

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

NOTE: The first column "QUESTION NUMBER" contains the NEHIS CATI (Computer Assisted Telephone Interview) question number source from which each variable was obtained or constructed. SMPWT refers to the Sample/weighting File. An \* identifies new variables added by NCHS. The notation- VC (variable construction)- is used to denote that responses to 2 or more questions were combined into one variable; the number following VC indicates the "chunk" (i.e. the part of the computer program where the variable was constructed).

NUMBER OF NEHIS PLAN RECORDS ON FILE = 46,517

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 | CASEID        | 1-8           | ALPHA     | <u>CASE IDENTIFICATION NUMBER</u>   |
|                 | ESTBNUM       | 9-11          | ALPHA     | <u>ESTABLISHMENT NUMBER</u>   |
|                 | PLANNUM       | 12-14         | ALPHA     | <u>PLAN NUMBER</u>  |
| *               | SUMWRAP       | 15-16         | NUMERIC   | <u>BASE AND WRAPAROUND PLAN INDICATOR</u>   |
|                 |               |               | 80        | 10 EQUAL ENROLLMENT IN BASE AND WRAPAROUND PLAN (on Base plan record)   |
|                 |               |               | 80        | 11 EQUAL ENROLLMENT IN BASE AND WRAPAROUND PLAN (on Wraparound plan record)   |
|                 |               |               | 22        | 12 UNEQUAL ENROLLMENT IN BASE AND WRAPAROUND PLAN (on Base plan record)   |
|                 |               |               | 22        | 13 UNEQUAL ENROLLMENT IN BASE AND WRAPAROUND PLAN (on Wraparound plan record)   |
|                 |               |               | 1         | 20 TWO BASE AND WRAPAROUND PLANS OFFERED, ALL WITH EQUAL ENROLLMENT (on second Base plan record)                        |
|                 |               |               | 1         | 21 THE WRAPAROUND PLAN ASSOCIATED WITH THE SUMWRAP=20 BASE PLAN RECORD  |
|                 |               |               | 2         | 30 TWO WRAPAROUND PLANS AND ONE BASE PLAN, ALL WITH EQUAL ENROLLMENT (on Base plan record)                              |
|                 |               |               | 4         | 31 THE WRAPAROUND PLANS ASSOCIATED WITH THE SUMWRAP=30 BASE PLAN RECORD   |
|                 |               |               | 14        | 40 EQUAL ENROLLMENT IN AN HMO AND SUPPLEMENT PLAN (on HMO plan record)  |
|                 |               |               | 14        | 41 EQUAL ENROLLMENT IN AN HMO AND SUPPLEMENT PLAN (on Supplement plan record associated with the SUMWRAP=40 HMO record) |
|                 |               |               | 9         | 42 UNEQUAL ENROLLMENT IN AN HMO AND SUPPLEMENT PLAN (on HMO plan record)  |
|                 |               |               | 9         | 43 UNEQUAL ENROLLMENT IN AN HMO AND SUPPLEMENT PLAN (on   |

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|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Supplement plan record associated with the SUMWRAP=42 HMO record)   |
|                 |               |               | 1         | 44 TWO SETS OF HMO AND SUPPLEMENT PLANS OFFERED, BOTH WITH UNEQUAL PLAN ENROLLMENT (on HMO plan record of first set)  |
|                 |               |               | 1         | 45 TWO SETS OF HMO AND SUPPLEMENT PLANS OFFERED, BOTH WITH UNEQUAL PLAN ENROLLMENT (on Supplement plan record of first set associated with the SUMWRAP=44 HMO record) |
|                 |               |               | 1         | 46 TWO SETS OF HMO AND SUPPLEMENT PLANS OFFERED, BOTH WITH UNEQUAL PLAN ENROLLMENT (on HMO plan record of second set)   |
|                 |               |               | 1         | 47 TWO SETS OF HMO AND SUPPLEMENT PLANS OFFERED, BOTH WITH UNEQUAL PLAN ENROLLMENT (on Supplement plan record of first set associated with the SUMWRAP=46 HMO record) |
|                 |               |               | 46255     | BLANK NOT A BASE/WRAP PLAN  |
| *               | WRAP          | 17-30         | NUMERIC   | <u>PLAN IDENTIFICATION NUMBER LINKING BASE AND ASSOCIATED WRAP RECORD (CASEID/ESTBNUM/PLANNUM)</u>  |
|                 | PLESRSLT      | 31-32         | ALPHA     | <u>INTERVIEW STATUS FOR FINAL PLAN RECORD INFORMATION</u>   |
|                 |               |               | 42901     | CO COMPLETE-ALL NEEDED SECTIONS ASKED   |
|                 |               |               | 2299      | CP PARTIAL COMPLETE-J,H (L,I,G IF NEEDED)   |
|                 |               |               | 317       | CH PARTIAL-SELF/FULLY & ESTABLISHMENT ENROLLMENT KNOWN  |
|                 |               |               | 562       | CL PARTIAL-SELF/FULLY KNOWN & SECTION L DONE  |
|                 |               |               | 438       | CB PARTIAL - BOTH CL and CH CONDITIONS MET  |
|                 | RSLTCODE      | 33-34         | ALPHA     | <u>COMBINED ESTABLISHMENT/PLAN RESULT CODE</u>  |
|                 |               |               | 20027     | C COMPLETE, HEALTH INSURANCE OFFERED  |
|                 |               |               | 1838      | C3 COMPLETE, PARTIAL WITH NO PLAN RECORD DONE   |
|                 |               |               | 4526      | CP COMPLETE, PARTIAL- OTHER   |
|                 |               |               | 20126     | CR COMPLETE, OFFERS INSURANCE, 1+ ITEMS IDENTIFIED FOR SUBSEQUENT DATA RETRIEVAL  |
| *               | NCHSPLWT      | 35-44         | NUMERIC   | <u>FINAL PLAN WEIGHT</u>  |
|                 |               |               | 46517     | 1-11151.9* RANGE OF WEIGHTS   |
|                 |               |               |           | *Note: There are five implied decimal places.   |
|                 | SAMPTYPE      | 45            | NUMERIC   | <u>SAMPLE FRAME SOURCE</u>  |

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|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 37769     | 1 DUNS MARKET IDENTIFIER (DMI)                    |
|                 |               |               | 8748      | 2 CENSUS OF GOVERNMENTS (COG)                     |
| SMPWT           | SEFMEF        | 46            | NUMERIC   | <u>SEF/MEF INDICATOR</u><br>(Private sector only) |
|                 |               |               | 25815     | 1 ONE ESTABLISHMENT SAMPLED (SEF)                 |
|                 |               |               | 11954     | 2 TWO+ ESTABLISHMENTS SAMPLED (MEF)               |
|                 |               |               | 8748      | 8 INAPPLICABLE                                    |

Inapplicable: Government sample case.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES             |
|-----------------|---------------|---------------|-----------|----------------------------|
| SMPWT           | STATE         | 47-48         | ALPHA     | <u>STATE (POSTAL CODE)</u> |
|                 |               |               | 375       | AK ALASKA                  |
|                 |               |               | 860       | AL ALABAMA                 |
|                 |               |               | 691       | AR ARKANSAS                |
|                 |               |               | 921       | AZ ARIZONA                 |
|                 |               |               | 1796      | CA CALIFORNIA              |
|                 |               |               | 857       | CO COLORADO                |
|                 |               |               | 965       | CT CONNECTICUT             |
|                 |               |               | 804       | DC DISTRICT OF COLUMBIA    |
|                 |               |               | 573       | DE DELAWARE                |
|                 |               |               | 1339      | FL FLORIDA                 |
|                 |               |               | 1129      | GA GEORGIA                 |
|                 |               |               | 900       | HI HAWAII                  |
|                 |               |               | 727       | IA IOWA                    |
|                 |               |               | 471       | ID IDAHO                   |
|                 |               |               | 1338      | IL ILLINOIS                |
|                 |               |               | 1107      | IN INDIANA                 |
|                 |               |               | 678       | KS KANSAS                  |
|                 |               |               | 912       | KY KENTUCKY                |
|                 |               |               | 758       | LA LOUISIANA               |
|                 |               |               | 1393      | MA MASSACHUSETTS           |
|                 |               |               | 1066      | MD MARYLAND                |
|                 |               |               | 616       | ME MAINE                   |
|                 |               |               | 1360      | MI MICHIGAN                |
|                 |               |               | 1001      | MN MINNESOTA               |
|                 |               |               | 983       | MO MISSOURI                |
|                 |               |               | 638       | MS MISSISSIPPI             |
|                 |               |               | 441       | MT MONTANA                 |
|                 |               |               | 1095      | NC NORTH CAROLINA          |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES          |
|-----------------|---------------|---------------|-----------|-------------------------|
|                 |               |               | 442       | ND NORTH DAKOTA         |
|                 |               |               | 681       | NE NEBRASKA             |
|                 |               |               | 680       | NH NEW HAMPSHIRE        |
|                 |               |               | 1365      | NJ NEW JERSEY           |
|                 |               |               | 574       | NM NEW MEXICO           |
|                 |               |               | 592       | NV NEVADA               |
|                 |               |               | 1726      | NY NEW YORK             |
|                 |               |               | 1484      | OH OHIO                 |
|                 |               |               | 672       | OK OKLAHOMA             |
|                 |               |               | 872       | OR OREGON               |
|                 |               |               | 1645      | PA PENNSYLVANIA         |
|                 |               |               | 838       | RI RHODE ISLAND         |
|                 |               |               | 790       | SC SOUTH CAROLINA       |
|                 |               |               | 399       | SD SOUTH DAKOTA         |
|                 |               |               | 985       | TN TENNESSEE            |
|                 |               |               | 1335      | TX TEXAS                |
|                 |               |               | 741       | UT UTAH                 |
|                 |               |               | 1093      | VA VIRGINIA             |
|                 |               |               | 524       | VT VERMONT              |
|                 |               |               | 1111      | WA WASHINGTON           |
|                 |               |               | 1220      | WI WISCONSIN            |
|                 |               |               | 556       | WV WEST VIRGINIA        |
|                 |               |               | 398       | WY WYOMING              |
| * FIPS_ST       |               | 49-50         | NUMERIC   | <u>FIPS STATE CODE</u>  |
|                 |               |               | 860       | 1 ALABAMA               |
|                 |               |               | 375       | 2 ALASKA                |
|                 |               |               | 921       | 4 ARIZONA               |
|                 |               |               | 691       | 5 ARKANSAS              |
|                 |               |               | 1796      | 6 CALIFORNIA            |
|                 |               |               | 857       | 8 COLORADO              |
|                 |               |               | 965       | 9 CONNECTICUT           |
|                 |               |               | 573       | 10 DELAWARE             |
|                 |               |               | 804       | 11 DISTRICT OF COLUMBIA |
|                 |               |               | 1339      | 12 FLORIDA              |
|                 |               |               | 1129      | 13 GEORGIA              |
|                 |               |               | 900       | 15 HAWAII               |
|                 |               |               | 471       | 16 IDAHO                |
|                 |               |               | 1338      | 17 ILLINOIS             |
|                 |               |               | 1107      | 18 INDIANA              |

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|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 727       | 19 IOWA   |
|                 |               |               | 678       | 20 KANSAS   |
|                 |               |               | 912       | 21 KENTUCKY   |
|                 |               |               | 758       | 22 LOUISIANA  |
|                 |               |               | 616       | 23 MAINE  |
|                 |               |               | 1066      | 24 MARYLAND   |
|                 |               |               | 1393      | 25 MASSACHUSETTS  |
|                 |               |               | 1360      | 26 MICHIGAN   |
|                 |               |               | 1001      | 27 MINNESOTA  |
|                 |               |               | 638       | 28 MISSISSIPPI  |
|                 |               |               | 983       | 29 MISSOURI   |
|                 |               |               | 441       | 30 MONTANA  |
|                 |               |               | 681       | 31 NEBRASKA   |
|                 |               |               | 592       | 32 NEVADA   |
|                 |               |               | 680       | 33 NEW HAMPSHIRE  |
|                 |               |               | 1365      | 34 NEW JERSEY   |
|                 |               |               | 574       | 35 NEW MEXICO   |
|                 |               |               | 1726      | 36 NEW YORK   |
|                 |               |               | 1095      | 37 NORTH CAROLINA   |
|                 |               |               | 442       | 38 NORTH DAKOTA   |
|                 |               |               | 1484      | 39 OHIO   |
|                 |               |               | 672       | 40 OKLAHOMA   |
|                 |               |               | 872       | 41 OREGON   |
|                 |               |               | 1645      | 42 PENNSYLVANIA   |
|                 |               |               | 838       | 44 RHODE ISLAND   |
|                 |               |               | 790       | 45 SOUTH CAROLINA   |
|                 |               |               | 399       | 46 SOUTH DAKOTA   |
|                 |               |               | 985       | 47 TENNESSEE  |
|                 |               |               | 1335      | 48 TEXAS  |
|                 |               |               | 741       | 49 UTAH   |
|                 |               |               | 524       | 50 VERMONT  |
|                 |               |               | 1093      | 51 VIRGINIA   |
|                 |               |               | 1111      | 53 WASHINGTON   |
|                 |               |               | 556       | 54 WEST VIRGINIA  |
|                 |               |               | 1220      | 55 WISCONSIN  |
|                 |               |               | 398       | 56 WYOMING  |
| *               | STATENUM      | 51-52         | NUMERIC   | <u>SEQUENTIAL NUMERIC STATE CODE</u><br>(COMPATIBLE FOR SUDDAAN PROCESSING) |
|                 |               |               | 860       | 1 ALABAMA   |

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|--------------------|------------------|------------------|-----------|------------------------|
|                    |                  |                  | 375       | 2 ALASKA               |
|                    |                  |                  | 921       | 3 ARIZONA              |
|                    |                  |                  | 691       | 4 ARKANSAS             |
|                    |                  |                  | 1796      | 5 CALIFORNIA           |
|                    |                  |                  | 857       | 6 COLORADO             |
|                    |                  |                  | 965       | 7 CONNECTICUT          |
|                    |                  |                  | 573       | 8 DELAWARE             |
|                    |                  |                  | 804       | 9 DISTRICT OF COLUMBIA |
|                    |                  |                  | 1339      | 10 FLORIDA             |
|                    |                  |                  | 1129      | 11 GEORGIA             |
|                    |                  |                  | 900       | 12 HAWAII              |
|                    |                  |                  | 471       | 13 IDAHO               |
|                    |                  |                  | 1338      | 14 ILLINOIS            |
|                    |                  |                  | 1107      | 15 INDIANA             |
|                    |                  |                  | 727       | 16 IOWA                |
|                    |                  |                  | 678       | 17 KANSAS              |
|                    |                  |                  | 912       | 18 KENTUCKY            |
|                    |                  |                  | 758       | 19 LOUISIANA           |
|                    |                  |                  | 616       | 20 MAINE               |
|                    |                  |                  | 1066      | 21 MARYLAND            |
|                    |                  |                  | 1393      | 22 MASSACHUSETTS       |
|                    |                  |                  | 1360      | 23 MICHIGAN            |
|                    |                  |                  | 1001      | 24 MINNESOTA           |
|                    |                  |                  | 638       | 25 MISSISSIPPI         |
|                    |                  |                  | 983       | 26 MISSOURI            |
|                    |                  |                  | 441       | 27 MONTANA             |
|                    |                  |                  | 681       | 28 NEBRASKA            |
|                    |                  |                  | 592       | 29 NEVADA              |
|                    |                  |                  | 680       | 30 NEW HAMPSHIRE       |
|                    |                  |                  | 1365      | 31 NEW JERSEY          |
|                    |                  |                  | 574       | 32 NEW MEXICO          |
|                    |                  |                  | 1726      | 33 NEW YORK            |
|                    |                  |                  | 1095      | 34 NORTH CAROLINA      |
|                    |                  |                  | 442       | 35 NORTH DAKOTA        |
|                    |                  |                  | 1484      | 36 OHIO                |
|                    |                  |                  | 672       | 37 OKLAHOMA            |
|                    |                  |                  | 872       | 38 OREGON              |
|                    |                  |                  | 1645      | 39 PENNSYLVANIA        |
|                    |                  |                  | 838       | 40 RHODE ISLAND        |
|                    |                  |                  | 790       | 41 SOUTH CAROLINA      |

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|---------------------------------------|---------------|---------------|-----------|--|
|                                       |               |               | 399       | 42 SOUTH DAKOTA  |
|                                       |               |               | 985       | 43 TENNESSEE   |
|                                       |               |               | 1335      | 44 TEXAS   |
|                                       |               |               | 741       | 45 UTAH  |
|                                       |               |               | 524       | 46 VERMONT   |
|                                       |               |               | 1093      | 47 VIRGINIA  |
|                                       |               |               | 1111      | 48 WASHINGTON  |
|                                       |               |               | 556       | 49 WEST VIRGINIA   |
|                                       |               |               | 1220      | 50 WISCONSIN   |
|                                       |               |               | 398       | 51 WYOMING   |
| SMPWT                                 | FIPSCNTA      | 53-55         | NUMERIC   | <u>FIPS COUNTY CODE</u><br>(Private Sector only)<br>001-820 COUNTY CODE<br>BLANK GOVERNMENT SAMPLE CASE    |
|                                       |               |               | 41769     |  |
|                                       |               |               | 8748      |  |
| *                                     | CENSUSRE      | 56            | NUMERIC   | <u>CENSUS DIVISION</u>   |
|                                       |               |               | 5016      | 1 NEW ENGLAND  |
|                                       |               |               | 4736      | 2 MID-ATLANTIC   |
|                                       |               |               | 6509      | 3 NE CENTRAL   |
|                                       |               |               | 4911      | 4 NW CENTRAL   |
|                                       |               |               | 8445      | 5 SOUTH ATLANTIC   |
|                                       |               |               | 3395      | 6 SE CENTRAL   |
|                                       |               |               | 3456      | 7 SW CENTRAL   |
|                                       |               |               | 4995      | 8 MOUNTAIN   |
|                                       |               |               | 5054      | 9 PACIFIC  |
| SMPWT                                 | MACODE        | 57-60         | NUMERIC   | <u>METROPOLITAN AREA CODE</u><br>(Private sector only)<br>0000-9360 RANGE OF MA CODES<br>9998 INAPPLICABLE |
|                                       |               |               | 37769     |  |
|                                       |               |               | 8748      |  |
| Inapplicable: Government sample case. |               |               |           |  |
| *                                     | MACODERE      | 61            | NUMERIC   | <u>RECODE FOR METROPOLITAN AREAS</u><br>(Private sector only)  |
|                                       |               |               | 30269     | 1 METRO AREA   |
|                                       |               |               | 7500      | 2 NON-METRO AREA   |
|                                       |               |               | 8748      | 8 INAPPLICABLE   |

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|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: Government sample case.                                   |
| *A7             | MULTILOC      | 62            | NUMERIC   | <u>WHETHER MULTI-LOCATION FIRM OR NOT</u><br>(Private sector only)      |
| B1              |               |               | 24028     | 1 MULTI-LOCATION FIRM   |
|                 |               |               | 13720     | 2 SINGLE-LOCATION FIRM  |
|                 |               |               | 21        | 9 DON'T KNOW  |
|                 |               |               | 8748      | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Government sample case.                                   |
| *B2             | NUMLOCUS      | 63-67         | NUMERIC   | <u>NUMBER OF LOCATIONS (BRANCHES) IN U.S.</u><br>(Private sector only)  |
|                 |               |               | 13720     | 1 SINGLE LOCATION FIRM  |
|                 |               |               | 22534     | 2-8500 NUMBER OF LOCATIONS  |
|                 |               |               | 1494      | 9999 2+ LOCATIONS; DON'T KNOW NUMBER                                    |
|                 |               |               | 21        | 99996 NOT ASCERTAINED   |
|                 |               |               | 8748      | 99998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Government sample case.                                   |
| *               | MULTSTAT      | 68            | NUMERIC   | <u>WHETHER MULTI-STATE FIRM OR NOT</u><br>(Private sector only)         |
|                 |               |               | 17711     | 1 MULTI-STATE FIRM  |
|                 |               |               | 5895      | 2 SINGLE-STATE MULTI-LOCATION FIRM                                      |
|                 |               |               | 13720     | 3 SINGLE-LOCATION FIRM  |
|                 |               |               | 443       | 6 NOT ASCERTAINED   |
|                 |               |               | 8748      | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Government sample case.                                   |
| VC11            | FIRMSIZN      | 69-74         | NUMERIC   | <u>REPORTED NUMBER OF EMPLOYEES NATIONWIDE</u><br>(Private sector only) |
|                 |               |               | 37769     | 2-750000 NUMBER OF EMPLOYEES NATIONWIDE                                 |
|                 |               |               | 8748      | 999998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Government sample case.                                   |
| VC12            | EESTATEN      | 75-80         | NUMERIC   | <u>NUMBER OF FIRM EMPLOYEES IN STATE</u><br>(Private sector only)       |



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|---------------------------------------|---------------|---------------|-----------|---|
|                                       |               |               | 35703     | 1-725000 NUMBER OF EMPLOYEES                    |
|                                       |               |               | 21        | 999990 LESS THAN 50 (BECAUSE FIRMSIZN<50)       |
|                                       |               |               | 843       | 999991 50+ (BECAUSE ESTSIZEN>=50)               |
|                                       |               |               | 8         | 999994 CAN'T CONSTRUCT                          |
|                                       |               |               | 1194      | 999996 NOT ASCERTAINED                          |
|                                       |               |               | 8748      | 999998 INAPPLICABLE                             |
| Inapplicable: Government sample case. |               |               |           |   |
| VC13                                  | SICCODE2      | 81-82         | NUMERIC   | <u>TYPE OF BUSINESS/INDUSTRY RECODE</u>         |
|                                       |               |               | 8748      | 1 GOVERNMENT (COG SAMPLE)                       |
|                                       |               |               | 346       | 2 AGRICULTURE,FORESTRY,FISHING (01-09)          |
|                                       |               |               | 354       | 3 MINING/OIL& GAS EXTRACTION (10-14)            |
|                                       |               |               | 1369      | 4 CONSTRUCTION (15-17)                          |
|                                       |               |               | 6634      | 5 MANUFACTURING INDUSTRIES (20-39)              |
|                                       |               |               | 2771      | 6 TRANS.,COMM.,OTHER PUB. UTILITES (40-49)      |
|                                       |               |               | 3031      | 7 WHOLESALE TRADE (50-51)                       |
|                                       |               |               | 7090      | 8 RETAIL TRADE (52-59)                          |
|                                       |               |               | 4184      | 9 FINANCE,INSUR.,REAL ESTATE (60-67)            |
|                                       |               |               | 3505      | 10 BUSINESS, PERSONAL ENTERTAINMENT (70-79)     |
|                                       |               |               | 8485      | 11 PROFESSIONAL AND RELATED SERVICES (80-87,89) |
| SMPWT                                 | SICCODE       | 83-84         | NUMERIC   | <u>PRIMARY SIC CODE</u>                         |
|                                       |               |               |           | (Private sector only)                           |
|                                       |               |               | 111       | 01 AGRICULTURE PRODUCTION - CROPS               |
|                                       |               |               | 60        | 02 AGRICULTURE PRODUCTION - LIVESTOCK           |
|                                       |               |               | 159       | 07 AGRICULTURE SERVICES                         |
|                                       |               |               | 10        | 08 FORESTRY                                     |
|                                       |               |               | 6         | 09 FISHING, HUNTING AND TRAPPING                |
|                                       |               |               | 32        | 10 METAL MINING                                 |
|                                       |               |               | 69        | 12 BITUMINOUS COAL AND LIGNITE MINING           |
|                                       |               |               | 186       | 13 OIL AND GAS EXTRACTION                       |
|                                       |               |               | 67        | 14 MINING/QUARRY NONMET MIN, EXCEPT FUELS       |
|                                       |               |               | 325       | 15 BUILDING CONSTRUC-CONTRACTORS & BUILDERS     |
|                                       |               |               | 194       | 16 CONSTRUCTION OTHER THAN BUILDING CONSTRC     |
|                                       |               |               | 850       | 17 CONSTRUCTIONS - SPECIAL TRADE CONTRACTOR     |
|                                       |               |               | 518       | 20 FOOD AND KINDRED PRODUCTS                    |
|                                       |               |               | 6         | 21 TOBACCO MANUFACTURES                         |
|                                       |               |               | 235       | 22 TEXTILE MILL PRODUCTS                        |
|                                       |               |               | 220       | 23 APPAREL MADE FROM FABRICS                    |

