Glossary of NEHIS Variables

The following glossary gives brief discussions of analytic variables constructed or recoded from NEHIS survey variables. Variables described in this glossary include variables delivered by Westat, our survey contractor, who edited and imputed many of the NEHIS variables. This glossary also includes variables that were either re-edited, constructed, or re-imputed by NCHS following receipt of the files. These "NCHS" variables are identified by either an "*" or "+" to the left of the variable name. An "*" indicates that a variable includes additional edits performed by NCHS or other calculations, including re-imputation by NCHS. A "+" indicates that the variable was created by NCHS. This glossary attempts to explain the contents of most of the constructed or summary variables on the NCHS establishment, plan, and SENE files. A separate glossary is provided for each file. It should be noted that selected variables from the establishment file have already been matched to the plan file for the convenience of users. For example, FIRMSIZN (firm size) from the establishment file was added to the plan file so that comparable estimates could be estimated for the same firm size subgroups. Users should refer to the establishment glossary for more details on those variables.

Please note the following terms which are referred to extensively in this glossary:

1. CATI is computer-assisted telephone interviews.
2. SUDAAN refers to a statistical software package used to compute variances for complex sample surveys.
3. DMI is the Dun and Bradstreet Dun's Market Identifiers file used to sample private establishments.
4. COG is the Census of Governments file used to sample local governments. Prior to sample selection, the COG was modified by aggregating multiple governments obtaining health insurance through a single purchasing unit into one purchasing unit case.
5. *Plan year* refers to the year that sampled health insurance plans were in effect. The NEHIS sampled health plans with the plan year ending anytime between 4/1/93 and 3/31/94. Variables relating to health plans, i.e., TYPHIOFF through OFFHOSIN on the establishment file, are based on this reference period. Most variables on the establishment file, however, are based on a point-in-time reference period. For example, INSURE2 (indicator for establishments offering health insurance) and ESTSIZEN (number of establishment employees) were recorded as of 12/31/93. Inconsistencies occur as a result of these two reference periods, since establishment enrollment is counted as of December 31, 1993, while the 1993 "plan year" could occur during any 12-month period between 4/1/92 and 3/31/94.
6. *Major health plan* refers to health insurance plans that typically cover hospital care and doctor visits. The NEHIS sampled not only major health plans, but also single service plans (dental insurance, vision care plan, and prescription drug plan) and other special plans (long-term care insurance, dread disease plan, and hospital indemnity insurance). Several variables differentiate among these types of plans.

Notes on summary variables included on the
NEHIS Establishment file

Variable Name	Page #	
+A14ESTB	27	A14ESTB is a new variable indicating whether any employees in the establishment had health insurance coverage through a union as of 12/31/93. A14ESTB was derived from the CATI variable, A14, which indicates whether any employees working for the firm (as opposed to the establishment) had health insurance coverage sponsored by a union on 12/31/93. If a firm had employees obtaining health coverage through a union, it was assumed that the sampled establishments belonging to that firm also had employees obtaining health coverage through a union (unless it was indicated that there were no union employees in the establishment).
*ANYSELF +ANYSLFFL	23 23	ANYSELF classifies establishments by whether they offered at least one self-insured plan during plan year 1993. This variable summarizes information collected for each sample plan (CATI variables J1, J1C or L1,L1C) as well as CATI variables Z1, and Z1B, which collected firm-level information if plans were sub-sampled for an establishment. This variable is coded yes if any type of offered plan was self-insured, including single service or other special plans considered in scope for the plan sample (see MAJSELF). ANYSLFFL indicates additional edits conducted by NCHS on ANYSELF. This edit modified ANYSELF to be consistent with data collected in the plan file.
CATINSUR	26	Renamed variable for the CATI variable INSURE. Since CATINSUR was designed to indicate establishments offering health insurance as of 12/31/93 as well as establishments offering health insurance plans during the establishment's plan year (plan year ending between 4/1/93 and 3/31/94), it is recommended that CATINSUR not be used for analysis. INSURE2 is the indicator for establishments offering health insurance as of 12/31/93. TYPHIOFF is the indicator for establishments offering a health insurance plan (including type) as of the 1993 plan year.
+CENSUSRE *C23 *C23P	6 32 32	Recode for Census division based on STATE (Postal code). C23 represents the edited number of hourly employees, while C23P is the percentage of all employees that were hourly. C23 is the same as CATI variable C23NUM edited to be consistent with ESTSIZEN (establishment size) and the edited variables C25A, C25B, C25C, C26A, C26B, and C26C which replaced CATI variables C25NUMA, C25NUMB, C25NUMC, C26NUMA,

C26NUMB, and C26NUMC.

+C26	34	C26 represents total number of salaried employees. C26 was computed by subtracting the C23 (edited number of hourly employees) from ESTSIZEN. No comparable CATI variable exists.

*C25A	32	C25A, C25B, and C25C represent the edited fields for CATI
*C25B	33	variables C25NUMA (employees earning less than
*C25C	34	$5 per hour), C25NUMB (employees earning $5-14.99 per
+C23_ADD	32	hour), and C25NUMC (employees earning $15 or more per hour).
+C23_FLG	32	These variables replace the original CATI variables and
+C25_FLGA	33	include consistency checks with ESTSIZEN, C22 and the edited
+C25_FLGB	34	variables C23, C25A, C25B, C25C, C26, C26A, C26B, and C26C.
+C25_FLGC	34	Edited cases are indicated by C23_ADD, C23_FLG, C25_FLGA, C25_FLGB, and C25_FLGC.

*C25PA	33	C25PA, C25PB, and C25PC represent the percentages
*C25PB	33	corresponding to the edited variables C25A (employees earning
*C25PC	34	less than $5 per hour), C25B (employees earning $5-14.99 per hour), and C25C (employees earning $15 or more per hour) as percentages of C23 (total number of hourly employees). Prior to calculating percentages, inapplicables (no hourly employees in hourly category) were set to zero.

*C26A	35	C26A, C26B, and C26C represent the edited fields for CATI
*C26B	35	variables C26NUMA (employees earning less than $10,000 per
*C26C	36	year), C26NUMB (employees earning $10,000- 29,999 per year)
+C26_ADD	35	and C26NUMC (employees earning $30,000 or more per year).
+C26_FLG	35	These variables replace the original CATI variables and
+C26_FLGA	35	include consistency checks with ESTSIZEN, C22, and the edited
+C26_FLGB	36	variables C23, C25A, C25B, C25C, C26, C26A, C26B, and C26C.
+C26_FLGC	36	Edited cases are indicated by C26_ADD, C26_FLG, C26_FLGA, C26_FLGB, and C26_FLGC.

*C26PA	35	C26PA, C26PB, and C26PC represent the percentages correspond-
*C26PB	36	ing to the edited variables C26A (employees earning less than
*C26PC	36	$10,000 per year), C26B (employees earning $10,000- 29,999 per year), and C26C (employees earning $30,000 or more per year) as percentages of C26 (total number of salaried employees). Prior to calculating percentages, inapplicables (no salaried employees in salary category) were set to zero.

+DMAJPLRE	24	DMAJPLRE recodes types of managed care plans offered by an establishment in conjunction with conventional/indemnity plans.

Applicable only to major health plans. This recode was computed using the following summary variables for plans offered (listed prior to plan sample selection): MAJPLOFF (Number of major plans offered in plan year 1993), OFFCON (Conventional/indemnity plan offered), OFFHMO (HMO offered), OFFPPO (PPO offered), OFFCOMB (Combination plan (POS) offered), and TYPHIOFF (Whether major plans, single service plans, both offered, or none).

*EESELIGN	13	These constructed variables represent the total number of
*EESCOVNU	13	employees eligible for health insurance (EESELIGN), total number
FTEESNUM	12	of employees enrolled in their employer's plan (EESCOVNU),
*FTELIGNU	12	number of full-time employees (FTEESNUM), number of eligible
*FTCOVNUM	13	full-time employees (FTELIGNU), number of full-time enrolled
PTEESNUM	12	employees (FTCOVNUM), number of part-time employees
PTELIGNU	12	(PTEESNUM), number of eligible part-time employees
PTCOVNUM	13	(PTELIGNU), and number of part-time enrolled employees

(PTCOVNUM). All of these variables represent employees on 12/31/93. These variables standardize the CATI variables: C4NUM, PTNUM, C7NUM, C7PCT, C8NUM, C8PCT, C12NUM, C12PCT, C13NUM, C13PCT, C17NUM, C18NUM. The standardized variables were edited in most cases to be consistent with ESTSIZEN, INSURE2, and each other.

*EESTATEN	8	EESTATEN represents number of firm employees in the state
+EESTATFL	8	where the sample establishment is located. EESTATEN is

based on CATI variables A7, B1, B1A, B3, B5, B6NUM, and B6PCT and includes consistency edits with FIRMSIZN and ESTSIZEN. EESTATFL indicates cases with additional NCHS edits.

ESTSIZEN	12	ESTSIZEN represents the number of employees in an

establishment on 12/31/93. In most cases, ESTSIZEN takes on the value of CATI variable A1. When A1 was missing or inconsistent, ESTSIZEN was replaced by establishment size from the DMI sampling frame or the ratio of B3 (number of employees nationwide) to B2 (number of branches nationwide). In a few instances, special edits were applied. When editing other employee variables, ESTSIZEN never changed; i.e., other employee fields were edited to be consistent with ESTSIZEN.

