MEPS HC 250 CODEBOOK
2023 PERSON ROUND PLAN FILE

Alphabetical Listing of Variables

Start	End	Name	Description
222	223	ANNDEDCTP	Plan deductible range
129	131	CMJINS	Current main job is the source of plan
185	187	COBRA	COBRA coverage
165	166	COVROUT_M18	Policy covers person not in RU
190	190	COVTYPIN	Single or family health insurance coverage plan
162	162	DECPHLDR	Deceased policyholder flag
177	178	DENTLINS	Type health insurance received: dental
179	180	DENTLINX	Type health insurance received: dental (edited)
135	135	DEPNDNT	Dependent of policy holder flag
36	45	DUPERSID	Person ID (DUID+PID)
132	133	EMPLSTAT	Policyholder employment status
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
67	91	EPRSIDX	Unique insurance policy-source
56	66	ESTBIDX	Insurance source identifier
136	137	EVALCOVR	Covered at interview or December 31st
128	128	FYFLG	Person in full year file
173	174	HOSPINS	Type health insurance received: hosp phys/HMO
224	225	HSAACCT	HSA with this plan
92	105	INSURPRIVIDEX	Unique insurance plcy source-insurance identifier
125	127	JOBSFILE	Jobs file containing job information
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
175	176	MSUPINS	Type health insurance received: Medigap
229	230	NAMECHNG	Plan name change
164	164	NOPUFLG	Policyholder not in full year file
191	191	OOPELIG	Policyholder-insurance source has premium
215	216	OOPFLAG	OOPPREMX edit/imputation flag
192	199	OOPPREM	Monthly out-of-pocket premium
200	206	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
207	214	OOPX12X	Annual out-of-pocket premium (edited/imputed)
163	163	OUTPHLDR	Out-of-RU policyholder flag
106	107	PANEL	Panel number
46	55	PHLDRIDX	Policyholder person identifier
134	134	PHOLDER	Policy holder flag
188	189	PLANMETL	Plan metal level
183	184	PMEDINS	Type health insurance received: prescription drug
217	219	PREMLEVX	Portion of premium paid by family (edited)
220	221	PREMSUBZ	Cost of the premium subsidized
171	172	PRIVATECAT_M23	Category of private coverage
108	108	RN	Round number
138	139	STAT1	Insurance active in January
156	157	STAT10	Insurance active in October
158	159	STAT11	Insurance active in November
160	161	STAT12	Insurance active in December

Start	End	Name	Description
140	141	STAT2	Insurance active in February
142	143	STAT3	Insurance active in March
144	145	STAT4	Insurance active in April
146	147	STAT5	Insurance active in May
148	149	STAT6	Insurance active in June
150	151	STAT7	Insurance active in July
152	153	STAT8	Insurance active in August
154	155	STAT9	Insurance active in September
169	170	STEXCH	State exchange coverage
167	168	TYPEFLAG_M23	Type of insurance source
226	228	UPRHMO_M23	HMO coverage (edited)
181	182	VISIONIN	Type health insurance received: vision

Positional Listing of Variables

Start	End	Name	Description
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
36	45	DUPERSID	Person ID (DUID+PID)
46	55	PHLDRIDX	Policyholder person identifier
56	66	ESTBIDX	Insurance source identifier
67	91	EPRSIDX	Unique insurance policy-source
92	105	INSURPRIVIDEX	Unique insurance plcy source-insurance identifier
106	107	PANEL	Panel number
108	108	RN	Round number
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
125	127	JOBSFILE	Jobs file containing job information
128	128	FYFLG	Person in full year file
129	131	CMJINS	Current main job is the source of plan
132	133	EMPLSTAT	Policyholder employment status
134	134	PHOLDER	Policy holder flag
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142	143	STAT3	Insurance active in March
144	145	STAT4	Insurance active in April
146	147	STAT5	Insurance active in May
148	149	STAT6	Insurance active in June
150	151	STAT7	Insurance active in July
152	153	STAT8	Insurance active in August
154	155	STAT9	Insurance active in September
156	157	STAT10	Insurance active in October
158	159	STAT11	Insurance active in November
160	161	STAT12	Insurance active in December
162	162	DECPHLDR	Deceased policyholder flag
163	163	OUTPHLDR	Out-of-RU policyholder flag
164	164	NOPUFLG	Policyholder not in full year file
165	166	COVROUT_M18	Policy covers person not in RU
167	168	TYPEFLAG_M23	Type of insurance source
169	170	STEXCH	State exchange coverage
171	172	PRIVATECAT_M23	Category of private coverage
173	174	HOSPINS	Type health insurance received: hosp phys/HMO
175	176	MSUPINS	Type health insurance received: Medigap
177	178	DENTLINS	Type health insurance received: dental
179	180	DENTLINX	Type health insurance received: dental (edited)
181	182	VISIONIN	Type health insurance received: vision
183	184	PMEDINS	Type health insurance received: prescription drug
185	187	COBRA	COBRA coverage
188	189	PLANMETL	Plan metal level
190	190	COVTYPIN	Single or family health insurance coverage plan

