

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
89	90	AGE31X	HC: AGE-R3/1 (EDITED/IMPUTED)
107	107	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
108	109	C003	NUMBER OF H.I. PLANS OFFERED
110	112	C016	% EMPLOYEES/MEMBERS - WOMEN
113	115	C017	% EMPLOYEES/MEMBERS - AGE 50+
116	118	C018	% EMPLOYEES WHO WERE UNION MEMBERS
119	121	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
122	124	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
125	127	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
128	128	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
129	132	C032	LAST YEAR HEALTH INSURANCE OFFERED
133	139	C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS
140	141	C041	NUMBER OF HOURS CONSIDERED FULL-TIME
142	142	C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE
143	143	C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE
144	147	C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE
148	148	C048	VOUCHER PAYMENT CYCLE
149	149	C049	BUSINESS PAID PROVIDERS DIRECTLY
150	150	C050	ESTABLISHMENT OFFERS PAID VACATION
151	151	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
152	152	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
153	153	C053	ESTAB OFFERS DISABILITY INSUR
154	154	C054	ESTABLISHMENT OFFERS PENSION PLAN
155	155	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
156	156	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
157	157	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
158	162	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
163	164	C060	PRINCIPAL BUSINESS ACTIVITY
165	165	C062	TYPE OF OWNERSHIP
166	166	C063	NON-PROFIT BUSINESS
167	170	C064	NUMBER OF YEARS COMPANY IN BUSINESS
171	206	C099	PREMIUMS VARIATION: OTHER SPECIFY
207	207	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
209	209	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
211	211	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
213	213	C106	SI PLAN: SELF-ADMINISTERED OR TPA
214	214	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
215	224	C108	TOTAL COST OF COVERAGE
225	228	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
229	235	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
236	236	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
237	237	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
238	238	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
239	240	C123	MONTH PLAN YEAR BEGIN
243	248	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
249	255	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
256	263	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
270	275	C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA
276	279	C126	TOTAL NUMBER ENROLLED THROUGH COBRA
284	288	C127	FED ONLY: TOT. # RETIREES ENROLLED - STATE
289	294	C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA
295	299	C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE
300	305	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
306	310	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
316	321	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
322	326	C130	TOTAL PREMIUM: SINGLE COVERAGE
332	336	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
342	350	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
356	356	C133	PREMIUM PERIOD: TOTAL PREMIUM

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
357	361	C134	TOTAL PREMIUM: FAMILY COVERAGE
367	371	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
377	381	C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
387	387	C137	FAMILY COVERAGE OFFERED
389	389	C138	PREMIUMS VARIED BY AGE
390	390	C139	PREMIUMS VARIED BY SEX
391	391	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
392	392	C141	PREMIUMS VARIED BY WAGE LEVELS
393	393	C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)
394	394	C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS
395	395	C144	PREMIUM INCLUDED LIFE INSURANCE
396	396	C145	PREMIUM INCLUDED DISABILITY INSURANCE
397	400	C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
405	408	C147	DEDUCTIBLE - PHYSICIAN CARE
413	416	C148	DEDUCTIBLE - HOSPITAL CARE
421	424	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
429	429	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
431	431	C151	PLAN HAS A DEDUCTIBLE
433	436	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
441	442	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
445	445	C154	COST PER DAY / PER STAY
447	447	C155	HOSPITAL CARE COVERED
449	451	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
455	456	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
459	459	C158	NO MAXIMUM PLAN PAYMENT
460	467	C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME
468	475	C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY
476	480	C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
486	490	C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
496	496	C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
498	498	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
499	499	C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS
500	500	C166	PLAN INCLUDES ROUTINE PAP SMEARS
501	501	C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE
502	502	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
503	503	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
504	504	C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR
505	505	C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS
506	506	C173	PLAN INCLUDES CHIROPRACTIC CARE
507	507	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS
508	508	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
510	510	C176	PLAN INCLUDES ROUTINE DENTAL CARE
512	512	C177	PLAN INCLUDES ORTHODONTIC CARE
514	514	C178	PLAN INCLUDES SKILLED NURSING FACILITY
515	515	C179	PLAN INCLUDES HOME HEALTH CARE
516	516	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
517	517	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
518	518	C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT
519	519	C183	COULD REFUSE COVERAGE: PRE-EXISTING COND
521	521	C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
523	523	C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
525	525	C192	OFFERED OPTIONAL COVERAGE DENTAL
526	526	C193	OFFERED OPTIONAL COVERAGE VISION
527	527	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
528	528	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
529	537	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1999
547	547	C197	WAITING PERIOD FOR NEW EMPLOYEES
549	549	C198	LENGTH OF TYPICAL WAITING PERIOD
551	560	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
571	576	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
583	588	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
595	600	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
607	611	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
617	620	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
626	629	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
635	638	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
639	642	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
643	645	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
646	646	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
648	648	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
650	650	C218	PHYSICIAN CARE COVERED
652	652	C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL
653	653	C222	NO ANNUAL OUT-OF-POCKET:FAMILY
655	655	C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
657	657	C540	DOES ESTAB HAVE PART-TIME EMPLOYEES
658	658	C541	OFFERS H.I. BENEFITS TO PART-TIME EES
659	659	C551	PROVIDED HEALTH INS TO RETIREEES
661	661	C552	SINGLE COVERAGE IS OFFERED
662	662	C553	TIME PERIOD PREMIUM PAID
663	665	C560	PERCENT ANNUAL COST THAT'S ADMINISTRATVE
666	666	C562	NO OPTIONAL COVERAGE OFFERED
668	668	C563	GOVT UNIT HAS PART TIME EMPLOYEES
669	669	C564	GOVT UNIT OFFERS H.I. TO TEMP EMPLOYEES
670	670	C565	NO LIFE OR DISABILITY INS. INCLUDED
671	671	C566	ESTABLISHMENT OFFERS NO FRINGE BENEFITS
672	672	C567	PREMIUMS VARIED BY NONE OF THE ABOVE
1	5	DUID	ENCRYPTED DWELLING UNIT ID
9	16	DUPERSID	PERSON ID (DUID + PID)
84	84	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
17	36	EPRSIDX	HC: EPRS ID (FROM COVMID)
39	49	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
95	96	ESTMATE1	HC:TOTAL EMPLOYEES IN ESTAB
51	64	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
208	208	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
210	210	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
212	212	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
241	242	I123	MONTH PLAN YEAR BEGIN
264	269	I125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