*FESTB_WT	1	Final establishment weight. Includes six implied decimal places.
+WT_FLAG	1	Number of private establishments is estimated by aggregating

FESTB_WT within specific domains. For example, the total

number of private establishments is the sum of FESTB_WT when SAMPTYPE=1 (Private establishment sample).   The weight for private establishments was adjusted by NCHS to account for the exclusion of 312 cases originally recorded as complete, but later found to be out-of-scope for the survey (private sector cases with firm size=1 were ineligible for the DMI sample). As a result of the adjustment, the weight for private sector cases was changed, as indicated in WT_FLAG.

Since government cases represent individual government units, as well as purchasing unit (PU) cases, number of governments are estimated differently from private establishments.   PU cases represent multiple government units jointly obtaining health insurance through the PU. These cases were selected in the NEHIS sample as a PU case. An estimator for number of government units is the product of FESTB_WT*NOPUGOVT when SAMPTYPE=2 (Government sample). For PU cases, NOPUGOVT is equal to the number of local governments included in PU cases. NOPUGOVT is equal to 1 for all other cases.

Please note that the estimator for government units (FESTB_WT*NOPUGOVT) produces only an approximate estimate. In a few states, the distinction between state and local government units is blurred, particularly in the case of dependent school districts. For example, in "dependent school districts, " public school systems may be operated by the county government, but all public school system employees are state employees. In this case, the number of government units may be overestimated. On the other hand, the government estimator underestimates governments with no employees (typically local dependent school districts have no local employees), since governments had to have at least one employee to be in-scope.

The modified 1992 COG sampling frame used in the 1994 NEHIS included 12,481 local special school districts with no local employees (as the employees were actually state employees). Without inclusion of NOPUGOVT in the estimator, aggregating FESTB_WT for government cases estimates the number of governments not participating in purchasing units (PU) AND purchasing unit cases. Thus, the total number of non-PU governments and PUs is estimated by the sum of FESTB_WT when SAMPTYPE=2 (Government sample). Since employee data for PU cases were reported for all governments participating in the PU, employees can be estimated by weighting the employee data field by FESTB_WT.

FINALPU	7	Indicator for purchasing unit (PU) cases in the government sample; private establishment cases are coded inapplicable. The number of PU cases in FINALPU differs from that recorded in GOVTPU because the latter was an intermediate variable used by CATI for tracking purposes. GOVTPU should not be used for analytic purposes for this reason. FINALPU indicates whether local government cases were a PU or not, since state and federal cases were selected with certainty.
FIPSCNTA	39	Federal Information Processing Standards (FIPS) County code as defined by the U.S. General Services Administration. This variable is only included for matching purposes to link contextual data from files such as the Area Resource File to the NEHIS files in multivariate analyses. Estimates for particular counties are discouraged, since the NEHIS was only designed to produce State and national estimates.
FIPS_ST	3	Federal Information Processing Standards (FIPS) State code as defined by the U.S. General Services Administration.
*FIRMSIZN +FIRMSZFL	7 7	Standardized variable for number of employees nationwide as of 12/31/93. This variable essentially incorporates CATI variables B3, B4, and B7, edited to be consistent with ESTSIZEN, A7, B1, B5, and B6. When reported as a range, e.g., between 1 and 10, this response was replaced by the weighted median of the reported numeric values within that range group. FIRMSIZN is coded inapplicable for government cases. Includes DMI estimates for missing data and additional edits performed by NCHS, as indicated by FIRMSZFL.
+FTMINHR	21	Summary variable for number of hours per week for an employee to be considered full-time. This variable incorporates CATI variables C19NUM, INSURE, and C4NUM.
*FTTSEENU *PTTSELNU *FTTSELNU *PTTSEENU *TSENRNUM *FTTSCONU *PTTSCONU *TSEESNUM *TSELIGNU	17 18 18 17 19 19 19 18 18	These edited variables standardize the CATI variables collecting information on temporary or seasonal employees: C9NUM, C10NUM, C11NUM, C14NUM, C15NUM, C16NUM or their percentage equivalents to a number of employees. FTTSEENU is the number of full-time temporary/seasonal employees, PTSEENU is the number of part- time temporary/seasonal employees, TSEESNUM is the total number of temporary/seasonal employees, FTTSELNU is the number of full-time temporary/seasonal employees eligible for health insurance, PTTSELNU is the number of part-time temporary/seasonal employees eligible for

health insurance, TSELIGNU is the total number of temporary/seasonal employees eligible for health insurance, FTTSCONU is the number of full-time temporary/seasonal employees enrolled in their employer's plan, PTTSCONU is the number of part-time temporary/seasonal employees enrolled in their employer's plan, and TSENRNUM is the total number of temporary/seasonal employees enrolled in their employer's plan. Based on questionnaire instructions, the temporary/seasonal employee counts are subsets of corresponding employee fields for total employees. That is, PTTSELNU (number of part-time temporary/seasonal employees eligible for health insurance) is a subset of PTELIGNU (number of part-time employees eligible for health insurance).

GOVTYPE	6	Indicator for whether government cases are federal, State or local. Private establishment cases are coded 5. It is recommended that users analyze only combined estimates of State and local governments (GOVTYPE=2-4) because the distinction between State and local governments is blurred in a few states (see FESTBWT). In states with "dependent school districts", these two levels of government was ambiguous for public schools employees. Although working in a local government unit, these employees obtained health insurance from the State.

Please note that although there is only one federal government, data were coded separately for each State so that estimates of employees within States were complete. Quasi-government agencies within the federal government, such as the Federal Deposit Insurance Corporation and the Tennessee Valley Authority, were also included in the federal government category (GOVTYPE=1).

*I_EESCOV	17	Employee variables that include imputed values for missing data.
*I_EESELI	16	I_EESCOV is EESCOVNU (total number of employees enrolled
*I_FTCOVN	16	in their employer's plan) with imputed data, I_EESELI is
*I_FTEESN	15	EESELIGN (total eligible employees) with imputed data,
*I_FTELIG	15	I_FTCOVN is FTCOVNUM (full-time employees enrolled in their
*I_PTCOVN	16	employer's plan) with imputed data, I_FTEESN is FTEESNUM
*I_PTEESN	16	(Full-time employees) with imputed data, I_FTELIG= FTELIGNU
*I_PTELIG	16	(Eligible full-time employees) with imputed data, I_PTCOVN is
*IFL_EECV	17	PTCOVNUM (part-time employees enrolled in their employer's
*IFL_EEEL	16	plan) with imputed data, I_PTEESN is PTEESNUM (part-time
*IFL_FTCV	16	employees) with imputed data, and I_PTELIG is PTELIGNU
*IFL_FTEE	15	(eligible part-time employees) with imputed data. The associated
*IFL_FTEL	16	variables IFL_EECV, IFL_EEEL, IFL_FTCV, IFL_FTEE, and

IFL_FTEL are flags for the imputed variables I_EESCOV, I_EESELI, I_FTCOVN, I_FTEESN, and I_FTELIG, respectively. Since NCHS reimputed some of these fields (to correct imputed negative estimates of part-time employees), the imputed employee fields and associated edit flags differ from those included on the final preliminary establishment file delivered by Westat. Cases that were reimputed are indicated in the fields IFL_EECV, IFL_EEEL, IFL_FTCV, IFL_FTEE, and IFL_FTEL. An additional change was to convert inapplicables (originally coded 999998) to '0's. This was done to facilitate SUDAAN processing. The original inapplicable codes are unchanged in the unimputed employee fields, e.g., EESELIGN-PTCOVNUM.

*I_EESMAJ	40	Summary variable from the plan file representing the number of active employees enrolled in a major plan (HMO, PPO, conventional indemnity, POS) during the 1993 plan year ending before April 1, 1994.
INEXIST	20	Summary variable for number of years private firm has existed. Incorporates information collected in CATI variables B10 and B10YEAR. Government cases are coded inapplicable.
*INSURE2	11	Indicator for establishments and governments offering health insurance as of 12/31/93 regardless of whether the insurance offered was a major health plan, single service or special plan.
MACODE	6	MACODE contains the Metropolitan Area (MA) code defined by
+MACODERE	6	the Office of Management and Budget. MA codes were assigned by NCHS using information from the DMI file, which was modified to account for changes as a result of MA updates after the 1990 Decennial Census. NCHS used the Area Resource File (ARF), September 1993 version, to assign counties to MAs in New England, and the Bureau of the Census's public access servers on the Internet to assign counties to MAs outside of New England. Some misclassification of MAs derived from the ARF may have occurred for business establishments in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont because MAs in New England are defined at a subcounty level and MA codes in the ARF are assigned at the county level. MACODE is zero-filled for non-MA counties. MACODERE is an indicator variable for whether a sample case is included in an MA or not.
*MAJPLOFF	22	Summary variables for number of major health plans offered.
*MAJPLOF2	22	MAJPLOFF (number of major plans offered in plan year 1993) was computed by summing the number of major health plans

excluding single service and special plans) listed prior to selecting a sample of health plans. MAJPLOF2 is the same as MAPLOFF but was limited to major health plans with at least one employee enrolled in the plan. See SGLPLOFF and SGLPLOF2 for number of single service and other special plans offered.

+MAJPLRE   24   Recode for whether managed care plans were offered by an establishment in conjunction with conventional/indemnity plans. Applicable only to major health plans. This recode was computed using the following summary variables for plans offered (listed prior to plan sample selection): MAJPLOFF (number of major plans offered in plan year 1993), OFFCON (conventional/indemnity plan offered), OFFHMO (HMO offered), OFFPPO (PPO offered), OFFCOMB (combination plan (POS) offered), and TYPHIOFF (whether major plans, single service plans, both offered, or none). For more detail on types of managed care plans offered, see DMAJPLRE.