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|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 222       | 24 LUMBER & WOOD PRODUCTS,EXCEPT FURNITURE  |
|                 |               |               | 163       | 25 FURNITURE AND FIXTURES                   |
|                 |               |               | 279       | 26 PAPER AND ALLIED PRODUCTS                |
|                 |               |               | 750       | 27 PRINTING,PUBLISHING & ALLIED INDUSTRIES  |
|                 |               |               | 437       | 28 CHEMICALS AND ALLIED PRODUCTS            |
|                 |               |               | 58        | 29 PETROLEUM REFINING & RELATED INDUSTRIES  |
|                 |               |               | 338       | 30 RUBBER AND MISC PLASTICS PRODUCTS        |
|                 |               |               | 55        | 31 LEATHER AND LEATHER PRODUCTS             |
|                 |               |               | 215       | 32 STONE, CLAY, GLASS & CONCRETE PRODUCTS   |
|                 |               |               | 240       | 33 PRIMARY METAL INDUSTRIES                 |
|                 |               |               | 565       | 34 FABRICATED METAL PRODS,EXCEPT MACHINERY  |
|                 |               |               | 803       | 35 MACHINERY, EXCEPT ELECTRICAL             |
|                 |               |               | 576       | 36 ELECTRICAL & ELECTRONIC MACHINERY        |
|                 |               |               | 384       | 37 TRANSPORTATION EQUIPMENT                 |
|                 |               |               | 341       | 38 MEASURING,ANALYZING & CONTROLLING INSTRU |
|                 |               |               | 229       | 39 MISC MANUFACTURING INDUSTRIES            |
|                 |               |               | 110       | 40 RAILROAD TRANSPORTATION                  |
|                 |               |               | 151       | 41 LOCAL & SUBURBAN TRANSIT & HIGHWAY TRANS |
|                 |               |               | 861       | 42 MOTOR FREIGHT TRANSPORT AND WAREHOUSING  |
|                 |               |               | 66        | 44 WATER TRANSPORTATION                     |
|                 |               |               | 202       | 45 TRANSPORTATION BY AIR                    |
|                 |               |               | 18        | 46 PIPE LINES, EXCEPT NATURAL GAS           |
|                 |               |               | 315       | 47 TRANSPORTATION SERVICES                  |
|                 |               |               | 453       | 48 COMMUNICATION                            |
|                 |               |               | 595       | 49 ELECTRIC, GAS, AND SANITARY SERVICES     |
|                 |               |               | 1874      | 50 WHOLESALE TRADE - DURABLE GOODS          |
|                 |               |               | 1157      | 51 WHOLESALE TRADE - NONDURABLE GOODS       |
|                 |               |               | 518       | 52 BUILD MATERIALS, HARDWARE,GARDEN SUPPLY  |
|                 |               |               | 515       | 53 GENERAL MERCHANDISE STORES               |
|                 |               |               | 1022      | 54 FOOD STORES                              |
|                 |               |               | 1012      | 55 AUTOMOTIVE DEALERS & GAS STATIONS        |
|                 |               |               | 559       | 56 APPAREL AND ACCESSORY STORES             |
|                 |               |               | 457       | 57 FURNITURE, HOME FURNISHINGS, EQUIP STORE |
|                 |               |               | 1579      | 58 EATING AND DRINKING PLACES               |
|                 |               |               | 1428      | 59 MISCELLANEOUS RETAIL                     |
|                 |               |               | 1484      | 60 BANKING                                  |
|                 |               |               | 376       | 61 CREDIT AGENCIES OTHER THAN BANKS         |
|                 |               |               | 209       | 62 SECURITY & COMM BROKERS, DEALERS, EXCH   |
|                 |               |               | 557       | 63 INSURANCE                                |
|                 |               |               | 777       | 64 INSURANCE AGENTS, BROKERS, AND SERVICES  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                              |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 729       | 65 REAL ESTATE                              |
|                 |               |               | 52        | 67 HOLDING & OTHER INVESTMENT OFFICES       |
|                 |               |               | 576       | 70 HOTELS, ROOMING HOUSES, CAMPS, LODGING   |
|                 |               |               | 316       | 72 PERSONAL SERVICES                        |
|                 |               |               | 1540      | 73 BUSINESS SERVICES                        |
|                 |               |               | 401       | 75 AUTOMOTIVE REPAIR, SERVICES, AND GARAGES |
|                 |               |               | 259       | 76 MISCELLANEOUS REPAIR SERVICES            |
|                 |               |               | 81        | 78 MOTION PICTURES                          |
|                 |               |               | 332       | 79 AMUSEMENT & REC SERVICES, EXCEPT MOTION  |
|                 |               |               | 3681      | 80 HEALTH SERVICES                          |
|                 |               |               | 555       | 81 LEGAL SERVICES                           |
|                 |               |               | 662       | 82 EDUCATIONAL SERVICES                     |
|                 |               |               | 950       | 83 SOCIAL SERVICES                          |
|                 |               |               | 48        | 84 MUSEUMS, ART GALL,BOTANICAL, ZOO GARDENS |
|                 |               |               | 965       | 86 MEMBERSHIP ORGANIZATIONS                 |
|                 |               |               | 1611      | 87 SERVICES                                 |
|                 |               |               | 13        | 89 MISCELLANEOUS SERVICES                   |
|                 |               |               | 8748      | 98 INAPPLICABLE                             |

Inapplicable: Government sample case.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                    |
|-----------------|---------------|---------------|-----------|---|
| VC13            | OWNTYPE       | 85-86         | NUMERIC   | <u>TYPE OF OWNERSHIP</u><br>(Private sector only) |
|                 |               |               | 24035     | 1 CORPORATION                                     |
|                 |               |               | 3459      | 2 CHAPTER S CORPORATION                           |
|                 |               |               | 1473      | 3 PARTNERSHIP                                     |
|                 |               |               | 1643      | 4 SOLE PROPRIETORSHIP                             |
|                 |               |               | 4         | 6 C-CORPORATION                                   |
|                 |               |               | 2         | 7 COMBINATION                                     |
|                 |               |               | 1         | 8 TRUST   |
|                 |               |               | 5652      | 9 NON-PROFIT                                      |
|                 |               |               | 39        | 10 PROFIT, NON-PROFIT (NOT AVAIL. @ INTRV.)       |
|                 |               |               | 925       | 91 OTHER TYPE                                     |
|                 |               |               | 536       | 96 NOT ASCERTAINED                                |
|                 |               |               | 8748      | 98 INAPPLICABLE                                   |

Inapplicable: Government sample case.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| VC13            | INEXIST       | 87-89         | NUMERIC   | <u>HOW LONG HAS FIRM BEEN IN EXISTENCE</u><br>(Private sector only) |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER                       | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|---------------------------------------|---------------|---------------|-----------|--|
|                                       |               |               | 36659     | 1-700 NUMBER OF YEARS  |
|                                       |               |               | 1110      | 996 NOT ASCERTAINED  |
|                                       |               |               | 8748      | 998 INAPPLICABLE   |
| Inapplicable: Government sample case. |               |               |           |  |
| SMPWT                                 | GOVTYPE       | 90            | NUMERIC   | <u>TYPE OF GOVERNMENT</u>  |
|                                       |               |               | 2984      | 1 FEDERAL  |
|                                       |               |               | 529       | 2 STATE  |
|                                       |               |               | 129       | 3 STATE/LOCAL  |
|                                       |               |               | 5106      | 4 LOCAL  |
|                                       |               |               | 37769     | 5 PRIVATE SECTOR ESTABLISHMENT   |
| SMPWT                                 | FINALPU       | 91            | NUMERIC   | <u>FINAL PURCHASING UNIT (PU)STATUS FOR LOCAL GOVERNMENT</u><br>(Government sector only)           |
|                                       |               |               | 8194      | 1 NON-PURCHASING UNIT OR FED/STATE ONLY PU   |
|                                       |               |               | 554       | 2 PURCHASING UNIT INVOLVING LOCAL GOVERNMENT   |
|                                       |               |               | 37769     | 8 INAPPLICABLE   |
| Inapplicable: Private sector case.    |               |               |           |  |
| *                                     | NOPUGOVT      | 92-94         | NUMERIC   | <u>NUMBER OF LOCAL GOVERNMENT UNITS OBTAINING</u><br><u>INSURANCE THROUGH PURCHASING UNIT (PU)</u> |
|                                       |               |               | 45972     | 1 PRIVATE, NON-LOCAL GOVT PU, OR GOVT WITH NO PU   |
|                                       |               |               | 545       | 2-751 NUMBER OF LOCAL GOVERNMENT UNITS   |
| VC03                                  | ESTSIZEN      | 95-100        | NUMERIC   | <u>ESTABLISHMENT SIZE: 12/31/93</u>  |
|                                       |               |               | 46517     | 1-608866 ESTABLISHMENT SIZE  |
|                                       | NOEPLYR       | 101-106       | NUMERIC   | <u>NUMBER OF EMPLOYEES IN ESTABLISHMENT AT END OF PLAN YEAR</u>                                    |
|                                       |               |               | 45753     | 1-608866 NUMBER OF EMPLOYEES   |
|                                       |               |               | 764       | 999996 NOT ASCERTAINED   |
| VC14                                  | UNEESSUM      | 107-112       | NUMERIC   | <u>NUMBER OF UNION EMPLOYEES: 12/31/93</u>   |
|                                       |               |               | 32540     | 0 NO UNION EMPLOYEES   |
|                                       |               |               | 10067     | 1-178077 NUMBER OF UNION EMPLOYEES   |
|                                       |               |               | 3741      | 999996 NOT ASCERTAINED   |
|                                       |               |               | 169       | 999999 DON'T KNOW  |
| C22                                   | C22           | 113           | NUMERIC   | <u>DOES ESTABLISHMENT HAVE SALARIED AND HOURLY EMPLOYEES</u>                                       |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 35604     | 1 HOURLY AND SALARIED   |
|                 |               |               | 2049      | 2 HOURLY ONLY   |
|                 |               |               | 4655      | 3 SALARIED ONLY   |
|                 |               |               | 313       | 6 NOT ASCERTAINED   |
|                 |               |               | 579       | 7 REFUSED   |
|                 |               |               | 3317      | 9 DON'T KNOW  |
| C23             | C23P          | 114-116       | NUMERIC   | <u>PERCENT TOTAL EMPLOYEES THAT ARE HOURLY ON 12/31/93</u>                              |
|                 |               |               | 35341     | 1-100 PERCENT   |
|                 |               |               | 4         | 996 NOT ASCERTAINED   |
|                 |               |               | 11172     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No or unknown if hourly employees.  |
| D8              | D8            | 117           | NUMERIC   | <u>DID FIRM POOL WITH OTHER EMPLOYERS FOR HEALTH INSURANCE</u><br>(Private sector only) |
|                 |               |               | 3542      | 1 YES   |
|                 |               |               | 33240     | 2 NO  |
|                 |               |               | 4         | 6 NOT ASCERTAINED   |
|                 |               |               | 2         | 7 REFUSED   |
|                 |               |               | 677       | 9 DON'T KNOW  |
|                 |               |               | 9052      | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No health insurance offered at firm level or Government sample case.      |
| D9              | D9            | 118           | NUMERIC   | <u>IS HEALTH INSURANCE PLAN YEAR A CALENDAR YEAR</u>                                    |
|                 |               |               | 27792     | 1 YES   |
|                 |               |               | 18019     | 2 NO  |
|                 |               |               | 1         | 7 REFUSED   |
|                 |               |               | 705       | 9 DON'T KNOW  |
| VC02            | MOSINPYR      | 119-120       | NUMERIC   | <u>NUMBER OF MONTHS IN PLAN YEAR, FOR ALL PLANS</u>                                     |
|                 |               |               | 45814     | 2-24 MONTHS   |
|                 |               |               | 703       | 96 NOT ASCERTAINED  |
| D10             | PYBMON        | 121-122       | NUMERIC   | <u>BEGINNING MONTH OF PLAN YEAR 1993 (PLAN LEVEL)</u>                                   |
|                 |               |               | 359       | 1-12 MONTHS   |
|                 |               |               | 2         | 96 NOT ASCERTAINED  |
|                 |               |               | 46156     | 98 INAPPLICABLE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: All plans within a firm use the same plan year.<br>(Note: Derived from comments/notes.) |
| D10             | PYBYEAR       | 123-124       | NUMERIC   | <u>BEGINNING YEAR OF PLAN YEAR 1993</u> (PLAN LEVEL)  |
|                 |               |               | 138       | 92 YEAR   |
|                 |               |               | 219       | 93 YEAR   |
|                 |               |               | 2         | 94 YEAR   |
|                 |               |               | 2         | 96 NOT ASCERTAINED  |
|                 |               |               | 46156     | 98 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: All plans within a firm use the same plan year.<br>(Note: Derived from comments/notes.) |
| D10             | PYEMON        | 125-126       | NUMERIC   | <u>ENDING MONTH OF PLAN YEAR 1993</u> (PLAN LEVEL)  |
|                 |               |               | 359       | 1-12 MONTHS   |
|                 |               |               | 2         | 96 NOT ASCERTAINED  |
|                 |               |               | 46156     | 98 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: All plans within a firm use the same plan year.<br>(Note: Derived from comments/notes.) |
| D10             | PYEYEAR       | 127-128       | NUMERIC   | <u>ENDING YEAR OF PLAN YEAR 1993</u> (PLAN LEVEL)   |
|                 |               |               | 2         | 92 YEAR   |
|                 |               |               | 250       | 93 YEAR   |
|                 |               |               | 107       | 94 YEAR   |
|                 |               |               | 2         | 96 NOT ASCERTAINED  |
|                 |               |               | 46156     | 98 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: All plans within a firm use the same plan year.<br>(Note: Derived from comments/notes.) |
| C15             | TYPHIOFF      | 129           | NUMERIC   | <u>TYPES OF HEALTH INSURANCE PLANS OFFERED BY ESTABLISHMENT</u><br>(FOR PLAN YEAR 1993)               |
|                 |               |               | 23397     | 1 ONLY MAJOR PLANS  |
|                 |               |               | 23045     | 2 MAJOR <u>AND</u> SINGLE SERVICE/SPECIAL PLANS   |
|                 |               |               | 75        | 3 ONLY SINGLE SERVICE/SPECIAL PLANS   |
| VC15            | MAJPLOFR      | 130-132       | NUMERIC   | <u>NUMBER OF MAJOR PLANS OFFERED IN PLAN YEAR 1993</u>  |
|                 |               |               | 73        | 0 HEALTH PLAN OFFERED BUT NO MAJOR PLANS  |
|                 |               |               | 23113     | 1 ONE MAJOR PLAN  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 9304      | 2 TWO MAJOR PLANS                                       |
|                 |               |               | 5065      | 3 THREE MAJOR PLANS                                     |
|                 |               |               | 8967      | 4-134 NUMBER OF MAJOR PLANS OFFERED                     |
| VC15            | MAJPLOF1      | 133-135       | NUMERIC   | <u>NUMBER OF MAJOR PLANS WITH 1+ EMPLOYEES ENROLLED</u> |
|                 |               |               | 308       | 0 MAJOR PLAN OFFERED BUT NO ENROLLEES                   |
|                 |               |               | 23593     | 1 ONE MAJOR PLAN WITH 1+ ENROLLEES                      |
|                 |               |               | 9054      | 2 TWO MAJOR PLANS WITH 1+ ENROLLEES                     |
|                 |               |               | 4763      | 3 THREE MAJOR PLANS WITH 1+ ENROLLEES                   |
|                 |               |               | 8663      | 4-122 NUMBER OF MAJOR PLANS WITH 1+ ENROLLES            |
|                 |               |               | 63        | 996 NOT ASCERTAINED                                     |
|                 |               |               | 73        | 998 INAPPLICABLE  |

Inapplicable: No major plan offered in plan year 1993.

|      |          |         |         |   |
|------|----------|---------|---------|---|
| VC15 | SNGPLOFR | 136-137 | NUMERIC | <u>NUMBER OF SINGLE SERVICE AND SPECIAL PLANS OFFERED IN PLAN YEAR 1993</u> |
|      |          |         | 23396   | 0 NONE  |
|      |          |         | 15802   | 1 SINGLE SERVICE/SPECIAL PLAN   |
|      |          |         | 5089    | 2 SINGLE SERVICE/SPECIAL PLANS  |
|      |          |         | 1674    | 3 SINGLE SERVICE/SPECIAL PLANS  |
|      |          |         | 556     | 4-10 SINGLE SERVICE/SPECIAL PLANS   |

|        |          |         |         |  |
|--------|----------|---------|---------|--|
| RECODE | SNGPLOF1 | 138-139 | NUMERIC | <u>NUMBER OF SINGLE SERVICE AND SPECIAL PLANS OFFERED IN PLAN YEAR 1993 WITH 1+ EMPLOYEES ENROLLED</u> |
|        |          |         | 267     | 0 NONE WITH EMPLOYEES ENROLLED   |
|        |          |         | 15653   | 1 SINGLE SERVICE/SPECIAL PLAN WITH ENROLLEES   |
|        |          |         | 4994    | 2 SINGLE SERVICE/SPECIAL PLANS WITH ENROLLEES  |
|        |          |         | 1641    | 3 SINGLE SERVICE/SPECIAL PLANS WITH ENROLLEES  |
|        |          |         | 546     | 4-9 SINGLE SERVICE/SPECIAL PLANS WITH ENROLLEES  |
|        |          |         | 20      | 96 NOT ASCERTAINED   |
|        |          |         | 23396   | 98 INAPPLICABLE  |

Inapplicable: Only major plans offered.

|   |         |     |         |  |
|---|---------|-----|---------|--|
| * | MAJPLRE | 140 | NUMERIC | <u>MANAGED CARE PLAN RECODE FOR ALL PLANS OFFERED AT ESTABLISHMENT</u> |
|   |         |     | 14006   | 1 CONVENTIONAL/INDEMNITY ONLY  |
|   |         |     | 20190   | 2 MANAGED CARE ONLY  |
|   |         |     | 12246   | 3 BOTH CONVENTIONAL/MANAGED CARE                                       |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 75        | 4 SINGLE SERVICE/SPECIAL PLANS ONLY   |
| *               | DMAJPLRE      | 141-142       | NUMERIC   | <u>DETAILED MANAGED CARE PLAN RECODE FOR ALL PLANS OFFERED AT ESTABLISHMENT</u> |
|                 |               |               | 14006     | 1 INDEMNITY (CONVENTIONAL) ONLY   |
|                 |               |               | 20190     | 2 MANAGED CARE ONLY   |
|                 |               |               | 4797      | 3 CONVENTIONAL & HMO  |
|                 |               |               | 1916      | 4 CONVENTIONAL, HMO & PPO   |
|                 |               |               | 502       | 5 CONVENTIONAL, HMO & POS   |
|                 |               |               | 1491      | 6 CONVENTIONAL & PPO  |
|                 |               |               | 537       | 7 CONVENTIONAL & POS  |
|                 |               |               | 2877      | 8 ALL 4 TYPES OF MAJOR PLANS  |
|                 |               |               | 126       | 9 CONVENTIONAL, PPO & POS   |
|                 |               |               | 75        | 10 SINGLE SERVICE/SPECIAL PLAN ONLY   |
| VC15            | OFFHMO        | 143           | NUMERIC   | <u>DOES ESTABLISHMENT OFFER AN HMO PLAN</u>                                     |
|                 |               |               | 18828     | 1 YES   |
|                 |               |               | 27583     | 2 NO  |
|                 |               |               | 31        | 6 NOT ASCERTAINED   |
|                 |               |               | 75        | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No major plan offered.  |
| VC15            | OFFPPO        | 144           | NUMERIC   | <u>DOES ESTABLISHMENT OFFER A PPO PLAN</u>                                      |
|                 |               |               | 21372     | 1 YES   |
|                 |               |               | 25063     | 2 NO  |
|                 |               |               | 7         | 6 NOT ASCERTAINED   |
|                 |               |               | 75        | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No major plan offered.  |
| VC15            | OFFCON        | 145           | NUMERIC   | <u>DOES ESTABLISHMENT OFFER AN INDEMNITY/CONVENTIONAL PLAN</u>                  |
|                 |               |               | 26252     | 1 YES   |
|                 |               |               | 20183     | 2 NO  |
|                 |               |               | 7         | 6 NOT ASCERTAINED   |
|                 |               |               | 75        | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No major plan offered.  |
| VC15            | OFFCOMB       | 146           | NUMERIC   | <u>DOES ESTABLISHMENT OFFER A POS PLAN</u>                                      |



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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

|  |  |  |       |                |
|--|--|--|-------|----------------|
|  |  |  | 7126  | 1 YES          |
|  |  |  | 39316 | 2 NO           |
|  |  |  | 75    | 8 INAPPLICABLE |

Inapplicable: No major plan offered.