280	283	I126	TOTAL NUMBER ENROLLED THROUGH COBRA
311	315	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
327	331	I130	TOTAL PREMIUM: SINGLE COVERAGE
337	341	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
351	355	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
362	366	I134	TOTAL PREMIUM: FAMILY COVERAGE
372	376	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
382	386	I136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
388	388	I137	FAMILY COVERAGE OFFERED
401	404	I146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
409	412	I147	DEDUCTIBLE - PHYSICIAN CARE
417	420	I148	DEDUCTIBLE - HOSPITAL CARE
425	428	I149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
430	430	I150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
432	432	I151	PLAN HAS A DEDUCTIBLE
437	440	I152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
443	444	I153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
446	446	I154	COST PER DAY / PER STAY
448	448	I155	HOSPITAL CARE COVERED
452	454	I156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
457	458	I157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
481	485	I161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
491	495	I162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
497	497	I163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
509	509	I175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
511	511	I176	PLAN INCLUDES ROUTINE DENTAL CARE
513	513	I177	PLAN INCLUDES ORTHODONTIC CARE
520	520	I183	COULD REFUSE COVERAGE: PRE-EXISTING COND
522	522	I184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
524	524	I185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
538	546	I196	TOTAL AMT PAID OPTIONAL COVERAGE 1999
548	548	I197	WAITING PERIOD FOR NEW EMPLOYEES
550	550	I198	LENGTH OF TYPICAL WAITING PERIOD
561	570	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
577	582	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
589	594	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
601	606	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
612	616	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
621	625	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
630	634	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
647	647	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
649	649	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
651	651	I218	PHYSICIAN CARE COVERED
654	654	I222	NO ANNUAL OUT-OF-POCKET:FAMILY
656	656	I224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
660	660	I551	PROVIDED HEALTH INS TO RETIREES
667	667	I562	NO OPTIONAL COVERAGE OFFERED
78	78	ICSOURCE	IC: TYPE OF EMPLOYER
93	93	JOBSINFO	HC: FLAG IF HAVE JOB INFORMATION
86	87	JOBSTAT	JOB STATUS (CURRENT/FORMER)
94	94	JOBTYPE	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
82	82	MATCHPLN	PHASE II - PLAN MATCH
81	81	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
65	70	MID	IC: UNIQUE ESTAB ID
79	80	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
97	98	MORELOC	HC: MORE THAN ONE LOCATION
71	75	MPLANT	IC: GOVT UNIT IDENTIFIER
85	85	OFFERED	PERSON OFFERED H.I. AT THIS JOB
50	50	PANEL99	PANEL NUMBER
76	77	PART CD	IC: PLAN IDENTIFIER
101	102	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
103	104	PAYVACTN	HC: DOES PERSON GET PAID VACATION
83	83	PICK	PHASE I - PLAN MATCH CRITERIA
6	8	PID	HC: PID
91	91	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
105	106	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
37	38	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
92	92	SEX	HC: SEX
99	100	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
88	88	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
1	5	DUID	ENCRYPTED DWELLING UNIT ID
6	8	PID	HC: PID
9	16	DUPERSID	PERSON ID (DUID + PID)
17	36	EPRSIDX	HC: EPRS ID (FROM COVMID)
37	38	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
39	49	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
50	50	PANEL99	PANEL NUMBER
51	64	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
65	70	MID	IC: UNIQUE ESTAB ID
71	75	MPLANT	IC: GOVT UNIT IDENTIFIER
76	77	PART CD	IC: PLAN IDENTIFIER
78	78	ICSOURCE	IC: TYPE OF EMPLOYER
79	80	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
81	81	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
82	82	MATCHPLN	PHASE II - PLAN MATCH
83	83	PICK	PHASE I - PLAN MATCH CRITERIA
84	84	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
85	85	OFFERED	PERSON OFFERED H.I. AT THIS JOB
86	87	JOBSTAT	JOB STATUS (CURRENT/FORMER)
88	88	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE
89	90	AGE31X	HC: AGE-R3/1 (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	94	JOBTYPE	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
95	96	ESTMATE1	HC: TOTAL EMPLOYEES IN ESTAB
97	98	MORELOC	HC: MORE THAN ONE LOCATION
99	100	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
101	102	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
103	104	PAYVACTN	HC: DOES PERSON GET PAID VACATION
105	106	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
107	107	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
108	109	C003	NUMBER OF H.I. PLANS OFFERED
110	112	C016	% EMPLOYEES/MEMBERS - WOMEN
113	115	C017	% EMPLOYEES/MEMBERS - AGE 50+
116	118	C018	% EMPLOYEES WHO WERE UNION MEMBERS
119	121	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
122	124	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
125	127	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
128	128	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
129	132	C032	LAST YEAR HEALTH INSURANCE OFFERED
133	139	C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS
140	141	C041	NUMBER OF HOURS CONSIDERED FULL-TIME
142	142	C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE
143	143	C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE
144	147	C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE
148	148	C048	VOUCHER PAYMENT CYCLE
149	149	C049	BUSINESS PAID PROVIDERS DIRECTLY
150	150	C050	ESTABLISHMENT OFFERS PAID VACATION
151	151	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
152	152	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
153	153	C053	ESTAB OFFERS DISABILITY INSUR
154	154	C054	ESTABLISHMENT OFFERS PENSION PLAN
155	155	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
156	156	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
157	157	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
158	162	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
163	164	C060	PRINCIPAL BUSINESS ACTIVITY
165	165	C062	TYPE OF OWNERSHIP

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
166	166	C063	NON-PROFIT BUSINESS
167	170	C064	NUMBER OF YEARS COMPANY IN BUSINESS
171	206	C099	PREMIUMS VARIATION: OTHER SPECIFY
207	207	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
208	208	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
209	209	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
210	210	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
211	211	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
212	212	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
213	213	C106	SI PLAN: SELF-ADMINISTERED OR TPA
214	214	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
215	224	C108	TOTAL COST OF COVERAGE
225	228	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
229	235	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
236	236	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
237	237	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
238	238	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
239	240	C123	MONTH PLAN YEAR BEGIN
241	242	I123	MONTH PLAN YEAR BEGIN
243	248	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
249	255	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
256	263	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
264	269	I125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
270	275	C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA
276	279	C126	TOTAL NUMBER ENROLLED THROUGH COBRA
280	283	I126	TOTAL NUMBER ENROLLED THROUGH COBRA
284	288	C127	FED ONLY: TOT. # RETIREES ENROLLED - STATE
289	294	C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA
295	299	C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE
300	305	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
306	310	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
311	315	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
316	321	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
322	326	C130	TOTAL PREMIUM: SINGLE COVERAGE
327	331	I130	TOTAL PREMIUM: SINGLE COVERAGE
332	336	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