+MAJSELF   23   MAJSELF is a new variable that classifies whether any major health plan offered by an establishment during plan year 1993 was self-insured. MAJSELF differs from ANYSELF in that ANYSELF has a value '1' (Yes) when only single service plans are self-insured, while MAJSELF would have a value '2' (No).

MINHRELN   21   MINHRELN (number of work hours per week required for an employee to be eligible for health insurance) summarizes CATI variables D3, D4WEEK, D4MON, and D4YEAR. Since MINHRELN incorporates the D3 responses "no minimum hours required" (D3=4) and "varies" (D3=5), caution should be exercised using this variable. In order to estimate the average number of work hours required for coverage, values of MINHRELN included in this calculation should be limited to 1 through 40. Cases with no minimum work hours required are coded zero.

+MULTILOC   8   MULTILOC (whether establishment is part of a multi-location firm or not) is a new variable incorporating CATI variables A7 and B1. MULTILOC was edited to be consistent with NUMLOCUS, ESTSIZEN, and FIRMSIZN.

+MULTSTAT   8   MULTSTAT classifies establishments as belonging to a multi-state firm, a single-state firm with multiple locations within state, or a single location firm. MULTSTAT was constructed using B5, NUMLOCUS, and by examining state identifiers for MEF cases.

+NOPUGOVT   7   Government cases on this file may either represent individual

government units, or purchasing units (PU). PU cases represent multiple local government units jointly obtaining their health insurance through a PU. Purchasing units, also called purchasing cooperatives or health alliances, are formed to increase administrative efficiency and bargaining power. Multiple local governments participating in a PU were selected in the NEHIS sample as a PU case. NOPUGOVT is the number of governments included in the PU case. For all other cases, i.e., individual government units (non-PU cases) and private establishment cases, NOPUGOVT=1. The estimator for number of governments is the product of FESTB_WT*NOPUGOVT when SAMPTYPE=2 (Government sample). NOPUGOVT was computed by counting the number of purchasing unit ID (PUID) matches from COGMEM.SASDATA (final PU membership file) to PUBSMPWT.SASDATA (public establishment sampling and weighting file). This information was then matched to the final establishment file.

+NUMLOCUS 8   NUMLOCUS (number of locations (branches) in the U.S.) represents the edited field for CATI variable B2. This variable was edited to be consistent with MULTILOC, ESTSIZEN, and FIRMSIZN.

*OFFCOMB 25
*OFFCON 25
*OFFHMO 24
*OFFPPO 24   The following variables indicate whether a type of major health plan was offered (listed before sampling health plans) by the establishment during plan year 1993: OFFCOMB (combination plan (POS) offered), OFFCON (conventional/indemnity plan offered), OFFHMO (HMO offered), OFFPPO (PPO offered).

*OFFDENT 25
*OFFDRDIS 26
*OFFDRUG 26
*OFFHOSIN 26
*OFFLTC 26
*OFFVISON 25   Whether types of single service or other plans were offered (listed before sampling health plans) during plan year 1993 are indicated by: OFFDENT (Dental only plan offered), OFFDRDIS (Dread disease (e.g., cancer or stroke) plan offered), OFFDRUG (Prescription drug plan offered), OFFHOSIN (Extra cash plan or hospital indemnity insurance offered), OFFLTC (Long-term care insurance offered), and OFFVISON (Vision care plans).

OWNTYPE 20   OWNTYPE (Type of ownership) summarizes CATI variables B8 and B9, so that profit versus non-profit status of private sector establishments also includes information on the corporate status of proprietary establishments. Government cases are coded inapplicable.

PAYROLL 39   Unimputed 1993 payroll as reported in CATI variables C27, C27A, C27B. PAYROLL includes some edits to standardize responses to

an annual amount.

PCTPAYRL	39	Unimputed 1993 health insurance cost as a percent of payroll. PCTPAYRL is defined as (PLCOST93/PAYROLL)*100.
+PCTHIWAG +PCTLOWAG +PTMIDWAG	31 31 31	PCTLOWAG (percentage of all employees earning less than $5 per hour or less than $10,000 per year), PTMIDWAG (percentage of all employees earning $5-14.99 per hour or $10,000-29,999 per year) and PCTHIWAG (percentage of all employees earning $15 or more per hour or $30,000 or more per year) were computed using the edited variables for CATI variables C25NUMA (number of employees earning less than $5 per hour), C25NUMB (number of employees earning $5-14.99 per hour), C25NUMC (number of employees earning $15 or more per hour), C26NUMA (number of employees earning less than $10,000 per year), C26NUMB (number of employees earning $10,000- 29,999 per year), and C26NUMC (number of employees earning $30,000 or more per year). All of these variables represent employees as of 12/31/93. Prior to calculating percentages, inapplicables (no wage employees in wage category or no salaried employees in salary category) were set to zero. Also see C25PA, C25PB, C25PC, C26PA, C26PB, and C26PC.
PLCOST93	39	Unimputed total health insurance cost across all plans during 1993 as reported in CATI variable C28UNT, C28AMT, and C29PCT. PLCOST93 includes some edits to standardize responses to an annual amount.
SAMPTYPE	6	Indicator for private establishment and government cases. Private establishments were selected from the Dun's Market Identifiers (DMI) file as it existed in October 1993. Government cases were selected from a modified 1992 Census of Governments (COG) file. The COG file was modified by grouping multiple governments jointly obtaining health insurance through a single purchasing unit (PU) into a single case. Purchasing units represent pooling arrangements, also called purchasing cooperatives or health care alliances, formed to increase administrative efficiency and bargaining power. To identify PU cases, see FINALPU. For information on the number of governments represented in each PU case, see NOPUGOVT.
SEFMEF	11	Administrative indicator for whether only one sampled establishment from a firm was selected (single establishment firm or SEF) or multiple establishments from the same firm were selected (multiple establishment firm or MEF). This variable was

used during fielding in order to stage fielding of cases by complexity. SEF cases were fielded more quickly than MEF cases. SEFMEF should <u>not</u> be used analytically since SEFMEF codes a single establishment firm the same as a multiple establishment firm with only one establishment selected into the sample. See MULTILOC for analytic variable describing whether establishment is part of a multi-location firm or not.

*SGLPLOFF	22	Summary variables for number of single service or special plans offered. SGLPLOFF (Number of single service or special plans
*SGLPLOF2	23	offered in plan year 1993) was computed by summing the number of these types of plans (Dental only insurance, vision care plan, prescription drug plan, long-term care plan, dread disease plan, or hospital indemnity plan) listed prior to selecting a sample of health plans. SGLPLOF2 is the same as SGLPLOFF but was limited to single service or special plans with at least one employee enrolled in the plan. See MAJPLOFF and MAJPLOF2 for number of major health plans offered.
SICCODE	9	SICCODE is a two-digit standard industrial classification
*SICCODE2	9	(SIC) as recorded on the DMI file. SICCODE2 recodes SICCODE into 10 major industry categories with an additional code (=1) for government cases. SICCODE2 includes two service categories: Professional and related services (code '10') and Business, personal and entertainment services (code '11'). [NOTE: An earlier version of SICCODE2 was used to sort the private establishment sample prior to sample selection to assure representation among the SICCODE2 industry groups. The earlier version of SICCODE2 (included on establishment file delivered by Westat) included three rather than two service categories.] SIC codes were available only for private establishment cases. Government cases are coded 98 in SICCODE.
*STATE	2	Two-letter State abbreviation (postal code) obtained from the
+ST_FLAG	3	DMI abstract file (sampling frame). STATE was updated in 25 cases, as indicated by ST_FLAG. In these cases, the establishment changed state between the time of the October 1993 DMI abstract file, and when the full record DMI file was purchased for sampled cases. See FIPS_ST for numeric state code.
+STATENUM	4	Sequential numeric variable corresponding to state names sorted in alphabetical order, i.e, Alabama,...., Wyoming. Useful for SUDAAN processing when producing state estimates since SUDAAN requires a sequential numeric code.

TYPHIOFF	22	TYPHIOFF is an indicator for whether establishments offered a health insurance plan or not as of the end of the 1993 plan year, i.e. plan year ending between 4/1/93 and 3/31/94. TYPHIOFF also indicates types of plans offered during the 1993 plan year, i.e. only major health plans, both major health plans and single service/special plans, only single service/special plans, or health insurance not offered during plan year 1993.
*UNEESNUM +UNEEFL	27 27	UNEESNUM (number of union employees in establishment as of 12/31/93) is based on CATI variables C20NUM, taking into account information from A14. UNEESNUM was further edited by NCHS (when union employees was greater than total establishment employees), as indicated by UNEEFL.
*VARSTRA2 *TOTCNT	6 6	VARSTRA2 (variance stratum) and TOTCNT (variance stratum weighted counts) are sample design specific variables required in the SUDAAN software. SUDAAN computes variances using a first-order Taylor Series approximation of the deviations of estimates from their expected values. VARSTRA2 includes a few NCHS corrections, while TOTCNT was recomputed by NCHS using the reweighted field FESTB_WT. Also see FESTB_WT.
VOUCHAMT	39	VOUCHAMT (annual amount of voucher) summarizes CATI variables N2, N4UNT, N4MON, N4WEEK, N4BIWEEK, and N4YEAR, and includes consistency checks with CATINSUR. These questions were only asked if establishments did not offer health insurance to employees. Since VOUCHAMT incorporates the N4UNT responses of "voucher amount varied" (N4UNT=5), "voucher amount equal to percentage of premium [for insurance plan purchased by employee]" (N4UNT=6), and the annualized voucher amount, caution should be exercised in using this variable. To estimate the average annual voucher amount, calculations should be limited to cases in which VOUCHAMT is between 156 and 9600. Cases not offering vouchers are coded zero.
WAITPERL	21	WAITPERL (waiting period in days for new employee to become eligible for insurance) summarizes CATI variables D1, D2UNT, D2MON, D2WEEK, D2DAY. WAITPERL standardizes the reported waiting period to days, but also incorporates the D1 response "no waiting period" (D1=2), as well as the D2UNT response "waiting period varies" (D2UNT=5). To estimate the average waiting period in days, calculations should be limited to cases in which WAITPERL is between 1 and 1824. Cases with no waiting period are coded zero.