| RECODE | PLANTYP4 | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                   |
|--------|----------|---------------|-----------|--|
|        |          | 147-148       | NUMERIC   | <u>NCHS EDITED PLAN TYPE</u>                     |
|        |          |               | 9530      | 1 HMO (HEALTH MAINTAINANCE ORGANIZATION)         |
|        |          |               | 10577     | 2 PPO (PREFERRED PROVIDER OPTION)                |
|        |          |               | 14904     | 3 CONVENTIONAL/INDEMNITY PLAN                    |
|        |          |               | 2232      | 4 POS (POINT OF SERVICE)                         |
|        |          |               | 7299      | 5 DENTAL   |
|        |          |               | 874       | 6 VISION   |
|        |          |               | 466       | 7 PRESCRIPTION DRUG                              |
|        |          |               | 37        | 8 LONG TERM CARE                                 |
|        |          |               | 358       | 9 DREAD DISEASE                                  |
|        |          |               | 58        | 10 EXTRA CASH                                    |
|        |          |               | 34        | 33 MEDICARE SUPPLEMENT (MEDIGAP)                 |
|        |          |               | 118       | 56 COMBINATION DENTAL/VISION                     |
|        |          |               | 5         | 57 COMBINATION DENTAL/PRESCRIPTION               |
|        |          |               | 2         | 67 COMBINATION VISION/PRESCRIPTION               |
|        |          |               | 3         | 68 COMBINATION DENTAL/VISION/PRESCRIPTION        |
|        |          |               | 20        | 69 MENTAL HEALTH PLAN                            |
| E3     | E3       | 149-150       | NUMERIC   | <u>TYPE OF PLAN</u> (from Plan Enumeration list) |
|        |          |               | 10205     | 1 HMO/EPO/IPA                                    |
|        |          |               | 5841      | 2 PPO  |
|        |          |               | 17446     | 3 CONVENTIONAL/INDEMNITY                         |
|        |          |               | 3492      | 4 COMBINATION                                    |
|        |          |               | 7262      | 5 DENTAL ONLY                                    |
|        |          |               | 856       | 6 VISION CARE ONLY                               |
|        |          |               | 460       | 7 PRESCRIPTION DRUGS ONLY                        |
|        |          |               | 35        | 8 LONG-TERM CARE ONLY                            |
|        |          |               | 308       | 9 DREAD DISEASE                                  |
|        |          |               | 52        | 10 HOSPITAL INDEMNITY OR EXTRA CASH              |
|        |          |               | 5         | 33 MEDICARE SUPPLEMENT (MEDIGAP)                 |
|        |          |               | 415       | 91 OTHER (SPECIFY)                               |
|        |          |               | 1         | 96 NOT ASCERTAINED                               |
|        |          |               | 1         | 97 REFUSED                                       |
|        |          |               | 138       | 99 DON'T KNOW                                    |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| RECODE          | REPLNTYP      | 151-152       | NUMERIC   | <u>PLAN TYPE REPORTED IN E3</u>                          |
|                 |               |               | 10712     | 1 HMO (HEALTH MAINTAINANCE ORGANIZATION)                 |
|                 |               |               | 7778      | 2 PPO (PREFERRED PROVIDER OPTION)                        |
|                 |               |               | 17703     | 3 CONVENTIONAL/INDEMNITY PLAN                            |
|                 |               |               | 1050      | 4 POS (POINT OF SERVICE)                                 |
|                 |               |               | 7299      | 5 DENTAL   |
|                 |               |               | 874       | 6 VISION   |
|                 |               |               | 466       | 7 PRESCRIPTION DRUG                                      |
|                 |               |               | 37        | 8 LONG TERM CARE   |
|                 |               |               | 358       | 9 DREAD DISEASE  |
|                 |               |               | 58        | 10 EXTRA CASH  |
|                 |               |               | 34        | 33 MEDICARE SUPPLEMENT (MEDIGAP)                         |
|                 |               |               | 118       | 56 COMBINATION DENTAL/VISION                             |
|                 |               |               | 5         | 57 COMBINATION DENTAL/PRESCRIPTION                       |
|                 |               |               | 2         | 67 COMBINATION VISION/PRESCRIPTION                       |
|                 |               |               | 3         | 68 COMBINATION DENTAL/VISION/PRESCRIPTION                |
|                 |               |               | 20        | 69 MENTAL HEALTH PLAN                                    |
| E4              | E4            | 153           | NUMERIC   | <u>DOES CONVENTIONAL PLAN HAVE PPO RIDER</u>             |
|                 |               |               | 2873      | 1 YES  |
|                 |               |               | 14331     | 2 NO   |
|                 |               |               | 1         | 6 NOT ASCERTAINED  |
|                 |               |               | 242       | 9 DON'T KNOW   |
|                 |               |               | 29070     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not a Conventional plan.                   |
| E4C             | E4C           | 154           | NUMERIC   | <u>IS THIS A HEALTH INSURANCE PLAN</u>                   |
|                 |               |               | 554       | 1 YES  |
|                 |               |               | 45963     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Type of plan is known.                     |
| E4D1            | E4D1          | 155           | NUMERIC   | <u>COVERED ONLY IF USES PARTICIPATING PROVIDER (HMO)</u> |
|                 |               |               | 90        | 1 YES  |
|                 |               |               | 392       | 2 NO   |
|                 |               |               | 3         | 6 NOT ASCERTAINED  |
|                 |               |               | 68        | 9 DON'T KNOW   |
|                 |               |               | 45964     | 8 INAPPLICABLE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: Plan with the unknown plan type not reported to be a health insurance plan. |
| E4E             | E4E           | 156           | NUMERIC   | <u>DO EMPLOYEES PAY LESS FOR PREFERRED PROVIDERS (PPO)</u>                                |
|                 |               |               | 94        | 1 YES   |
|                 |               |               | 297       | 2 NO  |
|                 |               |               | 2         | 6 NOT ASCERTAINED   |
|                 |               |               | 69        | 9 DON'T KNOW  |
|                 |               |               | 46055     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: A participating provider restriction was previously reported.               |
| E4G             | E4G           | 157           | NUMERIC   | <u>DOES COMBINATION PLAN HAVE AN HMO COMPONENT</u>  |
|                 |               |               | 1613      | 1 YES   |
|                 |               |               | 1671      | 2 NO  |
|                 |               |               | 209       | 9 DON'T KNOW  |
|                 |               |               | 43024     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not a combination plan.   |
| P1A             | P1A           | 158           | NUMERIC   | <u>DOES PLAN COVER SERVICES FROM OUTSIDE HMO/EPO</u>                                      |
|                 |               |               | 2246      | 1 YES   |
|                 |               |               | 8886      | 2 NO  |
|                 |               |               | 296       | 6 NOT ASCERTAINED   |
|                 |               |               | 1         | 7 REFUSED   |
|                 |               |               | 353       | 9 DON'T KNOW  |
|                 |               |               | 34735     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO plan.  |
| VC18            | SELFINSU      | 159           | NUMERIC   | <u>WHETHER PLAN IS SELF INSURED PLAN</u>  |
|                 |               |               | 14730     | 1 SELF-INSURED PLAN   |
|                 |               |               | 31688     | 2 NOT SELF-INSURED PLAN   |
|                 |               |               | 99        | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Wraparound plan (SUMWRAP=11,21,31,41).                                      |
| J14             | J14           | 160-161       | NUMERIC   | <u>SELF-INSURED PLAN ADMINSTRATOR IN 1993</u>   |
|                 |               |               | 1617      | 1 BLUE CROSS/BLUE SHIELD  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

QUESTION VARIABLE TAPE FREQUENCY ITEM AND CODES  
NUMBER NAME LOCATION

---

|       |    |                                 |
|-------|----|---------------------------------|
| 4203  | 2  | A COMMERCIAL OR PRIVATE INSURER |
| 5772  | 3  | A THIRD PARTY ADMINISTRATOR     |
| 1022  | 4  | YOUR OWN FIRM                   |
| 2     | 6  | COMBINATION                     |
| 757   | 91 | SOME OTHER ARRANGEMENT          |
| 582   | 96 | NOT ASCERTAINED                 |
| 16    | 97 | REFUSED                         |
| 413   | 99 | DON'T KNOW                      |
| 32133 | 98 | INAPPLICABLE                    |

Inapplicable: Fully insured plan.

|      |         |         |         |   |
|------|---------|---------|---------|---|
| VC18 | MPPPLAN | 162-163 | NUMERIC | <u>PLAN IS MINIMUM PREMIUM PLAN (MPP)</u> |
|      |         |         | 1615    | 1 BLUE CROSS/BLUE SHIELD                  |
|      |         |         | 4195    | 2 A COMMERCIAL OR PRIVATE INSURER         |
|      |         |         | 5761    | 3 A THIRD PARTY ADMINISTRATOR             |
|      |         |         | 1019    | 4 YOUR OWN FIRM                           |
|      |         |         | 2       | 6 COMBINATION                             |
|      |         |         | 2140    | 96 NOT ASCERTAINED                        |
|      |         |         | 31785   | 98 INAPPLICABLE                           |

Inapplicable: Plan not an eligible plan type, or plan is fully insured.

|        |         |     |         |  |
|--------|---------|-----|---------|--|
| Recode | UNIONEW | 164 | NUMERIC | <u>PLAN IS A UNION PLAN AND FIRM CONTRIBUTES</u> |
|        |         |     | 1413    | 1 YES  |
|        |         |     | 45090   | 2 NO   |
|        |         |     | 14      | 9 DON'T KNOW                                     |

|        |         |     |         |   |
|--------|---------|-----|---------|---|
| Recode | ASSNNEW | 165 | NUMERIC | <u>THIS IS A PROFESSIONAL ASSOCIATION PLAN AND FIRM CONTRIBUTES</u> |
|        |         |     | 918     | 1 YES   |
|        |         |     | 45594   | 2 NO  |
|        |         |     | 5       | 9 DON'T KNOW  |

|        |          |     |         |                                |
|--------|----------|-----|---------|--------------------------------|
| Recode | METWANEW | 166 | NUMERIC | <u>IS THIS A MET/MEWA PLAN</u> |
|        |          |     | 2692    | 1 YES                          |
|        |          |     | 42290   | 2 NO                           |
|        |          |     | 1535    | 9 DON'T KNOW                   |

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| J13 | J13 | 167 | NUMERIC | <u>IS THIS A BLUE CROSS/BLUE SHIELD PLAN</u> |
|-----|-----|-----|---------|--|

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES        |
|-----------------|---------------|---------------|-----------|-----------------------|
|                 |               |               |           | (Fully insured plans) |
|                 |               |               | 8013      | 1 YES                 |
|                 |               |               | 19324     | 2 NO                  |
|                 |               |               | 697       | 6 NOT ASCERTAINED     |
|                 |               |               | 104       | 7 REFUSED             |
|                 |               |               | 3555      | 9 DON'T KNOW          |
|                 |               |               | 14824     | 8 INAPPLICABLE        |

Inapplicable: Self-insured plan.

|     |     |     |         |   |
|-----|-----|-----|---------|---|
| P16 | P16 | 168 | NUMERIC | <u>DOES PLAN EXCLUDE EMPLOYEES WITH HEALTH PROBLEMS</u> |
|     |     |     | 7013    | 1 YES   |
|     |     |     | 27291   | 2 NO  |
|     |     |     | 806     | 6 NOT ASCERTAINED                                       |
|     |     |     | 4       | 7 REFUSED   |
|     |     |     | 2173    | 9 DON'T KNOW  |
|     |     |     | 9220    | 8 INAPPLICABLE  |

Inapplicable: Not an HMO, PPO, Conventional or POS plan.

|     |     |     |         |   |
|-----|-----|-----|---------|---|
| P17 | P17 | 169 | NUMERIC | <u>ANY ACTIVE EMPLOYEES EXCLUDED FOR HEALTH PROBLEM</u> |
|     |     |     | 576     | 1 YES, ACTIVE EMPLOYEES                                 |
|     |     |     | 417     | 2 YES, DEPENDENTS                                       |
|     |     |     | 443     | 3 YES, BOTH   |
|     |     |     | 5011    | 4 NO  |
|     |     |     | 8       | 6 NOT ASCERTAINED                                       |
|     |     |     | 1       | 7 REFUSED   |
|     |     |     | 567     | 9 DON'T KNOW  |
|     |     |     | 39494   | 8 INAPPLICABLE  |

Inapplicable: Plan must cover employees with particular health problems.

|     |     |         |         |  |
|-----|-----|---------|---------|--|
| P18 | P18 | 170-171 | NUMERIC | <u>NUMBER OF ACTIVE EMPLOYEES EXCLUDED IN 1993</u> |
|     |     |         | 751     | 1-55 EMPLOYEES                                     |
|     |     |         | 1       | 96 NOT ASCERTAINED                                 |
|     |     |         | 268     | 99 DON'T KNOW                                      |
|     |     |         | 45497   | 98 INAPPLICABLE                                    |

Inapplicable: No active employees are refused coverage.

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| P19             | P19           | 172-174       | NUMERIC   | <u>NUMBER OF DEPENDENTS OF ACTIVE EMPLOYEES EXCLUDED IN 1993</u> |
|                 |               |               | 28        | 0 NONE   |
|                 |               |               | 531       | 1-150 NUMBER OF DEPENDENTS                                       |
|                 |               |               | 301       | 999 DON'T KNOW   |
|                 |               |               | 45657     | 998 INAPPLICABLE   |

Inapplicable: No employee dependents are excluded because of health problems.

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC18 | PREEXPER | 175-178 | NUMERIC | <u>WAITING PERIOD TO BE COVERED WITH PRE-EXISTING CONDITIONS</u> |
|      |          |         | 16505   | 0 NO WAITING PERIOD  |
|      |          |         | 15935   | 1-3650 NUMBER OF DAYS  |
|      |          |         | 4732    | 9996 NOT ASCERTAINED   |
|      |          |         | 9345    | 9998 INAPPLICABLE  |

Inapplicable: There is a waiting period for pre-existing conditions but employees are never covered, or not an HMO, PPO, Conventional or POS plan.

|     |        |         |         |  |
|-----|--------|---------|---------|--|
| P21 | P21UNT | 179-180 | NUMERIC | <u>WAITING PERIOD FOR PRE-EXISTING CONDITIONS - UNIT</u> |
|     |        |         | 1896    | 1 DAYS   |
|     |        |         | 8703    | 2 MONTHS   |
|     |        |         | 5358    | 3 YEARS  |
|     |        |         | 72      | 4 NEVER COVERED  |
|     |        |         | 5       | 91 VARIES  |
|     |        |         | 369     | 96 NOT ASCERTAINED                                       |
|     |        |         | 1272    | 99 DON'T KNOW  |
|     |        |         | 28842   | 98 INAPPLICABLE  |

Inapplicable: Plan does not have a waiting period for pre-existing conditions.

|     |       |     |         |   |
|-----|-------|-----|---------|---|
| P21 | P21TX | 181 | NUMERIC | <u>ARE THERE DIFFERENT WAITING PERIODS IF UNDER TREATMENT</u> |
|     |       |     | 1615    | 1 YES   |
|     |       |     | 15636   | 2 NO  |
|     |       |     | 10      | 6 NOT ASCERTAINED   |
|     |       |     | 363     | 9 DON'T KNOW  |
|     |       |     | 28893   | 8 INAPPLICABLE  |

Inapplicable: Plan does not have a waiting period for pre-existing

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | conditions, or employees never covered for pre-existing conditions.                            |
| VC06            | EEENRPY       | 182-187       | NUMERIC   | <u>NUMBER OF ACTIVE EMPLOYEES ENROLLED IN PLAN AT END OF PLAN YEAR</u>                         |
|                 |               |               | 1916      | 0 NONE   |
|                 |               |               | 36748     | 1-393090 NUMBER ENROLLED IN PLAN   |
|                 |               |               | 7853      | 999996 NOT ASCERTAINED   |
| *               | EEENRP2       | 188-193       | NUMERIC   | <u>IMPUTED NUMBER OF ACTIVE EMPLOYEES ENROLLED IN PLAN AT END OF PLAN YEAR</u>                 |
|                 |               |               | 2677      | 0 NONE   |
|                 |               |               | 43741     | 1-393090 NUMBER ENROLLED IN PLAN   |
|                 |               |               | 99        | 999998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.   |
| *               | H2_FLAGI      | 194           | NUMERIC   | <u>NCHS IMPUTE FLAG FOR EEENRP2</u>  |
|                 |               |               | 44091     | 0 NOT IMPUTED  |
|                 |               |               | 2426      | 1 EMPLOYEES IMPUTED  |
| RECODE          | ICOBRAPL      | 195           | NUMERIC   | <u>WHETHER THIS PLAN HAS ANY COBRA EMPLOYEES ENROLLED (IMPUTED)</u><br>[Derived from I_COBRAE] |
|                 |               |               | 15727     | 1 PLAN HAS 1+ COBRAE EMPLOYEES ENROLLED  |
|                 |               |               | 30790     | 2 PLAN HAS NO COBRAE EMPLOYEES ENROLLED  |
| VC06            | COBRAENR      | 196-200       | NUMERIC   | <u>NUMBER OF COBRA ENROLLEES ENROLLED IN THIS PLAN AT END OF PLAN YEAR (Unimputed)</u>         |
|                 |               |               | 22526     | 0 NONE   |
|                 |               |               | 9917      | 1-80000 ENROLLEES  |
|                 |               |               | 14074     | 99996 NOT ASCERTAINED  |
| IMP             | I_COBRAE      | 201-205       | NUMERIC   | <u>IMPUTED NUMBER OF COBRA ENROLLEES AT END OF PLAN YEAR</u>                                   |
|                 |               |               | 30761     | 0 NONE   |
|                 |               |               | 15727     | 1-80000 NUMBER ENROLLED IN PLAN  |
|                 |               |               | 29        | 99998 NOT APPLICABLE   |
| *               | F_COBRAE      | 206           | NUMERIC   | <u>I_COBRAE NCHS IMPUTE FLAG</u>   |
|                 |               |               | 32443     | 0 NOT IMPUTED  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 14074     | 1 IMPUTED COBRA ENROLLEES  |
| RECODE          | IRETPLAN      | 207           | NUMERIC   | <u>WHETHER PLAN HAS ONLY RETIREES ENROLLED</u> (IMPUTED)<br>[Derived from I_RETU65 and I_RETO65] |
|                 |               |               | 341       | 1 PLAN HAS ONLY RETIREES ENROLLED  |
|                 |               |               | 46176     | 2 PLAN HAS EITHER NO RETIREES OR BOTH RETIREES AND OTHER EMPLOYEES ENROLLED                      |
| VC06            | RETO65EN      | 208-212       | NUMERIC   | <u>RETIREES 65 YEARS OR OLDER ENROLLED IN THIS PLAN AT END OF PLAN YEAR</u> (Unimputed)          |
|                 |               |               | 36179     | 0 NONE   |
|                 |               |               | 4635      | 1-61794 NUMBER ENROLLED IN PLAN  |
|                 |               |               | 5703      | 99996 NOT ASCERTAINED  |
| IMP             | I_RETO65      | 213-217       | NUMERIC   | <u>IMPUTED RETIREES 65 YEARS OR OLDER ENROLLED IN THIS PLAN AT END OF PLAN YEAR</u>              |
|                 |               |               | 40361     | 0 NONE   |
|                 |               |               | 6156      | 1-61794 NUMBER ENROLLED IN PLAN  |
| *               | F_RETO65      | 218           | NUMERIC   | <u>I_RETO65 NCHS IMPUTE FLAG</u>   |
|                 |               |               | 40814     | 0 NOT IMPUTED  |
|                 |               |               | 5703      | 1 IMPUTED ENROLLEES  |
| VC06            | RETU65EN      | 219-223       | NUMERIC   | <u>RETIREES UNDER 65 YEARS ENROLLED IN THIS PLAN AT END OF PLAN YEAR</u> (Unimputed)             |
|                 |               |               | 35507     | 0 NONE   |
|                 |               |               | 4138      | 1-53527 NUMBER ENROLLED IN PLAN  |
|                 |               |               | 6872      | 99996 NOT ASCERTAINED  |
| IMP             | I_RETU65      | 224-228       | NUMERIC   | <u>IMPUTED RETIREES UNDER 65 YEARS ENROLLED IN THIS PLAN AT END OF PLAN YEAR</u>                 |
|                 |               |               | 40984     | 0 NONE   |
|                 |               |               | 5533      | 1-53527 NUMBER ENROLLED IN PLAN  |
| *               | F_RETU65      | 229           | NUMERIC   | <u>I_RETU65 NCHS IMPUTE FLAG</u>   |
|                 |               |               | 39645     | 0 NOT IMPUTED  |
|                 |               |               | 6872      | 1 IMPUTED ENROLLEES  |
| H9              | H9NUM         | 230-235       | NUMERIC   | <u>NUMBER OF DEPENDENTS OF ACTIVE EMPLOYEES COVERED</u>  |



NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES          |
|-----------------|---------------|---------------|-----------|-------------------------|
|                 |               |               | 264       | 0 NONE                  |
|                 |               |               | 16452     | 1-481100 NUMBER COVERED |
|                 |               |               | 162       | 999996 NOT ASCERTAINED  |
|                 |               |               | 6         | 999997 REFUSED          |
|                 |               |               | 14022     | 999999 DON'T KNOW       |
|                 |               |               | 15611     | 999998 INAPPLICABLE     |

Inapplicable: The number of employees with family coverage is zero or missing.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| H10             | H10           | 236-241       | NUMERIC   | <u>NUMBER OF DEPENDENTS OF FORMER EMPLOYEES COVERED</u> |
|                 |               |               | 2357      | 0 NONE  |
|                 |               |               | 2666      | 1-103493 NUMBER COVERED                                 |
|                 |               |               | 130       | 999996 NOT ASCERTAINED                                  |
|                 |               |               | 1         | 999997 REFUSED  |
|                 |               |               | 535       | 999999 DON'T KNOW                                       |
|                 |               |               | 40828     | 999998 INAPPLICABLE                                     |

Inapplicable: Family coverage not offered, the number of former employees enrolled in the plan is zero or missing, or the number of active employees or their dependents with family coverage is refused or not known.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                      |
|-----------------|---------------|---------------|-----------|---|
| H11             | H11           | 242-246       | NUMERIC   | <u>NUMBER OF DEPENDENTS OF ALL RETIREES COVERED</u> |
|                 |               |               | 789       | 0 NONE  |
|                 |               |               | 1207      | 1-44000 NUMBER COVERED                              |
|                 |               |               | 204       | 99996 NOT ASCERTAINED                               |
|                 |               |               | 669       | 99999 DON'T KNOW                                    |
|                 |               |               | 43648     | 99998 INAPPLICABLE                                  |

Inapplicable: No retirees enrolled, or family coverage not offered.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| RECODE          | IEESINER      | 247-252       | NUMERIC   | <u>DERIVED NUMBER OF ACTIVE EMPLOYEES WITH SINGLE COVERAGE (EEENRP2-EEFAMEN2)</u> |
|                 |               |               | 4907      | 0 NONE  |
|                 |               |               | 38839     | 1-172636 NUMBER OF EMPLOYEES  |
|                 |               |               | 2771      | 999998 INAPPLICABLE   |

Inapplicable: Plan has zero enrollees or Wraparound plan

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY (NEHIS) RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

(SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.

|        |           |         |         |  |
|--------|-----------|---------|---------|--|
| RECODE | FAMILYNEW | 253     | NUMERIC | <u>DOES PLAN OFFER FAMILY COVERAGE</u>                             |
|        |           |         | 45086   | 1 YES  |
|        |           |         | 1151    | 2 NO   |
|        |           |         | 280     | 9 DON'T KNOW   |
| VC06   | EEFAMENR  | 254-259 | NUMERIC | <u>NUMBER OF ACTIVE EMPLOYEES WITH FAMILY COVERAGE</u>             |
|        |           |         |         | (Unimputed)  |
|        |           |         | 6194    | 0 NONE   |
|        |           |         | 27461   | 1-334126 NUMBER OF EMPLOYEES                                       |
|        |           |         | 12862   | 999996 NOT ASCERTAINED   |
| RECODE | EEFAMEN2  | 260-265 | NUMERIC | <u>IMPUTED ACTIVE EMPLOYEES WITH FAMILY COVERAGE (NCHS EDITED)</u> |
|        |           |         | 8671    | 0 NONE   |
|        |           |         | 37740   | 1-334126 NUMBER OF EMPLOYEES                                       |
|        |           |         | 106     | 999998 Inapplicable  |

Inapplicable: Wraparound plan (SUMWRAP=11,21,31,41) or no employees with family coverage. Also see Glossary for SUMWRAP and WRAP.

|        |          |     |         |   |
|--------|----------|-----|---------|---|
| *      | H8_FLAGI | 266 | NUMERIC | <u>IMPUTE FLAG FOR EEFAMEN2</u>                         |
|        |          |     | 34403   | 0 NOT IMPUTED   |
|        |          |     | 12114   | 1 IMPUTED   |
| RECODE | COMPIND  | 267 | NUMERIC | <u>COMPOSITE PREMIUM INDICATOR</u>                      |
|        |          |     | 2809    | 1 COMPOSITE PREMIUM REPORTED                            |
|        |          |     | 34331   | 2 SEPARATE PREMIUMS REPORTED FOR SINGLE/FAMILY COVERAGE |
|        |          |     | 9377    | 8 INAPPLICABLE  |

Inapplicable: Single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.

|        |          |         |         |   |
|--------|----------|---------|---------|---|
| RECODE | ISNGPREM | 268-271 | NUMERIC | <u>MONTHLY PREMIUM FOR SINGLE COVERAGE FOR FULLY AND SELF-INSURED PLANS</u> (Same as I_PREMSC and I_PREQSA) |
|        |          |         | 37140   | 40-1014 DOLLARS   |
|        |          |         | 9377    | 9998 INAPPLICABLE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: Single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.   |
| RECODE          | ISNGEECN      | 272-274       | NUMERIC   | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR SINGLE COVERAGE FOR FULLY AND SELF-INSURED PLANS</u><br>(Same as I_EECNSF and I_EECNSS)<br>0 NONE<br>20-915 DOLLARS<br>998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.   |
| RECODE          | ISNGERCN      | 275-278       | NUMERIC   | <u>EMPLOYER MONTHLY CONTRIBUTION FOR SINGLE COVERAGE FOR FULLY AND SELF-INSURED PLANS</u><br>(Same as I_ERCNSF and I_ERSAD)<br>0 NONE<br>30-1014 DOLLARS<br>9998 INAPPLICABLE |
|                 |               |               |           | Inapplicable: Single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.   |
| RECODE          | ISNGERPT      | 279-281       | NUMERIC   | <u>PERCENT OF PREMIUM PAID BY EMPLOYER- SINGLE COVERAGE</u><br>(Derived from ISNGERCN and ISNGPREM)<br>0 NONE OR PERCENT ROUNDED TO ZERO<br>1-100 PERCENT<br>998 INAPPLICABLE |
|                 |               |               |           | Inapplicable: Single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.   |
| RECODE          | IFAMPREM      | 282-285       | NUMERIC   | <u>MONTHLY PREMIUM FOR FAMILY COVERAGE FOR FULLY AND SELF-INSURED PLANS</u> (Same as I_PREMFC and I_PREQFA)<br>60-1125 DOLLARS<br>9998 INAPPLICABLE                           |
|                 |               |               |           | Inapplicable: Plan does not offer family coverage, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary  |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | for SUMWRAP and WRAP.  |
| RECODE          | IFAMEECN      | 286-288       | NUMERIC   | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR FAMILY COVERAGE FOR FULLY AND SELF-INSURED PLANS</u><br>(Same as I_EECNFF and I_EECNFS)                             |
|                 |               |               | 7512      | 0 NONE   |
|                 |               |               | 29263     | 1-982 DOLLARS  |
|                 |               |               | 9742      | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Plan does not offer family coverage, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| RECODE          | IFAMERCN      | 289-292       | NUMERIC   | <u>EMPLOYER MONTHLY CONTRIBUTION FOR FAMILY COVERAGE FOR FULLY AND SELF-INSURED PLANS</u><br>(Same as I_ERCNFF and I_ERFAD)                              |
|                 |               |               | 606       | 0 NONE   |
|                 |               |               | 36169     | 1-1122 DOLLARS   |
|                 |               |               | 9742      | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Plan does not offer family coverage, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| RECODE          | IFAMERPT      | 293-295       | NUMERIC   | <u>PERCENT OF PREMIUM PAID BY EMPLOYER- FAMILY COVERAGE</u><br>(Derived from IFAMERCN and IFAMPREM)  |
|                 |               |               | 620       | 0 NONE OR PERCENT ROUNDED TO ZERO  |
|                 |               |               | 36153     | 1-100 PERCENT  |
|                 |               |               | 9744      | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Plan does not offer family coverage, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| VC01            | PREMSCOV      | 296-298       | NUMERIC   | <u>MONTHLY PREMIUM FOR SINGLE COVERAGE**</u> (Unimputed)<br>(Fully insured plans)  |
|                 |               |               | 23228     | 10-800 DOLLARS   |
|                 |               |               | 2384      | 996 NOT ASCERTAINED  |
|                 |               |               | 20905     | 998 INAPPLICABLE   |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

Inapplicable: Self-insured plan, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.