337	341	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
342	350	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
351	355	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
356	356	C133	PREMIUM PERIOD: TOTAL PREMIUM
357	361	C134	TOTAL PREMIUM: FAMILY COVERAGE
362	366	I134	TOTAL PREMIUM: FAMILY COVERAGE
367	371	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
372	376	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
377	381	C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
382	386	I136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
387	387	C137	FAMILY COVERAGE OFFERED
388	388	I137	FAMILY COVERAGE OFFERED
389	389	C138	PREMIUMS VARIED BY AGE
390	390	C139	PREMIUMS VARIED BY SEX
391	391	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
392	392	C141	PREMIUMS VARIED BY WAGE LEVELS
393	393	C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)
394	394	C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS
395	395	C144	PREMIUM INCLUDED LIFE INSURANCE
396	396	C145	PREMIUM INCLUDED DISABILITY INSURANCE
397	400	C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
401	404	I146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
405	408	C147	DEDUCTIBLE - PHYSICIAN CARE

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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>
409	412	I147	DEDUCTIBLE - PHYSICIAN CARE
413	416	C148	DEDUCTIBLE - HOSPITAL CARE
417	420	I148	DEDUCTIBLE - HOSPITAL CARE
421	424	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
425	428	I149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
429	429	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
430	430	I150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
431	431	C151	PLAN HAS A DEDUCTIBLE
432	432	I151	PLAN HAS A DEDUCTIBLE
433	436	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
437	440	I152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
441	442	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
443	444	I153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
445	445	C154	COST PER DAY / PER STAY
446	446	I154	COST PER DAY / PER STAY
447	447	C155	HOSPITAL CARE COVERED
448	448	I155	HOSPITAL CARE COVERED
449	451	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
452	454	I156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
455	456	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
457	458	I157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
459	459	C158	NO MAXIMUM PLAN PAYMENT
460	467	C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME
468	475	C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY
476	480	C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
481	485	I161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
486	490	C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
491	495	I162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
496	496	C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
497	497	I163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
498	498	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
499	499	C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS
500	500	C166	PLAN INCLUDES ROUTINE PAP SMEARS
501	501	C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE
502	502	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
503	503	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
504	504	C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR
505	505	C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS
506	506	C173	PLAN INCLUDES CHIROPRACTIC CARE
507	507	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS
508	508	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
509	509	I175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
510	510	C176	PLAN INCLUDES ROUTINE DENTAL CARE
511	511	I176	PLAN INCLUDES ROUTINE DENTAL CARE
512	512	C177	PLAN INCLUDES ORTHODONTIC CARE
513	513	I177	PLAN INCLUDES ORTHODONTIC CARE
514	514	C178	PLAN INCLUDES SKILLED NURSING FACILITY
515	515	C179	PLAN INCLUDES HOME HEALTH CARE
516	516	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
517	517	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
518	518	C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT
519	519	C183	COULD REFUSE COVERAGE: PRE-EXISTING COND
520	520	I183	COULD REFUSE COVERAGE: PRE-EXISTING COND
521	521	C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
522	522	I184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
523	523	C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
524	524	I185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
525	525	C192	OFFERED OPTIONAL COVERAGE DENTAL
526	526	C193	OFFERED OPTIONAL COVERAGE VISION

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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>
527	527	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
528	528	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
529	537	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1999
538	546	I196	TOTAL AMT PAID OPTIONAL COVERAGE 1999
547	547	C197	WAITING PERIOD FOR NEW EMPLOYEES
548	548	I197	WAITING PERIOD FOR NEW EMPLOYEES
549	549	C198	LENGTH OF TYPICAL WAITING PERIOD
550	550	I198	LENGTH OF TYPICAL WAITING PERIOD
551	560	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
561	570	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
571	576	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
577	582	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
583	588	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
589	594	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
595	600	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
601	606	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
607	611	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
612	616	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
617	620	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
621	625	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
626	629	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
630	634	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
635	638	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
639	642	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
643	645	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
646	646	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
647	647	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
648	648	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
649	649	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
650	650	C218	PHYSICIAN CARE COVERED
651	651	I218	PHYSICIAN CARE COVERED
652	652	C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL
653	653	C222	NO ANNUAL OUT-OF-POCKET:FAMILY
654	654	I222	NO ANNUAL OUT-OF-POCKET:FAMILY
655	655	C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
656	656	I224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
657	657	C540	DOES ESTAB HAVE PART-TIME EMPLOYEES
658	658	C541	OFFERS H.I. BENEFITS TO PART-TIME EES
659	659	C551	PROVIDED HEALTH INS TO RETIREEES
660	660	I551	PROVIDED HEALTH INS TO RETIREEES
661	661	C552	SINGLE COVERAGE IS OFFERED
662	662	C553	TIME PERIOD PREMIUM PAID
663	665	C560	PERCENT ANNUAL COST THAT'S ADMINISTRATVE
666	666	C562	NO OPTIONAL COVERAGE OFFERED
667	667	I562	NO OPTIONAL COVERAGE OFFERED
668	668	C563	GOVT UNIT HAS PART TIME EMPLOYEES
669	669	C564	GOVT UNIT OFFERS H.I. TO TEMP EMPLOYEES
670	670	C565	NO LIFE OR DISABILITY INS. INCLUDED
671	671	C566	ESTABLISHMENT OFFERS NO FRINGE BENEFITS
672	672	C567	PREMIUMS VARIED BY NONE OF THE ABOVE

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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>ENCRYPTED DWELLING UNIT ID</u>	<u>5.0</u>	<u>NUM</u>	<u>1</u>	<u>5</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>PID</u>	<u>HC: PID</u>	<u>3.0</u>	<u>NUM</u>	<u>6</u>	<u>8</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>DUPERSID</u>	<u>PERSON ID (DUID + PID)</u>	<u>8.0</u>	<u>CHAR</u>	<u>9</u>	<u>16</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>EPRSIDX</u>	<u>HC: EPRS ID (FROM COVMID)</u>	<u>20.0</u>	<u>CHAR</u>	<u>17</u>	<u>36</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>RUID</u>	<u>HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>37</u>	<u>38</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>ESTBIDX</u>	<u>HC: UNIQUE ESTABLISHMENT ID</u>	<u>11.0</u>	<u>CHAR</u>	<u>39</u>	<u>49</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	VALID ID				14,229
	TOTAL				14,744
<u>PANEL99</u>	<u>PANEL NUMBER</u>	<u>1.0</u>	<u>NUM</u>	<u>50</u>	<u>50</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	PANEL 3				3,512
	PANEL 4				11,232