Notes on summary variables included on the
NEHIS Plan file

Variable Name	Page #	Notes
ADMINCST	51	Unimputed variable representing the total administrative cost for the health plan. Standardizes administrative cost to an annual dollar amount from information included in CATI variables J12UNT, J12AMTST, J1AUNT, TOTANPRE, J12PCB, J12PCT, BENEPAID, EEENRPY, J1ANUM, J1APCT, and FIRMSIZN. Administrative cost could be reported as a dollar amount, a percent of claims paid, or as a percent of the premium. ADMINCST was inapplicable for HMO and POS plans.
ADMPCCLM	52	Unimputed administrative cost as a percent of claims recode for self-insured plans only. Defined as (ADMINCST/BENEPAID)*100.
ADMPCPRE	52	Unimputed administrative cost as a percent of premiums recode for fully insured plans only. Defined as (ADMINCST/TOTANPRE)*100.
ADMPEREE	53	Unimputed administrative cost per enrollee recode. Enrollees include active employees, retired employees and former (COBRA) employees.
ANYPLCST	49	Unimputed analytic variable representing total plan costs (sum of fully insured annual premiums (TOTANPRE) and total cost for self-insured plans (TOTPLCST)). See TOTANPRE and TOTPLCST.
ASSNNEW	20	NCHS edited analytic variable for professional association plans for which the firm contributed toward the premium. This variable combines CATI variables E11 and A17.
BENEPAID	50	This variable represents the unimputed total benefits paid out by the health plan. BENEPAID was standardized to reflect a total annual dollar amount from information included in CATI variables J10AMT, J1AUNT, EEENRPY, J1ANUM, and J1APCT. If total benefits were reported for the "firm", the amount was adjusted downward by the ratio of enrolled employees in the establishment to enrolled employees in the firm.
BENPEREE	51	Unimputed recode representing total benefits paid divided by enrolled employees (BENEPAID/EEENRPY).

CASEID	1	ESTBNUM, CASEID, and PLANNUM together uniquely identify the sample plan associated with an establishments or government. CASEID and ESTBNUM can be used to match selected information from sample plans from the plan file with establishments or governments on the establishment file. CASEID and ESTBNUM can be used to match information from the establishment file to the plan file.
COBRAENR I_COBRAE F_COBRAE	23 23 23	Unimputed analytic variable representing former employees enrolled in the health plan through COBRA continuation of benefits laws. This variable is equals CATI variable H3NUM. I_COBRAE includes imputed values for cases with missing data in COBRAENR; F_COBRAE flags cases that were imputed.
COINOPNP I_CIOPNP F_CIOPNP	66 66 67	Unimputed analytic variable representing the outpatient coinsurance rate for non-preferred providers. This variable includes edits using CATI variables COOPNPCA, P11UNT, and P12. I_CIOPNP includes imputed values for cases with missing data in COINOPNP; F_CIOPNP flags cases that were imputed.
COINOPPR I_CIOPPR F_CIOPPR	64 64 65	Unimputed analytic variable representing the outpatient coinsurance rate for preferred providers. This variable includes edits using CATI variables COOPPRCA, P9UNT, and P10. I_CIOPPR includes imputed values for cases with missing data in COINOPPR; F_CIOPPR flags cases that were imputed.
COINSINP I_COINSI F_COINSI	62 62 63	Unimputed analytic variable representing the inpatient coinsurance rate. This variable is equals CATI variable P7. I_COINSI includes imputed values for cases with missing data in COINSINP; F_COINSI flags cases that were imputed.
+COMPIND	26	Composite premium indicator for ISNGPREM and IFAMPREM. A composite premium rate does not differentiate between single and family coverage. When COMPIND=1, the imputed premiums for single and family coverage are the same, regardless of self-insurance status (ISNGPREM=IFAMPREM). When COMPIND=2, the imputed premiums for single and family coverage are different, regardless of self-insurance status (ISNGPREM<IFAMPREM). COMPIND is the imputed value of L3 (I_L3) when SELFINSU=1 (self-insured). COMPIND is the imputed value of L19 (I_L19) when SELFINSU=2 (fully insured). Also see ISNGPREM, IFAMPREM.
COOPNPCA I_COOPNP	65 66	Unimputed recode indicating whether non-preferred providers charged coinsurance or copayments. This variable combines

F_COOPNP	66	information in CATI variables P11UNT and P11AMT. This variable is inapplicable if the plan was an inpatient-only plan. I_COOPNP includes imputed values for cases with missing data in COOPNPCA; F_COOPNP flags cases that were imputed.
COOPPRCA I_COOPPR F_COOPPR	63 64 64	Unimputed recode indicating whether preferred providers charged coinsurance or copayments. This variable combines information in CATI variables P1, P8, and P9UNT. This variable is inapplicable if the plan was an inpatient-only plan. I_COOPPR includes imputed values for cases with missing data in COOPPRCA; F_COOPPR flags cases that were imputed.
COPAOPNP I_CPOPNP F_CPOPNP	67 67 67	Unimputed variable representing the outpatient copayment for non-preferred providers. Edits standardized COPAOPNP into a single copayment amount using CATI variables COOPNPCA, P11UNT, P11AMT, P11AMTH, and P11AMTL. I_CPOPNP includes imputed values for cases with missing data in COPAOPNP; F_CPOPNP flags cases that were imputed.
COPAOPPR I_CPOPPR F_CPOPPR	65 65 65	Unimputed analytic variable representing the outpatient copayment for preferred providers. Edits standardized COPAOPPR into a single copayment amount using CATI variables COOPPRCA, P9UNT, P9AMT, P9AMTH and P9AMTL. I_CPOPPR includes imputed values for cases with missing data in COPAOPPR; F_CPOPPR flags cases that were imputed.
COPAYINP	63	Recode indicating if there is an inpatient copayment or a per stay or per day deductible for preferred providers. Based on CATI variables P7 and P3A.
CSTPEREE	51	Unimputed total annual self-insured plan cost per employee recode (TOTPLCST/sum of enrolled employees and former employees). Current and former employees was sum of EEENRPY, COBRENR, RETO65EN, RETU65EN.
EECNTFCF *I_EECNFF +IFL_EEFF	31 31 31	Unimputed analytic variable representing the monthly employee contribution for family coverage in a fully insured health plan. Standardizes employee contributions to a monthly amount using information in CATI variables SELF, L19, L28FMT, L29AFMT, L29, L28MON, L28UNT, L28AMT, L28MONL, L28MONH, L28AMTH, and L28AMTL. I_EECNFF includes imputed values for cases where EECNTFCF is missing data. IFL_EEFF flags cases that were imputed.
EECNTFCS	39	Unimputed analytic variable representing the monthly employee

*I_EECNFS	39	contribution for family coverage in a self-insured health plan.
+IFL_EEFS	39	Standardizes employee contributions to a monthly amount using information in CATI variables SELF, L1, L3, L13FMT, L13MON, L13UNT, L13AMT, L13MONH, L13MONL, L13AMTH, L13AMTL, L14AFMT, L15, L16, L18FMT, L18MONH, and L18MONL. I_EECNFS includes imputed values for cases where EECNTFCS is missing data as well as additional NCHS edits. IFL_EEFS flags cases that were imputed.
EECNTSCF	29	Unimputed analytic variable representing the monthly employee
*I_EECNSF	29	contribution for single coverage in a fully insured health plan.
+IFL_EESF	30	Standardizes employee contributions to a monthly amount using information in CATI variables SELF, L23FMT, L24AFMT, L24, L23MON, L23UNT, L23AMT, L23MONH, L23MONL, L23AMTH, and L23AMTL. I_EECNSF includes imputed values for cases where EECNTSCF is missing data as well as additional NCHS edits. IFL_EESF flags cases that were imputed.
EECNTSCS	36	Unimputed analytic variable representing the monthly employee
*I_EECNSS	36	contribution for single coverage in a self-insured health plan.
+IFL_EESS	37	Standardizes employee contributions to a monthly amount using information in CATI variables SELF, L1, L8FMT, L9FMT, L8FMT, L8MON, L8UNT, L8AMT, L8MONH, L8MONL, L8AMTH, L8AMTL, L15, L16, L17FMT, L17MON, L17MONH, and L17MONL. I_EECNSS includes imputed values for cases where EECNTSCS is missing data. IFL_EESS flags cases that were imputed.
EEENRPY	23	EEENRPY is the unimputed analytic variable for total number of
*EEENRP2	23	active employees enrolled in a health plan. EEENRPY reconciles
+H2_FLAGI	23	different measures of enrollment (different questions) reported by different respondents within the same firm. EEENRP2 includes imputed values for cases where EEENRPY is missing data. EEENRP2 also includes additional NCHS edits that ensured the sum of enrolled employees within an establishment did not exceed the total number of employees working in the establishment. If total enrolled persons were reported for the "firm", the amount was adjusted downward by the ratio of employees in the establishment to employees in the firm. H2_FLAGI flags cases that were imputed.
EEFAMENR	26	Unimputed analytic variable for the number of active employees
*EEFAMEN2	26	enrolled in a health plan with family coverage. EEFAMENR
+H8_FLAGI	26	standardized CATI variables FAMILY, H8NUM and H8UNT to reflect number of persons. EEFAMEN2 includes imputed values

for case where EEFAMENR is missing data. EEFAMEN2 also includes additional NCHS consistency edits between EEFAMEN2 and EEENRP2.   H8_FLAGI flags cases that were imputed.

