,673		
	-1 INAPPLICABLE		2,975		
	1		54		
	2		85		
	3		1		
	4		96		
	TOTAL		15,884		
C498	C498	4.0	NUM	942	945
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	.		12,908		
	-1 INAPPLICABLE		2,921		
	182-1296		55		
	TOTAL		15,884		
C501_NUM	PLAN 1 FOR WHICH PERS ELIGIBLE	17.0	CHAR	946	962
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		8,376		
	-1 INAPPLICABLE		2,941		
	VALID ID		4,567		
	TOTAL		15,884		
C502_NUM	PLAN 2 FOR WHICH PERS ELIGIBLE	17.0	CHAR	963	979
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		9,739		
	-1 INAPPLICABLE		2,964		
	VALID ID		3,181		
	TOTAL		15,884		

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C503_NUM</u>	<u>PLAN 3 FOR WHICH PERS ELIGIBLE</u>	<u>17.0</u>	<u>CHAR</u>	<u>980</u>	<u>996</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		10,369		
	-1 INAPPLICABLE		2,965		
	VALID ID		2,550		
	TOTAL		15,884		
<u>C504_NUM</u>	<u>PLAN 4 FOR WHICH PERS ELIGIBLE</u>	<u>17.0</u>	<u>CHAR</u>	<u>997</u>	<u>1013</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		10,773		
	-1 INAPPLICABLE		2,969		
	VALID ID		2,142		
	TOTAL		15,884		
<u>C505_NUM</u>	<u>PLAN 2 IN WHICH PERS ENROLLED</u>	<u>17.0</u>	<u>CHAR</u>	<u>1014</u>	<u>1030</u>
	<u>VALUE</u>		<u>UNWEIGHTED</u>		
	BLANK		12,841		
	-1 INAPPLICABLE		2,974		
	VALID ID		69		
	TOTAL		15,884		