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>FEHBP</u>	<u>FEDERAL HEALTH INS. PLAN ID NUMBER</u>	<u>14.0</u>	<u>CHAR</u>	<u>51</u>	<u>64</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	101 - ZE1				5,385
	TOTAL				14,744
<u>MID</u>	<u>IC: UNIQUE ESTAB ID</u>	<u>6.0</u>	<u>CHAR</u>	<u>65</u>	<u>70</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				14,744
	TOTAL				14,744
<u>MPLANT</u>	<u>IC: GOVT UNIT IDENTIFIER</u>	<u>5.0</u>	<u>CHAR</u>	<u>71</u>	<u>75</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	00000 - 49001				14,744
	TOTAL				14,744
<u>PART_CD</u>	<u>IC: PLAN IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>76</u>	<u>77</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	01 - 94				14,744
	TOTAL				14,744
<u>ICSOURCE</u>	<u>IC: TYPE OF EMPLOYER</u>	<u>1.0</u>	<u>NUM</u>	<u>78</u>	<u>78</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 PRIVATE EMPLOYER				5,364
	2 ST/LOCAL GOVERNMENT				3,995
	4 FEDERAL GOVERNMENT				5,385
	TOTAL				14,744
<u>MIDPLAN</u>	<u>IC: # PLANS PER ESTABLISHMENT</u>	<u>2.0</u>	<u>NUM</u>	<u>79</u>	<u>80</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1-36				14,744
	TOTAL				14,744
<u>MATCHPLR</u>	<u>PHASE III - PLAN MATCH + RANDOM SELECTION</u>	<u>1.0</u>	<u>NUM</u>	<u>81</u>	<u>81</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0 HI NOT TAKEN FR JOB				2,127
	1 UNIQUE MATCH				2,908
	2 PLAN NOT MATCHED				9,709
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>MATCHPLN</u>	<u>PHASE II - PLAN MATCH</u>	<u>1.0</u>	<u>NUM</u>	<u>82</u>	<u>82</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 HI NOT TAKEN FR JOB				2,127
	1 UNIQUE MATCH				2,364
	2 MULT POSSBL MTCHS				3,715
	3 PLAN NOT MATCHED				6,538
	TOTAL				14,744
<u>PICK</u>	<u>PHASE I - PLAN MATCH CRITERIA</u>	<u>1.0</u>	<u>NUM</u>	<u>83</u>	<u>83</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 NOT SELECTED				6,538
	1 AUTOMATED MATCH				954
	2 HMO MATCH				659
	3 HI NOT TAKEN FR JOB				2,127
	4 LOGICAL IMPUTE				369
	5 ASUMD MATCH-TEXT				174
	6 ASUMD MTCH-NO TXT				208
	7 MULT POSSBL MTCHS				3,715
	TOTAL				14,744
<u>ENROLLED</u>	<u>PERSON ENROLLED IN H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>84</u>	<u>84</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				10,774
	2 NO				3,970
	TOTAL				14,744
<u>OFFERED</u>	<u>PERSON OFFERED H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>85</u>	<u>85</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				12,135
	2 NO				2,609
	TOTAL				14,744
<u>JOBSTAT</u>	<u>JOB STATUS (CURRENT/FORMER)</u>	<u>2.0</u>	<u>NUM</u>	<u>86</u>	<u>87</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	-1 INAPPLICABLE				515
	1 ACTIVE EMPLOYEE				13,139
	2 FORMER EMPLOYEE				1,090
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>SINGFAM</u>	<u>PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE</u>	<u>1.0</u>	<u>NUM</u>	<u>88</u>	<u>88</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				4,477
	1 SINGLE				4,431
	2 FAMILY				5,836
	TOTAL				14,744
<u>AGE31X</u>	<u>HC: AGE-R3/1 (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>89</u>	<u>90</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	5-17				96
	18-24				1,260
	25-44				6,950
	45-64				5,868
	65-90				570
	TOTAL				14,744
<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				2,257
	2 PERSON IS BLACK/NOT HISPANIC				2,391
	3 OTHER/NOT HISPANIC				10,096
	TOTAL				14,744
<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				7,328
	2 FEMALE				7,416
	TOTAL				14,744
<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 NO				515
	1 YES				14,229
	TOTAL				14,744
<u>JOBTYPE</u>	<u>HC: SELF-EMP OR WORK FOR SOMEONE ELSE</u>	<u>1.0</u>	<u>NUM</u>	<u>94</u>	<u>94</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				515
	1 SELF-EMPLOYED				179
	2 FOR SOMEONE ELSE				14,050
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>ESTMATE1</u>	<u>HC: TOTAL EMPLOYEES IN ESTAB</u>	<u>2.0</u>	<u>NUM</u>	<u>95</u>	<u>96</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				7
	-8 DK				467
	-1 INAPPLICABLE				10,404
	1 LESS THAN 10				117
	2 10 - 25				278
	3 26 - 49				298
	4 50 - 100				426
	5 101 - 500				907
	6 501 - 1,000				437
	7 1,001 - 5,000				541
	8 5,001 OR MORE				347
	TOTAL				14,744
<u>MORELOC</u>	<u>HC: MORE THAN ONE LOCATION</u>	<u>2.0</u>	<u>NUM</u>	<u>97</u>	<u>98</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				5
	-8 DK				129
	-7 REFUSED				1
	-1 INAPPLICABLE				875
	1 YES				10,849
	2 NO				2,370
	TOTAL				14,744
<u>SICKPAY</u>	<u>HC: DOES PERSON HAVE PAID SICK LEAVE</u>	<u>2.0</u>	<u>NUM</u>	<u>99</u>	<u>100</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				5
	-8 DK				122
	-7 REFUSED				6
	-1 INAPPLICABLE				4,022
	1 YES				7,880
	2 NO				2,194
	TOTAL				14,744
<u>PAYDRVST</u>	<u>HC: PAID SICK LEAVE FOR DR'S VISITS ?</u>	<u>2.0</u>	<u>NUM</u>	<u>101</u>	<u>102</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				3
	-8 DK				98
	-1 INAPPLICABLE				6,346
	1 YES				7,161
	2 NO				621
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>PAYVACTN</u>	<u>HC: DOES PERSON GET PAID VACATION</u>	<u>2.0</u>	<u>NUM</u>	<u>103</u>	<u>104</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				5
	-8 DK				115
	-7 REFUSED				6
	-1 INAPPLICABLE				4,022
	1 YES				8,188
	2 NO				1,893
	TOTAL				14,744
<u>RETIRPLN</u>	<u>HC: PERSON HAVE PENSION/RETIREMENT PLAN?</u>	<u>2.0</u>	<u>NUM</u>	<u>105</u>	<u>106</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				515
	-9 NOT ASCERTAINED				5
	-8 DK				254
	-7 REFUSED				18
	-1 INAPPLICABLE				4,022
	1 YES				7,032
	2 NO				2,898
	TOTAL				14,744
<u>C001</u>	<u>ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES</u>	<u>1.0</u>	<u>NUM</u>	<u>107</u>	<u>107</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				14,744
	TOTAL				14,744
<u>C003</u>	<u>NUMBER OF H.I. PLANS OFFERED</u>	<u>2.0</u>	<u>NUM</u>	<u>108</u>	<u>109</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,995
	1-99				10,749
	TOTAL				14,744
<u>C016</u>	<u>% EMPLOYEES/MEMBERS - WOMEN</u>	<u>3.0</u>	<u>NUM</u>	<u>110</u>	<u>112</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,358
	0				63
	1-100				11,323
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C017	% EMPLOYEES/MEMBERS - AGE 50+	3.0	NUM	113	115
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,916
	0				224
	1-100				10,604
	TOTAL				14,744
C018	% EMPLOYEES WHO WERE UNION MEMBERS	3.0	NUM	116	118
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,310
	0				4,154
	1-100				3,280
	TOTAL				14,744
C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS	3.0	NUM	119	121
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,702
	0				8,105
	1-100				1,937
	TOTAL				14,744
C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR	3.0	NUM	122	124
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,855
	0				102
	1-100				9,787
	TOTAL				14,744
C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE	3.0	NUM	125	127
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,853
	0				268
	1-100				9,623
	TOTAL				14,744
C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS	1.0	NUM	128	128
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,728
	1 YES				12
	2 NO				4
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C032	LAST YEAR HEALTH INSURANCE OFFERED	4.0	NUM	129	132
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,718
	1999				26
	TOTAL				14,744
C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS	7.0	NUM	133	139
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,097
	1-2,749,200				10,647
	TOTAL				14,744
C041	NUMBER OF HOURS CONSIDERED FULL-TIME	2.0	NUM	140	141
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,669
	0				1
	1-75				13,074
	TOTAL				14,744
C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE	1.0	NUM	142	142
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,713
	1 YES				1
	2 NO				30
	TOTAL				14,744
C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE	1.0	NUM	143	143
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,743
	1 YES				1
	TOTAL				14,744
C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE	4.0	NUM	144	147
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,740
	0				3
	1-11,128				1
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C048	VOUCHER PAYMENT CYCLE	1.0	NUM	148	148
	VALUE				UNWEIGHTED
	MISSING				14,742
	1 WEEK				1
	3 MONTH				1
	TOTAL				14,744
C049	BUSINESS PAID PROVIDERS DIRECTLY	1.0	NUM	149	149
	VALUE				UNWEIGHTED
	MISSING				14,711
	1 YES				5
	2 NO				28
	TOTAL				14,744
C050	ESTABLISHMENT OFFERS PAID VACATION	1.0	NUM	150	150
	VALUE				UNWEIGHTED
	MISSING				1,933
	1 YES				12,784
	2 NO				27
	TOTAL				14,744
C051	ESTABLISHMENT OFFERS PAID SICK LEAVE	1.0	NUM	151	151
	VALUE				UNWEIGHTED
