

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

QUESTION VARIABLE TAPE FREQUENCY ITEM AND CODES
NUMBER NAME LOCATION

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

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
				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>

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			37769	1 DUNS MARKET IDENTIFIER (DMI)
			8748	2 CENSUS OF GOVERNMENTS (COG)
SMPWT	SEFMEF	46	NUMERIC	<u>SEF/MEF INDICATOR</u> (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

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

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

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			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> (COMPATIBLE FOR SUDDAAN PROCESSING)
			860	1 ALABAMA

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			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

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			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> (Private Sector only) 001-820 COUNTY CODE 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> (Private sector only) 0000-9360 RANGE OF MA CODES 9998 INAPPLICABLE
			37769	
			8748	
Inapplicable: Government sample case.				
*	MACODERE	61	NUMERIC	<u>RECODE FOR METROPOLITAN AREAS</u> (Private sector only)
			30269	1 METRO AREA
			7500	2 NON-METRO AREA
			8748	8 INAPPLICABLE

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
				Inapplicable: Government sample case.
*A7	MULTILOC	62	NUMERIC	<u>WHETHER MULTI-LOCATION FIRM OR NOT</u> (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> (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> (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> (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> (Private sector only)

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			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

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
			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> (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> (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> (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> <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> (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. (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. (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. (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. (Note: Derived from comments/notes.)
C15	TYPHIOFF	129	NUMERIC	<u>TYPES OF HEALTH INSURANCE PLANS OFFERED BY ESTABLISHMENT</u> (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

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

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>

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

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	NCHS EDITED PLAN TYPE
		147-148	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	TAPE LOCATION	FREQUENCY	TYPE OF PLAN (from Plan Enumeration list)
		149-150	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

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

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

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.

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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.

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
Recode	METWANEW	166	NUMERIC	<u>IS THIS A MET/MEWA PLAN</u>
			2692	1 YES
			42290	2 NO
			1535	9 DON'T KNOW

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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> [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) [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

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> (Same as I_EECNSF and I_EECNSS)
			14219	0 NONE
			22921	20-915 DOLLARS
			9377	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> (Same as I_ERCNSF and I_ERSAD)
			1123	0 NONE
			36017	30-1014 DOLLARS
			9377	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> (Derived from ISNGERCN and ISNGPREM)
			1124	0 NONE OR PERCENT ROUNDED TO ZERO
			36016	1-100 PERCENT
			9377	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)
			36774	60-1125 DOLLARS
			9743	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> (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> (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> (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) (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> (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> (Fully insured plans)
			10996	0 NONE
			14570	1-915 DOLLARS
			20951	998 INAPPLICABLE

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

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> (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> (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) (Fully insured plans)
			20582	21-1100 DOLLARS
			2012	9996 NOT ASCERTAINED
			23923	9998 INAPPLICABLE

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

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> (Fully insured plans) 60-1125 DOLLARS 9998 INAPPLICABLE
				Inapplicable: See PREMFCOV.
*	IFL_PRMF	327	NUMERIC	<u>I_PREMFC NCHS IMPUTE FLAG</u> 1 PREMIUM IMPUTED 0 NOT IMPUTED 8 INAPPLICABLE
				Inapplicable: See PREMFCOV.
VC01	EECNTFCF	328-330	NUMERIC	<u>EMPLOYEE MONTHLY CONTRIBUTION FOR FAMILY COVERAGE</u> (Fully insured plans) (Unimputed) 0 NONE 1-876 DOLLARS 995 NOT CONSTRUCTED 996 NOT ASCERTAINED 998 INAPPLICABLE
				Inapplicable: Premium for family coverage is inapplicable.
IMP	I_EECNFF	331-333	NUMERIC	<u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- FAMILY COVERAGE</u> (Fully insured plans) 0 NONE 1-982 DOLLARS 998 INAPPLICABLE
				Inapplicable: See EECNTFCF.
*	IFL_EEFF	334	NUMERIC	<u>I_EECNFF NCHS IMPUTE FLAG</u> 1 PREMIUM IMPUTED 0 NOT IMPUTED