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222	223	ANNDEDCTP	Plan deductible range
224	225	HSAACCT	HSA with this plan
226	228	UPRHMO_M23	HMO coverage (edited)
229	230	NAMECHNG	Plan name change

Variable Codebook

Name: EPCPIDX
Description: Insurance source-phldr-dependent identifier
Format: 35.0
Type: Char
Start: 1
End: 35

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: DUPERSID
Description: Person ID (DUID+PID)
Format: 10.0
Type: Char
Start: 36
End: 45

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: PHLDRIDX
Description: Policyholder person identifier
Format: 10.0
Type: Char
Start: 46
End: 55

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: ESTBIDX
Description: Insurance source identifier
Format: 11.0
Type: Char
Start: 56
End: 66

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: EPRSIDX
Description: Unique insurance policy-source
Format: 25.0
Type: Char
Start: 67
End: 91

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: INSURPRIVIDEX
Description: Unique insurance plcy source-insurance identifier
Format: 14.0
Type: Char
Start: 92
End: 105

Value	Unweighted
VALID ID	35,064
Total:	35,064

Name: PANEL
Description: Panel number
Format: 2.0
Type: Num
Start: 106
End: 107

Value	Unweighted
27 PANEL 27	16,354
28 PANEL 28	18,710
Total:	35,064

Name: RN
Description: Round number
Format: 1.0
Type: Num
Start: 108
End: 108

Value	Unweighted
1	5,729
2	6,471
3	11,744
4	5,568
5	5,552
Total:	35,064

Name:	JOBSIDX
Description:	Policyholder job-round identifier
Format:	14.0
Type:	Char
Start:	109
End:	122

Value		Unweighted
-1 INAPPLICABLE		8,033
VALID ID		27,031
	Total:	35,064

Name:	JOBSINFR
Description:	Job identifier inferred not reported
Format:	2.0
Type:	Num
Start:	123
End:	124

Value		Unweighted
-1 INAPPLICABLE		8,033
0 NO		26,528
1 YES		503
	Total:	35,064

Name:	JOBSFILE
Description:	Jobs file containing job information
Format:	3.0
Type:	Num
Start:	125
End:	127

Value		Unweighted
-1 INAPPLICABLE		8,033
HC237 2022 JOBSFILE		1,412
HC246 2023 JOBSFILE		25,619
	Total:	35,064

Name:	FYFLG
Description:	Person in full year file
Format:	1.0
Type:	Num
Start:	128
End:	128

Value		Unweighted
0 NO		1,139
1 YES		33,925
	Total:	35,064

Name: CMJINS
Description: Current main job is the source of plan
Format: 3.0
Type: Num
Start: 129
End: 131

Value	Unweighted
-15 CANNOT BE COMPUTED	825
-1 INAPPLICABLE	6,514
1 YES	22,413
2 NO	5,312
Total:	35,064

Name: EMPLSTAT
Description: Policyholder employment status
Format: 2.0
Type: Num
Start: 132
End: 133

Value	Unweighted
-8 DON'T KNOW	3
-7 REFUSED	9
-1 INAPPLICABLE	33,983
1 CURRENTLY EMPLOYED	509
2 RETIRED	288
3 PREVIOUSLY EMPLOYED	82
4 DECEASED	76
91 OTHER	114
Total:	35,064

Name: PHOLDER
Description: Policy holder flag
Format: 1.0
Type: Num
Start: 134
End: 134

Value	Unweighted
0 DEPENDENT	14,356
1 POLICYHOLDER	20,708
Total:	35,064

Name: DEPNDNT
Description: Dependent of policy holder flag
Format: 1.0
Type: Num
Start: 135
End: 135