	MISSING				2,311
	1 YES				12,239
	2 NO				194
	TOTAL				14,744
C052	ESTABLISHMENT OFFERS LIFE INSURANCE	1.0	NUM	152	152
	VALUE				UNWEIGHTED
	MISSING				2,589
	1 YES				11,999
	2 NO				156
	TOTAL				14,744
C053	ESTAB OFFERS DISABILITY INSUR	1.0	NUM	153	153
	VALUE				UNWEIGHTED
	MISSING				3,638
	1 YES				5,463
	2 NO				5,643
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C054	ESTABLISHMENT OFFERS PENSION PLAN	1.0	NUM	154	154
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,294
	1 YES				12,253
	2 NO				197
	TOTAL				14,744
C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS	1.0	NUM	155	155
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,398
	1 YES				1,962
	2 NO				6,384
	TOTAL				14,744
C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS	1.0	NUM	156	156
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,376
	1 YES				4,290
	2 NO				6,078
	TOTAL				14,744
C057	ESTABLISHMENT OFFERS CAFETERIA PLAN	1.0	NUM	157	157
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,775
	1 YES				2,748
	2 NO				6,221
	TOTAL				14,744
C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN	5.0	NUM	158	162
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,019
	1-50,000				1,725
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C060	<u>PRINCIPAL BUSINESS ACTIVITY</u>	2.0	NUM	163	164
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,173
	1 RETAIL TRADE				990
	2 PERSONAL SERVICES (BEAUTY SHOPS, DRY CLEANERS)				92
	3 BUSINESS SERVICES (ADVERTISING, COMPUTER PR)				304
	4 OTHER SERVICES (LEGAL & HEALTH SERVICES)				1,240
	5 MANUFACTURING				1,203
	6 WHOLESALE TRADE				253
	7 FINANCE, INSURANCE, OR REAL ESTATE				480
	8 TRANSPORTATION, COMMUNICATIONS, ELECTRIC, G				357
	9 CONSTRUCTION				181
	10 AGRICULTURE OR FORESTRY				55
	11 MINING				31
	12 PUBLIC ADMINISTRATION				5,385
	TOTAL				14,744
C062	<u>TYPE OF OWNERSHIP</u>	1.0	NUM	165	165
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,457
	1 S CORPORATION				486
	2 CORPORATION				3,985
	3 PARTNERSHIP				177
	4 SOLE PROPRIETORSHIP				124
	5 GOVERNMENT (FEDERAL, STATE, OR LOCAL)				5,473
	6 JOINT VENTURE OR COOPERATIVE				42
	TOTAL				14,744
C063	<u>NON-PROFIT BUSINESS</u>	1.0	NUM	166	166
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,995
	1 YES				6,046
	2 NO				4,703
	TOTAL				14,744
C064	<u>NUMBER OF YEARS COMPANY IN BUSINESS</u>	4.0	NUM	167	170
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,687
	0				13
	1-1983				9,044
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C099</u>	<u>PREMIUMS VARIATION: OTHER SPECIFY</u>	<u>36.0</u>	<u>CHAR</u>	<u>171</u>	<u>206</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,415
	TEXT				329
	TOTAL				14,744
<u>C103</u>	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	<u>1.0</u>	<u>NUM</u>	<u>207</u>	<u>207</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				783
	1 EXCLUSIVE PROVIDERS				5,961
	2 ANY PROVIDERS				877
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				7,123
	TOTAL				14,744
<u>I103</u>	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	<u>1.0</u>	<u>NUM</u>	<u>208</u>	<u>208</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 EXCLUSIVE PROVIDERS				6,301
	2 ANY PROVIDERS				991
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				7,452
	TOTAL				14,744
<u>C104</u>	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	<u>1.0</u>	<u>NUM</u>	<u>209</u>	<u>209</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				964
	1 YES				6,864
	2 NO				6,916
	TOTAL				14,744
<u>I104</u>	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	<u>1.0</u>	<u>NUM</u>	<u>210</u>	<u>210</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				7,386
	2 NO				7,358
	TOTAL				14,744
<u>C105</u>	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	<u>1.0</u>	<u>NUM</u>	<u>211</u>	<u>211</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				141
	1 PURCHASED FROM INS. COMPANY				11,431
	2 SELF-INSURED				3,172
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I105	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	1.0	NUM	212	212
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 PURCHASED FROM INS COMPANY				11,520
	2 SELF-INSURED				3,224
	TOTAL				14,744
C106	<u>SI PLAN: SELF-ADMINISTERED OR TPA</u>	1.0	NUM	213	213
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,649
	1 SELF-ADMINISTERED				412
	2 INSURANCE COMPANY OR OTH ADMINISTRATOR				2,683
	TOTAL				14,744
C107	<u>SI PLAN: PURCHASE STOP-LOSS COVERAGE</u>	1.0	NUM	214	214
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,844
	1 YES				1,349
	2 NO				1,551
	TOTAL				14,744
C108	<u>TOTAL COST OF COVERAGE</u>	10.0	NUM	215	224
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,579
	0				103
	1-2,900,000,000				1,062
	TOTAL				14,744
C109	<u>MONTHLY PREM EQUIVALENT - SINGLE COVERAGE</u>	4.0	NUM	225	228
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,261
	0				157
	1-3,834				1,326
	TOTAL				14,744
C110	<u>MONTHLY PREM EQUIVALENT - FAMILY COVERAGE</u>	7.0	NUM	229	235
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,255
	0				157
	1-4,151,111				1,332
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA	1.0	NUM	236	236
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,461
	1 A PREMIUM EQUIVALENT				1,052
	2 A COBRA AMOUNT				231
	TOTAL				14,744
C112	PURCHASED THROUGH A POOLING ARRANGEMENT	1.0	NUM	237	237
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,115
	1 YES				189
	2 NO				7,440
	TOTAL				14,744
C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER	1.0	NUM	238	238
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				154
	1 UNION				85
	2 TRADE ASSOCIATION				82
	3 NEITHER				14,423
	TOTAL				14,744
C123	MONTH PLAN YEAR BEGIN	2.0	NUM	239	240
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,954
	1 JAN				8,837
	2 FEB				99
	3 MAR				123
	4 APR				99
	5 MAY				117
	6 JUN				101
	7 JUL				1,367
	8 AUG				115
	9 SEP				443
	10 OCT				342
	11 NOV				76
	12 DEC				71
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I123</u>	<u>MONTH PLAN YEAR BEGIN</u>	<u>2.0</u>	<u>NUM</u>	<u>241</u>	<u>242</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 JAN				10,542
	2 FEB				193
	3 MAR				219
	4 APR				188
	5 MAY				227
	6 JUN				194
	7 JUL				1,659
	8 AUG				189
	9 SEP				542
	10 OCT				521
	11 NOV				136
	12 DEC				134
	TOTAL				14,744
<u>C124</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE</u>	<u>6.0</u>	<u>NUM</u>	<u>243</u>	<u>248</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				108
	1-122,624				5,277
	TOTAL				14,744
<u>C124TOT</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - USA</u>	<u>7.0</u>	<u>NUM</u>	<u>249</u>	<u>255</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				107
	1-1,652,607				5,278
	TOTAL				14,744
<u>C125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>8.0</u>	<u>NUM</u>	<u>256</u>	<u>263</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,137
	0				342
	1-18,212,959				13,265
	TOTAL				14,744
<u>I125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>264</u>	<u>269</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				687
	1-216,000				14,057
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C125TOT</u>	<u>FED ONLY: TOT. ACT. EMPLS ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>270</u>	<u>275</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				107
	1-748,641				5,278
	TOTAL				14,744
<u>C126</u>	<u>TOTAL NUMBER ENROLLED THROUGH COBRA</u>	<u>4.0</u>	<u>NUM</u>	<u>276</u>	<u>279</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,275
	0				2,076
	1-6,806				3,393
	TOTAL				14,744
<u>I126</u>	<u>TOTAL NUMBER ENROLLED THROUGH COBRA</u>	<u>4.0</u>	<u>NUM</u>	<u>280</u>	<u>283</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	0				3,630
	1-2,373				5,729
	TOTAL				14,744
<u>C127</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>284</u>	<u>288</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				365
	1-73,827				5,020
	TOTAL				14,744
<u>C127TOT</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>289</u>	<u>294</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				206
	1-903,966				5,179
	TOTAL				14,744
<u>C128</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>295</u>	<u>299</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				446
	1-59,076				4,939
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C128TOT</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>300</u>	<u>305</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				287
	1-711,744				5,098
	TOTAL				14,744
<u>C129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>306</u>	<u>310</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,005
