DATE: July 6, 2017

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 1

START	END	NAME	DESCRIPTION
210	211	ANNDEDCT	ANNUAL DEDUCTIBLE
97	98	CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO
176	177	COBRA	COBRA COVERAGE: 1=YES, 2=NO
156	157	COVROUT	POLICY COVERS PERS NOT IN RU
180	180	COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY
153	153	DECPHLDR	DECEASED POLICYHOLDER FLAG: 1 YES, 2 NO
170	171	DENTLINS	TYPE OF HI GOTTEN: DENTAL
102	102	DEPNDNT	DEPENDENT OF POLICY HOLDER
29	36	DUPERSID	PERSON ID (DUID + PID)
99	100	EMPLSTAT	POLICYHOLDER EMPLOYMENT STATUS
1	28	EPCPIDX	UNIQUE RECORD ID (EPRSIDX + DUPERSID)
56	75	EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID + RN
45	55	ESTBIDX	ESTABLISHMENT ID
103	104	EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31
96	96	FYFLG	PERSON IN FULL YEAR PUFS
166	167	HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)
212	213	HSAACCT	HSA W/THIS PLAN
92	94	JOBSFILE	PUF NUMBER WITH JOBSIDX
79	89	JOBSIDX	JOB IDENTIFIER
90	91	JOBSINFR	JOBSIDX INFERRED RATHER THAN REPORTED ID
168	169	MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)
216	217	NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME
155	155	NOPUFLG	PHLDR NOT IN FULL YEAR OR PIT PUFS
181	181	OOPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM
204	205	OOPFLAG	1=OOPPREMX ED/IMP, ELSE 0
182	188	OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM
189	195	OOPPREMX	MONTHLY OUT-OF-POCKET PREMIUM (ED/IMP)
196	203	OOPX12X	ANNUAL OUT-OF-POCKET PREMIUM (ED/IMP)
154	154	OUTPHLDR	OUT-OF-RU POLICYHOLDER FLAG: 1 YES, 2 NO
76	77	PANEL	PANEL NUMBER
37	44	PHLDRIDX	POLICYHOLDER'S DUPERSID
101	101	PHOLDER	POLICY HOLDER
95	95	PITFLG	PERSON IN POINT-IN-TIME PUF
178	179	PLANMETL	METAL PLAN NAME
174	175	PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG
206	207	PREMLEVX	EDITED PREMLEVL
208	209	PREMSUBZ	COST OF THE PREMIUM SUBSIDIZED?
164	165	PRIVCAT	CATEGORY OF PRIVATE COVERAGE
78	78	RN	ROUND NUMBER
105	106	STATUS1	STATUS - MONTH 1
123	124	STATUS10	STATUS - MONTH 10
125	126	STATUS11	STATUS - MONTH 11
127	128	STATUS12	STATUS - MONTH 12
129	130	STATUS13	STATUS - MONTH 13

DATE: July 6, 2017

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 2

START	END	NAME	DESCRIPTION
131	132	STATUS14	STATUS - MONTH 14
133	134	STATUS15	STATUS - MONTH 15
135	136	STATUS16	STATUS - MONTH 16
137	138	STATUS17	STATUS - MONTH 17
139	140	STATUS18	STATUS - MONTH 18
141	142	STATUS19	STATUS - MONTH 19
107	108	STATUS2	STATUS - MONTH 2
143	144	STATUS20	STATUS - MONTH 20
145	146	STATUS21	STATUS - MONTH 21
147	148	STATUS22	STATUS - MONTH 22
149	150	STATUS23	STATUS - MONTH 23
151	152	STATUS24	STATUS - MONTH 24
109	110	STATUS3	STATUS - MONTH 3
111	112	STATUS4	STATUS - MONTH 4
113	114	STATUS5	STATUS - MONTH 5
115	116	STATUS6	STATUS - MONTH 6
117	118	STATUS7	STATUS - MONTH 7
119	120	STATUS8	STATUS - MONTH 8
121	122	STATUS9	STATUS - MONTH 9
160	161	STEXCH	IS THIS EXCHANGE COVERAGE
162	163	STSHOP	SMALL BUSINESS ESTB RELATED HEALTH INS
158	159	TYPEFLAG	TYPE OF ESTABLISHMENT
214	215	UPRHMO	HMO COVERAGE (FROM PRPL)
172	173	VISIONIN	TYPE OF HI GOTTEN: VISION