ERCNTFAD	42	Unimputed analytic variable representing the monthly employer contribution for family coverage adjusted for administrative cost in a self-insured health plan. Standardizes employer contributions to a monthly amount that includes administrative cost using information in CATI variables SELF, L2, L3 and PREQFADJ, ERCNTFCS. I_ERFAD includes imputed values for cases where ERCNTFAD is missing data. IFL_ERFA flags cases that were imputed.
*I_ERFAD	43	
+IFL_ERFA	43	

ERCNTFCF	32	Unimputed analytic variable representing the monthly employer contribution for family coverage in a fully insured health plan. Standardizes employer contributions to a monthly amount using information in CATI variables SELF, L19, L28FMT, L29AFMT, L29B, L29AMON, L29AUNT, L29AAMT, L29AMONL, L29AMONH, L29AAMTL, and L29AAMTH. I_ERCNFF includes imputed values for cases where ERCNTFCF is missing data. IFL_ERFF flags cases that were imputed.
*I_ERCNFF	32	
+IFL_ERFF	32	

ERCNTFCS	39	Unimputed analytic variable representing the monthly employer contribution for family coverage in a self-insured health plan. Standardizes employer contributions to a monthly amount using information in CATI variables SELF, L3, L13FMT, L14B, L14AFMT, L14AMON, L14AUNT, L14AAMT, L14AMONH, L14AMONL, L14AAMTH, and L14AAMTL. I_ERCNFS includes imputed values for cases where ERCNTFCS is missing data. IFL_ERFS flags cases that were imputed.
*I_ERCNFS	40	
+IFL_ERFS	40	

ERCNTSAD	41	Unimputed analytic variable representing the monthly employer contribution for single coverage adjusted for administrative cost in a self-insured health plan. Standardizes employer contributions to a monthly amount that includes administrative cost using information in CATI variables SELF, L2, L3, PREQSADJ, and ERCNTSCS. I_ERSAD includes imputed values for cases where ERCNTSAD is missing data. IFL_ERSA flags cases that were imputed.
*I_ERSAD	41	
+IFL_ERSA	42	

ERCNTSCF	30	Unimputed analytic variable representing the monthly employer contribution for single coverage in a fully insured health plan. Standardizes employer contributions to a monthly amount using
*I_ERCNSF	30	
+IFL_ERSF	30	

information in CATI variables SELF, L24AFMT, L23FMT, L24B, L24AMON, L24AUNT, L24AAMT, L24AMONH, and L24AMONL.   I_ERCNSF includes imputed values for cases where ERCNTSCF is missing data. IFL_ERSF flags cases that were imputed.

ERCNTSCS	37	Unimputed analytic variable representing the monthly employer
*I_ERCNSS	37	contribution for single coverage in a self-insured health plan.
+IFL_ERSS	37	Standardizes employer contributions to a monthly amount using

information in CATI variables SELF, L9AFMT, L8FMT, L9AMON, L9B, L9AUNT, L9AAMT, L9AMONH, L9AMONL, L9AAMTH, and L9AAMTL.   I_ERCNSS includes imputed values for cases where ERCNTSCS is missing data. IFL_ERSS flags cases that were imputed.

ESTBNUM   1   ESTBNUM and CASEID together uniquely identify sample establishments and governments. These two variables can be used to match selected information from sample plans (uniquely identified by PLANNUM within an establishment) to the establishment file. CASEID and ESTBNUM can also be used to match information from the establishment file to the plan file.

+FAMLYNEW   26   NCHS edited indicator for whether plan offers family coverage. Includes edits for consistency with imputed premiums for family coverage and CATI variable FAMILY.

+IFAMEECN   28   NCHS created recode of monthly employee contribution to premiums or premium equivalents for family coverage. Since employee contributions to premiums for fully insured plans and self-insured plans were collected in separate data fields (see EECNTFCF, and EECNTFCS), this field combines the two fields into one so that an average employee contribution to premiums for both fully insured and self-insured plans can be computed. IFAMEECN includes imputed values for missing data. IFAMEECN is defined as I_EECNFF when SELFINSU=2 (fully insured plan) and is set to I_EECNFS when SELFINS=2 (self-insured plan).

+IFAMERCN   28   NCHS created recode of monthly employer contributions to premiums or premium equivalents for single coverage. Since employer contributions to premiums for fully insured plans and self-insured plans were collected in separate data fields (see ERCNTFCF, and ERCNTFCS), this field combines the two fields into one so that an average employer contribution to premium for

both fully insured and self-insured plans can be computed. IFAMERCN includes imputed values for missing data. It also includes adjustments to ERCNTFCS to make it comparable to ERCNTFCF (to include administrative costs). IFAMERCN is defined as I_ERCNFF when SELFINSU=2 (fully insured plan) and is I_ERCNFA when SELFINS=2 (self-insured plan).

+IFAMERPT	28	NCHS created recode of the percentage of employer contributions to monthly premiums for both fully insured and self-insured plans. IFAMERPT is defined as (IFAMERCN/IFAMPREM)*100. Also see IFAMERCN and IFAMPREM.
+IFAMPREM	27	NCHS created recode of total (employer plus employee) monthly premiums or premium equivalents for family coverage. Since the premiums for fully insured plans and self-insured plans were collected in separate data fields (see PREMFCOV, and PREQFCOV), this field combines the two fields into one so that an average premium for both fully insured and self-insured plans can be computed. IFAMPREM includes imputed values for missing data. It also includes adjustments to PREQFCOV to make it comparable to PREMFCOV (to include administrative costs). IFAMPREM is defined as I_PREMFC when SELFINSU=2 (fully insured plan) and is I_PREQFA when SELFINS=2 (self-insured plan). Since some establishments reported composite premiums in CATI variables L3 and L19 (both indicate whether the premium was the same or different for single and family coverage), IFAMPREM should be cross-tabulated by COMPIND (indicator for composite premiums) to prevent the family premium from being biased downward by the inclusion of composite premiums. Also see COMPIND.
INPDEDNP	57	Unimputed analytic variable representing annual inpatient deductible for non-preferred providers. Standardizes the inpatient deductible to an annual amount using CATI variables P5C, P5D, P5EFMT, P5EAMT, P5EAMTH, and P5EAMTL. INPDEDPR excludes per-stay and per-day deductibles (indicated in P5D). I_INPDNP includes imputed values for cases when INPDEDNP is missing. When P5D was imputed when data was missing (I_P5D). This variable was accounted for when imputing I_INPDNP. F_INPDNP flags cases that where INPDEDNP was imputed. F_P5D flags P5D cases that were imputed.
I_INPDNP	57	
F_INPDNP	57	
P5D	59	
I_P5D	59	
F_P5D	59	
INPDEDPR	53	Unimputed analytic variable representing annual inpatient deductible for preferred providers. Standardizes the inpatient
I_INPDPR	54	

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F_INPDPR	54	deductible to an annual amount using CATI variables P3, P3A,
P3A	56	P3BAMT, P3BFMT, P3BAMTH, and P3BAMTL. INPDEDPR
I_P3A	56	excludes per- stay and per-day deductibles (indicated in P3A).
F_P3A	56	I_INPDPR includes imputed values for cases when INPDEDPR is
		missing. P3A was imputed when data was missing (I_P3A). This
		variable was accounted for when imputing I_INPDPR. F_INPDPR
		flags cases where INPDEDPR was imputed. F_P3A flags P3A
		cases that were imputed.

+ICOBRAPL	23	Plan enrollees include COBRA employees, as well as active
		employees and/or retirees. This recode was defined using the
		imputed variables for enrollees: EEENRP2, I_COBRAE,
		I_RETU65, I_RETO65.

+IRETPLAN	24	Plan includes only retirees. This recode was defined using the
		imputed variables for enrollees: EEENRP2, I_COBRAE,
		I_RETU65, I_RETO65.

+ISNGEECN	27	NCHS created recode of monthly employee contribution to
		premiums or premium equivalents for single coverage. Since
		employee contributions to premiums for fully insured plans and
		self-insured plans were collected in separate data fields (see
		EECNTSCF and EECNTSCS), this field combines the two fields
		into one so that an average employee contribution to the monthly
		premium for both fully insured and self-insured plans can be
		computed. ISNGEECN includes imputed values for missing data.
		ISNGEECN is defined as I_EECNSF when SELFINSU=2 (fully
		insured plan) and is set to I_EECNSS when SELFINS=2 (self-
		insured plan).