	0				664
	1-82,225				12,075
	TOTAL				14,744
<u>I129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>311</u>	<u>315</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				1,268
	1-82,225				13,476
	TOTAL				14,744
<u>C129TOT</u>	<u>FED ONLY: TOT ENROLLED - SINGLE COV. - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>316</u>	<u>321</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,359
	0				128
	1-236,156				5,257
	TOTAL				14,744
<u>C130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>322</u>	<u>326</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,286
	53-24,480				13,458
	TOTAL				14,744
<u>I130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>327</u>	<u>331</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	53-13,520				14,744
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	332	336
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,361
	0				90
	1-24,300				13,293
	TOTAL				14,744
I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	337	341
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				124
	1-12,000				14,620
	TOTAL				14,744
C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE	9.0	NUM	342	350
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,028
	0				3,010
	1-289,562,520				10,706
	TOTAL				14,744
I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	351	355
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				3,275
	1-13,520				11,469
	TOTAL				14,744
C133	PREMIUM PERIOD: TOTAL PREMIUM	1.0	NUM	356	356
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				675
	1 WEEKLY				366
	2 EVERY 2 WEEKS				355
	3 MONTHLY				7,442
	4 YEARLY				5,891
	5 QUARTERLY				15
	TOTAL				14,744
C134	TOTAL PREMIUM: FAMILY COVERAGE	5.0	NUM	357	361
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,318
	1-56,016				13,426
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I134</u>	<u>TOTAL PREMIUM: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>362</u>	<u>366</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				90
	1-26,352				14,654
	TOTAL				14,744
<u>C135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>367</u>	<u>371</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,379
	0				149
	1-56,016				13,216
	TOTAL				14,744
<u>I135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>372</u>	<u>376</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				86
	0				171
	1-23,088				14,487
	TOTAL				14,744
<u>C136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>377</u>	<u>381</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,095
	0				1,394
	1-21,492				12,255
	TOTAL				14,744
<u>I136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>382</u>	<u>386</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				86
	0				1,517
	1-25,098				13,141
	TOTAL				14,744
<u>C137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>387</u>	<u>387</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				637
	1 YES				14,022
	2 NO				85
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>388</u>	<u>388</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				14,654
	2 NO				90
	TOTAL				14,744
<u>C138</u>	<u>PREMIUMS VARIED BY AGE</u>	<u>1.0</u>	<u>NUM</u>	<u>389</u>	<u>389</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,365
	1 YES				430
	2 NO				5,949
	TOTAL				14,744
<u>C139</u>	<u>PREMIUMS VARIED BY SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>390</u>	<u>390</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,534
	1 YES				216
	2 NO				5,994
	TOTAL				14,744
<u>C140</u>	<u>PREMIUMS VARIED BY # PERSONS IN FAMILY</u>	<u>1.0</u>	<u>NUM</u>	<u>391</u>	<u>391</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,333
	1 YES				1,587
	2 NO				5,824
	TOTAL				14,744
<u>C141</u>	<u>PREMIUMS VARIED BY WAGE LEVELS</u>	<u>1.0</u>	<u>NUM</u>	<u>392</u>	<u>392</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,506
	1 YES				189
	2 NO				6,049
	TOTAL				14,744
<u>C142</u>	<u>PREMIUMS VARIED BY OTHER REASON (SPECIFY)</u>	<u>1.0</u>	<u>NUM</u>	<u>393</u>	<u>393</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,398
	1 YES				336
	2 NO				6,010
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C143</u>	<u>EMPLOYEE CONTRIBUTION VARIED BY STATUS</u>	<u>1.0</u>	<u>NUM</u>	<u>394</u>	<u>394</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,944
	1 YES				7,442
	2 NO				4,358
	TOTAL				14,744
<u>C144</u>	<u>PREMIUM INCLUDED LIFE INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>395</u>	<u>395</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,551
	1 YES				963
	2 NO				6,230
	TOTAL				14,744
<u>C145</u>	<u>PREMIUM INCLUDED DISABILITY INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>396</u>	<u>396</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,967
	1 YES				431
	2 NO				6,346
	TOTAL				14,744
<u>C146</u>	<u>TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL</u>	<u>4.0</u>	<u>NUM</u>	<u>397</u>	<u>400</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,938
	0				30
	1-5,000				2,776
	TOTAL				14,744
<u>I146</u>	<u>TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL</u>	<u>4.0</u>	<u>NUM</u>	<u>401</u>	<u>404</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,329
	0				854
	1-3,000				3,561
	TOTAL				14,744
<u>C147</u>	<u>DEDUCTIBLE - PHYSICIAN CARE</u>	<u>4.0</u>	<u>NUM</u>	<u>405</u>	<u>408</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,187
	0				2,451
	1-1,000				2,106
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I147</u>	<u>DEDUCTIBLE - PHYSICIAN CARE</u>	<u>4.0</u>	<u>NUM</u>	<u>409</u>	<u>412</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,575
	0				4,057
	1-1,000				2,112
	TOTAL				14,744
<u>C148</u>	<u>DEDUCTIBLE - HOSPITAL CARE</u>	<u>4.0</u>	<u>NUM</u>	<u>413</u>	<u>416</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,829
	0				4,485
	1-2,500				430
	TOTAL				14,744
<u>I148</u>	<u>DEDUCTIBLE - HOSPITAL CARE</u>	<u>4.0</u>	<u>NUM</u>	<u>417</u>	<u>420</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,219
	0				6,090
	1-1,000				435
	TOTAL				14,744
<u>C149</u>	<u>TOTAL ANNUAL DEDUCTIBLE: FAMILY</u>	<u>4.0</u>	<u>NUM</u>	<u>421</u>	<u>424</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,325
	0				3
	1-9,999				4,416
	TOTAL				14,744
<u>I149</u>	<u>TOTAL ANNUAL DEDUCTIBLE: FAMILY</u>	<u>4.0</u>	<u>NUM</u>	<u>425</u>	<u>428</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,596
	0				805
	1-6,000				5,343
	TOTAL				14,744
<u>C150</u>	<u># OF PERSONS TO MEET FAMILY DEDUCTIBLE</u>	<u>1.0</u>	<u>NUM</u>	<u>429</u>	<u>429</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,217
	0				20
	1-4				1,507
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I150</u>	<u># OF PERSONS TO MEET FAMILY DEDUCTIBLE</u>	<u>1.0</u>	<u>NUM</u>	<u>430</u>	<u>430</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,077
	0				975
	1-4				1,692
	TOTAL				14,744
<u>C151</u>	<u>PLAN HAS A DEDUCTIBLE</u>	<u>1.0</u>	<u>NUM</u>	<u>431</u>	<u>431</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				869
	1 YES				5,663
	2 NO				8,212
	TOTAL				14,744
<u>I151</u>	<u>PLAN HAS A DEDUCTIBLE</u>	<u>1.0</u>	<u>NUM</u>	<u>432</u>	<u>432</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				5,729
	2 NO				9,015
	TOTAL				14,744
<u>C152</u>	<u>HOSPITAL STAY COST: AFTER DEDUCTIBLE MET</u>	<u>4.0</u>	<u>NUM</u>	<u>433</u>	<u>436</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,700
	0				7,251
	1-3,500				2,793
	TOTAL				14,744
<u>I152</u>	<u>HOSPITAL STAY COST: AFTER DEDUCTIBLE MET</u>	<u>4.0</u>	<u>NUM</u>	<u>437</u>	<u>440</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,896
	0				9,675
	1-3,500				3,173
	TOTAL				14,744
<u>C153</u>	<u>HOSPITAL STAY %: AFTER DEDUCTIBLE MET</u>	<u>2.0</u>	<u>NUM</u>	<u>441</u>	<u>442</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,932
	0				8,259
	1-50				2,553
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET	2.0	NUM	443	444
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,128
	0				10,073
	1-50				3,543
	TOTAL				14,744
C154	COST PER DAY / PER STAY	1.0	NUM	445	445
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,078
	1 YES				181
	2 NO				9,485
	TOTAL				14,744
I154	COST PER DAY / PER STAY	1.0	NUM	446	446
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,398
	1 YES				240
	2 NO				12,106
	TOTAL				14,744
C155	HOSPITAL CARE COVERED	1.0	NUM	447	447
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,357
	1 YES				12,370
	2 NO				17
	TOTAL				14,744
I155	HOSPITAL CARE COVERED	1.0	NUM	448	448
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				14,723
	2 NO				21
	TOTAL				14,744
C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE	3.0	NUM	449	451