*\*\*Note: For reported major plans that NCHS reclassified as single service plans (i.e. PLANTYP4 =5,6,10) and for reported Medicaid plans (Plantyp4=33), reported premiums/premium shares appear in the Westat edited premium fields (e.g., PREMSCOV) but are "INAPPLICABLE" in the NCHS edited premium/premium share variable fields (e.g. I\_PREMSC).*

|     |          |         |         |   |
|-----|----------|---------|---------|---|
| IMP | I_PREMSC | 299-302 | NUMERIC | <u>IMPUTED MONTHLY PREMIUM FOR SINGLE COVERAGE</u><br>(Fully insured plans) |
|     |          |         | 25566   | 40-1014 DOLLARS   |
|     |          |         | 20951   | 9998 INAPPLICABLE   |

Inapplicable: See PREMSCOV.

|   |          |     |         |                                  |
|---|----------|-----|---------|----------------------------------|
| * | IFL_PRMS | 303 | NUMERIC | <u>I_PREMSC NCHS IMPUTE FLAG</u> |
|   |          |     | 2371    | 1 IMPUTED PREMIUM                |
|   |          |     | 23221   | 0 NOT IMPUTED                    |
|   |          |     | 20925   | 8 INAPPLICABLE                   |

Inapplicable: See PREMSCOV.

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC01 | EECNTSCF | 304-306 | NUMERIC | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR SINGLE COVERAGE</u> (Fully insured plans) (Unimputed) |
|      |          |         | 10182   | 0 NONE   |
|      |          |         | 13660   | 1-600 DOLLARS  |
|      |          |         | 2       | 995 NOT CONSTRUCTED  |
|      |          |         | 1678    | 996 NOT ASCERTAINED  |
|      |          |         | 20995   | 998 INAPPLICABLE   |

Inapplicable: No employees with single coverage, self-insured plan, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.

|     |          |         |         |  |
|-----|----------|---------|---------|--|
| IMP | I_EECNSF | 307-309 | NUMERIC | <u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- SINGLE COVERAGE</u><br>(Fully insured plans) |
|     |          |         | 10996   | 0 NONE   |
|     |          |         | 14570   | 1-915 DOLLARS  |
|     |          |         | 20951   | 998 INAPPLICABLE   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: See EECNTSCF.   |
| *               | IFL_EESF      | 310           | NUMERIC   | <u>I_EECNSF NCHS IMPUTE FLAG</u>  |
|                 |               |               | 1653      | 1 PREMIUM IMPUTED   |
|                 |               |               | 23843     | 0 NOT IMPUTED   |
|                 |               |               | 21021     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See EECNTSCF.   |
| VC01            | ERCNTSCF      | 311-313       | NUMERIC   | <u>EMPLOYER MONTHLY CONTRIBUTION FOR SINGLE COVERAGE</u><br>(Fully insured plans) (Unimputed)   |
|                 |               |               | 760       | 0 NONE  |
|                 |               |               | 22229     | 1-800 DOLLARS   |
|                 |               |               | 2533      | 996 NOT ASCERTAINED   |
|                 |               |               | 20995     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No employees with single coverage, self-insured plan, single service plan or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| IMP             | I_ERCNSF      | 314-317       | NUMERIC   | <u>IMPUTED EMPLOYER MONTHLY CONTRBUTION- SINGLE COVERAGE</u><br>(Fully insured plans)   |
|                 |               |               | 987       | 0 NONE  |
|                 |               |               | 24579     | 1-1014 DOLLARS  |
|                 |               |               | 20951     | 9998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTSCF.   |
| *               | IFL_ERSF      | 318           | NUMERIC   | <u>I_ERCNSF NCHS IMPUTE FLAG</u>  |
|                 |               |               | 2503      | 1 PREMIUM IMPUTED   |
|                 |               |               | 22990     | 0 NOT IMPUTED   |
|                 |               |               | 21024     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTSCF.   |
| VC01            | PREMFCOV      | 319-322       | NUMERIC   | <u>MONTHLY PREMIUM FOR FAMILY COVERAGE</u> (Unimputed)<br>(Fully insured plans)   |
|                 |               |               | 20582     | 21-1100 DOLLARS   |
|                 |               |               | 2012      | 9996 NOT ASCERTAINED  |
|                 |               |               | 23923     | 9998 INAPPLICABLE   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: No enrolled employees with family coverage, no family coverage provided, self-insured plan, single service plan, or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| IMP             | I_PREMFC      | 323-326       | NUMERIC   | <u>IMPUTED MONTHLY PREMIUM FOR FAMILY COVERAGE</u><br>(Fully insured plans)<br>60-1125 DOLLARS<br>9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See PREMFCOV.  |
| *               | IFL_PRMF      | 327           | NUMERIC   | <u>I_PREMFC NCHS IMPUTE FLAG</u><br>1 PREMIUM IMPUTED<br>0 NOT IMPUTED<br>8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREMFCOV.  |
| VC01            | EECNTFCF      | 328-330       | NUMERIC   | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Fully insured plans) (Unimputed)<br>0 NONE<br>1-876 DOLLARS<br>995 NOT CONSTRUCTED<br>996 NOT ASCERTAINED<br>998 INAPPLICABLE                       |
|                 |               |               |           | Inapplicable: Premium for family coverage is inapplicable.   |
| IMP             | I_EECNFF      | 331-333       | NUMERIC   | <u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- FAMILY COVERAGE</u><br>(Fully insured plans)<br>0 NONE<br>1-982 DOLLARS<br>998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See EECNTFCF.  |
| *               | IFL_EEFF      | 334           | NUMERIC   | <u>I_EECNFF NCHS IMPUTE FLAG</u><br>1 PREMIUM IMPUTED<br>0 NOT IMPUTED   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 23949     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See EECNTFCF.   |
| VC01            | ERCNTFCF      | 335-338       | NUMERIC   | <u>EMPLOYER MONTHLY CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Fully insured plans) (Unimputed)                         |
|                 |               |               | 555       | 0 NONE  |
|                 |               |               | 19790     | 1-1098 DOLLARS  |
|                 |               |               | 2249      | 9996 NOT ASCERTAINED  |
|                 |               |               | 23923     | 9998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Premium for family coverage is inapplicable.  |
| IMP             | I_ERCNFF      | 339-342       | NUMERIC   | <u>IMPUTED EMPLOYER MONTHLY CONTRIBUTION- FAMILY COVERAGE</u><br>(Fully insured plans)                                |
|                 |               |               | 545       | 0 NONE  |
|                 |               |               | 24725     | 1-1122 DOLLARS  |
|                 |               |               | 21247     | 9998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTFCF.   |
| *               | IFL_ERFF      | 343           | NUMERIC   | <u>I_ERCNFF NCHS IMPUTE FLAG</u>  |
|                 |               |               | 2201      | 1 PREMIUM IMPUTED   |
|                 |               |               | 20368     | 0 NOT IMPUTED   |
|                 |               |               | 23948     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTFCF.   |
| L19             | L19           | 344           | NUMERIC   | <u>DOES PLAN HAVE DIFFERENT PREMIUMS FOR SINGLE AND FAMILY COVERAGE</u><br>(Fully insured plans)                      |
|                 |               |               | 1093      | 1 ONE PREMIUM RATE  |
|                 |               |               | 23322     | 2 DIFFERENT PREMIUM RATES   |
|                 |               |               | 154       | 6 NOT ASCERTAINED   |
|                 |               |               | 103       | 7 REFUSED   |
|                 |               |               | 549       | 9 DON'T KNOW  |
|                 |               |               | 21296     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self-insured plan, family coverage not offered or Section 1 of questionnaire not asked or inapplicable. |



| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| IMP             | I_L19         | 345           | NUMERIC   | <u>IMPUTED DOES PLAN HAVE DIFFERENT PREMIUMS FOR SINGLE AND FAMILY COVERAGE</u>                        |
|                 |               |               | 1151      | 1 ONE PREMIUM RATE   |
|                 |               |               | 24573     | 2 DIFFERENT PREMIUM RATES  |
|                 |               |               | 20793     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREMFCOV and I_PREMFC.   |
| *               | F_L19         | 346           | NUMERIC   | <u>I_L19 NCHS IMPUTE FLAG</u>  |
|                 |               |               | 45700     | 0 NOT IMPUTED  |
|                 |               |               | 817       | 1 IMPUTED  |
| L21             | L21A          | 347           | NUMERIC   | <u>WERE RETIREES INCLUDED IN PREMIUM</u><br>(Fully insured plans)                                      |
|                 |               |               | 74        | 1 YES  |
|                 |               |               | 10238     | 2 NO   |
|                 |               |               | 64        | 6 NOT ASCERTAINED  |
|                 |               |               | 36141     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Self insured plan, no retirees eligible for the plan, or the monthly premium is unknown. |
| L21             | L21B          | 348           | NUMERIC   | <u>DOES PREMIUM INCLUDE OTHER BENEFITS</u><br>(Fully insured plans)                                    |
|                 |               |               | 1161      | 1 YES  |
|                 |               |               | 22319     | 2 NO   |
|                 |               |               | 18        | 6 NOT ASCERTAINED  |
|                 |               |               | 23019     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Self insured plan or the monthly premium is unknown.                                     |
| L22             | L22A          | 349           | NUMERIC   | <u>IS LIFE INSURANCE INCLUDED IN PREMIUM</u><br>(Fully insured plans)                                  |
|                 |               |               | 575       | 1 YES  |
|                 |               |               | 577       | 2 NO   |
|                 |               |               | 5         | 6 NOT ASCERTAINED  |
|                 |               |               | 4         | 9 DON'T KNOW   |
|                 |               |               | 45356     | 8 INAPPLICABLE   |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: Self insured plan or no other benefits are included in the premium.  |
| L22             | L22B          | 350           | NUMERIC   | <u>IS DISABILITY INSURANCE INCLUDED IN PREMIUM</u><br>(Fully insured plans)  |
|                 |               |               | 200       | 1 YES  |
|                 |               |               | 940       | 2 NO   |
|                 |               |               | 7         | 6 NOT ASCERTAINED  |
|                 |               |               | 14        | 9 DON'T KNOW   |
|                 |               |               | 45356     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Self-insured plan or no other benefits are included in the premium.  |
| L22             | L22C          | 351           | NUMERIC   | <u>IS DENTAL INSURANCE INCLUDED IN PREMIUM</u><br>(Fully insured plans)  |
|                 |               |               | 712       | 1 YES  |
|                 |               |               | 442       | 2 NO   |
|                 |               |               | 3         | 6 NOT ASCERTAINED  |
|                 |               |               | 4         | 9 DON'T KNOW   |
|                 |               |               | 45356     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Self-insured plan or no other benefits are included in the premium.  |
| L22             | L22D          | 352           | NUMERIC   | <u>ANY ADDITIONAL BENEFITS INCLUDED IN PREMIUM</u><br>(Fully insured plans)  |
|                 |               |               | 109       | 1 YES  |
|                 |               |               | 1045      | 2 NO   |
|                 |               |               | 9         | 6 NOT ASCERTAINED  |
|                 |               |               | 1         | 9 DON'T KNOW   |
|                 |               |               | 45353     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Self insured plan or other benefits not included in the premium.   |
| L22             | L22E          | 353           | NUMERIC   | <u>IS VISION INSURANCE INCLUDED IN PREMIUM</u><br>(Respondent volunteered- not a CATI question)<br>(Fully insured plans) |
|                 |               |               | 124       | 1 YES  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 46393     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self insured plan, no write-in entry.   |
| L22             | L22F          | 354           | NUMERIC   | <u>IS PRESCRIPTION DRUG INSURANCE INCLUDED IN PREMIUM</u><br>(Respondent volunteered- not a CATI question)<br>(Fully insured plans)   |
|                 |               |               | 200       | 1 YES   |
|                 |               |               | 46317     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self insured plan, no write-in entry.   |
| L22             | L22G          | 355           | NUMERIC   | <u>DEATH/DISMEMBERMENT INSURANCE INCLUDED IN PREMIUM</u><br>(Respondent volunteered- not a CATI question)<br>(Fully insured plans)  |
|                 |               |               | 20        | 1 YES   |
|                 |               |               | 46497     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self insured plan, no write-in entry.   |
| L25             | L25           | 356           | NUMERIC   | <u>PREMIUMS CALCULATED FOR DIFFERENT FAMILY SIZES</u><br>(Fully insured plans)  |
|                 |               |               | 9659      | 1 YES   |
|                 |               |               | 11951     | 2 NO  |
|                 |               |               | 223       | 6 NOT ASCERTAINED   |
|                 |               |               | 104       | 7 REFUSED   |
|                 |               |               | 726       | 9 DON'T KNOW  |
|                 |               |               | 23854     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self insured plan, family coverage is not offered, there is a composite premium, or no enrollees with family coverage and section H of questionnaire is complete. |
|                 | FAMFLAG       | 357           | NUMERIC   | <u>FAMILY PREMIUM GIVEN IS NOT FOR FAMILY OF FOUR</u><br>(Respondent volunteered- not a CATI question)  |
|                 |               |               | 221       | 1 PREMIUM GIVEN IS <u>NOT</u> FOR FAMILY OF FOUR  |
|                 |               |               | 46296     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Respondent did not say that premium is not for a family of four.  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| VC02            | PREQSCOV      | 358-360       | NUMERIC   | <u>MONTHLY PREMIUM EQUIVALENT FOR SINGLE COVERAGE</u><br>(Self-insured plans) (Unimputed)<br>7935 36-500 DOLLARS<br>1677 996 NOT ASCERTAINED<br>36905 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan, single service plan, premium equivalent not calculated, or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP.  |
| IMP             | I_PREQSC      | 361-363       | NUMERIC   | <u>IMPUTED MONTHLY PREMIUM EQUIVALENT FOR SINGLE COVERAGE</u><br>(Self-insured plans)<br>11574 33-699 DOLLARS<br>34943 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See PREQSCOV.  |
| *               | IFL_PRQS      | 364           | NUMERIC   | <u>I_PREQSC NCHS IMPUTE FLAG</u><br>1673 1 PREMIUM IMPUTED<br>7935 0 NOT IMPUTED<br>36909 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREQSCOV.  |
| VC02            | EECNTSCS      | 365-367       | NUMERIC   | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR SINGLE COVERAGE</u><br>(Self-insured plans) (Unimputed)<br>3009 0 NONE<br>7715 1-500 DOLLARS<br>849 996 NOT ASCERTAINED<br>34944 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: No employees with single coverage, fully insured plan, premium equivalent calculated and premium equivalent for single coverage is inapplicable, or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| IMP             | I_EECNSS      | 368-370       | NUMERIC   | <u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- SINGLE COVERAGE</u><br>(Self-insured plans)   |
|                 |               |               | 3223      | 0 NONE  |
|                 |               |               | 8351      | 1-612 DOLLARS   |
|                 |               |               | 34943     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See EECNTSCS.   |
| *               | IFL_EESS      | 371           | NUMERIC   | <u>I_EECNSS NCHS IMPUTE FLAG</u>  |
|                 |               |               | 840       | 1 PREMIUM IMPUTED   |
|                 |               |               | 10730     | 0 NOT IMPUTED   |
|                 |               |               | 34947     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See EECNTSCS.   |
| VC02            | ERCNTSCS      | 372-374       | NUMERIC   | <u>EMPLOYER MONTHLY CONTRIBUTION FOR SINGLE COVERAGE</u><br>(Self-insured plans) (Unimputed)  |
|                 |               |               | 91        | 0 NONE  |
|                 |               |               | 7679      | 1-500 DOLLARS   |
|                 |               |               | 1841      | 996 NOT ASCERTAINED   |
|                 |               |               | 36906     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: No employees with single coverage, fully insured plan, premium equivalent calculated and premium equivalent for single coverage is inapplicable or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| IMP             | I_ERCNSS      | 375-377       | NUMERIC   | <u>IMPUTED EMPLOYER MONTHLY CONTRIBUTION- SINGLE COVERAGE</u><br>(Self-insured plans)   |
|                 |               |               | 162       | 0 NONE  |
|                 |               |               | 11412     | 1-696 DOLLARS   |
|                 |               |               | 34943     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTSCS.   |
| *               | IFL_ERSS      | 378           | NUMERIC   | <u>I_ERCNSS NCHS IMPUTE FLAG</u>  |
|                 |               |               | 1743      | 1 PREMIUM IMPUTED   |
|                 |               |               | 8349      | 2 NOT IMPUTED   |
|                 |               |               | 36425     | 8 INAPPLICABLE  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: See ERCNTSCS.  |
| RECODE          | ERPCTSCS      | 379-381       | NUMERIC   | <u>PERCENT OF PREMIUM PAID BY EMPLOYER- SINGLE COVERAGE</u><br>(Self-insured plans)  |
|                 |               |               | 99        | 0 NONE   |
|                 |               |               | 7809      | 1-100 PERCENT  |
|                 |               |               | 3671      | 996 NOT ASCERTAINED  |
|                 |               |               | 34938     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTSCS.  |
| IMP             | I_ERPCSS      | 382-384       | NUMERIC   | <u>IMPUTED PERCENT OF PREMIUM PAID BY EMPLOYER- SINGLE COVERAGE</u><br>(Self-insured plans)  |
|                 |               |               | 191       | 0 NONE   |
|                 |               |               | 11388     | 1-100 PERCENT  |
|                 |               |               | 34938     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTSCS.  |
| VC02            | PREQFCOV      | 385-387       | NUMERIC   | <u>MONTHLY PREMIUM EQUIVALENT FOR FAMILY COVERAGE</u><br>(Self-insured plans) (Unimputed)  |
|                 |               |               | 7005      | 75-958 DOLLARS   |
|                 |               |               | 1747      | 996 NOT ASCERTAINED  |
|                 |               |               | 37765     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: No enrolled employees with family coverage, no family coverage provided, fully insured plan, single service plan, premium equivalent not calculated, or Wraparound plan (SUMWRAP=11,21,31,41). Also see Glossary for SUMWRAP and WRAP. |
| IMP             | I_PREQFC      | 388-391       | NUMERIC   | <u>IMPUTED MONTHLY PREMIUM EQUIVALENT FOR FAMILY COVERAGE</u><br>(Self-insured plans)  |
|                 |               |               | 11510     | 46-1025 DOLLARS  |
|                 |               |               | 35007     | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See PREQFCOV.  |
| *               | IFL_PRQF      | 392           | NUMERIC   | <u>I PREQFC NCHS IMPUTE FLAG</u>   |
|                 |               |               | 1746      | 1 PREMIUM IMPUTED  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 7005      | 0 NOT IMPUTED  |
|                 |               |               | 37766     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREQFCOV.  |
| VC02            | EECNTFCS      | 393-395       | NUMERIC   | <u>EMPLOYEE MONTHLY CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Self-insured plans) (Unimputed)   |
|                 |               |               | 1596      | 0 NONE   |
|                 |               |               | 7118      | 1-688 DOLLARS  |
|                 |               |               | 1917      | 996 NOT ASCERTAINED  |
|                 |               |               | 35886     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan or premium equivalent calculated and premium equivalent for family coverage is inapplicable, or plan does not calculate a premium equivalent and plan either doesn't offer family coverage or there are no employees covered under family policies. |
| IMP             | I_EECNFS      | 396-398       | NUMERIC   | <u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- FAMILY COVERAGE</u><br>(Self-insured plans)  |
|                 |               |               | 1946      | 0 NONE   |
|                 |               |               | 9564      | 1-925 DOLLARS  |
|                 |               |               | 35007     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See EECNTFCS.  |
| *               | IFL_EEFS      | 399           | NUMERIC   | <u>I EECNFS NCHS IMPUTE FLAG</u>   |
|                 |               |               | 1904      | 1 PREMIUM IMPUTED  |
|                 |               |               | 8718      | 0 NOT IMPUTED  |
|                 |               |               | 35895     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See EECNTFCS.  |
| VC02            | ERCNTFCS      | 400-402       | NUMERIC   | <u>EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Self-insured plans) (Unimputed)   |
|                 |               |               | 160       | 0 NONE   |
|                 |               |               | 6798      | 1-764 DOLLARS  |
|                 |               |               | 1794      | 996 NOT ASCERTAINED  |
|                 |               |               | 37765     | 998 INAPPLICABLE   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: Employer contribution or the premium equivalent for family coverage is inapplicable.                         |
| IMP             | I_ERCNFS      | 403-405       | NUMERIC   | <u>IMPUTED EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Self-insured plans)   |
|                 |               |               | 98        | 0 NONE   |
|                 |               |               | 11412     | 1-997 DOLLARS  |
|                 |               |               | 35007     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTFCS.  |
| *               | I_FL_ERFS     | 406           | NUMERIC   | <u>I_ERCNFS NCHS EDIT FLAG</u>   |
|                 |               |               | 1733      | 1 PREMIUM IMPUTED  |
|                 |               |               | 7498      | 0 NOT IMPUTED  |
|                 |               |               | 37286     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTFCS.  |
| RECODE          | ERPCTFCS      | 407-409       | NUMERIC   | <u>PERCENT OF EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Self-insured plans)  |
|                 |               |               | 211       | 0 NONE   |
|                 |               |               | 7765      | 1-100 PERCENT  |
|                 |               |               | 3542      | 996 NOT ASCERTAINED  |
|                 |               |               | 34999     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTFCS.  |
| IMP             | I_ERPCFS      | 410-412       | NUMERIC   | <u>IMPUTED PERCENT OF EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE</u><br>(Self-insured plans)                                |
|                 |               |               | 258       | 0 NONE   |
|                 |               |               | 11260     | 1-100 PERCENT  |
|                 |               |               | 34999     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See ERCNTFCS.  |
| VC02            | PREQSADJ      | 413-415       | NUMERIC   | <u>PREMIUM EQUIVALENT FOR SINGLE COVERAGE ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u> (Unimputed)<br>(Self-insured plans) |
|                 |               |               | 8715      | 40-500 DOLLARS   |
|                 |               |               | 2855      | 996 NOT ASCERTAINED  |