DATE: July 6, 2017

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
1	28	EPCPIDX	UNIQUE RECORD ID (EPRSIDX + DUPERSID)
29	36	DUPERSID	
37	44	PHLDRIDX	· · · · · · · · · · · · · · · · · · ·
45	55	ESTBIDX	ESTABLISHMENT ID
56	75	EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID + RN
76	77	PANEL	PANEL NUMBER
78	78	RN	ROUND NUMBER
79	89	JOBSIDX	JOB IDENTIFIER
90	91	JOBSINFR	JOBSIDX INFERRED RATHER THAN REPORTED ID
92	94	JOBSFILE	PUF NUMBER WITH JOBSIDX
95	95	PITFLG	PERSON IN POINT-IN-TIME PUF
96	96	FYFLG	PERSON IN FULL YEAR PUFS
97	98	CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO
99	100	EMPLSTAT	POLICYHOLDER EMPLOYMENT STATUS
101	101	PHOLDER	POLICY HOLDER
102	102	DEPNDNT	DEPENDENT OF POLICY HOLDER
103	104	EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31
105	106	STATUS1	STATUS - MONTH 1
107	108	STATUS2	STATUS - MONTH 2
109	110	STATUS3	STATUS - MONTH 3
111	112	STATUS4	STATUS - MONTH 4
113	114	STATUS5	STATUS - MONTH 5
115	116	STATUS6	STATUS - MONTH 6
117	118	STATUS7	STATUS - MONTH 7
119	120	STATUS8	STATUS - MONTH 8
121	122	STATUS9	STATUS - MONTH 9
123	124	STATUS10	STATUS - MONTH 10
125	126	STATUS11	STATUS - MONTH 11
127	128	STATUS12	STATUS - MONTH 12
129	130	STATUS13	STATUS - MONTH 13
131	132	STATUS14	STATUS - MONTH 14
133	134	STATUS15	STATUS - MONTH 15
135	136	STATUS16	STATUS - MONTH 16
137	138	STATUS17	STATUS - MONTH 17
139	140	STATUS18	STATUS - MONTH 18
141		STATUS19	
143	144	STATUS20	STATUS - MONTH 20
145	146	STATUS21	STATUS - MONTH 21
147	148		
149	150	STATUS23	STATUS - MONTH 23
151	_	STATUS24	
153	153		DECEASED POLICYHOLDER FLAG: 1 YES, 2 NO
154	154		OUT-OF-RU POLICYHOLDER FLAG: 1 YES, 2 NO
155	155	NOPUFLG	PHLDR NOT IN FULL YEAR OR PIT PUFS

DATE: July 6, 2017

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

PAGE: 4

START	END	NAME	DESCRIPTION
		·	
156	157	COVROUT	POLICY COVERS PERS NOT IN RU
158	159	TYPEFLAG	TYPE OF ESTABLISHMENT
160	161	STEXCH	IS THIS EXCHANGE COVERAGE
162	163	STSHOP	SMALL BUSINESS ESTB RELATED HEALTH INS
164	165	PRIVCAT	CATEGORY OF PRIVATE COVERAGE
166	167	HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)
168	169	MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)
170	171	DENTLINS	TYPE OF HI GOTTEN: DENTAL
172	173	VISIONIN	TYPE OF HI GOTTEN: VISION
174	175	PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG
176	177	COBRA	COBRA COVERAGE: 1=YES, 2=NO
178	179	PLANMETL	METAL PLAN NAME
180	180	COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY
181	181	OOPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM
182	188	OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM
189	195	OOPPREMX	MONTHLY OUT-OF-POCKET PREMIUM (ED/IMP)
196	203	OOPX12X	ANNUAL OUT-OF-POCKET PREMIUM (ED/IMP)
204	205	OOPFLAG	1=OOPPREMX ED/IMP, ELSE 0
206	207	PREMLEVX	EDITED PREMLEVL
208	209	PREMSUBZ	COST OF THE PREMIUM SUBSIDIZED?
210	211	ANNDEDCT	ANNUAL DEDUCTIBLE
212	213	HSAACCT	HSA W/THIS PLAN
214	215	UPRHMO	HMO COVERAGE (FROM PRPL)
216	217	NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME