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,985
	0				2,624
	1-999				9,135
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I156</u>	<u>PHYSICIAN VISIT COST: AFTER DEDUCTIBLE</u>	<u>3.0</u>	<u>NUM</u>	<u>452</u>	<u>454</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				351
	0				3,441
	1-999				10,952
	TOTAL				14,744
<u>C157</u>	<u>PHYSICIAN VISIT %: AFTER DEDUCTIBLE</u>	<u>2.0</u>	<u>NUM</u>	<u>455</u>	<u>456</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,826
	0				9,330
	1-50				2,588
	TOTAL				14,744
<u>I157</u>	<u>PHYSICIAN VISIT %: AFTER DEDUCTIBLE</u>	<u>2.0</u>	<u>NUM</u>	<u>457</u>	<u>458</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				192
	0				11,382
	1-50				3,170
	TOTAL				14,744
<u>C158</u>	<u>NO MAXIMUM PLAN PAYMENT</u>	<u>1.0</u>	<u>NUM</u>	<u>459</u>	<u>459</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,359
	1 YES				9,385
	TOTAL				14,744
<u>C159</u>	<u>MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME</u>	<u>8.0</u>	<u>NUM</u>	<u>460</u>	<u>467</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,780
	1-20,000,000				1,964
	TOTAL				14,744
<u>C160</u>	<u>MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY</u>	<u>8.0</u>	<u>NUM</u>	<u>468</u>	<u>475</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,354
	1-20,000,000				390
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C161</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL</u>	<u>5.0</u>	<u>NUM</u>	<u>476</u>	<u>480</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,806
	1-97,500				7,938
	TOTAL				14,744
<u>I161</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL</u>	<u>5.0</u>	<u>NUM</u>	<u>481</u>	<u>485</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,359
	0				1,441
	1-15,000				9,944
	TOTAL				14,744
<u>C162</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY</u>	<u>5.0</u>	<u>NUM</u>	<u>486</u>	<u>490</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,121
	1-99,998				7,623
	TOTAL				14,744
<u>I162</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY</u>	<u>5.0</u>	<u>NUM</u>	<u>491</u>	<u>495</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,523
	0				1,518
	1-30,000				9,703
	TOTAL				14,744
<u>C163</u>	<u>NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT</u>	<u>1.0</u>	<u>NUM</u>	<u>496</u>	<u>496</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,571
	1 YES				3,173
	TOTAL				14,744
<u>I163</u>	<u>NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT</u>	<u>1.0</u>	<u>NUM</u>	<u>497</u>	<u>497</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,131
	1 YES				4,613
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C164	PLAN INCLUDES ROUTINE MAMMOGRAMS	1.0	NUM	498	498
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,080
	1 YES				11,260
	2 NO				193
	3 DO NOT KNOW				211
	TOTAL				14,744
C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS	1.0	NUM	499	499
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,104
	1 YES				10,731
	2 NO				676
	3 DO NOT KNOW				233
	TOTAL				14,744
C166	PLAN INCLUDES ROUTINE PAP SMEARS	1.0	NUM	500	500
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,704
	1 YES				12,564
	2 NO				245
	3 DO NOT KNOW				231
	TOTAL				14,744
C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE	1.0	NUM	501	501
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,421
	1 YES				11,041
	2 NO				119
	3 DO NOT KNOW				163
	TOTAL				14,744
C168	PLAN INCLUDES ADULT IMMUNIZATIONS	1.0	NUM	502	502
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,562
	1 YES				8,737
	2 NO				728
	3 DO NOT KNOW				717
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C169	<u>PLAN INCLUDES CHILD IMMUNIZATIONS</u>	1.0	NUM	503	503
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,130
	1 YES				10,984
	2 NO				248
	3 DO NOT KNOW				382
	TOTAL				14,744
C170	<u>PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR</u>	1.0	NUM	504	504
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,742
	1 YES				12,238
	2 NO				323
	3 DO NOT KNOW				441
	TOTAL				14,744
C171	<u>PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS</u>	1.0	NUM	505	505
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,494
	1 YES				10,401
	2 NO				378
	3 DO NOT KNOW				471
	TOTAL				14,744
C173	<u>PLAN INCLUDES CHIROPRACTIC CARE</u>	1.0	NUM	506	506
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,105
	1 YES				7,551
	2 NO				920
	3 DO NOT KNOW				1,168
	TOTAL				14,744
C174	<u>PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS</u>	1.0	NUM	507	507
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,949
	1 YES				8,783
	2 NO				383
	3 DO NOT KNOW				629
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C175</u>	<u>PLAN INCLUDES OUTPATIENT PRESCRIPTIONS</u>	<u>1.0</u>	<u>NUM</u>	<u>508</u>	<u>508</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,206
	1 YES				11,122
	2 NO				229
	3 DO NOT KNOW				187
	TOTAL				14,744
<u>I175</u>	<u>PLAN INCLUDES OUTPATIENT PRESCRIPTIONS</u>	<u>1.0</u>	<u>NUM</u>	<u>509</u>	<u>509</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				58
	1 YES				14,260
	2 NO				426
	TOTAL				14,744
<u>C176</u>	<u>PLAN INCLUDES ROUTINE DENTAL CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>510</u>	<u>510</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,064
	1 YES				5,026
	2 NO				5,514
	3 DO NOT KNOW				140
	TOTAL				14,744
<u>I176</u>	<u>PLAN INCLUDES ROUTINE DENTAL CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>511</u>	<u>511</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,944
	1 YES				5,470
	2 NO				7,330
	TOTAL				14,744
<u>C177</u>	<u>PLAN INCLUDES ORTHODONTIC CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>512</u>	<u>512</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,026
	1 YES				1,445
	2 NO				5,043
	3 DO NOT KNOW				230
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I177</u>	<u>PLAN INCLUDES ORTHODONTIC CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>513</u>	<u>513</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				4,503
	1 YES				1,945
	2 NO				8,296
	TOTAL				14,744
<u>C178</u>	<u>PLAN INCLUDES SKILLED NURSING FACILITY</u>	<u>1.0</u>	<u>NUM</u>	<u>514</u>	<u>514</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				4,189
	1 YES				9,293
	2 NO				440
	3 DO NOT KNOW				822
	TOTAL				14,744
<u>C179</u>	<u>PLAN INCLUDES HOME HEALTH CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>515</u>	<u>515</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				4,224
	1 YES				9,212
	2 NO				336
	3 DO NOT KNOW				972
	TOTAL				14,744
<u>C180</u>	<u>PLAN INCLUDES INPATIENT MENTAL ILLNESS</u>	<u>1.0</u>	<u>NUM</u>	<u>516</u>	<u>516</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				1,701
	1 YES				12,496
	2 NO				236
	3 DO NOT KNOW				311
	TOTAL				14,744
<u>C181</u>	<u>PLAN INCLUDES OUTPATIENT MENTAL ILLNESS</u>	<u>1.0</u>	<u>NUM</u>	<u>517</u>	<u>517</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				3,100
	1 YES				11,179
	2 NO				202
	3 DO NOT KNOW				263
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT	1.0	NUM	518	518
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,089
	1 YES				11,143
	2 NO				205
	3 DO NOT KNOW				307
	TOTAL				14,744
C183	COULD REFUSE COVERAGE: PRE-EXISTING COND	1.0	NUM	519	519
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,389
	1 YES				1,253
	2 NO				11,102
	TOTAL				14,744
I183	COULD REFUSE COVERAGE: PRE-EXISTING COND	1.0	NUM	520	520
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				1,878
	2 NO				12,866
	TOTAL				14,744
C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR	1.0	NUM	521	521
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,799
	1 YES				354
	2 NO				591
	TOTAL				14,744
I184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR	1.0	NUM	522	522
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,865
	1 YES				637
	2 NO				1,242
	TOTAL				14,744
C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS	1.0	NUM	523	523
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,543
	1 YES				1,970
	2 NO				10,231
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS	1.0	NUM	524	524
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				2,816
	2 NO				11,928
	TOTAL				14,744
C192	OFFERED OPTIONAL COVERAGE DENTAL	1.0	NUM	525	525
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,487
	1 YES				5,365
	2 NO				5,892
	TOTAL				14,744
C193	OFFERED OPTIONAL COVERAGE VISION	1.0	NUM	526	526
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,924
	1 YES				3,544
	2 NO				6,276
	TOTAL				14,744
C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG	1.0	NUM	527	527
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,741