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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 34947     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan, single service plan or Medicare supplement.  |
| IMP             | I_PREQSA      | 416-418       | NUMERIC   | <u>IMPUTED PREMIUM EQUIVALENT FOR SINGLE COVERAGE ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u><br>(Self-insured plans)   |
|                 |               |               | 11574     | 40-711 DOLLARS   |
|                 |               |               | 34943     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREQSADJ.  |
| *               | IFLPRQSA      | 419           | NUMERIC   | <u>I PREQSA NCHS IMPUTE FLAG</u>   |
|                 |               |               | 2852      | 1 PREMIUM IMPUTED  |
|                 |               |               | 8715      | 0 NOT IMPUTED  |
|                 |               |               | 34950     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREQSADJ.  |
| VC02            | ERCNTSAD      | 420-422       | NUMERIC   | <u>EMPLOYER CONTRIBUTION FOR SINGLE COVERAGE ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u> (Unimputed)<br>(Self-insured plans)  |
|                 |               |               | 80        | 0 NONE   |
|                 |               |               | 8384      | 1-500 DOLLARS  |
|                 |               |               | 3109      | 996 NOT ASCERTAINED  |
|                 |               |               | 34944     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Employer contribution for single coverage is inapplicable or premium equivalent for single coverage adjusted for administrative costs is inapplicable. |
| IMP             | I_ERSAD       | 423-425       | NUMERIC   | <u>IMPUTED EMPLOYER CONTRIBUTION FOR SINGLE COVERAGE ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u><br>(Self-insured plans)  |
|                 |               |               | 136       | 0 NONE   |
|                 |               |               | 11438     | 1-702 DOLLARS  |
|                 |               |               | 34943     | 998 INAPPLICABLE   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: See ERCNTSAD.   |
| *               | IFL_ERSA      | 426           | NUMERIC   | <u>I_ERSAD NCHS IMPUTE FLAG</u>   |
|                 |               |               | 3105      | 1 PREMIUM IMPUTED   |
|                 |               |               | 8464      | 0 NOT IMPUTED   |
|                 |               |               | 34948     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTSAD.   |
| VC02            | PREQFADJ      | 427-429       | NUMERIC   | <u>PREMIUM EQUIVALENT FOR FAMILY COVERAGE</u><br><u>ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u> (Unimputed)<br>(Self-insured plans)  |
|                 |               |               | 7715      | 100-842 DOLLARS   |
|                 |               |               | 2806      | 996 NOT ASCERTAINED   |
|                 |               |               | 35996     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan, single service plan or medicare supplement, premium equivalent for family coverage or single coverage adjusted for administrative costs is inapplicable, or number of employees with family coverage is zero or inapplicable. |
| IMP             | I_PREQFA      | 430-433       | NUMERIC   | <u>IMPUTED PREMIUM EQUIVALENT FOR FAMILY COVERAGE</u><br><u>ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u><br>(Self-insured plans)  |
|                 |               |               | 11510     | 60-1052 DOLLARS   |
|                 |               |               | 35007     | 9998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See PREQFADJ.   |
| *               | IFLPRQFA      | 434           | NUMERIC   | <u>I_PREQFA NCHS IMPUTE FLAG</u>  |
|                 |               |               | 2801      | 1 PREMIUM IMPUTED   |
|                 |               |               | 7719      | 0 NOT IMPUTED   |
|                 |               |               | 35997     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See PREQFADJ.   |
| VC02            | ERCNTFAD      | 435-437       | NUMERIC   | <u>EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE ADJUSTED TO</u><br><u>INCLUDE ADMINISTRATIVE COSTS</u>   |
|                 |               |               | 140       | 0 NONE  |
|                 |               |               | 7328      | 1-764 DOLLARS   |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 3057      | 996 NOT ASCERTAINED   |
|                 |               |               | 35992     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Premium equivalent for single coverage adjusted for administrative costs is inapplicable. |
| IMP             | I_ERFAD       | 438-440       | NUMERIC   | <u>IMPUTED EMPLOYER CONTRIBUTION FOR FAMILY COVERAGE ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u>       |
|                 |               |               | 61        | 0 NONE  |
|                 |               |               | 11449     | 1-997 DOLLARS   |
|                 |               |               | 35007     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTFAD.   |
| *               | IFL_ERFA      | 441           | NUMERIC   | <u>I_ERFAD NCHS IMPUTE FLAG</u>   |
|                 |               |               | 3056      | 1 PREMIUM IMPUTED   |
|                 |               |               | 7468      | 0 NOT IMPUTED   |
|                 |               |               | 35993     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See ERCNTFAD.   |
| L1              | L1            | 442           | NUMERIC   | <u>DOES FIRM CALCULATE "PREMIUM EQUIVALENT" OR COST PER EMPLOYEE (Self-insured plans)</u>               |
|                 |               |               | 9040      | 1 YES   |
|                 |               |               | 1978      | 2 NO  |
|                 |               |               | 30        | 6 NOT ASCERTAINED   |
|                 |               |               | 45        | 7 REFUSED   |
|                 |               |               | 501       | 9 DON'T KNOW  |
|                 |               |               | 25757     | 8 INAPPLICABLE  |
|                 |               |               | 9166      | BLANK MISSING   |
|                 |               |               |           | Inapplicable: Fully insured plan, or Section L of questionnaire was inapplicable.                       |
| L2              | L2            | 443           | NUMERIC   | <u>DOES PREMIUM EQUIVALENT INCLUDE COST OF PROCESSING MEDICAL CLAIMS (Self-insured plans)</u>           |
|                 |               |               | 6715      | 1 INCLUDES PROCESSING COSTS   |
|                 |               |               | 1573      | 2 MEDICAL CLAIMS ONLY   |
|                 |               |               | 64        | 6 NOT ASCERTAINED   |
|                 |               |               | 3         | 7 REFUSED   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 685       | 9 DON'T KNOW  |
|                 |               |               | 37477     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan, or premium equivalent not calculated.   |
| IMP             | I_L2          | 444           | NUMERIC   | <u>IMPUTED WHETHER PREMIUM EQUIVALENT INCLUDES COST OF PROCESSING MEDICAL CLAIMS</u> (Self-insured plans)           |
|                 |               |               | 9459      | 1 INCLUDES PROCESSING COSTS   |
|                 |               |               | 2128      | 2 MEDICAL CLAIMS ONLY   |
|                 |               |               | 34930     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See L2.   |
| *               | F_L2          | 445           | NUMERIC   | <u>I L2 NCHS IMPUTE FLAG</u>  |
|                 |               |               | 43218     | 0 NOT IMPUTED   |
|                 |               |               | 3299      | 1 IMPUTED   |
| L3              | L3            | 446           | NUMERIC   | <u>ARE DIFFERENT PREMIUM EQUIVALENTS CALCULATED FOR SINGLE AND FAMILY COVERAGE</u> (Self-insured plans)             |
|                 |               |               | 1351      | 1 NO  |
|                 |               |               | 7600      | 2 YES   |
|                 |               |               | 6         | 6 NOT ASCERTAINED   |
|                 |               |               | 1         | 7 REFUSED   |
|                 |               |               | 45        | 9 DON'T KNOW  |
|                 |               |               | 37514     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan, or no premium equivalent calculated, or no family coverage.                       |
| IMP             | I_L3          | 447           | NUMERIC   | <u>IMPUTED WHETHER DIFFERENT PREMIUM EQUIVALENTS CALCULATED FOR SINGLE AND FAMILY COVERAGE</u> (Self-insured plans) |
|                 |               |               | 1687      | 1 NO  |
|                 |               |               | 9918      | 2 YES   |
|                 |               |               | 34912     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See PREQFCOV and I_PREQFC.  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| *               | F_L3          | 448           | NUMERIC   | <u>I_L3 NCHS IMPUTE FLAG</u>  |
|                 |               |               | 43928     | 0 NOT IMPUTED   |
|                 |               |               | 2589      | 1 IMPUTED   |
| L6              | L6A           | 449           | NUMERIC   | <u>WERE RETIREES INCLUDED IN PREMIUM EQUIVALENT</u><br>(Self-insured plans)                                     |
|                 |               |               | 60        | 1 YES   |
|                 |               |               | 4637      | 2 NO  |
|                 |               |               | 14        | 6 NOT ASCERTAINED   |
|                 |               |               | 41806     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Premium equivalent for single coverage is unknown, or no retirees eligible for the plan.          |
| L6              | L6B           | 450           | NUMERIC   | <u>DOES PREMIUM EQUIVALENT INCLUDE OTHER BENEFITS</u><br>(Self-insured plans)                                   |
|                 |               |               | 597       | 1 YES   |
|                 |               |               | 7851      | 2 NO  |
|                 |               |               | 11        | 6 NOT ASCERTAINED   |
|                 |               |               | 38058     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage is unknown.                      |
| L7              | L7A           | 451           | NUMERIC   | <u>IS LIFE INSURANCE INCLUDED IN PREMIUM EQUIVALENT</u><br>(Self-insured plans)                                 |
|                 |               |               | 147       | 1 YES   |
|                 |               |               | 436       | 2 NO  |
|                 |               |               | 7         | 9 DON'T KNOW  |
|                 |               |               | 45927     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include other benefits. |
| L7              | L7B           | 452           | NUMERIC   | <u>IS DISABILITY INCLUDED IN PREMIUM EQUIVALENT</u><br>(Self-insured plans)                                     |
|                 |               |               | 82        | 1 YES   |
|                 |               |               | 499       | 2 NO  |
|                 |               |               | 8         | 9 DON'T KNOW  |
|                 |               |               | 45928     | 8 INAPPLICABLE  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include other benefits.                  |
| L7              | L7C           | 453           | NUMERIC   | <u>IS DENTAL CARE INCLUDED IN PREMIUM EQUIVALENT</u><br>(Self-insured plans)   |
|                 |               |               | 492       | 1 YES  |
|                 |               |               | 98        | 2 NO   |
|                 |               |               | 45927     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include other benefits.                  |
| L7              | L7D           | 454           | NUMERIC   | <u>ANY ADDITIONAL BENEFITS INCLUDED IN PREMIUM EQUIVALENT</u><br>(Self-insured plans)  |
|                 |               |               | 191       | 1 YES  |
|                 |               |               | 399       | 2 NO   |
|                 |               |               | 45927     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include other benefits.                  |
| L7              | L7E           | 455           | NUMERIC   | <u>VISION INCLUDED IN PREMIUM EQUIVALENT</u><br>(Respondent volunteered- not a CATI question)<br>(Self-insured plans)            |
|                 |               |               | 45        | 1 YES  |
|                 |               |               | 46472     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include additional benefits.             |
| L7              | L7F           | 456           | NUMERIC   | <u>PRESCRIPTION DRUG INCLUDED IN PREMIUM EQUIVALENT</u><br>(Respondent volunteered- not a CATI question)<br>(Self-insured plans) |
|                 |               |               | 60        | 1 YES  |
|                 |               |               | 46457     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include additional benefits.             |

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| QUESTION NUMBER   | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|---|---------------|---------------|-----------|--|
| L7  | L7G           | 457           | NUMERIC   | <u>DEATH/DISMEMBER INCLUDED IN PREMIUM EQUIVALENT</u><br>(Respondent volunteered- not a CATI question)<br>(Self-insured plans) |
|   |               |               | 8         | 1 YES  |
|   |               |               | 46509     | 8 INAPPLICABLE   |
| Inapplicable: Fully insured plan or the premium equivalent for single coverage does not include additional benefits.  |               |               |           |  |
| L10   | L10           | 458           | NUMERIC   | <u>ARE THERE PREMIUM EQUIVALENTS FOR DIFFERENT FAMILY SIZES</u><br>(Self-insured plans)  |
|   |               |               | 4029      | 1 YES  |
|   |               |               | 3483      | 2 NO   |
|   |               |               | 29        | 6 NOT ASCERTAINED  |
|   |               |               | 2         | 7 REFUSED  |
|   |               |               | 23        | 9 DON'T KNOW   |
|   |               |               | 38951     | 8 INAPPLICABLE   |
| Inapplicable: Fully insured plan, no premium equivalent calculated, one single/family coverage premium equivalent, or section H is completed and family enrollment is zero. |               |               |           |  |
| VC08 3  | SLOSSCAT      | 459           | NUMERIC   | <u>WHETHER STOP-LOSS FOR PLAN</u><br>(Self-insured plans)  |
|   |               |               | 5904      | 1 STOP-LOSS PREMIUM REQUESTED  |
|   |               |               | 1219      | 2 STOP-LOSS PREMIUM INCLUDED WITH OTHER PLAN<br>STOP-LOSS  |
|   |               |               | 919       | 3 STOP-LOSS PREMIUM INCLUDED IN ADMINISTRATIVE COSTS   |
|   |               |               | 5263      | 4 NO STOP-LOSS   |
|   |               |               | 1427      | 6 NOT ASCERTAINED  |
|   |               |               | 31785     | 8 INAPPLICABLE   |
| Inapplicable: Fully insured plan.   |               |               |           |  |
| J2  | J2            | 460           | NUMERIC   | <u>DOES STOP-LOSS REPORTED PREVIOUSLY COVER THIS PLAN</u>  |
|   |               |               | 1252      | 1 YES  |
|   |               |               | 1104      | 2 NO   |
|   |               |               | 138       | 6 NOT ASCERTAINED  |
|   |               |               | 44023     | 8 INAPPLICABLE   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: Fully insured plan, no previous plan with stop-loss, question previously asked, stop-loss premium already recorded for this plan, or plan does not have stop-loss.            |
| J3              | J3            | 461           | NUMERIC   | <u>DOES THIS PLAN ALSO HAVE STOP-LOSS COVERAGE</u>  |
|                 |               |               | 179       | 1 YES   |
|                 |               |               | 959       | 2 NO  |
|                 |               |               | 104       | 6 NOT ASCERTAINED   |
|                 |               |               | 45275     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan or already determined if this plan has stop-loss coverage.   |
| J4              | J4            | 462           | NUMERIC   | <u>DOES THIS PLAN HAVE STOP-LOSS COVERAGE</u>   |
|                 |               |               | 6631      | 1 YES   |
|                 |               |               | 4391      | 2 NO  |
|                 |               |               | 1215      | 6 NOT ASCERTAINED   |
|                 |               |               | 34280     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan or already determined if this plan has stop-loss coverage.   |
| VC08            | SLOSSPRE      | 463-470       | NUMERIC   | <u>ANNUAL STOP-LOSS PREMIUM AMOUNT</u>  |
|                 |               |               | 57        | 0 NONE  |
|                 |               |               | 2602      | 1-18958379 DOLLARS  |
|                 |               |               | 4467      | 99999996 NOT ASCERTAINED  |
|                 |               |               | 39391     | 99999998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Stop loss premium amount not requested, or premium requested or included in other plan and numerator or denominator for calculating aggregate cost allocation is not missing. |
| RECODE          | SLOPEREE      | 471-474       | NUMERIC   | <u>TOTAL STOP LOSS PREMIUM PER ENROLLEE</u>   |
|                 |               |               | 424       | 0 NONE  |
|                 |               |               | 6909      | 1-4100 DOLLARS  |
|                 |               |               | 6827      | 9996 NOT ASCERTAINED  |
|                 |               |               | 32357     | 9998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See SLOSSRE.  |



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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| VC08            | SLOPCCLM      | 475-481       | NUMERIC   | <u>STOP-LOSS AS PERCENT OF CLAIMS</u> (Unedited- range check) |
|                 |               |               | 217       | 0 NONE  |
|                 |               |               | 2463      | 1-6800000 PERCENT   |
|                 |               |               | 3492      | 9999996 NOT ASCERTAINED                                       |
|                 |               |               | 40345     | 9999998 INAPPLICABLE  |

Inapplicable: Annual stop-loss premium amount is inapplicable.

|      |         |     |         |   |
|------|---------|-----|---------|---|
| JGAT | JGATE1A | 482 | NUMERIC | <u>LEVEL RESPONDENT CAN GIVE PLAN COSTS FOR</u> |
|      |         |     | 11685   | 1 FOR THIS LOCATION                             |
|      |         |     | 7624    | 2 ONLY FOR FIRM AS A WHOLE                      |
|      |         |     | 142     | 3 ONLY FOR SOME OTHER LEVEL                     |
|      |         |     | 488     | 6 NOT ASCERTAINED                               |
|      |         |     | 24      | 7 REFUSED                                       |
|      |         |     | 76      | 9 DON'T KNOW                                    |
|      |         |     | 26478   | 8 INAPPLICABLE                                  |

Inapplicable: A single location SEF, a MEF and plan is not a local subsampled plan, or a government sample case.

|  |         |     |         |   |
|--|---------|-----|---------|---|
|  | JSEFLAG | 483 | NUMERIC | <u>SECTION J ADJUSTMENT FLAG</u>          |
|  |         |     | 3627    | 1 DATA WAS DERIVED USING RATIO ADJUSTMENT |
|  |         |     | 3267    | 2 DATA WAS COPIED                         |
|  |         |     | 39623   | 8 INAPPLICABLE                            |

Inapplicable: No firm level information to ratio adjust or copy data from.

|      |          |         |         |   |
|------|----------|---------|---------|---|
| VC08 | ANYPLCST | 484-493 | NUMERIC | <u>TOTAL PLAN COST FOR ALL PLANS</u> (Unedited) |
|      |          |         | 933     | 0 NONE  |
|      |          |         | 28970   | 38-1580700000 DOLLARS                           |
|      |          |         | 16614   | 999999996 NOT ASCERTAINED                       |

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC08 | TOTANPRE | 494-503 | NUMERIC | <u>TOTAL ANNUAL PREMIUM-FULLY INSURED PLANS</u>        |
|      |          |         | 661     | 0 NONE   |
|      |          |         | 22583   | 44-1580700000 Total annual premium-fully insured plans |
|      |          |         | 8541    | 999999996 NOT ASCERTAINED                              |
|      |          |         | 14732   | 999999998 INAPPLICABLE                                 |

Inapplicable: Self-insured plan.

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                |
|-----------------|---------------|---------------|-----------|---|
| J8B             | J8BAMT        | 504-513       | NUMERIC   | <u>TOTAL ANNUAL PREMIUMS FOR PLAN IN 1993</u> |
|                 |               |               | 811       | 0 NONE  |
|                 |               |               | 26908     | 1-1580799999 DOLLARS                          |
|                 |               |               | 647       | 9999999996 NOT ASCERTAINED                    |
|                 |               |               | 332       | 9999999997 REFUSED                            |
|                 |               |               | 2984      | 9999999999 DON'T KNOW                         |
|                 |               |               | 14835     | 9999999998 INAPPLICABLE                       |

Inapplicable: Self-insured plan.

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC08 | PREPEREE | 514-520 | NUMERIC | <u>TOTAL ANNUAL PREMIUMS PAID PER EMPLOYEE- Range Check</u><br>(Fully insured plans) |
|      |          |         | 8       | 0 NONE   |
|      |          |         | 22376   | 1-5833333 DOLLARS  |
|      |          |         | 7946    | 9999996 NOT ASCERTAINED  |
|      |          |         | 16187   | 9999998 INAPPLICABLE   |

Inapplicable: Self-insured plan or no employees enrolled in plan at the end of the year.

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC08 | BENEPAID | 521-530 | NUMERIC | <u>TOTAL BENEFITS PAID IN PLAN YEAR</u> (Unedited) |
|      |          |         | 2415    | 0 NONE   |
|      |          |         | 10425   | 1-1292000000 DOLLARS                               |
|      |          |         | 33677   | 9999999996 NOT ASCERTAINED                         |

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC02 | TOTPLCST | 531-539 | NUMERIC | <u>TOTAL PLAN COST</u> (reported/unedited)<br>(Self-insured plans) |
|      |          |         | 267     | 0 NONE   |
|      |          |         | 6319    | 38-898610203 DOLLARS   |
|      |          |         | 8146    | 999999996 NOT ASCERTAINED  |
|      |          |         | 31785   | 999999998 INAPPLICABLE   |

Inapplicable: Fully insured plan.

|    |       |         |         |   |
|----|-------|---------|---------|---|
| J8 | J8AMT | 540-548 | NUMERIC | <u>TOTAL COST FOR SELF-INSURED PLAN IN 1993</u> |
|    |       |         | 298     | 0 NONE  |
|    |       |         | 10442   | 1-898619999 DOLLARS                             |
|    |       |         | 553     | 999999996 NOT ASCERTAINED                       |
|    |       |         | 185     | 999999997 REFUSED                               |
|    |       |         | 2867    | 999999999 DON'T KNOW                            |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 32172     | 99999998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan.  |
| VC02            | CSTPEREE      | 549-554       | NUMERIC   | <u>TOTAL ANNUAL PLAN COST PER EMPLOYEE</u> (Unedited)<br>(Self-insured plans)          |
|                 |               |               | 3         | 0 NONE   |
|                 |               |               | 4799      | 1-114010 DOLLARS   |
|                 |               |               | 9491      | 999996 NOT ASCERTAINED   |
|                 |               |               | 32224     | 999998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan or no employees enrolled in plan at end of plan year. |
| VC08            | BENPEREE      | 555-562       | NUMERIC   | <u>TOTAL ANNUAL CLAIMS COST PER EMPLOYEE</u> (Unedited)                                |
|                 |               |               | 1602      | 0 NONE   |
|                 |               |               | 9967      | 1-80000000 DOLLARS   |
|                 |               |               | 33054     | 9999996 NOT ASCERTAINED  |
|                 |               |               | 1894      | 9999998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: No employees enrolled in plan at end of year.                            |
| J12             | J12UNT        | 563           | NUMERIC   | <u>PLAN ADMINISTRATIVE COSTS - FORMAT</u>  |
|                 |               |               | 15281     | 1 DOLLAR AMOUNT  |
|                 |               |               | 1129      | 2 PERCENT OF PAID CLAIMS   |
|                 |               |               | 3470      | 3 PERCENT OF PREMIUMS  |
|                 |               |               | 1106      | 4 COSTS INCLUDED IN PREVIOUSLY DONE PLAN   |
|                 |               |               | 592       | 6 NOT ASCERTAINED  |
|                 |               |               | 390       | 7 REFUSED  |
|                 |               |               | 13088     | 9 DON'T KNOW   |
|                 |               |               | 11461     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: An HMO plan without an indemnity component.                              |
| VC08            | ADMINCST      | 564-572       | NUMERIC   | <u>PLAN ADMINISTRATIVE COSTS</u> (Unedited)  |
|                 |               |               | 17        | 0 NONE   |
|                 |               |               | 9143      | 1-125440000 DOLLARS  |
|                 |               |               | 25500     | 99999996 NOT ASCERTAINED   |
|                 |               |               | 11857     | 99999998 INAPPLICABLE  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: An HMO or POS plan and administrative costs are inapplicable, or administrative costs in previous plan and standardized administrative costs are inapplicable. |
| VC08            | ADMPCCLM      | 573-580       | NUMERIC   | <u>ADMINISTRATIVE COSTS AS % OF CLAIMS</u> (Unedited- range check)   |
|                 |               |               | 148       | 0 NONE   |
|                 |               |               | 5032      | 1-15600000 PERCENT   |
|                 |               |               | 7843      | 99999996 NOT ASCERTAINED   |
|                 |               |               | 33494     | 99999998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Fully insured plan, plan administrative costs are inapplicable, or total benefits paid in plan year are zero.  |
| J12             | J12PCT        | 581-583       | NUMERIC   | <u>PLAN ADMINISTRATIVE COSTS - % OF CLAIMS</u>   |
|                 |               |               | 1         | 0 PERCENT  |
|                 |               |               | 1010      | 1-100 PERCENT  |
|                 |               |               | 1         | 996 NOT ASCERTAINED  |
|                 |               |               | 1         | 997 REFUSED  |
|                 |               |               | 126       | 999 DON'T KNOW   |
|                 |               |               | 45378     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Administrative costs not given as a percent of paid claims.  |
| VC08            | ADMPCPRE      | 584-587       | NUMERIC   | <u>ADMINISTRATIVE COSTS AS % OF PREMIUMS</u> (Unedited- range check)   |
|                 |               |               | 466       | 0 NONE   |
|                 |               |               | 3009      | 1-9600 PERCENT   |
|                 |               |               | 17860     | 9996 NOT ASCERTAINED   |
|                 |               |               | 25182     | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Self insured plan or plan administrative costs are inapplicable.   |
| J12             | J12PCB        | 588-590       | NUMERIC   | <u>PLAN ADMINISTRATIVE COSTS- % OF PREMIUMS</u>  |
|                 |               |               | 1         | 0 PERCENT  |
|                 |               |               | 1660      | 1-100 PERCENT  |
|                 |               |               | 8         | 996 NOT ASCERTAINED  |
|                 |               |               | 1         | 997 REFUSED  |
|                 |               |               | 1807      | 999 DON'T KNOW   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 43040     | 998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Administrative costs not given as a percent of premiums.                                   |
| RECODE          | ADMPEREE      | 591-595       | NUMERIC   | <u>ADMINISTRATIVE COST PER ENROLLEE</u>  |
|                 |               |               | 276       | 0 NONE   |
|                 |               |               | 12150     | 1-12300 DOLLARS  |
|                 |               |               | 1734      | 99996 NOT ASCERTAINED  |
|                 |               |               | 32357     | 99998 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: An HMO or POS plan or unable to compute because data missing for numerator or denominator. |
| P1              | P1            | 596           | NUMERIC   | <u>PLAN COVERS BOTH INPATIENT AND OUTPATIENT SERVICES</u>  |
|                 |               |               | 36853     | 1 YES  |
|                 |               |               | 338       | 2 NO, COVERS INPATIENT ONLY  |
|                 |               |               | 105       | 3 NO, COVERS OUTPATIENT ONLY   |
|                 |               |               | 1         | 6 NOT ASCERTAINED  |
|                 |               |               | 9201      | BLANK MISSING  |
|                 |               |               | 19        | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan.   |
| Recode          | PLAANEW       | 597           | NUMERIC   | <u>DOES PLAN COVER INPATIENT HOSPITAL SERVICES</u>   |
|                 |               |               | 37072     | 1 YES  |
|                 |               |               | 171       | 2 NO   |
|                 |               |               | 9274      | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan.   |
| Recode          | PLBNEW        | 598           | NUMERIC   | <u>DOES PLAN COVER OUTPATIENT MEDICAL SERVICES</u>   |
|                 |               |               | 36935     | 1 YES  |
|                 |               |               | 308       | 2 NO   |
|                 |               |               | 9274      | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Cnventional or POS plan.  |
| VC09            | INPDEDPR      | 599-602       | NUMERIC   | <u>INPATIENT DEDUCTIBLE, PREFERRED PROVIDERS</u>   |
|                 |               |               | 2659      | 0 NONE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES       |
|-----------------|---------------|---------------|-----------|----------------------|
|                 |               |               | 982       | 50-2500 DOLLARS      |
|                 |               |               | 499       | 9996 NOT ASCERTAINED |
|                 |               |               | 42377     | 9998 INAPPLICABLE    |