NAME	DESCRIPTION	FORMAT	TYPE	START	END
EPCPIDX	UNIQUE RECORD ID (EPRSIDX + DUPERSID)	28.0	CHAR	<u>1</u>	28
	VALUE	UNWEIGHTE	<u>ED</u>		
	VALID ID TOTAL	61,43 61,43			
DUPERSID	PERSON ID (DUID + PID)	8.0	CHAR	29	<u>36</u>
	VALUE	UNWEIGHTE	ED		
	VALID ID TOTAL	61,43 61,43			
PHLDRIDX	POLICYHOLDER'S DUPERSID	8.0	CHAR	<u>37</u>	44
	VALUE	UNWEIGHTE	<u>ED</u>		
	VALID ID TOTAL	61,43 61,43			
ESTBIDX	ESTABLISHMENT ID	11.0	CHAR	<u>45</u>	<u>55</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	VALID ID TOTAL	61,43 61,43			
EPRSIDX	ESTABLISHMENT ID + POLICYHOLDER ID + RN	20.0	CHAR	<u>56</u>	<u>75</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	VALID ID TOTAL	61,43 61,43			

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PANEL	PANEL NUMBER	2.0	NUM	<u>76</u>	<u>77</u>
	VALUE	UNWEIGHTE	<u>D</u>		
	19 20	28,06 33,36	9		
	TOTAL	61,43	ь		
RN	ROUND NUMBER	1.0	NUM	<u>78</u>	<u>78</u>
	VALUE	UNWEIGHTE	D		
	1 2 3	11,17 11,41 20,01	0		
	4	9,51 9,32	8		
	TOTAL	61,43			
JOBSIDX	JOB IDENTIFIER	11.0	CHAR	<u>79</u>	<u>89</u>
	VALUE	UNWEIGHTE	D		
	-1 INAPPLICABLE VALID ID	15,37			
	TOTAL	46,06 61,43			
<u>JOBSINFR</u>	JOBSIDX INFERRED RATHER THAN REPORTED ID	2.0	NUM	<u>90</u>	<u>91</u>
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE	15,37			
	0 NO 1 YES	45,73 32	7		
	TOTAL	61,43	6		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
JOBSFILE	PUF NUMBER WITH JOBSIDX	<u>3.0</u>	NUM	92	94
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE HC166 2014 JOBSFILE HC176 2015 JOBSFILE TOTAL	15,37; 2,19; 43,86; 61,43;	3 B		
PITFLG	PERSON IN POINT-IN-TIME PUF	1.0	NUM	<u>95</u>	<u>95</u>
	VALUE	UNWEIGHTE	<u>D</u>		
	0 NO 1 YES TOTAL	2,21 59,22 61,43	1		
FYFLG	PERSON IN FULL YEAR PUFS	1.0	NUM	<u>96</u>	<u>96</u>
	VALUE	UNWEIGHTE	<u>D</u>		
	0 NO 1 YES TOTAL	4,94: 56,49: 61,43	3		
CMJINS	CMJ AS THE SOURCE OF PLAN: 1 YES, 2 NO	2.0	NUM	<u>97</u>	98
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	12,09: 41,57: 7,764 61,430	9 4		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
EMPLSTAT	POLICYHOLDER EMPLOYMENT STATUS	2.0	NUM	99	<u>100</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	-9 NOT ASCERTAINED		6		
	-2 ED IN PREV RND	58			
	-1 INAPPLICABLE	60,50			
	1 CURRENTLY EMPLOYED 2 RETIRED		36 38		
	3 PREVIOUSLY EMPLOYED		52		
	4 DECEASED		71		
	91 OTHER		35		
	TOTAL	61,43			
	IOIAL	01,40	,0		
PHOLDER	POLICY HOLDER	1.0	NUM	101	101
	VALUE	UNWEIGHTE	<u>ED</u>		
	0 DEPENDENT	26,76	53		
	1 POLICYHOLDER	34,67			
	TOTAL	61,43			
		,			
DEPNDNT	DEPENDENT OF POLICY HOLDER	1.0	NUM	102	102
	VALUE	UNWEIGHTE	<u>ED</u>		
	0 POLICYHOLDER	34,67	72		
	1 DEPENDENT	26,76			
	TOTAL	61,43			
	IOIAL	01,40	,0		
EVALCOVR	COVERED @ INTERVIEW DATE OR 12/31	2.0	NUM	103	104
	VALUE	UNWEIGHTE	<u>ED</u>		
	-1 INAPPLICABLE	1,78	30		
	1 YES	56,12			
	2 NO	3,53			
	TOTAL	61,43			
		- /			