+ISNGERCN	27	NCHS created recode of monthly employer contributions to
		premiums or premium equivalents for single coverage. Since
		employer contributions to premiums for fully insured plans and
		self-insured plans were collected in separate data fields (see
		ERCNTSCF, and ERCNTSCS), this field combines the two fields
		into one so that an average employer contribution to premium for
		both fully insured and self-insured can be computed. ISNGERCN
		includes imputed values for missing data. It also includes
		adjustments to ERCNTSCS to make it comparable to ERCNTSCF
		(to include administrative costs). ISNGERCN is defined as
		I_ERCNSF when SELFINSU=2 (fully insured plan) and is
		I_ERCNSA when SELFINS=2 (self-insured plan).

| +ISNGERPT | 27 | NCHS created recode of the percentage of monthly premium paid |
| | | by the employer in both fully insured and self-insured plans. |

ISNGERPT is defined as (ISNGERCN/ISNGPREM)*100. Also see ISNGERCN and ISNGPREM.

+ISNGPREM 27 NCHS created recode of total (employer plus employee) monthly premiums or premium equivalents for single coverage. Since the premiums for fully insured plans and self-insured plans were collected in separate data fields (see PREMSCOV, and PREQSCOV), this field combines the two fields into one so that an average premium for both fully insured and self -insured plans can be computed. ISNGPREM includes imputed values for missing data. It also includes adjustments to PREQSCOV to make it comparable to PREMSCOV (to include administrative costs). ISNGPREM is defined as I_PREMSC when SELFINSU=2 (fully insured plan) and is I_PREQSA when SELFINS=2 (self-insured plan). Since some establishments reported composite premiums in CATI variables L3 and L19 (both indicate whether the premium was the same or different for single and family coverage), ISNGPREM should be cross-tabulated by COMPIND (indicator for composite premiums) to prevent the single premium being biased upward by the inclusion of composite premiums. Also see COMPIND.

+ISUMCICP 61 NCHS created recode of coinsurance and/or copayments required of Preferred Provider Organization (PPO) and Point of Service (POS) plans in and out of network. Both of these plans allow enrollees to use any provider, but enrollees have cost incentives to use a particular subset of providers. There are financial disincentives to enrollees when they use providers outside of this subset. For PPO plans, the subset of providers is called "preferred providers." In POS plans, the subset of providers is "participating network providers". For PPOs, copayments and/or coinsurance were generally lower for preferred providers than non-preferred providers. Similarly, POS participating network providers generally had lower copayments than non-participating network providers. ISUMCICP summarizes the variation of these arrangements among PPO and POS plans as defined by PLANTYP4, and imputed variables for coinsurance/copayments (I_CIOPPR, I_CIOPNP,I_COOPPR, I_COOPNP, I_CPOPPR, I_CPOPNP).

*MAJPLOFR 14 MAJPLOFR is the NCHS edited number of health plans offered by
*MAJPLOF1 15 the establishment. It differs from MAJPLOFF (located on the establishment file) for plans involved in wraparound plan arrangements. That is, for analytic reasons, the "basic" and "wraparound" plans are treated as 1 plan in MAJPLOFR rather

than 2 as in MAJPLOFF. The indicator for basic and wraparound plans is SUMWRAP. The revised number of plans is recorded on the base record. MAJPLOF1 is the same as MAJPLOFR, but has a number code only if the plan had at least one enrolled employee.

*METWANEW	20	NCHS edited analytic variable for MET/MEWA plans in establishments that pooled with other employers to obtain health insurance. Combines information from CATI variables E12 and D8.
MOSINPYR	13	Unimputed number of months in plan year, for all plans. Derived from CATI variables PYBMON, PYBYEAR, PYEMON, PTEYEAR, D9, D10MONA, D10MONB, D10YEARA, and D10YEARB.
MPPPLAN	20	Unimputed indicator for minimum premium plans. This variable is essentially CATI variable J14 when the plan is self-insured. MPPPLAN=5 indicates that the plan is a minimum premium plan.
NCHSPLWT	2	Final plan weight. Includes five implied decimal places. Number of health insurance plans are estimated by aggregating NCHSPLWT within specific domains. To estimate health plan numeric characteristics, such as number of enrolled employees, the characteristic is weighted by the plan weight. For example, the estimated total number of private sector employees is the sum of NCHSPLWT times EEENRP2 when SAMPTYPE=1 (Private sample). NCHSPLWT produces unbiased national estimates, but estimates in certain States are problematic due to excessive weight factors assigned to plans because of subsampling. To improve State estimates, a second weight (STATEWT) is included on the plan file. This weight includes an additional post-stratification adjustment using independent control totals from the Bureau of Labor Statistics for the private sector cases. Also see STATEWT.
NOEEPLYR	12	Unimputed analytic variable for number of employees working in establishment at the end of the health plan year. Derives total establishment employees as of the end of the 1993 plan year from CATI variables CATINSUR,D9, D8A, D8ANUM, and ESTSIZEN. If plan year was the same as calendar year 1993, NOEEPLYR was the same as ESTSIZEN. Edits to EEENRP2 used NOEEPLYR as the maximum number of enrolled employees with a major plan in the establishment.
OUTDEDNP	57	Unimputed analytic variable for outpatient deductible for non-preferred providers. Standardized the outpatient deductible to
I_OUTDNP	57	

F_OUTDNP	58	an annual amount using information included in CATI variables P5F, P5GFMT, P5GAMT, P5GAMTH, and P5GAMTL. I_OUTDNP includes imputed values for cases where OUTDEDNP is missing data. F_OUTDNP flags cases that were imputed.
OUTDEDPR I_OUTDPR F_OUTDPR	54 54 54	Unimputed analytic variable for outpatient deductible for preferred providers. Standardized the outpatient deductible to an annual amount using information included in CATI variables P4, P4AFMT, P4AAMT, P4AAMTH, and P4AAMTL. I_OUTDPR includes imputed values for cases where OUTDEDPR is missing data. F_OUTDPR flags cases that were imputed.
*P1AANEW	53	P1AA (whether the plan covered inpatient services) edited by NCHS to be consistent with the presence of inpatient deductibles (I_INPDPR, I_INPDNP), inpatient coinsurance (I_COINSI), and inpatient copayments (COPAYINP).
*P1BNEW	53	P1B (whether the plan covered outpatient services) edited by NCHS to be consistent with the presence of outpatient copayments (I_CPOPPR and I_CPOPNP), and outpatient coinsurance (I_CIOPPR and I_CIOPNP).
*P15AMNEW	61	NCHS edited variable for reported maximum dollar amount plan pays over an employee's lifetime. Edits P15AMT to include dollar information reported in P15FMT and to be consistent with P15FMTNEW.
*P15FTNEW	61	NCHS edited variable for whether plan has a maximum dollar limit it pays over an employee's lifetime. Edits P15FMT to be consistent with P15AMTNEW.
*P6AMTNEW	60	NCHS edited variable for dollar amount of maximum annual deductible for family coverage. Combines information reported in P6AMTA and P6AMTB into a single field and edits for consistency with P6FMTNEW.
*P6FMTNEW	60	NCHS edited variable for format of reported maximum annual deductible for family coverage. Edits P6FMT to be consistent with FAMILYNEW, PLANTYP4, P6AMTA, P6AMTB, P6NUMA, and P6NUMB.
*P6NUMNEW	60	NCHS edited variable for number of persons required to meet maximum annual deductible for family coverage. Combines information reported in P6NUMA and P6NUMB into a single field

and edits for consistency with P6FMTNEW.

*P6PCTNEW	61	NCHS edited variable for maximum annual deductible for family coverage reported as a percentage of salary. Edits P6PCT to be consistent with P6FMTNEW, P6AMTNEW, and P6NUMNEW.
PLANNUM	1	ESTBNUM, CASEID, and PLANNUM together uniquely identify the sample plan associated with an establishment or government. Within a unique establishment or government (CASEID‖ESTBNUM), PLANNUM uniquely identifies each sample plan.
*PLANTYP4	17	NCHS edited plan type that incorporates CATI questions E3, P1A, and E4 and other follow-up questions when the respondent wasn't sure about the plan type. "Major" plans were defined as Health Maintenance Organizations (HMO), Preferred Provider Organizations (PPO), Conventional indemnity plans, and Point of Service (POS) plans. Responses to E3 were changed according to follow-up questions P1A and E4. P1A asks whether the HMO covered services received by providers outside of the HMO, while E4 asked whether conventional indemnity plans enrollees had financial incentives to use select "preferred providers". HMOs with a "yes" response were reclassified as a POS. Conventional indemnity plans with a "yes" to E4 were reclassified as PPOs. PLANTYP4 also classifies single services plans (dental, vision, prescription drugs, long-term care, mental health plans), special plans (dread disease plans that covers only a particular condition, hospital indemnity plans, and Medicare supplemental plans), as well as combinations of single service plans, e.g., dental and vision.
PREEXPER	22	Unimputed analytic variable representing the waiting period for pre-existing conditions. If there was no waiting period, PREEXPER was set to 0. This variable standardizes the waiting period to days from information included in CATI variables P20, P21UNT, P21DAY, P21MON, P21YEAR.
PREMFCOV	30	Unimputed analytic variable for fully insured monthly premiums
LI9	32	(employer plus employee contributions) for single coverage.
*I_PREMFC	31	Standardizes the premium to a monthly amount using CATI
*I_L19	33	variables L27FMT, L27AMT, L27AMTL, and L27AMTH. When
+IFL_PRMS	31	L19=1 (premium is the same for single and family coverage),
*F_L19	33	PREMSCOV is set to equal PREMFCOV. When L19=2 (premium for single coverage is not the same for family coverage),

PREMSCOV is less than PREMFCOV. Since both PREMFCOV and L19 had missing data, both variables were imputed. I_PREMSC includes imputed values when PREMFCOV had missing data, while I_L19 includes imputed data when L19 had missing data. IFL_PRMF flags cases that were imputed in PREMFCOV, while F_L19 flags imputed cases in L19.