Inapplicable: Deduction for preferred inpatient services is inapplicable, not an HMO, PPO, Conventional or POS plan, or plan is a wrap around plan.

|     |          |         |         |  |
|-----|----------|---------|---------|--|
| IMP | I_INPDPR | 603-606 | NUMERIC | <u>IMPUTED INPATIENT DEDUCTIBLE, PREFERRED PROVIDERS</u> |
|     |          |         | 2784    | 0 NONE   |
|     |          |         | 1107    | 50-2500 DOLLARS  |
|     |          |         | 42626   | 9998 INAPPLICABLE  |

Inapplicable: See INPDEDPR.

|   |          |     |         |                                  |
|---|----------|-----|---------|----------------------------------|
| * | F_INPDPR | 607 | NUMERIC | <u>I_INPDPR NCHS IMPUTE FLAG</u> |
|   |          |     | 46018   | 0 NOT IMPUTED                    |
|   |          |     | 499     | 1 DEDUCTIBLE IMPUTED             |

|      |          |         |         |   |
|------|----------|---------|---------|---|
| VC09 | OUTDEDPR | 608-611 | NUMERIC | <u>OUTPATIENT DEDUCTIBLE, PREFERRED PROVIDERS</u> |
|      |          |         | 1296    | 0 NONE  |
|      |          |         | 2030    | 50-2500 DOLLARS                                   |
|      |          |         | 547     | 9996 NOT ASCERTAINED                              |
|      |          |         | 42644   | 9998 INAPPLICABLE                                 |

Inapplicable: Deduction for preferred outpatient services is inapplicable, not an HMO, PPO, Conventional or POS plan, or plan is a wrap around plan.

|     |          |         |         |   |
|-----|----------|---------|---------|---|
| IMP | I_OUTDPR | 612-615 | NUMERIC | <u>IMPUTED OUTPATIENT DEDUCTIBLE, PREFERRED PROVIDERS</u> |
|     |          |         | 1357    | 0 NONE  |
|     |          |         | 2171    | 50-2500 DOLLARS   |
|     |          |         | 42989   | 9998 INAPPLICABLE   |

Inapplicable: See OUTDEDPR.

|   |          |     |         |                                  |
|---|----------|-----|---------|----------------------------------|
| * | F_OUTDPR | 616 | NUMERIC | <u>I_OUTDPR NCHS IMPUTE FLAG</u> |
|   |          |     | 45970   | 0 NOT IMPUTED                    |
|   |          |     | 547     | 1 DEDUCTIBLE IMPUTED             |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER  | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|--|---------------|---------------|-----------|---|
| VC09   | TOTDEDPR      | 617-620       | NUMERIC   | <u>TOTAL DEDUCTIBLE, PREFERRED PROVIDERS</u>              |
|  |               |               | 13035     | 0 NONE  |
|  |               |               | 18045     | 1-5000 DOLLARS  |
|  |               |               | 2583      | 9996 NOT ASCERTAINED                                      |
|  |               |               | 12854     | 9998 INAPPLICABLE   |
| Inapplicable: Not a major plan, both inpatient/outpatient services are not covered, plan only covers inpatient and inpatient deductible (preferred provider) is inapplicable, plan only covers outpatient and outpatient deductible (preferred provider) is inapplicable, or plan is wrap around plan. |               |               |           |   |
| IMP  | I_TOTDPR      | 621-624       | NUMERIC   | <u>IMPUTED TOTAL DEDUCTIBLE, PREFERRED PROVIDERS</u>      |
|  |               |               | 13916     | 0 NONE  |
|  |               |               | 19302     | 50-5000 DOLLARS   |
|  |               |               | 13299     | 9998 INAPPLICABLE   |
| Inapplicable: See TOTDEDPR.  |               |               |           |   |
| *  | F_TOTDPR      | 625           | NUMERIC   | <u>I_TOTDPR NCHS IMPUTE FLAG</u>                          |
|  |               |               | 43934     | 0 NOT IMPUTED   |
|  |               |               | 2583      | 1 DEDUCTIBLE IMPUTED                                      |
| P2   | P2            | 626           | NUMERIC   | <u>ANNUAL DEDUCTIBLE FOR PREFERRED PROVIDERS</u>          |
|  |               |               | 22539     | 1 YES   |
|  |               |               | 13048     | 2 NO  |
|  |               |               | 803       | 6 NOT ASCERTAINED   |
|  |               |               | 1         | 7 REFUSED   |
|  |               |               | 460       | 9 DON'T KNOW  |
|  |               |               | 9666      | 8 INAPPLICABLE  |
| Inapplicable: Both inpatient and outpatient services are not covered.  |               |               |           |   |
| P2A  | P2A           | 627           | NUMERIC   | <u>PREFERRED DEDUCTIBLE FOR BOTH INPATIENT/OUTPATIENT</u> |
|  |               |               | 18732     | 1 YES   |
|  |               |               | 3229      | 2 NO  |
|  |               |               | 3         | 6 NOT ASCERTAINED   |
|  |               |               | 575       | 9 DON'T KNOW  |
|  |               |               | 23978     | 8 INAPPLICABLE  |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: Plan does not have an annual deductible.   |
| P3              | P3            | 628           | NUMERIC   | <u>ANY PREFERRED PROVIDER DEDUCTIBLE FOR INPATIENT SERVICES</u>  |
|                 |               |               | 2618      | 1 YES  |
|                 |               |               | 1227      | 2 NO   |
|                 |               |               | 3         | 6 NOT ASCERTAINED  |
|                 |               |               | 302       | 9 DON'T KNOW   |
|                 |               |               | 42367     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Plan does not cover inpatient services, or inpatient and outpatient services are covered with the same deductible. |
| P3A             | P3A           | 629           | NUMERIC   | <u>IS PREFERRED PROVIDER INPATIENT DEDUCTIBLE PER ADMISSION OR YEAR</u>  |
|                 |               |               | 1061      | 1 PER ADMISSION  |
|                 |               |               | 1433      | 2 FOR THE YEAR   |
|                 |               |               | 6         | 3 PER DAY  |
|                 |               |               | 119       | 6 NOT ASCERTAINED  |
|                 |               |               | 43898     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: No deductible for inpatient services.  |
| Imp             | I_P3A         | 630           | NUMERIC   | <u>IS THE INPATIENT DEDUCTIBLE PER ADMISSION OR FOR A YEAR-PREFERRED PROVIDERS</u>   |
|                 |               |               | 1109      | 1 PER ADMISSION  |
|                 |               |               | 1504      | 2 PER YEAR   |
|                 |               |               | 6         | 3 PER DAY  |
|                 |               |               | 43898     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See P3A.   |
| *               | F_P3A         | 631           | NUMERIC   | <u>I_P3A NCHS IMPUTE FLAG</u>  |
|                 |               |               | 46398     | 0 NOT IMPUTED  |
|                 |               |               | 119       | 1 IMPUTED  |
| P4              | P4            | 632           | NUMERIC   | <u>ANY PREFERRED PROVIDER DEDUCTIBLE FOR OUTPATIENT SERVICES</u>   |
|                 |               |               | 2222      | 1 YES  |
|                 |               |               | 1323      | 2 NO   |
|                 |               |               | 7         | 6 NOT ASCERTAINED  |
|                 |               |               | 363       | 9 DON'T KNOW   |



NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|                 |               |               | 42602     | 8 INAPPLICABLE |

Inapplicable: Plan does not cover outpatient services, or inpatient and outpatient services are covered with the same deductible.

|      |          |         |         |  |
|------|----------|---------|---------|--|
| VC09 | INPDEDNP | 633-636 | NUMERIC | <u>INPATIENT DEDUCTIBLE, NON-PREFERRED PROVIDERS</u> |
|      |          |         | 732     | 0 NONE   |
|      |          |         | 450     | 50-1500 DOLLARS                                      |
|      |          |         | 142     | 9996 NOT ASCERTAINED                                 |
|      |          |         | 45193   | 9998 INAPPLICABLE                                    |

Inapplicable: Deductible for non-preferred inpatient services is inapplicable, not an HMO, PPO, Conventional or POS plan, or plan is a wrap around plan.

|     |          |         |         |  |
|-----|----------|---------|---------|--|
| IMP | I_INPDNP | 637-640 | NUMERIC | <u>IMPUTED INPATIENT DEDUCTIBLE, NON-PREFERRED PROVIDERS</u> |
|     |          |         | 754     | 0 NONE   |
|     |          |         | 493     | 50-1500 DOLLARS  |
|     |          |         | 45270   | 9998 INAPPLICABLE  |

Inapplicable: See INPDEDNP.

|   |          |     |         |                                  |
|---|----------|-----|---------|----------------------------------|
| * | F_INPDNP | 641 | NUMERIC | <u>I_INPDNP NCHS IMPUTE FLAG</u> |
|   |          |     | 46375   | 0 NOT IMPUTED                    |
|   |          |     | 142     | 1 DEDUCTIBLE IMPUTED             |

|      |          |         |         |   |
|------|----------|---------|---------|---|
| VC09 | OUTDEDNP | 642-645 | NUMERIC | <u>OUTPATIENT DEDUCTIBLE, NON-PREFERRED PROVIDERS</u> |
|      |          |         | 257     | 0 NONE  |
|      |          |         | 865     | 50-1500 DOLLARS                                       |
|      |          |         | 153     | 9996 NOT ASCERTAINED                                  |
|      |          |         | 45242   | 9998 INAPPLICABLE                                     |

Inapplicable: Deductible for non-preferred outpatient services is inapplicable, not an HMO, PPO, Conventional or POS plan, or plan is a wrap around plan.

|     |          |         |         |   |
|-----|----------|---------|---------|---|
| IMP | I_OUTDNP | 646-649 | NUMERIC | <u>IMPUTED OUTPATIENT DEDUCTIBLE, NON-PREFERRED PROVIDERS</u> |
|     |          |         | 278     | 0 NONE  |
|     |          |         | 937     | 50-1500 DOLLARS   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 45302     | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See OUTDEDNP.  |
| *               | F_OUTDNP      | 650           | NUMERIC   | <u>I_OUTDNP NCHS IMPUTE FLAG</u>   |
|                 |               |               | 46364     | 0 UNIMPUTED  |
|                 |               |               | 153       | 1 DEDUCTIBLE IMPUTED   |
| VC09            | TOTDEDNP      | 651-654       | NUMERIC   | <u>TOTAL DEDUCTIBLE, NON-PREFERRED PROVIDERS</u>   |
|                 |               |               | 2324      | 0 NONE   |
|                 |               |               | 7964      | 50-3000 DOLLARS  |
|                 |               |               | 1392      | 9996 NOT ASCERTAINED   |
|                 |               |               | 34837     | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan, annual deductible for non-preferred providers is inapplicable, or plan is a wrap around plan.                             |
| IMP             | I_TOTDNP      | 655-658       | NUMERIC   | <u>IMPUTED TOTAL DEDUCTIBLE, NON-PREFERRED PROVIDERS</u>   |
|                 |               |               | 2684      | 0 NONE   |
|                 |               |               | 8858      | 50-3000 DOLLARS  |
|                 |               |               | 34975     | 9998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See TOTDEDNP.  |
| *               | F_TOTDNP      | 659           | NUMERIC   | <u>I_TOTDNP NCHS IMPUTE FLAG</u>   |
|                 |               |               | 45125     | 0 UNIMPUTED  |
|                 |               |               | 1392      | 1 DEDUCTIBLE IMPUTED   |
| P5              | P5            | 660           | NUMERIC   | <u>ANNUAL DEDUCTIBLE FOR NON-PREFERED PROVIDERS</u>  |
|                 |               |               | 9591      | 1 YES  |
|                 |               |               | 2326      | 2 NO   |
|                 |               |               | 188       | 6 NOT ASCERTAINED  |
|                 |               |               | 1         | 7 REFUSED  |
|                 |               |               | 627       | 9 DON'T KNOW   |
|                 |               |               | 33784     | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not a PPO plan that covers both inpatient and outpatient services, or not an HMO plan that covers nonpreferred providers and both inpatient and outpatient services. |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| P5A             | P5A           | 661           | NUMERIC   | <u>NONPREFERRED DEDUCTIBLE FOR BOTH INPATIENT/OUTPATIENT</u> |
|                 |               |               | 8332      | 1 YES  |
|                 |               |               | 1125      | 2 NO   |
|                 |               |               | 5         | 6 NOT ASCERTAINED  |
|                 |               |               | 132       | 9 DON'T KNOW   |
|                 |               |               | 36923     | 8 INAPPLICABLE   |

Inapplicable: Plan does not have deductible for basic medical services for non-preferred providers.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| P5C | P5C | 662 | NUMERIC | <u>ANY DEDUCTIBLE FOR INPATIENT SERVICES? NON-PREFERED</u> |
|     |     |     | 920     | 1 YES  |
|     |     |     | 321     | 2 NO   |
|     |     |     | 5       | 6 NOT ASCERTAINED  |
|     |     |     | 81      | 9 DON'T KNOW   |
|     |     |     | 45190   | 8 INAPPLICABLE   |

Inapplicable: The same deductible applies to both inpatient and outpatient non-preferred, or plan is not inpatient only and not an HMO or PPO plan that covers outside services.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| P5D | P5D | 663 | NUMERIC | <u>IS NON-PREFERRED INPATIENT DEDUCTIBLE PER ADMISSION OR YEAR</u> |
|     |     |     | 478     | 1 PER ADMISSION  |
|     |     |     | 414     | 2 FOR THE YEAR   |
|     |     |     | 29      | 6 NOT ASCERTAINED  |
|     |     |     | 45596   | 8 INAPPLICABLE   |

Inapplicable: No inpatient deductible for non-preferred providers.

|     |       |     |         |   |
|-----|-------|-----|---------|---|
| IMP | I_P5D | 664 | NUMERIC | <u>IS THE INPATIENT DEDUCTIBLE PER ADMISSION OR PER YEAR- (NON-PREFERRED PROVIDERS)-IMPUTED</u> |
|     |       |     | 493     | 1 PER ADMISSION   |
|     |       |     | 428     | 2 FOR THE YEAR  |
|     |       |     | 45596   | 8 INAPPLICABLE  |

Inapplicable: See P5D.

|   |       |     |         |                               |
|---|-------|-----|---------|-------------------------------|
| * | F_P5D | 665 | NUMERIC | <u>I_P5D NCHS IMPUTE FLAG</u> |
|---|-------|-----|---------|-------------------------------|

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 46488     | 0 NOT IMPUTED  |
|                 |               |               | 29        | 1 IMPUTED  |
| P5F             | P5F           | 666           | NUMERIC   | <u>IS THERE A DEDUCTIBLE FOR OUTPATIENT SERVICES (NON-PREFERRED PROVIDERS)</u> |
|                 |               |               | 939       | 1 YES  |
|                 |               |               | 263       | 2 NO   |
|                 |               |               | 6         | 6 NOT ASCERTAINED  |
|                 |               |               | 77        | 9 DON'T KNOW   |
|                 |               |               | 45232     | 8 INAPPLICABLE   |

Inapplicable: The same deductible applies to both inpatient and outpatient for non-preferred providers, or plan is not outpatient only and not an HMO or PPO plan that covers outside services.

|        |          |     |         |  |
|--------|----------|-----|---------|--|
| RECODE | P6FMTNEW | 667 | NUMERIC | <u>DOES PLAN HAVE A MAXIMUM FAMILY DEDUCTIBLE-FORMAT</u> |
|        |          |     | 11272   | 0 NO DEDUCTIBLE  |
|        |          |     | 783     | 1 NUMBER OF PEOPLE MEETING INDIVIDUAL DEDUCTIBLE         |
|        |          |     | 19788   | 2 DOLLAR AMOUNT  |
|        |          |     | 463     | 3 NUMBER OF PEOPLE/DOLLAR AMOUNT                         |
|        |          |     | 1182    | 4 NO MAXIMUM   |
|        |          |     | 14      | 5 MAXIMUM AS A PERCENT OF ANNUAL SALARY                  |
|        |          |     | 13015   | 9 DON'T KNOW   |

Inapplicable: Maximum deductible for family is not given in number of people meeting individual deductibles.

|        |          |         |         |  |
|--------|----------|---------|---------|--|
| RECODE | P6AMTNEW | 669-673 | NUMERIC | <u>DOLLAR AMOUNT OF FAMILY MAXIMUM DEDUCTIBLE PER YEAR</u> |
|        |          |         | 20246   | 2-20000 DOLLARS  |
|        |          |         | 5       | 99999 DON'T KNOW   |
|        |          |         | 26266   | 99998 INAPPLICABLE   |

Inapplicable: Maximum deductible for family is not based on dollar amount.

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| RECODE          | P6PCTNEW      | 674           | NUMERIC   | <u>FAMILY MAXIMUM DEDUCTIBLE AS A PERCENT OF SALARY</u> |
|                 |               |               | 14        | 2-4 PERCENT   |
|                 |               |               | 46503     | 8 INAPPLICABLE  |

Inapplicable: Maximum deductible for family is not given as percentage of annual salary.

|      |          |     |         |  |
|------|----------|-----|---------|--|
| VC09 | MAXLIFBE | 675 | NUMERIC | <u>DOES PLAN HAVE A MAXIMUM LIFETIME BENEFIT</u> |
|      |          |     | 16863   | 1 YES  |
|      |          |     | 13540   | 2 NO   |
|      |          |     | 6832    | 6 NOT ASCERTAINED                                |
|      |          |     | 9282    | 8 INAPPLICABLE                                   |

Inapplicable: Maximum lifetime benefit payable is inapplicable, not an HMO, PPO, Conventional or POS plan or plan is a wrap around plan.

|        |          |     |         |   |
|--------|----------|-----|---------|---|
| RECODE | P15FTNEW | 676 | NUMERIC | <u>DOES PLAN HAVE A MAXIMUM LIFETIME DOLLAR LIMIT</u> |
|        |          |     | 16866   | 1 YES   |
|        |          |     | 13535   | 2 NO  |
|        |          |     | 6842    | 9 UNKNOWN   |
|        |          |     | 9274    | 8 INAPPLICABLE  |

Inapplicable: See MAXLIFBE.

|        |          |         |         |  |
|--------|----------|---------|---------|--|
| RECODE | P15AMNEW | 677-684 | NUMERIC | <u>DOLLAR AMOUNT OF MAXIMUM LIFETIME LIMIT</u> |
|        |          |         | 16852   | 1000-20000000 DOLLARS                          |
|        |          |         | 14      | 99999999 UNKNOWN                               |
|        |          |         | 29651   | 99999998 INAPPLICABLE                          |

Inapplicable: No maximum lifetime dollar limit.

|        |          |     |         |  |
|--------|----------|-----|---------|--|
| RECODE | ISUMCICP | 685 | NUMERIC | <u>SUMMARY VARIABLE FOR IMPUTED COINSURANCE AND/OR CO-PAYMENTS FOR PPO AND POS PLANS</u> |
|        |          |     | 1993    | 1 PREFERRED PROVIDERS COINSURANCE < NONPREFERRED PROVIDERS COINSURANCE                   |
|        |          |     | 1997    | 2 COINSURANCE SAME FOR PREFERRED AND NONPREFERRED PROVIDERS                              |
|        |          |     | 450     | 3 PREFERRED PROVIDER COPAYMENT < NONPREFERRED PROVIDER                                   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | COPAYMENT   |
|                 |               |               | 346       | 4 COPAYMENTS SAME FOR PREFERRED PROVIDERS/ NONPREFERRED PROVIDERS |
|                 |               |               | 4434      | 5 PREFERRED PROVIDER COPAYMENT, NONPREFERRED PROVIDER COINSURANCE |
|                 |               |               | 3589      | 7 ALL OTHER ARRANGEMENTS  |
|                 |               |               | 33708     | 8 NOT A PPO OR POS PLAN   |

Inapplicable: Not a PPO or POS plan or plan does not have any coinsurance or co-payments.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                    |
|-----------------|---------------|---------------|-----------|-----------------------------------|
| VC10            | COINSINP      | 686-687       | NUMERIC   | <u>INPATIENT COINSURANCE RATE</u> |
|                 |               |               | 11976     | 0 NONE                            |
|                 |               |               | 22        | 5 PERCENT                         |
|                 |               |               | 3071      | 10 PERCENT                        |
|                 |               |               | 337       | 15 PERCENT                        |
|                 |               |               | 16555     | 20 PERCENT                        |
|                 |               |               | 327       | 25 PERCENT                        |
|                 |               |               | 657       | 30 PERCENT                        |
|                 |               |               | 28        | 35 PERCENT                        |
|                 |               |               | 53        | 40 PERCENT                        |
|                 |               |               | 396       | 50 PERCENT                        |
|                 |               |               | 2601      | 96 NOT ASCERTAINED                |
|                 |               |               | 10494     | 98 INAPPLICABLE                   |