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS1	STATUS - MONTH 1	2.0	NUM	<u>105</u>	<u>106</u>
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,33 10,83 2° 61,43	2 4 75		
STATUS2	STATUS - MONTH 2	2.0	NUM	<u>107</u>	108
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	47,9° 13,0° 30 61,4	79 31		
STATUS3	STATUS - MONTH 3	2.0	NUM	109	110
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	47,09 13,88 49 61,49	34 96		
STATUS4	STATUS - MONTH 4	2.0	NUM	<u>111</u>	112
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	48,5 12,2 6 61,4	71 07		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS5	STATUS - MONTH 5	2.0	NUM	<u>113</u>	114
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	49,10 11,67 65 61,43	6 9		
STATUS6	STATUS - MONTH 6	2.0	NUM	<u>115</u>	<u>116</u>
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	49,33 11,37 71 61,43	8 9		
STATUS7	STATUS - MONTH 7	2.0	NUM	<u>117</u>	118
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	49,69 10,99 74 61,43	6 8		
STATUS8	STATUS - MONTH 8	2.0	NUM	119	120
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	46,50 14,10 82 61,43	2 9		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS9	STATUS - MONTH 9	2.0	NUM	<u>121</u>	122
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	46,98 13,72 71 61,43	.9 .8		
STATUS10	STATUS - MONTH 10	2.0	NUM	123	124
	VALUE	UNWEIGHTE	<u>D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	48,93 11,94 55 61,43	0 9		
STATUS11	STATUS - MONTH 11	2.0	NUM	125	126
	VALUE	UNWEIGHTE	<u>iD</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,20 10,76 46 61,43	i4 i9		
STATUS12	STATUS - MONTH 12	2.0	NUM	<u>127</u>	128
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,92 10,07 44 61,43	1 3		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS13	STATUS - MONTH 13	2.0	NUM	129	<u>130</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,42 10,73 27 61,43	32 77		
STATUS14	STATUS - MONTH 14	2.0	NUM	<u>131</u>	132
	VALUE	UNWEIGHTE	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	49,54 11,49 40 61,43	92)4		
STATUS15	STATUS - MONTH 15	2.0	NUM	<u>133</u>	134
	VALUE	UNWEIGHTE	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,06 10,88 49 61,43	31 94		
STATUS16	STATUS - MONTH 16	2.0	NUM	<u>135</u>	<u>136</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,92 9,99 52 61,43	92 22		