Value	Unweighted
0 POLICYHOLDER	20,708
1 DEPENDENT	14,356
Total:	35,064

Name: EVALCOVR
Description: Covered at interview or December 31st
Format: 2.0
Type: Num
Start: 136
End: 137

Value	Unweighted
-1 INAPPLICABLE	834
1 YES	32,327
2 NO	1,903
Total:	35,064

Name: STAT1
Description: Insurance active in January
Format: 2.0
Type: Num
Start: 138
End: 139

Value	Unweighted
-1 INAPPLICABLE	23,288
1 YES	11,613
2 NO	163
Total:	35,064

Name: STAT2
Description: Insurance active in February
Format: 2.0
Type: Num
Start: 140
End: 141

Value	Unweighted
-1 INAPPLICABLE	21,218
1 YES	13,480
2 NO	366
Total:	35,064

Name: STAT3
Description: Insurance active in March
Format: 2.0
Type: Num
Start: 142
End: 143

Value	Unweighted
-1 INAPPLICABLE	21,060
1 YES	13,467
2 NO	537
Total:	35,064

Name: STAT4
Description: Insurance active in April
Format: 2.0
Type: Num
Start: 144
End: 145

Value	Unweighted
-1 INAPPLICABLE	21,864
1 YES	12,547
2 NO	653
Total:	35,064

Name: STAT5
Description: Insurance active in May
Format: 2.0
Type: Num
Start: 146
End: 147

Value	Unweighted
-1 INAPPLICABLE	22,124
1 YES	12,230
2 NO	710
Total:	35,064

Name: STAT6
Description: Insurance active in June
Format: 2.0
Type: Num
Start: 148
End: 149

Value	Unweighted
-1 INAPPLICABLE	22,460
1 YES	11,852
2 NO	752
Total:	35,064

Name: STAT7
Description: Insurance active in July
Format: 2.0
Type: Num
Start: 150
End: 151

Value	Unweighted
-1 INAPPLICABLE	21,830
1 YES	12,417
2 NO	817
Total:	35,064

Name: STAT8
Description: Insurance active in August
Format: 2.0
Type: Num
Start: 152
End: 153

Value	Unweighted
-1 INAPPLICABLE	18,249
1 YES	15,890
2 NO	925
Total:	35,064

Name: STAT9
Description: Insurance active in September
Format: 2.0
Type: Num
Start: 154
End: 155

Value	Unweighted
-1 INAPPLICABLE	20,204
1 YES	14,157
2 NO	703
Total:	35,064

Name: STAT10
Description: Insurance active in October
Format: 2.0
Type: Num
Start: 156
End: 157

Value	Unweighted
-1 INAPPLICABLE	21,696
1 YES	12,768
2 NO	600
Total:	35,064

Name: STAT11
Description: Insurance active in November
Format: 2.0
Type: Num
Start: 158
End: 159

Value	Unweighted
-1 INAPPLICABLE	22,651
1 YES	11,873
2 NO	540
Total:	35,064

Name: STAT12
Description: Insurance active in December
Format: 2.0
Type: Num
Start: 160
End: 161

Value	Unweighted
-1 INAPPLICABLE	23,154
1 YES	11,367
2 NO	543
Total:	35,064

Name: DECPHLDR
Description: Deceased policyholder flag
Format: 1.0
Type: Num
Start: 162
End: 162

Value	Unweighted
1 YES	116
2 NO	34,948
Total:	35,064

Name: OUTPHLDR
Description: Out-of-RU policyholder flag
Format: 1.0
Type: Num
Start: 163
End: 163

Value	Unweighted
1 YES	1,328
2 NO	33,736
Total:	35,064

Name: NOPUFLG
Description: Policyholder not in full year file
Format: 1.0
Type: Num
Start: 164
End: 164

Value	Unweighted
1 YES	1,074
2 NO	33,990
Total:	35,064

Name: COVROUT_M18
Description: Policy covers person not in RU
Format: 2.0
Type: Num
Start: 165
End: 166

Value	Unweighted
-8 DON'T KNOW	124
-7 REFUSED	65
-1 INAPPLICABLE	17,198
1 YES	662
2 NO	17,015
Total:	35,064

Name: TYPEFLAG_M23
Description: Type of insurance source
Format: 2.0
Type: Num
Start: 167
End: 168