Inapplicable: Not a major plan, or basic inpatient services are either not covered or there is an inpatient co-pay.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                            |
|-----------------|---------------|---------------|-----------|---|
| IMP             | I_COINSI      | 688-689       | NUMERIC   | <u>IMPUTED INPATIENT COINSURANCE RATE</u> |
|                 |               |               | 13114     | 0 NONE                                    |
|                 |               |               | 26        | 5 PERCENT                                 |
|                 |               |               | 3270      | 10 PERCENT                                |
|                 |               |               | 353       | 15 PERCENT                                |
|                 |               |               | 17659     | 20 PERCENT                                |
|                 |               |               | 386       | 25 PERCENT                                |
|                 |               |               | 702       | 30 PERCENT                                |
|                 |               |               | 29        | 35 PERCENT                                |
|                 |               |               | 54        | 40 PERCENT                                |
|                 |               |               | 430       | 50 PERCENT                                |
|                 |               |               | 10494     | 98 INAPPLICABLE                           |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER   | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|---|---------------|---------------|-----------|--|
| Inapplicable: See COINSINP.   |               |               |           |  |
| *   | F_COINSI      | 690           | NUMERIC   | <u>I_COINSI NCHS IMPUTE FLAG</u>                                       |
|   |               |               | 43916     | 0 UNIMPUTED  |
|   |               |               | 2601      | 1 IMPUTED COINSURANCE RATE   |
| VC10  | COPAYINP      | 691           | NUMERIC   | <u>INPATIENT COPAYMENT INDICATOR</u>                                   |
|   |               |               | 34766     | 0 NO INPATIENT COPAYMENT   |
|   |               |               | 2467      | 1 YES, THERE IS AN INPATIENT COPAYMENT                                 |
|   |               |               | 9284      | 8 INAPPLICABLE   |
| Inapplicable: Not an HMO, PPO, Conventional or POS plan.  |               |               |           |  |
| P7  | P7AMT         | 692-695       | NUMERIC   | <u>INPATIENT CO-PAY AMOUNT</u> (Unedited)                              |
|   |               |               | 597       | 1-5000 DOLLARS   |
|   |               |               | 3         | 9996 NOT ASCERTAINED   |
|   |               |               | 45917     | 9998 INAPPLICABLE  |
| Inapplicable: No interviewer entries on co-payments given.                                      |               |               |           |  |
| P8  | P8            | 696           | NUMERIC   | <u>DOES EMPLOYEE PAY FOR OUTPATIENT SERVICES? - PREFERRED PROVIDER</u> |
|   |               |               | 28088     | 1 YES  |
|   |               |               | 7057      | 2 NO   |
|   |               |               | 847       | 6 NOT ASCERTAINED  |
|   |               |               | 1         | 7 REFUSED  |
|   |               |               | 963       | 9 DON'T KNOW   |
|   |               |               | 9561      | 8 INAPPLICABLE   |
| Inapplicable: Not an HMO, PPO, conventional or POS plan or plan only covers inpatient services. |               |               |           |  |
| VC10  | COOPPRCA      | 697           | NUMERIC   | <u>WHETHER OUTPATIENT PREFERRED HAS COINS OR COPAY</u>                 |
|   |               |               | 14087     | 1 COINSURANCE  |
|   |               |               | 13031     | 2 COPAYMENT  |
|   |               |               | 7023      | 3 NEITHER COINSURANCE/COPAYMENT  |
|   |               |               | 57        | 4 EITHER COINSURANCE/COPAYMENT   |
|   |               |               | 2702      | 6 NOT ASCERTAINED  |
|   |               |               | 9617      | 8 INAPPLICABLE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.                      |
| IMP             | I_COOPPR      | 698           | NUMERIC   | <u>IMPUTED WHETHER OUTPATIENT PREFERRED HAS COINSURANCE OR COPAY</u>   |
|                 |               |               | 15369     | 1 COINSURANCE  |
|                 |               |               | 13836     | 2 COPAYMENT  |
|                 |               |               | 7636      | 3 NEITHER COINSURANCE/COPAYMENT  |
|                 |               |               | 59        | 4 EITHER COINSURANCE/COPAYMENT   |
|                 |               |               | 9617      | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: See COOPPRCA.  |
| *               | F_COOPPR      | 699           | NUMERIC   | <u>I COOPPR NCHS IMPUTE FLAG</u>   |
|                 |               |               | 43815     | 0 UNIMPUTED  |
|                 |               |               | 2702      | 1 IMPUTED WHETHER COINSURANCE/COPAY  |
| VC10            | COINOPPR      | 700-701       | NUMERIC   | <u>COINSURANCE RATE, OUTPATIENT PREFERRED</u>  |
|                 |               |               | 7023      | 0 PERCENT  |
|                 |               |               | 154       | 5 PERCENT  |
|                 |               |               | 1652      | 10 PERCENT   |
|                 |               |               | 301       | 15 PERCENT   |
|                 |               |               | 11031     | 20 PERCENT   |
|                 |               |               | 316       | 25 PERCENT   |
|                 |               |               | 347       | 30 PERCENT   |
|                 |               |               | 22        | 35 PERCENT   |
|                 |               |               | 20        | 40 PERCENT   |
|                 |               |               | 241       | 50 PERCENT   |
|                 |               |               | 2762      | 96 NOT ASCERTAINED   |
|                 |               |               | 22648     | 98 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan or outpatient preferred has either coinsurance or copayment. |
| IMP             | I_CIOPPR      | 702-703       | NUMERIC   | <u>IMPUTED COINSURANCE RATE, OUTPATIENT PREFERRED</u>  |
|                 |               |               | 7639      | 0 PERCENT  |
|                 |               |               | 165       | 5 PERCENT  |
|                 |               |               | 1880      | 10 PERCENT   |
|                 |               |               | 318       | 15 PERCENT   |
|                 |               |               | 12020     | 20 PERCENT   |



NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER   | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|---|---------------|---------------|-----------|--|
|   |               |               | 367       | 25 PERCENT   |
|   |               |               | 372       | 30 PERCENT   |
|   |               |               | 23        | 35 PERCENT   |
|   |               |               | 21        | 40 PERCENT   |
|   |               |               | 259       | 50 PERCENT   |
|   |               |               | 23453     | 98 INAPPLICABLE  |
| Inapplicable: See COINOPPR.   |               |               |           |  |
| *   | F_CIOPPR      | 704           | NUMERIC   | <u>I_CIOPPR NCHS IMPUTE FLAG</u>                                 |
|   |               |               | 43755     | 0 UNIMPUTED  |
|   |               |               | 2762      | 1 IMPUTED COINSURANCE RATE                                       |
| VC10  | COPAOPPR      | 705-706       | NUMERIC   | <u>CO-PAYMENT AMOUNT, OUTPATIENT PREFERRED</u>                   |
|   |               |               | 7023      | 0 NONE   |
|   |               |               | 12864     | 2-30 DOLLARS   |
|   |               |               | 2926      | 96 NOT ASCERTAINED   |
|   |               |               | 23704     | 98 INAPPLICABLE  |
| Inapplicable: Not an HMO, PPO, Conventional or POS plan, or outpatient preferred doesn't have copayment or coinsurance. |               |               |           |  |
| IMP   | I_CPOPPR      | 707-708       | NUMERIC   | <u>IMPUTED CO-PAYMENT AMOUNT, OUTPATIENT PREFERRED</u>           |
|   |               |               | 7636      | 0 NONE   |
|   |               |               | 13895     | 2-30 DOLLARS   |
|   |               |               | 24986     | 98 INAPPLICABLE  |
| Inapplicable: See COPAOPPR.   |               |               |           |  |
| *   | F_CPOPPR      | 709           | NUMERIC   | <u>I_CPOPPR NCHS IMPUTE FLAG</u>                                 |
|   |               |               | 43591     | 0 UNIMPUTED  |
|   |               |               | 2926      | 1 IMPUTED CO-PAYMENT AMOUNT                                      |
| VC10  | COOPNPCA      | 710           | NUMERIC   | <u>WHETHER OUTPATIENT NON-PREFERRED HAS COINSURANCE OR COPAY</u> |
|   |               |               | 9337      | 1 COINSURANCE  |
|   |               |               | 671       | 2 COPAY  |
|   |               |               | 70        | 4 BOTH   |
|   |               |               | 2085      | 6 NOT ASCERTAINED  |
|   |               |               | 34354     | 8 INAPPLICABLE   |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan, nonpreferred provider outpatient copay is not zero, or nonpreferred providers are not covered. |
| IMP             | I_COOPNP      | 711           | NUMERIC   | <u>IMPUTED WHETHER OUTPATIENT NON-PREFERRED HAS COINSURANCE OR COPAY</u>  |
|                 |               |               | 11186     | 1 COINSURANCE   |
|                 |               |               | 835       | 2 COPAY   |
|                 |               |               | 84        | 4 BOTH  |
|                 |               |               | 34412     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See COOPNPCA.   |
| *               | F_COOPNP      | 712           | NUMERIC   | <u>I_COOPNP NCHS IMPUTE FLAG</u>  |
|                 |               |               | 42232     | 0 UNIMIPUTED  |
|                 |               |               | 4285      | 1 IMPUTED WHETHER COINSURANCE/COPAY   |
| VC10            | COINOPNP      | 713-714       | NUMERIC   | <u>COINSURANCE RATE, OUTPATIENT, NON-PREFERRED</u>  |
|                 |               |               | 1         | 5 PERCENT   |
|                 |               |               | 173       | 10 PERCENT  |
|                 |               |               | 94        | 15 PERCENT  |
|                 |               |               | 5081      | 20 PERCENT  |
|                 |               |               | 507       | 25 PERCENT  |
|                 |               |               | 2203      | 30 PERCENT  |
|                 |               |               | 63        | 35 PERCENT  |
|                 |               |               | 795       | 40 PERCENT  |
|                 |               |               | 402       | 50 PERCENT  |
|                 |               |               | 2009      | 96 NOT ASCERTAINED  |
|                 |               |               | 35189     | 98 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, conventional or POS plan, or plan doesn't have either coinsurance or copay with coinsurance.                             |
| IMP             | I_CIOPNP      | 715-716       | NUMERIC   | <u>IMPUTED COINSURANCE RATE, OUTPATIENT, NON-PREFERRED</u>  |
|                 |               |               | 1         | 5 PERCENT   |
|                 |               |               | 230       | 10 PERCENT  |
|                 |               |               | 104       | 15 PERCENT  |
|                 |               |               | 6244      | 20 PERCENT  |
|                 |               |               | 571       | 25 PERCENT  |
|                 |               |               | 2573      | 30 PERCENT  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
|                 |               |               | 72        | 35 PERCENT   |
|                 |               |               | 971       | 40 PERCENT   |
|                 |               |               | 504       | 50 PERCENT   |
|                 |               |               | 35247     | 98 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See COINOPNP.  |
| *               | F_CIOPNP      | 717           | NUMERIC   | <u>I_CIOPNP NCHS IMPUTE FLAG</u>   |
|                 |               |               | 44508     | 0 UNIMPUTED  |
|                 |               |               | 2009      | 1 IMPUTED COINSURANCE RATE   |
| VC10            | COPAOPNP      | 718-719       | NUMERIC   | <u>CO-PAYMENT AMOUNT, OUTPATIENT NON-PREFERRED</u>   |
|                 |               |               | 671       | 5-50 DOLLARS   |
|                 |               |               | 2155      | 96 NOT ASCERTAINED   |
|                 |               |               | 43691     | 98 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, conventional or POS plan or outpatient non-preferred doesn't have either a copay or copay with coinsurance. |
| IMP             | I_CPOPNP      | 720-721       | NUMERIC   | <u>IMPUTED CO-PAYMENT AMOUNT, OUTPATIENT NON-PREFERRED</u>   |
|                 |               |               | 919       | 5-50 DOLLARS   |
|                 |               |               | 45598     | 98 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: See COPAOPNP.  |
| *               | F_CPOPNP      | 722           | NUMERIC   | <u>I_CPOPNP NCHS IMPUTE FLAG</u>   |
|                 |               |               | 44362     | 0 UNIMPUTED  |
|                 |               |               | 2155      | 1 IMPUTED COPAYMENT AMOUNT   |
| S1              | S1            | 723           | NUMERIC   | <u>COVERS ROUTINE MAMMOGRAPHY</u>  |
|                 |               |               | 25585     | 1 YES  |
|                 |               |               | 6986      | 2 NO   |
|                 |               |               | 880       | 6 NOT ASCERTAINED  |
|                 |               |               | 2         | 7 REFUSED  |
|                 |               |               | 3538      | 9 DON'T KNOW   |
|                 |               |               | 9526      | 8 INAPPLICABLE   |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| S2              | S2            | 724           | NUMERIC   | <u>COVERS ADULT ROUTINE PHYSICAL EXAMINATIONS</u>   |
|                 |               |               | 22815     | 1 YES   |
|                 |               |               | 12216     | 2 NO  |
|                 |               |               | 880       | 6 NOT ASCERTAINED   |
|                 |               |               | 2         | 7 REFUSED   |
|                 |               |               | 1070      | 9 DON'T KNOW  |
|                 |               |               | 9534      | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.                                       |
| S3              | S3            | 725           | NUMERIC   | <u>COVERS ROUTINE PAP SMEARS</u>  |
|                 |               |               | 27324     | 1 YES   |
|                 |               |               | 6919      | 2 NO  |
|                 |               |               | 880       | 6 NOT ASCERTAINED   |
|                 |               |               | 2         | 7 REFUSED   |
|                 |               |               | 1866      | 9 DON'T KNOW  |
|                 |               |               | 9526      | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.                                       |
| S4              | S4            | 726           | NUMERIC   | <u>COVERS CHILDHOOD IMMUNIZATIONS</u>   |
|                 |               |               | 24032     | 1 YES   |
|                 |               |               | 8684      | 2 NO  |
|                 |               |               | 764       | 6 NOT ASCERTAINED   |
|                 |               |               | 3         | 7 REFUSED   |
|                 |               |               | 2473      | 9 DON'T KNOW  |
|                 |               |               | 10561     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan, plan does not offer family coverage, or plan only covers inpatient services. |
| S5              | S5            | 727           | NUMERIC   | <u>COVERS OTHER WELL BABY CARE- LESS THAN 1 YEAR OLD</u>  |
|                 |               |               | 24296     | 1 YES   |
|                 |               |               | 8245      | 2 NO  |
|                 |               |               | 758       | 6 NOT ASCERTAINED   |
|                 |               |               | 4         | 7 REFUSED   |
|                 |               |               | 2654      | 9 DON'T KNOW  |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

|  |  |  |       |                |
|--|--|--|-------|----------------|
|  |  |  | 10560 | 8 INAPPLICABLE |
|--|--|--|-------|----------------|

Inapplicable: Not an HMO, PPO, Conventional or POS plan, plan does not offer family coverage, or plan covers only inpatient services.

|    |    |     |         |  |
|----|----|-----|---------|--|
| S6 | S6 | 728 | NUMERIC | <u>COVERS OTHER WELL CHILD CARE- 1-4 YEARS OLD</u> |
|    |    |     | 22613   | 1 YES  |
|    |    |     | 9511    | 2 NO   |
|    |    |     | 758     | 6 NOT ASCERTAINED                                  |
|    |    |     | 4       | 7 REFUSED  |
|    |    |     | 3071    | 9 DON'T KNOW                                       |
|    |    |     | 10560   | 8 INAPPLICABLE                                     |

Inapplicable: Not an HMO, PPO, Conventional or POS plan, plan does not offer family coverage, or plan only covers inpatient services.

|    |    |     |         |   |
|----|----|-----|---------|---|
| S7 | S7 | 729 | NUMERIC | <u>COVERS OTHER WELL CHILD CARE- 5-13 YEARS OLD</u> |
|    |    |     | 20620   | 1 YES   |
|    |    |     | 11298   | 2 NO  |
|    |    |     | 758     | 6 NOT ASCERTAINED                                   |
|    |    |     | 4       | 7 REFUSED   |
|    |    |     | 3278    | 9 DON'T KNOW  |
|    |    |     | 10559   | 8 INAPPLICABLE                                      |

Inapplicable: Not an HMO, PPO, Conventional or POS plan, plan does not offer family coverage or plan only covers inpatient services.

|    |    |     |         |   |
|----|----|-----|---------|---|
| S8 | S8 | 730 | NUMERIC | <u>COVERS OUTPATIENT PRESCRIPTION DRUGS</u> |
|    |    |     | 32537   | 1 YES                                       |
|    |    |     | 3572    | 2 NO  |
|    |    |     | 878     | 6 NOT ASCERTAINED                           |
|    |    |     | 2       | 7 REFUSED                                   |
|    |    |     | 473     | 9 DON'T KNOW                                |
|    |    |     | 9055    | 8 INAPPLICABLE                              |

Inapplicable: Plan covers only inpatient services or is not a prescription drug plan or a combination (drug)plan.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| S9A | S9A | 731 | NUMERIC | <u>ANY LIMITS ON OUTPATIENT PRESCRIPTION DRUGS</u> |
|     |     |     | 1604    | 1 YES  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES    |
|-----------------|---------------|---------------|-----------|-------------------|
|                 |               |               | 28602     | 2 NO              |
|                 |               |               | 9         | 6 NOT ASCERTAINED |
|                 |               |               | 3         | 7 REFUSED         |
|                 |               |               | 2312      | 9 DON'T KNOW      |
|                 |               |               | 13987     | 8 INAPPLICABLE    |

Inapplicable: Plan does not cover outpatient prescription drugs.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| S9A             | S9AOV         | 732           | NUMERIC   | <u>ANY DOLLAR LIMITS FOR OUTPATIENT PRESCRIPTION DRUGS</u> |
|                 |               |               | 1137      | 1 DOLLAR LIMIT   |
|                 |               |               | 142       | 2 NO DOLLAR LIMIT  |
|                 |               |               | 2         | 6 NOT ASCERTAINED  |
|                 |               |               | 4         | 7 REFUSED  |
|                 |               |               | 337       | 9 DON'T KNOW   |
|                 |               |               | 44895     | 8 INAPPLICABLE   |

Inapplicable: No limits on outpatient prescription drugs.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| S9              | S9AOVAMT      | 733-737       | NUMERIC   | <u>DOLLAR LIMIT AMOUNT FOR OUTPATIENT PRESCRIPTION DRUGS</u> |
|                 |               |               | 1090      | 2-50000 DOLLARS  |
|                 |               |               | 7         | 99996 NOT ASCERTAINED  |
|                 |               |               | 59        | 99999 DON'T KNOW   |
|                 |               |               | 45361     | 99998 INAPPLICABLE   |

Inapplicable: No dollar limit given for outpatient prescription drug coverage.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| S10             | S10           | 738           | NUMERIC   | <u>GENERIC REQUIRED FOR OUTPATIENT PRESCRIPTION DRUGS</u> |
|                 |               |               | 7373      | 1 YES   |
|                 |               |               | 19901     | 2 NO  |
|                 |               |               | 4066      | 3 NO REQUIREMENT, BUT EMPL PAY LESS FOR GEN               |
|                 |               |               | 8         | 6 NOT ASCERTAINED   |
|                 |               |               | 1         | 7 REFUSED   |
|                 |               |               | 1161      | 9 DON'T KNOW  |
|                 |               |               | 14007     | 8 INAPPLICABLE  |

Inapplicable: Plan does not cover outpatient prescription drugs.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                 |
|-----------------|---------------|---------------|-----------|--|
| S11             | S11           | 739           | NUMERIC   | <u>COVERS INPATIENT MENTAL HEALTH SERVICES</u> |
|                 |               |               | 31430     | 1 YES  |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES    |
|-----------------|---------------|---------------|-----------|-------------------|
|                 |               |               | 2276      | 2 NO              |
|                 |               |               | 908       | 6 NOT ASCERTAINED |
|                 |               |               | 3         | 7 REFUSED         |
|                 |               |               | 2580      | 9 DON'T KNOW      |
|                 |               |               | 9320      | 8 INAPPLICABLE    |

Inapplicable: Not an HMO, PPO, Conventional or POS plan, or plan only covers outpatient services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| S12             | S12           | 740           | NUMERIC   | <u>ANY LIMITS ON INPATIENT MENTAL HEALTH SERVICES</u> |
|                 |               |               | 12624     | 1 YES, DAY LIMIT                                      |
|                 |               |               | 7726      | 2 YES, DOLLAR LIMIT                                   |
|                 |               |               | 2737      | 3 BOTH DAY AND DOLLAR LIMITS                          |
|                 |               |               | 3530      | 4 NO DAY OR DOLLAR LIMITS                             |
|                 |               |               | 1         | 6 NOT ASCERTAINED                                     |
|                 |               |               | 2         | 7 REFUSED   |
|                 |               |               | 4812      | 9 DON'T KNOW  |
|                 |               |               | 15085     | 8 INAPPLICABLE  |

Inapplicable: Plan does not cover inpatient mental health services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES        |
|-----------------|---------------|---------------|-----------|-----------------------|
| S13             | S13STAY       | 741           | NUMERIC   | <u>LIMIT PER STAY</u> |
|                 |               |               | 1956      | 1 YES                 |
|                 |               |               | 20166     | 2 NO                  |
|                 |               |               | 1         | 7 REFUSED             |
|                 |               |               | 963       | 9 DON'T KNOW          |
|                 |               |               | 23431     | 8 INAPPLICABLE        |

Inapplicable: No limits on coverage for inpatient mental health services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES           |
|-----------------|---------------|---------------|-----------|--------------------------|
| S13             | S13EPIS       | 742           | NUMERIC   | <u>LIMIT PER EPISODE</u> |
|                 |               |               | 697       | 1 YES                    |
|                 |               |               | 7327      | 2 NO                     |
|                 |               |               | 14321     | 6 NOT ASCERTAINED        |
|                 |               |               | 743       | 9 DON'T KNOW             |
|                 |               |               | 23429     | 8 INAPPLICABLE           |

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES        |
|-----------------|---------------|---------------|-----------|-----------------------|
| S13             | S13YEAR       | 743           | NUMERIC   | <u>LIMIT PER YEAR</u> |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|                 |               |               | 16929     | 1 YES          |
|                 |               |               | 5296      | 2 NO           |
|                 |               |               | 1         | 7 REFUSED      |
|                 |               |               | 862       | 9 DON'T KNOW   |
|                 |               |               | 23429     | 8 INAPPLICABLE |

Inapplicable: No limits on coverage for inpatient mental health services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES        |
|-----------------|---------------|---------------|-----------|-----------------------|
| S13             | S13LIFE       | 744           | NUMERIC   | <u>LIMIT PER LIFE</u> |
|                 |               |               | 7626      | 1 YES                 |
|                 |               |               | 14218     | 2 NO                  |
|                 |               |               | 1         | 7 REFUSED             |
|                 |               |               | 1243      | 9 DON'T KNOW          |
|                 |               |               | 23429     | 8 INAPPLICABLE        |

Inapplicable: No limits on coverage for inpatient mental health services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                     |
|-----------------|---------------|---------------|-----------|--|
| S14             | S14DAYST      | 745-747       | NUMERIC   | <u>INPATIENT MENTAL HEALTH DAYS LIMIT PER STAY</u> |
|                 |               |               | 4         | 0 NONE   |
|                 |               |               | 1462      | 1-365 DAYS   |
|                 |               |               | 250       | 999 DON'T KNOW                                     |
|                 |               |               | 44801     | 998 INAPPLICABLE                                   |

Inapplicable: The inpatient mental health coverage limit is not a day or a day and dollar combined limit and the limit reported is not per stay.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| S14             | S14AMTST      | 748-752       | NUMERIC   | <u>INPATIENT MENTAL HEALTH DOLLARS LIMIT PER STAY</u> |
|                 |               |               | 48        | 0 NONE  |
|                 |               |               | 228       | 1-75000 DOLLARS                                       |
|                 |               |               | 1         | 99996 NOT ASCERTAINED                                 |
|                 |               |               | 2         | 99997 REFUSED   |
|                 |               |               | 333       | 99999 DON'T KNOW                                      |
|                 |               |               | 45905     | 99998 INAPPLICABLE                                    |

Inapplicable: The inpatient mental health coverage limit is not a day or a day and dollar combined limit and the limit reported is not per stay.