PREMSCOV	28	Unimputed analytic variable for fully insured monthly premiums (employer plus employee contributions) for family coverage. Standardizes the premium to a monthly amount using CATI variables L20FMT, L20AMT, L20AMTL, and L20AMTH. When L19=1 (premium is the same for single and family coverage), then PREMSCOV is set to equal PREMFCOV. When L19=2 (premium for single coverage is not the same for family coverage), PREMSCOV is less than PREMFCOV. Since both PREMFCOV and L19 had missing data, both variables were imputed. I_PREMSC includes imputed values when PREMSCOV had missing data, while I_L19 includes imputed data when L19 had missing data. IFL_PRMS flags cases that were imputed in PREMFCOV, while F_L19 flags imputed cases in L19.
L19	32	
*I_PREMSC	29	
*I_L19	33	
+IFL_PRMS	29	
*F_L19	33	

PREPEREE	50	Unimputed analytic variable representing the total annual premium for fully-insured plans per employee. This variable is defined as (TOTANPRE/EEENRPY +COBRAENR + RETO65EN + RETU65EN).

PREQFADJ	42	Unimputed analytic variable for self insured monthly premium equivalents (employer plus employee contributions) for family coverage adjusted to include administrative cost when L2=2 (premium equivalent includes only medical claims). Otherwise, PREQFADJ is set to PREQFCOV. Self- insured plans often
L3	44	
*I_PREQFA	42	
*I_L3	44	
+IFLPRQFA	42	
*F_L3	45	

reported composite premium equivalents (a premium rate that did not differentiate between single and family coverage). These premium equivalents are indicated by L3=1 where PREQSADJ is set to PREQFADJ.   When L3=2 (premium for single coverage is not the same for family coverage), PREQSADJ is less than PREQFADJ. Since both PREQFADJ and L3 had missing data, both were imputed. I_PREQFA includes imputed values when PREQFADJ had missing data, while I_L3 includes imputed data when L3 had missing data. IFLPRQFA flags cases that were imputed in PREQFADJ, while F_L3 flags imputed cases in L3.

PREQFCOV	38	Unimputed analytic variable for self insured monthly premium equivalents (employer plus employee contributions) for family coverage. Standardizes the premium to a monthly amount using
L3	44	
*I_PREQFC	38	

*I_L3	44	CATI variables SELF, L13FMT, L12FMT, L12MON,
+IFL_PRQF	38	L12MONH, L1 and L3. When L2=2, PREQFCOV includes only
*F_L3	45	medical claims. When L2=1, the premium equivalent includes

administrative cost. When L3=1 (composite premium equivalent), PREQSCOV is set to PREQFCOV. When L3=2 (premium for single coverage is not the same for family coverage), PREQSCOV is less than PREQFCOV. Since both PREQFCOV and L3 had missing data, both variables were imputed. I_PREQFC includes imputed values when PREQFCOV had missing data, while I_L3 includes imputed data when L3 had missing data. IFL_PRQF flags cases that were imputed in PREQFCOV, while F_L3 flags imputed cases in L3.

PREQSADJ	40	Unimputed analytic variable for self insured monthly premium
L3	44	equivalents (employer plus employee contributions) for single
*I_PREQSA	41	coverage adjusted to include administrative cost when L2=2
*I_L3	44	(premium equivalent includes only medical claims). Otherwise,
+IFLPRQSA	41	PREQSADJ is set to PREQSCOV. Self-insured plans often
*F_L3	45	reported composite premium equivalents (a premium rate that did

not differentiate between single and family coverage). These premium equivalents are indicated by L3=1 where PREQSADJ=PREQFADJ. When L3=2 (premium equivivalent for single coverage is not the same for family coverage), PREQSADJ is less than PREQFADJ. Since both PREQSADJ and L3 had missing data, both were imputed. I_PREQSA includes imputed values when PREQFADJ had missing data, while I_L3 includes imputed data when L3 had missing data. IFLPRQSA flags cases that were imputed in PREQFADJ, while F_L3 flags imputed cases in L3.

PREQSCOV	36	Unimputed analytic variable for self insured monthly premium
L3	44	equivalents (employer plus employee contributions) for family
*I_PREQSC	36	coverage. Standardizes information included in CATI variables
*I_L3	44	SELF, L4FMT, L1, L4MON, L4MONL, and L4MONH. When
+IFL_PRQS	36	L2=2, PREQSCOV includes only medical claims. When L2=1, the
*F_L3	45	premium equivalent includes administrative cost. When

L3=1,PREQSCOV is set to PREQFCOV. When L3=2 (premium for single coverage is not the same for family coverage), PREQSCOV is less than PREQFCOV. Since both PREQSCOV and L3 had missing data, both variables were imputed. I_PREQSC includes imputed values when PREQSCOV had missing data, while I_L3 includes imputed data when L3 had missing data. IFL_PRQS flags cases that were imputed in PREQSCOV, while F_L3 flags imputed cases in L3.

+REPLNTYP	18	For the four major plans (HMO, PPO, conventional indemnity, POS), REPLNTYP is the plan type originally reported by the respondent in CATI variable E3.
RETO65EN I_RETO65 F_RETO65	24 24 24	Unimputed analytic variable representing the number of enrolled retirees 65 years or older at the end of the plan year. This variable is essentially CATI variable H4NUM. I_RETO65 includes imputed values for cases with missing data in RETO65EN. F_RETO65 flags imputed cases in I_RETO65.
RETU65EN I_RETU65 F_RETU65	24 24 24	Unimputed analytic variable representing the number of enrolled retirees under 65 years at the end of the plan year. This variable is essentially CATI variable H5NUM. I_RETU65 includes imputed values for cases with missing data in RETU65EN. F_RETU65 flags imputed cases in I_RETU65.
SAMPTYPE	2	Indicator for private and public sector cases. Private sector establishments were selected from the Dun's Market Identifiers (DMI) file as it existed in October 1993. Public cases were selected from a modified 1992 Census of Governments (COG) file. The COG file was modified by grouping multiple governments jointly obtaining health insurance through a single purchasing unit (PU) into a single case. Purchasing units represent pooling arrangements, also called purchasing cooperatives or health care alliances, formed to increase administrative efficiency and bargaining power. To identify PU cases, see FINALPU. To see number of governments represented in each PU case, see NOPUGOVT.
*SELFINSU	19	Variable classifying whether plan is self-insured plan or not. This variable was collected in question F5 for each sample plan listed in section E. This variable is coded yes if any type of offered plan was self- insured, including single service or other special plans considered in scope for the plan sample.
*SNGPLOFR *SNGPLOF1	15 15	SNGPLOFR is the NCHS edited number of health plans offered by the establishment. It is basically the same as SNGPLOFF (located on the establishment file) except for a few cases where the plan type was determined to be inaccirate. For example, SNGPLOFR was changed when a major plan (HMO, PPO, Conventional indemnity, POS) was determined to actually be a single service plan, based on plan benefits and/or premium amount reported. SNGPLOF1 is the same as SNGPLOFR, but has a number code only if the plan had at least one enrolled employee. Also see

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MAJPLOFR and MAJPLOF1

SLOPCCLM   49   Unimputed stop-loss amount as a percentage of claims paid; used
                              for range checks.

SLOPEREE   48   Unimputed variable representing the stop-loss amount per enrollee;
                              this variable was used for range checks. Defined as
                              SLOSSPRE/EEENRPY.

SLOSSCAT   47   Unimputed indicator for whether plan included stop-loss coverage
                              separate from premium, included with other stop-loss coverage or
                              included in administrative cost.

SLOSSPRE   48   Unimputed analytic variable representing the annual stop-loss
                              amount. Standardizes information included in CATI variables
                              J5FMT, J5AMT, J6, EEENRPY, J1AUNT,J1ANUM,
                              J1APCT,MOSINPYR, and FIRMSIZN to an annual amount.

+STATEWT   81   Alternate plan weight for estimates by State. Includes five implied
                              decimal places. To improve state level estimates, STATEWT is
                              included on the plan file. NCHSPLWT produces unbiased national
                              estimates, but estimates in certain States are problematic due to
                              excessive weight factors assigned to plans because of subsampling.
                              STATEWT includes an additional post-stratification adjustment
                              using independent control totals from the Bureau of Labor
                              Statistics for private sector cases. Also see NCHSPLWT.

+SUMWRAP   1   A "Wraparound Plan" is a major medical plan with coverage
+WRAP   2   wrapped around that of a basic surgical/regular hospital plan. The
                              wraparound plan covers all charges other than those provided for
                              by the basic hospital plan[1]. From the employee's point of view,
                              these two plans act like one plan. From the employer's point of
                              view, the two plans supplement each other to provide employees
                              comprehensive health insurance coverage. The presence of these
                              plans required special edits to unduplicate enrollment in the two
                              plans as well as to combine premiums and other plan provisions.
                              SUMWRAP identifies plans with these characteristics. WRAP
                              identifies the plan ID of the base plan on the wraparound plan
                              record. There are essentially two types of base+wraparound plan
                              arrangements: equal enrollment plans or unequal enrollment plans.

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[1] Employee Benefit Plans: A Glossary of Terms International Foundation of Employee
Benefit Plans. 1997.

All equal enrollment base+wrap plans are identified in SUMWRAP by the following codes: 10,11,20,21,30,31, 40,41. In all of those cases, the base plan ends in 0, and the wrap plan ends in 1. Conventional plans are coded 10 and 11, while HMOs are coded 40 and 41. There is one establishment where there are two different base+wrap plans in the same establishment; these are coded 10 and 11 for one pair and 20 and 21 for the second pair. There are also two establishments that have only one base record and two wrap plans associated with it. These plans are coded 30 for the base plan and 31 for each of the two wrap plans. Unduplicated enrollments and summarized information for the wrap+base plans are recorded on the base record of these pairs.