Value	Unweighted
-8 DON'T KNOW	124
-7 REFUSED	6
1 EMPLOYER (THRU CURR/PREV JOB)	27,330
2 UNION (THRU CURR/PREV JOB)	696
3 EMPLOYER/UNION COVG NOT REPORTED IN EMPL SECTION	795
4 STATE EXCH/MARKETPLACE	1,747
5 INS CO-FR AGNT/BROKER	2,259
6 GROUP/ASSOC	413
7 PLAN OF SOMEONE NOT LVNG HERE	1,221
13 OTHER	473
Total:	35,064

Name: STEXCH
Description: State exchange coverage
Format: 2.0
Type: Num
Start: 169
End: 170

Value	Unweighted
-1 INAPPLICABLE	30,506
1 YES, EXCHANGE COVERAGE	2,101
2 NO, NOT EXCHANGE COVERAGE	2,457
Total:	35,064

Name:	PRIVATECAT_M23
Description:	Category of private coverage
Format:	2.0
Type:	Num
Start:	171
End:	172

Value	Unweighted
0 NOT HOSP/PHYS OR MEDIGAP COVERAGE	1,367
1 EMPLOYER/UNION	27,757
2 NONGROUP	1,710
3 OTHER GROUP	418
4 ESI, PHOLDER OUTSIDE RU	1,068
5 NON-ESI, OUT OF RU PHOLDER	130
6 STATE EXCHANGE	2,076
99 DK TYPE OF PRIV COV	538
Total:	35,064

Name:	HOSPINS
Description:	Type health insurance received: hosp phys/HMO
Format:	2.0
Type:	Num
Start:	173
End:	174

Value	Unweighted
-8 DON'T KNOW	893
-7 REFUSED	116
1 YES	31,981
2 NO	2,074
Total:	35,064

Name:	MSUPINS
Description:	Type health insurance received: Medigap
Format:	2.0
Type:	Num
Start:	175
End:	176

Value	Unweighted
-8 DON'T KNOW	915
-7 REFUSED	121
1 YES	1,945
2 NO	32,083
Total:	35,064

Name: DENTLINS
Description: Type health insurance received: dental
Format: 2.0
Type: Num
Start: 177
End: 178

Value	Unweighted
-8 DON'T KNOW	892
-7 REFUSED	116
1 YES	24,829
2 NO	9,227
Total:	35,064

Name: DENTLINX
Description: Type health insurance received: dental (edited)
Format: 2.0
Type: Num
Start: 179
End: 180

Value	Unweighted
-8 DON'T KNOW	699
-7 REFUSED	99
1 YES	26,681
2 NO	7,585
Total:	35,064

Name: VISIONIN
Description: Type health insurance received: vision
Format: 2.0
Type: Num
Start: 181
End: 182

Value	Unweighted
-8 DON'T KNOW	892
-7 REFUSED	116
1 YES	22,927
2 NO	11,129
Total:	35,064

Name: PMEDINS
Description: Type health insurance received: prescription drug
Format: 2.0
Type: Num
Start: 183
End: 184

Value	Unweighted
-8 DON'T KNOW	892
-7 REFUSED	116
1 YES	29,328
2 NO	4,728
Total:	35,064

Name: COBRA
Description: COBRA coverage
Format: 3.0
Type: Num
Start: 185
End: 187

Value	Unweighted
-15 CANNOT BE COMPUTED	2,691
-8 DON'T KNOW	116
-7 REFUSED	69
-1 INAPPLICABLE	29,213
1 YES	365
2 NO	2,610
Total:	35,064

Name: PLANMETL
Description: Plan metal level
Format: 2.0
Type: Num
Start: 188
End: 189

Value	Unweighted
-8 DON'T KNOW	273
-1 INAPPLICABLE	34,331
1 PLATINUM PLAN	33
2 GOLD PLAN	40
3 SILVER PLAN	217
4 BRONZE PLAN	134
5 CATASTROPHIC PLAN	8
6 IF VOLUNTEERED: SOMETHING ELSE	28
Total:	35,064

Name:	COVTYPIN
Description:	Single or family health insurance coverage plan
Format:	1.0
Type:	Num
Start:	190
End:	190

Value	Unweighted
1 SINGLE	11,524
2 FAMILY	23,540
Total:	35,064

Name:	OOPELIG
Description:	Policyholder-insurance source has premium
Format:	1.0
Type:	Num
Start:	191
End:	191

Value	Unweighted
1 YES	10,951
2 NO	24,113
Total:	35,064

Name:	OOPPREM
Description:	Monthly out-of-pocket premium
Format:	8.2
Type:	Num
Start:	192
End:	199