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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
| S14             | S14DAYEP      | 753-755       | NUMERIC   | <u>INPATIENT MENTAL HEALTH DAYS LIMIT PER EPISODE</u> |
|                 |               |               | 8         | 0 NONE  |
|                 |               |               | 384       | 1-365 DAYS  |
|                 |               |               | 45968     | 998 INAPPLICABLE                                      |

Inapplicable: The inpatient mental health coverage limit is not a day (or a day and dollar combined) limit and the limit reported is not per episode. (Note: This response option was eliminated from the CATI screen early on in NEHIS data collection.)

|     |          |         |         |  |
|-----|----------|---------|---------|--|
| S14 | S14AMTEP | 756-760 | NUMERIC | <u>INPATIENT MENTAL HEALTH DOLLARS LIMIT PER EPISODE</u> |
|     |          |         | 16      | 0 NONE   |
|     |          |         | 107     | 25-50000 DOLLARS   |
|     |          |         | 163     | 99999 DON'T KNOW   |
|     |          |         | 46231   | 99998 INAPPLICABLE                                       |

Inapplicable: The inpatient mental health coverage limit is not a day (or a day and dollar combined) limit and the limit reported is not per episode. (Note: This response option was eliminated from the CATI screen early on in NEHIS data collection.)

|     |          |         |         |  |
|-----|----------|---------|---------|--|
| S14 | S14DAYYR | 761-764 | NUMERIC | <u>INPATIENT MENTAL HEALTH DAYS LIMIT PER YEAR</u> |
|     |          |         | 37      | 0 NONE   |
|     |          |         | 12320   | 1-1500 DAYS  |
|     |          |         | 712     | 9999 DON'T KNOW                                    |
|     |          |         | 33448   | 9998 INAPPLICABLE                                  |

Inapplicable: The inpatient mental health coverage limit is not a day (or a day and dollar combined) limit and the limit reported is not per year.

|     |          |         |         |   |
|-----|----------|---------|---------|---|
| S14 | S14AMTYR | 765-769 | NUMERIC | <u>INPATIENT MENTAL HEALTH DOLLARS LIMIT PER YEAR</u> |
|     |          |         | 363     | 0 NONE  |
|     |          |         | 4374    | 1-99000 DOLLARS                                       |
|     |          |         | 3       | 99996 NOT ASCERTAINED                                 |
|     |          |         | 5       | 99997 REFUSED   |
|     |          |         | 1260    | 99999 DON'T KNOW                                      |
|     |          |         | 40512   | 99998 INAPPLICABLE                                    |

Inapplicable: The inpatient mental health coverage limit is not a

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QUESTION VARIABLE TAPE FREQUENCY ITEM AND CODES  
NUMBER NAME LOCATION

day (or a day and dollar combined) limit and the limit reported is not per year.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| S14             | S14DAYLI      | 770-773       | NUMERIC   | <u>INPATIENT MENTAL HEALTH DAYS LIMIT PER LIFETIME</u> |
|                 |               |               | 515       | 0 NONE   |
|                 |               |               | 999       | 1-2000 DAYS  |
|                 |               |               | 5         | 9996 NOT ASCERTAINED                                   |
|                 |               |               | 2         | 9997 REFUSED   |
|                 |               |               | 1059      | 9999 DON'T KNOW  |
|                 |               |               | 43937     | 9998 INAPPLICABLE                                      |

Inapplicable: The inpatient mental health coverage limit is not a day (or a day and dollar combined) limit and the limit reported is not for a lifetime.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| S14             | S14AMTLI      | 774-779       | NUMERIC   | <u>INPATIENT MENTAL HEALTH DOLLAR LIMIT PER LIFETIME</u> |
|                 |               |               | 33        | 0 NONE   |
|                 |               |               | 5895      | 1-99999 DOLLARS  |
|                 |               |               | 3         | 999997 REFUSED   |
|                 |               |               | 673       | 999999 DON'T KNOW  |
|                 |               |               | 39913     | 999998 INAPPLICABLE                                      |

Inapplicable: The inpatient mental health coverage limit is not a day (or a day and dollar combined) limit and the limit reported is not for a lifetime.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                  |
|-----------------|---------------|---------------|-----------|---|
| S15             | S15           | 780           | NUMERIC   | <u>COVERS OUTPATIENT MENTAL HEALTH SERVICES</u> |
|                 |               |               | 29330     | 1 YES   |
|                 |               |               | 3388      | 2 NO  |
|                 |               |               | 908       | 6 NOT ASCERTAINED                               |
|                 |               |               | 4         | 7 REFUSED                                       |
|                 |               |               | 3362      | 9 DON'T KNOW                                    |
|                 |               |               | 9525      | 8 INAPPLICABLE                                  |

Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES   |
|-----------------|---------------|---------------|-----------|--|
| S16             | S16           | 781           | NUMERIC   | <u>ANY LIMITS ON OUTPATIENT MENTAL HEALTH SERVICES</u> |
|                 |               |               | 9032      | 1 YES, VISIT LIMIT                                     |
|                 |               |               | 8339      | 2 YES, DOLLAR LIMIT                                    |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                            |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               | 1952      | 3 BOTH VISIT AND DOLLAR LIMIT             |
|                 |               |               | 2124      | 4 INCLUDED IN INPATIENT MENTAL HEALTH LIM |
|                 |               |               | 3343      | 5 NO LIMIT                                |
|                 |               |               | 3         | 7 REFUSED                                 |
|                 |               |               | 4543      | 9 DON'T KNOW                              |
|                 |               |               | 17181     | 8 INAPPLICABLE                            |

Inapplicable: Plan does not cover outpatient mental health services.

|     |        |         |         |   |
|-----|--------|---------|---------|---|
| S17 | S17VIS | 782-784 | NUMERIC | <u>OUTPATIENT MENTAL HEALTH VISITS LIMIT PER YEAR</u> |
|     |        |         | 10089   | 1-365 VISITS  |
|     |        |         | 3       | 997 REFUSED   |
|     |        |         | 892     | 999 DON'T KNOW  |
|     |        |         | 35533   | 998 INAPPLICABLE                                      |

Inapplicable: The limit on coverage for outpatient mental health services is not a visit(or a visit and a dollar combined) limit.

|     |        |         |         |   |
|-----|--------|---------|---------|---|
| S17 | S17AMT | 785-789 | NUMERIC | <u>OUTPATIENT MENTAL HEALTH DOLLAR LIMIT PER YEAR</u> |
|     |        |         | 9058    | 1-75000 DOLLARS                                       |
|     |        |         | 3       | 99996 NOT ASCERTAINED                                 |
|     |        |         | 7       | 99997 REFUSED   |
|     |        |         | 1223    | 99999 DON'T KNOW                                      |
|     |        |         | 36226   | 99998 INAPPLICABLE                                    |

Inapplicable: The limit on coverage for outpatient mental health services is not a dollar (or a visit and a dollar combined) limit.

|     |     |     |         |   |
|-----|-----|-----|---------|---|
| S18 | S18 | 790 | NUMERIC | <u>COVERS SUBSTANCE ABUSE TREATMENT</u> |
|     |     |     | 29828   | 1 YES                                   |
|     |     |     | 3421    | 2 NO                                    |
|     |     |     | 919     | 6 NOT ASCERTAINED                       |
|     |     |     | 3       | 7 REFUSED                               |
|     |     |     | 3111    | 9 DON'T KNOW                            |
|     |     |     | 9235    | 8 INAPPLICABLE                          |

Inapplicable: Not an HMO, PPO, Conventional or POS plan.

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                    |
|-----------------|---------------|---------------|-----------|---|
| S19             | S19           | 791           | NUMERIC   | <u>COVERS INPATIENT SUBSTANCE ABUSE TREATMENT</u> |
|                 |               |               | 28560     | 1 YES   |
|                 |               |               | 439       | 2 NO  |
|                 |               |               | 4         | 6 NOT ASCERTAINED                                 |
|                 |               |               | 785       | 9 DON'T KNOW                                      |
|                 |               |               | 16729     | 8 INAPPLICABLE                                    |

Inapplicable: Plan does not cover substance abuse treatment or plan only covers outpatient services.

|     |     |     |         |   |
|-----|-----|-----|---------|---|
| S20 | S20 | 792 | NUMERIC | <u>ANY LIMITS FOR INPATIENT SUBSTANCE ABUSE TREATMENT</u> |
|     |     |     | 9103    | 1 YES, DAY LIMIT  |
|     |     |     | 3872    | 2 YES, DOLLAR LIMIT                                       |
|     |     |     | 1149    | 3 YES, BOTH DAY AND DOLLAR LIMIT                          |
|     |     |     | 102     | 4 INPATIENT SUBSTANCE ABUSE NOT COVERED                   |
|     |     |     | 6270    | 5 INCLUDED IN MENTAL HEALTH LIMITS                        |
|     |     |     | 3262    | 6 NO  |
|     |     |     | 3       | 7 REFUSED   |
|     |     |     | 4799    | 9 DON'T KNOW  |
|     |     |     | 17957   | 8 INAPPLICABLE  |

Inapplicable: Inpatient substance abuse treatment not covered.

|     |        |         |         |   |
|-----|--------|---------|---------|---|
| S21 | S21DAY | 793-796 | NUMERIC | <u>INPATIENT SUBSTANCE ABUSE TREATMENT DAYS LIMIT</u> |
|     |        |         | 9373    | 1-1000 DAYS   |
|     |        |         | 1       | 9996 NOT ASCERTAINED                                  |
|     |        |         | 1       | 9997 REFUSAL  |
|     |        |         | 878     | 9999 DON'T KNOW                                       |
|     |        |         | 36264   | 9998 INAPPLICABLE                                     |

Inapplicable: The limit for inpatient substance abuse treatment is not a day (or a day and dollar combined)limit.

|     |        |         |         |   |
|-----|--------|---------|---------|---|
| S21 | S21AMT | 797-801 | NUMERIC | <u>INPATIENT SUBSTANCE ABUSE TREATMENT DOLLAR LIMIT</u> |
|     |        |         | 4015    | 1-75000 DOLLARS   |
|     |        |         | 1       | 99996 NOT ASCERTAINED                                   |
|     |        |         | 3       | 99997 REFUSED   |
|     |        |         | 999     | 99999 DON'T KNOW  |
|     |        |         | 41499   | 99998 INAPPLICABLE                                      |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES  |
|-----------------|---------------|---------------|-----------|---|
|                 |               |               |           | Inapplicable: The limit on inpatient substance abuse treatment is not a dollar (or a day and dollar combined) limit.                            |
| S24             | S24           | 802           | NUMERIC   | <u>COVERS OUTPATIENT SUBSTANCE ABUSE TREATMENT</u>  |
|                 |               |               | 26540     | 1 YES   |
|                 |               |               | 1746      | 2 NO  |
|                 |               |               | 1         | 6 NOT ASCERTAINED   |
|                 |               |               | 1432      | 9 DON'T KNOW  |
|                 |               |               | 16798     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Not an HMO, PPO, Conventional or POS plan, plan only covers inpatient services, or plan does not cover substance abuse treatment. |
| S25             | S25           | 803           | NUMERIC   | <u>ANY LIMITS ON OUTPATIENT SUBSTANCE ABUSE TREATMENT</u>   |
|                 |               |               | 6927      | 1 YES, VISIT LIMIT  |
|                 |               |               | 6430      | 2 YES, DOLLAR LIMIT   |
|                 |               |               | 1245      | 3 BOTH VISIT AND DOLLAR LIMITS  |
|                 |               |               | 1645      | 4 INCLUDED IN PREVIOUSLY RECORDED LIMITS  |
|                 |               |               | 3718      | 5 NO  |
|                 |               |               | 4         | 7 REFUSED   |
|                 |               |               | 6571      | 9 DON'T KNOW  |
|                 |               |               | 19977     | 8 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: Plan does not cover outpatient substance abuse treatment.   |
| S26             | S26VIS        | 804-806       | NUMERIC   | <u>OUTPATIENT SUBSTANCE ABUSE TREATMENT VISITS LIMIT</u>  |
|                 |               |               | 7437      | 1-365 VISITS  |
|                 |               |               | 1         | 996 NOT ASCERTAINED   |
|                 |               |               | 1         | 997 REFUSED   |
|                 |               |               | 734       | 999 DON'T KNOW  |
|                 |               |               | 38344     | 998 INAPPLICABLE  |
|                 |               |               |           | Inapplicable: The limit on coverage for outpatient substance abuse treatment is not a visit (or a visit and dollar combined)limit.              |
| S26             | S26AMT        | 807-812       | NUMERIC   | <u>OUTPATIENT SUBSTANCE ABUSE TREATMENT DOLLAR LIMIT</u>  |
|                 |               |               | 6707      | 1-99999 DOLLARS   |
|                 |               |               | 4         | 99997 REFUSED   |

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| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES      |
|-----------------|---------------|---------------|-----------|---------------------|
|                 |               |               | 964       | 999999 DON'T KNOW   |
|                 |               |               | 38842     | 999998 INAPPLICABLE |

Inapplicable: The limit on coverage for outpatient substance abuse treatment is not a dollar or a visit and dollar combined)limit.

|     |     |     |         |                           |
|-----|-----|-----|---------|---------------------------|
| S27 | S27 | 813 | NUMERIC | <u>COVERS DENTAL CARE</u> |
|     |     |     | 18765   | 1 YES                     |
|     |     |     | 24507   | 2 NO                      |
|     |     |     | 880     | 6 NOT ASCERTAINED         |
|     |     |     | 3       | 7 REFUSED                 |
|     |     |     | 228     | 9 DON'T KNOW              |
|     |     |     | 2134    | 8 INAPPLICABLE            |

Inapplicable: Plan only covers inpatient services or is not a dental or major plan.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| S28 | S28 | 814 | NUMERIC | <u>COVERS ORTHODONTIC CARE OTHER THAN FOR INJURY</u> |
|     |     |     | 5496    | 1 YES  |
|     |     |     | 5580    | 2 NO   |
|     |     |     | 41      | 6 NOT ASCERTAINED                                    |
|     |     |     | 1       | 7 REFUSED  |
|     |     |     | 7647    | 9 DON'T KNOW   |
|     |     |     | 27753   | 8 INAPPLICABLE                                       |

Inapplicable: Plan does not cover routine dental care or plan is not a dental plan or a combination (dental)plan.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| S29 | S29 | 815 | NUMERIC | <u>COVERS ROUTINE EYE EXAMINATIONS</u> |
|     |     |     | 12769   | 1 YES                                  |
|     |     |     | 23729   | 2 NO                                   |
|     |     |     | 880     | 6 NOT ASCERTAINED                      |
|     |     |     | 3       | 7 REFUSED                              |
|     |     |     | 595     | 9 DON'T KNOW                           |
|     |     |     | 8541    | 8 INAPPLICABLE                         |

Inapplicable: Not an HMO, PPO, Conventional or POS plan or plan only covers inpatient services.

|     |     |     |         |  |
|-----|-----|-----|---------|--|
| S30 | S30 | 816 | NUMERIC | <u>COVERS EYEGLASES AND CONTACT LENSES</u> |
|-----|-----|-----|---------|--|

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES |
|-----------------|---------------|---------------|-----------|----------------|
|-----------------|---------------|---------------|-----------|----------------|

|       |   |                 |
|-------|---|-----------------|
| 5930  | 1 | YES             |
| 5677  | 2 | NO              |
| 63    | 6 | NOT ASCERTAINED |
| 1100  | 9 | DON'T KNOW      |
| 33747 | 8 | INAPPLICABLE    |

Inapplicable: Plan does not cover routine eye examinations or plan is not a vision or combination(vision) plan.

|     |     |       |         |                                 |
|-----|-----|-------|---------|---------------------------------|
| S31 | S31 | 817   | NUMERIC | <u>COVERS NURSING HOME CARE</u> |
|     |     | 14482 | 1       | YES                             |
|     |     | 14708 | 2       | NO                              |
|     |     | 879   | 6       | NOT ASCERTAINED                 |
|     |     | 5     | 7       | REFUSED                         |
|     |     | 7212  | 9       | DON'T KNOW                      |
|     |     | 9231  | 8       | INAPPLICABLE                    |

Inapplicable: Not an HMO, PPO, Conventional or POS plan.

|     |     |       |         |                                      |
|-----|-----|-------|---------|--------------------------------------|
| S32 | S32 | 818   | NUMERIC | <u>LIMIT ON NURSING HOME CARE</u>    |
|     |     | 7146  | 1       | DAY LIMIT                            |
|     |     | 458   | 2       | TOTAL ANNUAL DOLLAR LIMIT            |
|     |     | 78    | 3       | DOLLAR LIMIT PER DAY (PER DIEM RATE) |
|     |     | 345   | 4       | BOTH DAY AND DOLLAR LIMIT PER DAY    |
|     |     | 3454  | 5       | NO LIMIT                             |
|     |     | 10    | 6       | NOT ASCERTAINED                      |
|     |     | 1     | 7       | REFUSED                              |
|     |     | 2987  | 9       | DON'T KNOW                           |
|     |     | 32038 | 8       | INAPPLICABLE                         |

Inapplicable: Plan does not cover nursing home care.

|     |        |         |         |  |
|-----|--------|---------|---------|--|
| S33 | S33DAY | 819-821 | NUMERIC | <u>LIMITS FOR NURSING HOME CARE - DAYS</u> |
|     |        | 6830    | 1-365   | DAYS                                       |
|     |        | 661     | 999     | DON'T KNOW                                 |
|     |        | 39026   | 998     | INAPPLICABLE                               |

Inapplicable: No day or day/dollar per day limits on nursing home care.

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES                                       |
|-----------------|---------------|---------------|-----------|--|
| S33             | S33AMT        | 822-827       | NUMERIC   | <u>NURSING HOME CARE LIMIT- ANNUAL DOLLAR AMOUNT</u> |
|                 |               |               | 314       | 1-99000 DOLLARS                                      |
|                 |               |               | 145       | 999999 DON'T KNOW                                    |
|                 |               |               | 46058     | 999998 INAPPLICABLE                                  |

Inapplicable: No total annual dollar limit on nursing home care.

|     |     |         |         |   |
|-----|-----|---------|---------|---|
| S33 | S33 | 828-831 | NUMERIC | <u>LIMIT NURSING HOME CARE- DOLLARS PER DAY</u> |
|     |     |         | 143     | 1-8150 DOLLARS                                  |
|     |     |         | 3       | 9996 NOT ASCERTAINED                            |
|     |     |         | 280     | 9999 DON'T KNOW                                 |
|     |     |         | 46091   | 9998 INAPPLICABLE                               |

Inapplicable: No dollar per day or dollar/day per day limits on nursing home care.

|      |      |     |         |  |
|------|------|-----|---------|--|
| S34A | S34A | 832 | NUMERIC | <u>COVERS PERSONAL CARE SERVICES IN HOME</u> |
|      |      |     | 13452   | 1 YES  |
|      |      |     | 14903   | 2 NO   |
|      |      |     | 880     | 6 NOT ASCERTAINED                            |
|      |      |     | 4       | 7 REFUSED                                    |
|      |      |     | 8046    | 9 DON'T KNOW                                 |
|      |      |     | 9232    | 8 INAPPLICABLE                               |

Inapplicable: Not an HMO, PPO, Conventional or POS plan.

|     |     |     |         |                                     |
|-----|-----|-----|---------|-------------------------------------|
| S34 | S34 | 833 | NUMERIC | <u>WAS HOME HEALTH CARE COVERED</u> |
|     |     |     | 24759   | 1 YES                               |
|     |     |     | 6873    | 2 NO                                |
|     |     |     | 879     | 6 NOT ASCERTAINED                   |
|     |     |     | 4       | 7 REFUSED                           |
|     |     |     | 4771    | 9 DON'T KNOW                        |
|     |     |     | 9231    | 8 INAPPLICABLE                      |

Inapplicable: Not an HMO, PPO, Conventional or POS plan.

|     |     |     |         |                               |
|-----|-----|-----|---------|-------------------------------|
| S35 | S35 | 834 | NUMERIC | <u>LIMIT HOME HEALTH CARE</u> |
|     |     |     | 7378    | 1 VISIT LIMIT                 |
|     |     |     | 1446    | 2 DOLLAR LIMIT                |
|     |     |     | 640     | 3 BOTH VISIT AND DOLLAR LIMIT |



NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY | ITEM AND CODES    |
|-----------------|---------------|---------------|-----------|-------------------|
|                 |               |               | 10365     | 4 NO LIMIT        |
|                 |               |               | 11        | 6 NOT ASCERTAINED |
|                 |               |               | 2         | 7 REFUSED         |
|                 |               |               | 4917      | 9 DON'T KNOW      |
|                 |               |               | 21758     | 8 INAPPLICABLE    |

Inapplicable: Plan does not cover home health care.

|     |        |         |         |  |
|-----|--------|---------|---------|--|
| S36 | S36DAY | 835-837 | NUMERIC | <u>LIMIT FOR HOME HEALTH CARE - DAYS</u> |
|     |        |         | 7092    | 1-400 DAYS                               |
|     |        |         | 926     | 999 DON'T KNOW                           |
|     |        |         | 38499   | 998 INAPPLICABLE                         |

Inapplicable: No visit or visit/dollar limit on home health care.

|     |        |         |         |  |
|-----|--------|---------|---------|--|
| S36 | S36AMT | 838-843 | NUMERIC | <u>HOME HEALTH CARE LIMIT-ANNUAL DOLLAR AMOUNT</u> |
|     |        |         | 1406    | 1-99999 DOLLARS                                    |
|     |        |         | 4       | 999997 REFUSED                                     |
|     |        |         | 678     | 999999 DON'T KNOW                                  |
|     |        |         | 44429   | 999998 INAPPLICABLE                                |

Inapplicable: No dollar or visit/dollar combined limit on home health care.

|   |         |         |         |                             |
|---|---------|---------|---------|-----------------------------|
| * | STATEWT | 844-853 | NUMERIC | <u>STATE WEIGHT</u>         |
|   |         |         | 46517   | 1-10982.1* RANGE OF WEIGHTS |

\*NOTE: There are five implied decimal places.

NOTE: THE FOLLOWING VARIABLES ARE ONLY INCLUDED ON THE NEHIS PLAN FILE USED FOR SUDDAAN PROCESSING.

|       |          |         |          |  |
|-------|----------|---------|----------|--|
| SMPWT | VARSTRA2 | 854-857 | NUMERIC  | <u>VARIANCE STRATUM (NUMERIC)</u>      |
|       |          |         | 1-1461   | RANGE OF VALUES                        |
| SMPWT | TOTCNT   | 858-863 | NUMERIC  | <u>VARIANCE STRATUM WEIGHTED COUNT</u> |
|       |          |         | 1-454835 | RANGE OF VALUES                        |
| SMPWT | ESTBNO   | 864-868 | NUMERIC  | <u>ESTABLISHMENT UNIQUE IDENTIFIER</u> |
|       |          |         | 1-37818  | RANGE OF VALUES                        |
| SMPWT | PLANNO   | 869-871 | NUMERIC  | <u>PLAN NUMBER</u>                     |

NATIONAL EMPLOYER HEALTH INSURANCE SURVEY(NEHIS)RDC PLAN DATA FILE

| QUESTION NUMBER | VARIABLE NAME | TAPE LOCATION | FREQUENCY                 | ITEM AND CODES   |
|-----------------|---------------|---------------|---------------------------|--|
|                 |               |               | 1-134                     | RANGE OF VALUES  |
| SMPWT           | TOTPLAN       | 872-874       | NUMERIC<br>0-134          | <u>NUMBER OF PLANS ON THE PLAN FILE WITHIN AN ESTABLISHMENT</u><br>RANGE OF VALUES |
| SMPWT           | PLANDATA      | 875           | NUMERIC<br>12792<br>46517 | <u>DUMMY RECORD IDENTIFIER</u><br>0 DUMMY RECORD<br>1 PLAN RECORD                  |