NAME	DESCRIPTION	FORM	TYPE	START	END
STATUS17	STATUS - MONTH 17	2.	0 <u>num</u>	<u>137</u>	138
	VALUE	UNWEIG	HTED		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	g	,505 ,385 546 ,436		
STATUS18	STATUS - MONTH 18	<u>2.</u>	0 <u>NUM</u>	139	140
	VALUE	UNWEIG	HTED		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	8	,913 ,968 555 ,436		
STATUS19	STATUS - MONTH 19	<u>2.</u>	0 <u>NUM</u>	<u>141</u>	142
	VALUE	UNWEIG	HTED		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	12	6,415 6,326 695 6,436		
STATUS20	STATUS - MONTH 20	<u>2.</u>	0 <u>NUM</u>	143	144
	VALUE	UNWEIG	HTED		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	11	,837 ,012 587 ,436		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
STATUS21	STATUS - MONTH 21	2.0	NUM	<u>145</u>	146
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	50,65 10,24 53 61,43	16 39		
STATUS22	STATUS - MONTH 22	2.0	NUM	<u>147</u>	148
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	51,44 9,54 44 61,43	16 18		
STATUS23	STATUS - MONTH 23	2.0	NUM	149	150
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	51,96 9,04 42 61,43	13 29		
STATUS24	STATUS - MONTH 24	2.0	NUM	<u>151</u>	<u>152</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE 1 YES 2 NO TOTAL	52,38 8,63 40 61,43	89)8		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
DECPHLDR	DECEASED POLICYHOLDER FLAG: 1 YES, 2 NO	1.0	NUM	<u>153</u>	<u>153</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	1 YES 2 NO	28 61,14			
	TOTAL	61,43	36		
OUTPHLDR	OUT-OF-RU POLICYHOLDER FLAG: 1 YES, 2 NO	1.0	NUM	154	<u>154</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	1 YES	3,26			
	2 NO TOTAL	58,17 61,43			
		, -			
NOPUFLG	PHLDR NOT IN FULL YEAR OR PIT PUFS	1.0	NUM	<u>155</u>	<u>155</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	1 YES	31			
	2 NO TOTAL	61,12 61,43			
	1011111	01/10	, ,		
COVROUT	POLICY COVERS PERS NOT IN RU	2.0	NUM	<u>156</u>	<u>157</u>
	VALUE	UNWEIGHTE	<u>ED</u>		
	-9 NOT ASCERTAINED	89			
	-8 DK -7 REFUSED	24	14 31		
	- / REFUSED 1 YES	5,56			
	2 NO	54,70			
	TOTAL	61,43			

NAME	DESCRIPTION	FORMAT	TYPE	START	END
TYPEFLAG	TYPE OF ESTABLISHMENT	2.0	NUM	<u>158</u>	<u>159</u>
	VALUE	UNWEIGHT	ED		
	-9 NOT ASCERTAINED -8 DK 1 EMPLOYER		99 20 17		
	2 UNION 3 GROUP	1,5 8	97 36		
	5 INSURANCE COMPANY-FROM AN AGENT 6 INSURANCE COMPANY 7 HMO	1,4 2,0	30		
	8 COBRA 9 PREVIOUS EMPLOYER-NOT COBRA 10 SPOUSES/DECEASED SPOUSES PREV EMPL	2	68 85 54		
	11 SCHOOL 12 UNKNOWN TYPE-OUTSIDE RU 13 UNKNOWN TYPE-COLLECTED AT OTHER	1 3,6	63		
	20 HIGH RISK POOL 21 STATE EXCHANGE NAME TOTAL	2,5 61,4			
STEXCH	IS THIS EXCHANGE COVERAGE	2.0	NUM	160	161
BIEACH				100	101
	VALUE	UNWEIGHT			
	-1 INAPPLICABLE 1 YES, EXCHANGE COVERAGE 2 NO, NOT EXCHANGE COVERAGE	53,9 3,1 4,3	36 89		
	TOTAL	61,4	36		
STSHOP	SMALL BUSINESS ESTB RELATED HEALTH INS	2.0	NUM	162	<u>163</u>
	VALUE	UNWEIGHT	<u>ED</u>		
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE		41 10 4 51		
	1 YES 2 NO TOTAL	•	04 26		