Value	Unweighted
-15 CANNOT BE COMPUTED	95
-8 DON'T KNOW	3,289
-7 REFUSED	135
-1 INAPPLICABLE	24,113
0 NO PREMIUM CONTRIBUTION	1,600
$1.00 - $135.00	1,467
$135.01 - $300.00	1,637
$300.01 - $500.00	1,346
$500.01 - $12,500.00	1,382
Total:	35,064

Name: OOPPREMX
Description: Monthly out-of-pocket premium (edited/imputed)
Format: 7.2
Type: Num
Start: 200
End: 206

Value	Unweighted
-1 INAPPLICABLE	24,113
0 NO PREMIUM CONTRIBUTION	1,568
$1.00 - $136.50	2,347
$136.51 - $299.00	2,347
$299.01 - $500.00	2,446
$500.01 - $3,466.67	2,243
Total:	35,064

Name: OOPX12X
Description: Annual out-of-pocket premium (edited/imputed)
Format: 8.2
Type: Num
Start: 207
End: 214

Value	Unweighted
-1 INAPPLICABLE	24,113
0 NO PREMIUM CONTRIBUTION	1,568
$12.00 - $1,638.00	2,347
$1,638.01 - $3,588.00	2,347
$3,588.01 - $6,000.00	2,446
$6,000.01 - $41,600.00	2,243
Total:	35,064

Name: OOPFLAG
Description: OOPPREMX edit/imputation flag
Format: 2.0
Type: Num
Start: 215
End: 216

Value	Unweighted
-1 INAPPLICABLE	24,113
0 NO	7,316
1 YES	3,635
Total:	35,064

Name: PREMLEVX
Description: Portion of premium paid by family (edited)
Format: 3.0
Type: Num
Start: 217
End: 219

Value	Unweighted
-15 CANNOT BE COMPUTED	95
-8 DON'T KNOW	927
-7 REFUSED	77
-1 INAPPLICABLE	23,112
1 FAMILY PAYS ALL PREMIUM COST	2,332
2 FAMILY PAYS SOME PREMIUM COST	6,503
3 FAMILY DOES NOT KNOW	258
4 FAMILY DOES NOT PAY PREMIUM COST	1,760
Total:	35,064

Name: PREMSUBZ
Description: Cost of the premium subsidized
Format: 2.0
Type: Num
Start: 220
End: 221

Value	Unweighted
-8 DON'T KNOW	87
-1 INAPPLICABLE	33,719
1 YES	735
2 NO	523
Total:	35,064

Name: ANNDEDCTP
Description: Plan deductible range
Format: 2.0
Type: Num
Start: 222
End: 223

Value	Unweighted
-8 DON'T KNOW	2,303
-7 REFUSED	90
-1 INAPPLICABLE	25,139
1 LESS THAN $750/$1,500	1,159
2 $750/$1,500 TO $1,499/$2,999	1,395
3 $1,500/$3,000 TO $2,999/$5,999	2,339
4 $3,000/$6,000 OR MORE	1,353
5 NO ANNUAL DEDUCTIBLE	1,024
6 LESS THAN $1,500/$3,000 - RANGE NOT SPECIFIED	188
7 $1,500/$3,000 OR MORE - RANGE NOT SPECIFIED	74
Total:	35,064

Name: HSAACCT
Description: HSA with this plan
Format: 2.0
Type: Num
Start: 224
End: 225

Value	Unweighted
-8 DON'T KNOW	100
-7 REFUSED	4
-1 INAPPLICABLE	31,298
1 YES	1,723
2 NO	1,939
Total:	35,064

Name: UPRHMO_M23
Description: HMO coverage (edited)
Format: 3.0
Type: Num
Start: 226
End: 228

Value	Unweighted
-15 CANNOT BE COMPUTED	1,009
-8 DON'T KNOW	3,904
-7 REFUSED	45
-1 INAPPLICABLE	1,367
1 PRIVATE PLAN IS HMO	10,485
2 PRIVATE PLAN IS NOT HMO	18,254
Total:	35,064

Name: NAMECHNG
Description: Plan name change
Format: 2.0
Type: Num
Start: 229
End: 230

Value	Unweighted
-8 DON'T KNOW	332
-7 REFUSED	104
-1 INAPPLICABLE	10,011
1 YES	1,746
2 NO	22,871
Total:	35,064