When enrollment was not equal in a base and wrap plan pair (i.e, some employees participated in only the base plan while other were covered by both the base and wrap plan), SUMWRAP is coded: 12,13, 42, 43, 44, 45, 46, 47. For these cases, plans ending in even numbers are base plans, while plans ending in odd numbers are wrap plans. There is one establishment with two pairs of wrap + base plans with unequal enrollment in these plans. The first pair are coded 44 and 45, while the second pair is coded 46 and 47. For plans with unequal enrollment, summarized information for the wrap +base plans are recorded on the wrap records rather than the base record, because base plan characteristics represent plans used by employees who were covered by only that plan.

| TOTANPRE | 49 | Unimputed analytic variable representing the total annual premiums for fully-insured plans, adjusted for firm size (or level other than the establishment) reporting. Standardizes premiums to reflect an annual amount for the establishment from information included in CATI variables SELF, EEENRPY, J8BAMT, J1AUNT, J1ANUM, J1APCT, FIRMSIZN, and MOSINPYR. If total annual premiums were reported for the "firm", the amount was adjusted downward by the percentage of enrolled employees in the establishment to enrolled employees in the firm. |

TOTDEDNP	58	Unimputed analytic variable representing the single coverage total
I_TOTDNP	58	annual deductible for non-preferred providers. Standardized the
F_TOTDNP	58	deductible to an annual amount from information included in CATI variables P1, P5, P5BFMT, P5BAMT, P5AFMTH, P5BAMTL, and P5A. I_TOTDNP includes imputed values for TOTDEDNP cases missing data. F_TOTDNP flags imputed cases.

| TOTDEDPR | 55 | Unimputed analytic variable representing the single coverage total |
| I_TOTDPR | 55 | annual deductible for preferred providers. Standardized the |

F_TOTDPR	55	deductible to an annual amount from information included in CATI variables P1, P2, P2BFMT, P2BAMT, P2BAMTH, P2BAMTL, and P2A. I_TOTDPR includes imputed values for TOTDEDPR cases missing data. F_TOTDPR flags imputed cases.
TOTPLCST	50	Unimputed analytic variable representing the total annual cost for self-insured plans, adjusted for firm size (or level other than the establishment) reporting. Standardizes costs to an annual amount from information included in CATI variables SELF, EEENRPY, J8AMT, J12UNT, J5FMT, J15AMT, J10AMT, J12AMT, J4, J12PCT, and MOSINPYR, as well as additional edits. If total costs were reported for the "firm", the amount was adjusted downward by the ratio of enrolled employees in the establishment to enrolled employees in the firm.
*UNIONEW	20	NCHS edited analytic variable for union plans for which the firm contributes toward the premium. Combines information from CATI variables E8 and A15.
VARSTRA2 +ESTBNO TOTCNT +TOTPLAN +PLANDATA	81 81 81 82 82	VARSTRA2 (variance stratum), ESTBNO (establishment identifier), PLANNO (plan identifier), TOTCNT (Variance stratum weighted counts), and TOTPLAN are sample design specific variables required in the SUDAAN software. SUDAAN computes variances using a first-order Taylor Series approximation of the deviations of estimates from their expected values. These variables are found only on the plan variance file. The plan variance file differs from the plan file in two respects: 1) it includes the SUDAAN design variables listed to the left, and 2) it includes 12,792 dummy records representing establishments that did not offer health insurance. These dummy records were needed for SUDAAN to account for the full NEHIS sample design. Plan records are available only for establishments with health insurance plan years ending before April 1, 1994. The variable PLANDATA identifies plan file records (PLANDATA=1) as well as the dummy records (PLANDATA=0).

Notes on summary variables included on the
NEHIS SENE file

Variable Name	Page #	Notes
CSTRATUM CPSU SENEDATA	51 51 51	CSTRATUM and CPSU are PSEUDO PSU codes from the 1993 NHIS public use file that approximate the NHIS sample design specific variables required in the SUDAAN software. The SENE sample was selected using respondents in the third and fourth quarters of the NHIS. Hence, variance estimation for the SENE file is similar to variance estimation for a domain within the NHIS sample. SUDAAN computes variances using a first-order Taylor Series approximation of estimates from their expected values. The SENE file includes 21 dummy records in order to account for CSTRATUM/CPSU combinations missing from the SENE file. These dummy records are needed for SUDAAN to account for the full NHIS sample design. The variable SENEDATA identifies plan file records (PLANDATA=1) as well as the dummy records (SENEDATA=0).
+PLANTYP2	14	Unimputed NCHS recode of the major plan type covering the SENE. PLANTYP2 was constructed from questions A12 through A17 on the SENE questionnaire, as well as additional edits using TOTPLANS and TYPRICOV. PLANTYP2 codes only major health insurance plans; i.e., health maintenance organizations (HMO), preferred provider organizations (PPO), conventional indemnity fee for service plans (FFS), or point of service plans (POS). Due to the low frequency of single service plans such as dental, vision, or prescription drugs only plans, these plans are not included on this file for analytic purposes.
+PRIVINSU	14	PRIVINSU is an unimputed indicator for SENEs with coverage from a major health plan (see PLANTYP2) through a private source.
INSURESN	14	Unimputed NCHS edited variable classifying the SENE's source of health insurance as public, private, both, or none. Publically funded health insurance includes: Medicare, Medicaid, CHAMPUS or CHAMP-VA, while private health insurance includes insurance purchased privately either by the SENE, through a spouse, or current or former employer. SENEs with both

public and private insurance, such as Medicare and a privately purchased Medigap policy are also classified in this variable. INSURESN was constructed from questions A6 through A8.

TOTPLANS	15	Unimputed NCHS variable representing the total number of plans the SENE holds. In addition to major private health insurance plans, this variable includes single services plans and plans later determined to be out-of scope (not a health insurance plan). TOTPLANS was constructed from questions A9 and A10b1-A10b4. and includes all plans reported by the respondent. TOTPLANS was used to construct TYPRICOV.
TYPRICOV	15	Unimputed variable that classifies the combination of private coverage carried by the SENE using <u>all</u> plans reported by the SENE, (both major plans and single service plans). Classifies SENEs with only one major private health insurance plan, coverage by both a major plan and a single service plan, single service only, no private health insurance, and other arrangements. TYPRICOV summarized information included in questions A12 to A17, as well as TOTPLANS . Includes edits for a small number of cases where one or more private plans were determined to be other than health insurance plans.
INSOURCE	15	Unimputed NCHS variable classifying the source of SENE's private health insurance coverage into direct purchase, spouse's plan, other employment related (which included plans obtained through SENE's second job, or former employer), plan from SENE's business, and plans obtained through a union or professional association. INSOURCE was constructed from questions A20 and A21.
PRIMEINS	15	Unimputed NCHS variable representing the primary insured person covered by the plan: SENE, the SENE's spouse, or some other person. PRIMEINS was constructed from questions A18 and A19, and edited to represent only major health insurance plans.
WHOCOVER	15	Unimputed NCHS variable classifying who was covered under the SENE's health insurance plan as SENE only (single coverage), SENE and spouse (family), SENE, spouse and dependents (family coverage), SENE and dependents (family). WHOCOVER was constructed from questions C1, C2a, C2b, and C2c and was limited to only major health insurance plans.
TOTALCOV	16	Unimputed NCHS variable representing the total number of family members covered under the SENE's health insurance plan. The

total number of family members covered was not collected for plans obtained through the SENE's current second job or former employer. TOTALCOV was constructed from questions C1 and C3, and was limited to major plans.

PREMAMT 16 Unimputed NCHS variable representing the monthly premium amount paid by the SENE. PREMAMT standardizes information included in questions C4, C4AMT, and C5 to a monthly dollar amount for major plans. PREMAMT includes the combined premium for individual or family coverage. The premium for each of these types of coverage can be obtained by cross-classifying the tabulation by WHOCOVER. Data items included in PREMAMT were not collected for plans obtained through the SENE's current second job or former employer.

EMPLCONT 16 Unimputed NCHS variable representing the contribution to the monthly premium contributed by the SENE's current or former employer. This variable was limited to major plans. EMPLCONT standardizes C6, C7, C7AMT, and C8 to a monthly dollar amount. The employer contribution was not collected for plans obtained through a SENE's current second job or former employer.

TOTPREM 16 Unimputed variable representing the total monthly premium (employer and employee contributions) for major plans directly purchased by the SENE, or plans obtained through the spouse's employment or the SENE's business, or union/association plans. If an employer contribution to the premium was not applicable, the total premium was set to the amount the SENE paid (PREMAMT). Otherwise, TOTPREM is the sum of PREMAMT and EMPLCONT. Premium information was not collected for plans obtained through a SENE's current second job or former employer.

LIFEMAX 17 Unimputed NCHS variable representing the maximum lifetime benefits reported for major health insurance plans. LIFEMAX is essentially question C34 with edits to limit this variable to major plans. Maximum lifetime benefits were not collected for plans obtained through a SENE's current second job or former employer.

WAITPER 17 Unimputed NCHS variable representing the waiting periods for pre-existing conditions reported for major health insurance plans. WAITPER standardized questions C35 and C36 to a waiting period in days. Waiting periods for pre-existing conditions were not collected for plans obtained through a SENE's current second job or former employer.