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NAME	DESCRIPTION	FORMAT	TYPE	START	END
PRIVCAT	CATEGORY OF PRIVATE COVERAGE	2.0	NUM	<u>164</u>	<u>165</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	0 NOT HOSP/PHYS OR MEDIGAP COVERAGE	1,54			
	1 EMPLOYER/UNION 2 NONGROUP	48,23			
	3 OTHER GROUP	2,78 92			
	4 OUT OF HOUSEHOLD	3,63			
	5 SELF-EMPLOYED	3,63 14			
	6 STATE EXCHANGE	3,11			
	99 DONT KNOW WHAT KIND PRIV COV	1,05			
	TOTAL	61,43			
	IOIAL	01,43			
HOSPINSX	TYPE OF HI GOTTEN: HOSPITAL/HMO (EDITED)	2.0	NUM	166	167
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	9	9		
	-8 DK	92			
	-7 REFUSED	1	.6		
	1 YES	58,15	9		
	2 NO	2,23	9		
	TOTAL	61,43	16		
MSUPINSX	TYPE OF HI GOTTEN: MEDIGAP (EDITED)	2.0	NUM	<u>168</u>	169
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	1,57	7		
	-8 DK	1,04			
	-7 REFUSED	•	.6		
	1 YES	1,82	27		
	2 NO	56,96			
	TOTAL	61,43			
		•			

NAME	DESCRIPTION	FORMAT	TYPE	START	END
DENTLINS	TYPE OF HI GOTTEN: DENTAL	2.0	NUM	<u>170</u>	<u>171</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 YES 2 NO TOTAL	1,63 1,04 1 41,54 17,19 61,43	18 .6 13		
VISIONIN	TYPE OF HI GOTTEN: VISION	2.0	NUM	<u>172</u>	<u>173</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 YES 2 NO TOTAL	1,64 1,04 1 38,42 20,30 61,43	18 .6 !0		
PMEDINS	TYPE OF HI GOTTEN: PRESCRIPTION DRUG	2.0	NUM	<u>174</u>	<u>175</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED -8 DK -7 REFUSED 1 YES 2 NO TOTAL	1,65 1,04 1 53,21 5,51 61,43	.6 .0 .0		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
COBRA	COBRA COVERAGE: 1=YES, 2=NO	2.0	NUM	<u>176</u>	<u>177</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	1,50)6		
	-8 DK	ϵ	55		
	-7 REFUSED		5		
	-1 INAPPLICABLE	53,94	4		
	1 YES	49	92		
	2 NO	5,42	24		
	TOTAL	61,43	36		
PLANMETL	METAL PLAN NAME	2.0	NUM	<u>178</u>	<u>179</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	11	.6		
	-8 DK	32	9		
	-7 REFUSED		4		
	-1 INAPPLICABLE	60,16	8		
	1 PLATINUM PLAN		36		
	2 GOLD PLAN	5	57		
	3 SILVER PLAN	40	7		
	4 BRONZE PLAN	16	8		
	5 CATASTROPHIC PLAN	3	30		
	6 IF VOLUNTEERED: SOMETHING ELSE	7	1		
	TOTAL	61,43	86		
COVTYPIN	COVERAGE @INTVW: 1=SINGLE, 2=FAMILY	1.0	NUM	<u>180</u>	<u>180</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	1 SINGLE	19,68	35		
	2 FAMILY	41,75	51		
	TOTAL	61,43	36		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OOPELIG	FLAG: POLICYHOLDER ESTB HAS PREMIUM	1.0	NUM	<u>181</u>	<u>181</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	1 YES	20,40			
	2 NO TOTAL	41,03 61,43			
CORREN	MONEYLY OVER OF DOCKER DEEMTIN	7.0	NTD4	100	100
OOPPREM	MONTHLY OUT-OF-POCKET PREMIUM	7.2	NUM	<u>182</u>	188
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	81			
	-8 DK	5,04			
	-7 REFUSED	14			
	-1 INAPPLICABLE	41,03			
	0 NO PREMIUM CONTRIBUTION	2,78			
	\$0.08 - \$109.00	2,90			
	\$109.01 - \$220.00	2,92			
	\$220.01 - \$400.00	3,04			
	\$400.01 - \$6,716.67	2,75			
	TOTAL	61,43	36		
OOPPREMX	MONTHLY OUT-OF-POCKET PREMIUM (ED/IMP)	7.2	NUM	189	<u>195</u>
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE	41,03	31		
	0 NO PREMIUM CONTRIBUTION	2,75			
	\$0.24 - \$112.50	4,41	.4		
	\$112.51 - \$222.82	4,41			
	\$222.83 - \$400.00	4,59	8		
	\$400.01 - \$2,200.00	4,22	26		
	TOTAL	61,43	36		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
OOPX12X	ANNUAL OUT-OF-POCKET PREMIUM (ED/IMP)	8.2	NUM	<u>196</u>	203
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 0 NO PREMIUM CONTRIBUTION \$2.88 - \$1,350.00 \$1,350.01 - \$2,673.84 \$2,673.85 - \$4,800.00 \$4,800.01 - \$26,400.00 TOTAL	41,00 2,71 4,40 4,41 4,50 4,22 61,45	52 14 15 98 26		
OOPFLAG	1=OOPPREMX ED/IMP, ELSE 0	2.0	NUM	204	205
	VALUE	UNWEIGHT	<u>ED</u>		
	-1 INAPPLICABLE 0 NO 1 YES TOTAL	41,03 14,00 6,34 61,43	54 11		
PREMLEVX	EDITED PREMLEVL	2.0	NUM	206	207
	VALUE	UNWEIGHT	<u>ED</u>		
	-9 NOT ASCERTAINED -8 DK -7 REFUSED -1 INAPPLICABLE 1 FAMILY PAYS ALL PREMIUM COST	29,45 4,78)3 55 58 32		
	2 FAMILY PAYS SOME PREMIUM COST 3 FAMILY DOES NOT KNOW 4 FAMILY DOES NOT PAY PREMIUM COST TOTAL	18,92 90 4,43 61,43)9 37		