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

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> (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> (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> (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> (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> (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> (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> (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> (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> (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> (Respondent volunteered- not a CATI question) (Fully insured plans)
			124	1 YES

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

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> (Respondent volunteered- not a CATI question) (Fully insured plans)
			200	1 YES
			46317	8 INAPPLICABLE
				Inapplicable: Self insured plan, no write-in entry.
L22	L22G	355	NUMERIC	<u>DEATH/DISEMBLEMENT INSURANCE INCLUDED IN PREMIUM</u> (Respondent volunteered- not a CATI question) (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> (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> (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.

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
VC02	PREQSCOV	358-360	NUMERIC	<u>MONTHLY PREMIUM EQUIVALENT FOR SINGLE COVERAGE</u> (Self-insured plans) (Unimputed) 7935 36-500 DOLLARS 1677 996 NOT ASCERTAINED 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> (Self-insured plans) 11574 33-699 DOLLARS 34943 998 INAPPLICABLE
				Inapplicable: See PREQSCOV.
*	IFL_PRQS	364	NUMERIC	<u>I_PREQSC NCHS IMPUTE FLAG</u> 1673 1 PREMIUM IMPUTED 7935 0 NOT IMPUTED 36909 8 INAPPLICABLE
				Inapplicable: See PREQSCOV.
VC02	EECNTSCS	365-367	NUMERIC	<u>EMPLOYEE MONTHLY CONTRIBUTION FOR SINGLE COVERAGE</u> (Self-insured plans) (Unimputed) 3009 0 NONE 7715 1-500 DOLLARS 849 996 NOT ASCERTAINED 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.

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
IMP	I_EECNSS	368-370	NUMERIC	<u>IMPUTED EMPLOYEE MONTHLY CONTRIBUTION- SINGLE COVERAGE</u> (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> (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> (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

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

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> (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> (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> (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> (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

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

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> (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> (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> (Self-insured plans) (Unimputed)
			160	0 NONE
			6798	1-764 DOLLARS
			1794	996 NOT ASCERTAINED
			37765	998 INAPPLICABLE

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

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> (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> (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> (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) (Self-insured plans)
			8715	40-500 DOLLARS
			2855	996 NOT ASCERTAINED

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

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> (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) (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> (Self-insured plans)
			136	0 NONE
			11438	1-702 DOLLARS
			34943	998 INAPPLICABLE

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

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> <u>ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u> (Unimputed) (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> <u>ADJUSTED TO INCLUDE ADMINISTRATIVE COSTS</u> (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> <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

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

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.

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

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> (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> (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> (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> (Self-insured plans)
			82	1 YES
			499	2 NO
			8	9 DON'T KNOW
			45928	8 INAPPLICABLE

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

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> (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> (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> (Respondent volunteered- not a CATI question) (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> (Respondent volunteered- not a CATI question) (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.

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
L7	L7G	457	NUMERIC	<u>DEATH/DISMEMBER INCLUDED IN PREMIUM EQUIVALENT</u> (Respondent volunteered- not a CATI question) (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> (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> (Self-insured plans)
			5904	1 STOP-LOSS PREMIUM REQUESTED
			1219	2 STOP-LOSS PREMIUM INCLUDED WITH OTHER PLAN 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

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

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.

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

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.

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

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> (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) (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) (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 INPDPR.

*	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.

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

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

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

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

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

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>

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

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.

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.

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.

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.

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

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

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

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
				day (or a day and dollar combined) limit and the limit reported is not per year.
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.
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.
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.
S16	S16	781	NUMERIC	<u>ANY LIMITS ON OUTPATIENT MENTAL HEALTH SERVICES</u>
			9032	1 YES, VISIT LIMIT
			8339	2 YES, DOLLAR LIMIT

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

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.

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

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

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

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

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

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.

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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.

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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.

QUESTION NUMBER	VARIABLE NAME	TAPE LOCATION	FREQUENCY	ITEM AND CODES
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.

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