	1 YES				1,574
	2 NO				6,429
	TOTAL				14,744
C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE	1.0	NUM	528	528
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,651
	1 YES				1,759
	2 NO				6,334
	TOTAL				14,744
C196	TOTAL AMT PAID OPTIONAL COVERAGE 1999	9.0	NUM	529	537
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,857
	0				268
	1-148,142,133				3,619
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I196	TOTAL AMT PAID OPTIONAL COVERAGE 1999	9.0	NUM	538	546
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,844
	0				262
	1-154,994,028				6,638
	TOTAL				14,744
C197	WAITING PERIOD FOR NEW EMPLOYEES	1.0	NUM	547	547
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,447
	1 YES				4,515
	2 NO				6,782
	TOTAL				14,744
I197	WAITING PERIOD FOR NEW EMPLOYEES	1.0	NUM	548	548
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				6,643
	2 NO				8,101
	TOTAL				14,744
C198	LENGTH OF TYPICAL WAITING PERIOD	1.0	NUM	549	549
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,365
	1 LESS THAN 2 WEEKS				70
	2 2 WEEKS TO LESS THAN 1 MONTH				123
	3 1-3 MONTHS				2,679
	4 MORE THAN 3 MONTHS				764
	5 UNTIL THE FIRST DAY OF THE NEXT MONTH				743
	TOTAL				14,744
I198	LENGTH OF TYPICAL WAITING PERIOD	1.0	NUM	550	550
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,101
	1 LESS THAN 2 WEEKS				78
	2 2 WEEKS TO LESS THAN 1 MONTH				145
	3 1-3 MONTHS				4,145
	4 MORE THAN 3 MONTHS				891
	5 UNTIL THE FIRST DAY OF THE NEXT MONTH				1,384
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS	10.0	NUM	551	560
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,149
	0				3
	1-1,025,231,000				5,592
	TOTAL				14,744
I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS	10.0	NUM	561	570
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	0				31
	358-1,281,624,000				9,328
	TOTAL				14,744
C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION	6.0	NUM	571	576
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,624
	1-446,973				9,120
	TOTAL				14,744
I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION	6.0	NUM	577	582
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	1-446,973				9,359
	TOTAL				14,744
C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS	6.0	NUM	583	588
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,012
	0				43
	1-225,410				6,689
	TOTAL				14,744
I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS	6.0	NUM	589	594
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	0				14
	1-364,611				9,345
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS	6.0	NUM	595	600
	VALUE				UNWEIGHTED
	MISSING				5,765
	0				78
	1-342,600				8,901
	TOTAL				14,744
I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS	6.0	NUM	601	606
	VALUE				UNWEIGHTED
	MISSING				5,385
	0				66
	1-342,600				9,293
	TOTAL				14,744
C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION	5.0	NUM	607	611
	VALUE				UNWEIGHTED
	MISSING				6,912
	0				1,595
	1-78,645				6,237
	TOTAL				14,744
I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION	5.0	NUM	612	616
	VALUE				UNWEIGHTED
	MISSING				5,385
	0				2,399
	1-78,645				6,960
	TOTAL				14,744
C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS	4.0	NUM	617	620
	VALUE				UNWEIGHTED
	MISSING				8,238
	0				4,435
	1-9,179				2,071
	TOTAL				14,744
I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS	5.0	NUM	621	625
	VALUE				UNWEIGHTED
	MISSING				5,385
	0				4,726
	1-70,458				4,633
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS	4.0	NUM	626	629
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,396
	0				4,566
	1-4,179				1,782
	TOTAL				14,744
I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS	5.0	NUM	630	634
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	0				5,852
	1-23,063				3,507
	TOTAL				14,744
C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION	4.0	NUM	635	638
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,662
	0				2,318
	1-6,000				764
	TOTAL				14,744
C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS	4.0	NUM	639	642
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,677
	0				2,981
	1-2,080				86
	TOTAL				14,744
C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS	3.0	NUM	643	645
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,674
	0				2,999
	1-200				71
	TOTAL				14,744
C209	RETIREEES LT 65 ELIGIBLE HEALTH INS	1.0	NUM	646	646
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,445
	1 YES				11,247
	2 NO				52
	TOTAL				14,744

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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 ELIGIBLE HEALTH INS	1.0	NUM	647	647
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,128
	1 YES				11,557
	2 NO				59
	TOTAL				14,744
C210	RETIREES 65+ ELIGIBLE HEALTH INS	1.0	NUM	648	648
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,649
	1 YES				10,600
	2 NO				495
	TOTAL				14,744
I210	RETIREES 65+ ELIGIBLE HEALTH INS	1.0	NUM	649	649
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,130
	1 YES				11,091
	2 NO				523
	TOTAL				14,744
C218	PHYSICIAN CARE COVERED	1.0	NUM	650	650
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,397
	1 YES				12,329
	2 NO				18
	TOTAL				14,744
I218	PHYSICIAN CARE COVERED	1.0	NUM	651	651
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				14,714
	2 NO				30
	TOTAL				14,744
C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL	1.0	NUM	652	652
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,998
	1 YES				10,746
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C222	NO ANNUAL OUT-OF-POCKET:FAMILY	1.0	NUM	653	653
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,430
	1 YES				3,314
	TOTAL				14,744
I222	NO ANNUAL OUT-OF-POCKET:FAMILY	1.0	NUM	654	654
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,914
	1 YES				4,830
	TOTAL				14,744
C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.	1.0	NUM	655	655
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,850
	1 YES				1,182
	2 NO				1,712
	TOTAL				14,744
I224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.	1.0	NUM	656	656
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,805
	1 YES				1,349
	2 NO				1,590
	TOTAL				14,744
C540	DOES ESTAB HAVE PART-TIME EMPLOYEES	1.0	NUM	657	657
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,540
	1 YES				1,004
	2 NO				200
	TOTAL				14,744
C541	OFFERS H.I. BENEFITS TO PART-TIME EES	1.0	NUM	658	658
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,730
	1 YES				570
	2 NO				444
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C551	PROVIDED HEALTH INS TO RETIREES	1.0	NUM	659	659
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,566
	1 YES				6,083
	2 NO				3,025
	3 DO NOT KNOW				70
	TOTAL				14,744
I551	PROVIDED HEALTH INS TO RETIREES	1.0	NUM	660	660
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	1 YES				6,211
	2 NO				3,148
	TOTAL				14,744
C552	SINGLE COVERAGE IS OFFERED	1.0	NUM	661	661
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,996
	1 YES				8,695
	2 NO				53
	TOTAL				14,744
C553	TIME PERIOD PREMIUM PAID	1.0	NUM	662	662
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,419
	1 WEEKLY				96
	2 EVERY 2 WEEKS				394
	3 MONTHLY				7,330
	4 YEARLY				478
	5 QUARTERLY				27
	TOTAL				14,744
C560	PERCENT ANNUAL COST THAT'S ADMINISTRATIVE	3.0	NUM	663	665
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,385
	0				8,882
	1-100				477
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C562	NO OPTIONAL COVERAGE OFFERED	1.0	NUM	666	666
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,285
	1 YES				2,459
	TOTAL				14,744
I562	NO OPTIONAL COVERAGE OFFERED	1.0	NUM	667	667
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,036
	1 YES				2,708
	TOTAL				14,744
C563	GOVT UNIT HAS PART TIME EMPLOYEES	1.0	NUM	668	668
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,749
	1 YES				3,831
	2 NO				164
	TOTAL				14,744
C564	GOVT UNIT OFFERS H.I. TO TEMP EMPLOYEES	1.0	NUM	669	669
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,783
	1 YES				821
	2 NO				1,883
	3 NO TEMPORARY OR SEASONAL EMPLOYEES				48
	4 DO NOT KNOW				209
	TOTAL				14,744
C565	NO LIFE OR DISABILITY INS. INCLUDED	1.0	NUM	670	670
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,639
	1 YES				4,105
	TOTAL				14,744
C566	ESTABLISHMENT OFFERS NO FRINGE BENEFITS	1.0	NUM	671	671
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				14,712
	1 YES				32
	TOTAL				14,744

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C567</u>	<u>PREMIUMS VARIED BY NONE OF THE ABOVE</u>	<u>1.0</u>	<u>NUM</u>	<u>672</u>	<u>672</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,873
	1 YES				3,871
	TOTAL				14,744