NAME	DESCRIPTION	FORMAT	TYPE	START	END
PREMSUBZ	COST OF THE PREMIUM SUBSIDIZED?	2.0	NUM	208	209
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	14			
	-8 DK	14			
	-1 INAPPLICABLE	58,30			
	1 YES 2 NO	1,52			
	Z NO TOTAL	1,30			
	TOTAL	61,43	36		
ANNDEDCT	ANNUAL DEDUCTIBLE	2.0	CHAR	210	211
	VALUE	UNWEIGHTE	<u>:D</u>		
	-1 INAPPLICABLE	32,33	88		
	-7 REFUSED	11			
	-8 DK	6,28	39		
	-9 NOT ASCERTAINED	68			
	1 LESS THAN \$1300/\$2600	10,22			
	2 \$1300/\$2600 OR MORE	6,75			
	3 NO ANNUAL DEDUCTIBLE	5,01			
	TOTAL	61,43	36		
HSAACCT	HSA W/THIS PLAN	2.0	NUM	212	213
	VALUE	UNWEIGHTE	<u>:D</u>		
	-9 NOT ASCERTAINED	3	88		
	-8 DK	13			
	-7 REFUSED		2		
	-1 INAPPLICABLE	54,67	18		
	1 YES	2,58			
	2 NO	4,00			
	TOTAL	61,43			

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NAME	DESCRIPTION	FORMAT TYPE START	END
UPRHMO	HMO COVERAGE (FROM PRPL)	<u>2.0 NUM 214</u>	215
	VALUE	UNWEIGHTED	
	-9 NOT ASCERTAINED	939	
	-8 DK	3,729	
	-7 REFUSED	22	
	-1 INAPPLICABLE	1,541	
	1 PRIVATE PLAN IS HMO	18,599	
	2 PRIVATE PLAN IS NOT HMO	36,606	
	TOTAL	61,436	
NAMECHNG	HAS THERE BEEN A CHANGE IN PLAN NAME	<u>2.0 NUM 216</u>	217
	VALUE	UNWEIGHTED	
	-9 NOT ASCERTAINED	213	
	-8 DK	335	
	-7 REFUSED	24	
	-1 INAPPLICABLE	18,999	
	1 YES	3,105	
	2 NO	38,760	
	TOTAL	61,436	