

DATE: April 30, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
77	78	AGE31X	HC: AGE-R3/1 (EDITED/IMPUTED)
96	96	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
97	98	C003	NUMBER OF H.I. PLANS OFFERED
99	101	C016	% EMPLOYEES/MEMBERS - WOMEN
102	104	C017	% EMPLOYEES/MEMBERS - AGE 50+
105	107	C018	% EMPLOYEES WHO WERE UNION MEMBERS
108	110	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
111	113	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
114	116	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
117	117	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
118	121	C032	LAST YEAR HEALTH INSURANCE OFFERED
122	128	C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS
129	130	C041	NUMBER OF HOURS CONSIDERED FULL-TIME
131	131	C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE
132	132	C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE
133	135	C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE
136	136	C048	VOUCHER PAYMENT CYCLE
137	137	C049	BUSINESS PAID PROVIDERS DIRECTLY
138	138	C050	ESTABLISHMENT OFFERS PAID VACATION
139	139	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
140	140	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
141	141	C053	ESTAB OFFERS DISABILITY INSUR
142	142	C054	ESTABLISHMENT OFFERS PENSION PLAN
143	143	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
144	144	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
145	145	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
146	150	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
151	152	C060	PRINCIPAL BUSINESS ACTIVITY
153	153	C062	TYPE OF OWNERSHIP
154	154	C063	NON-PROFIT BUSINESS
155	157	C064	NUMBER OF YEARS COMPANY IN BUSINESS
158	193	C099	PREMIUMS VARIATION: OTHER SPECIFY
194	194	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
196	196	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
198	198	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
200	200	C106	SI PLAN: SELF - ADMINISTERED OR TPA
201	201	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
202	209	C108	TOTAL COST OF COVERAGE
210	213	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
214	217	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
218	218	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
219	219	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
220	220	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
221	221	C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM
222	223	C123	MONTH PLAN YEAR BEGIN
226	231	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
232	238	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
239	244	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
251	256	C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA
257	261	C127	FED ONLY: TOT. # RETIREES ENROLLED - STATE
262	267	C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA
268	272	C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE
273	278	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
279	283	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
289	294	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
295	298	C130	TOTAL PREMIUM: SINGLE COVERAGE
304	307	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
312	316	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
322	322	C133	PREMIUM PERIOD : TOTAL PREMIUM

DATE: April 30, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
323	327	C134	TOTAL PREMIUM : FAMILY COVERAGE
333	337	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
343	347	C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
353	353	C137	FAMILY COVERAGE OFFERED
355	355	C138	PREMIUMS VARIED BY AGE
356	356	C139	PREMIUMS VARIED BY SEX
357	357	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
358	358	C141	PREMIUMS VARIED BY WAGE LEVELS
359	359	C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)
360	360	C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS
361	361	C144	PREMIUM INCLUDED LIFE INSURANCE
362	362	C145	PREMIUM INCLUDED DISABILITY INSURANCE
363	366	C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
367	370	C147	DEDUCTIBLE - PHYSICIAN CARE
371	374	C148	DEDUCTIBLE - HOSPITAL CARE
375	378	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
379	379	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
380	380	C151	PLAN HAS A DEDUCTIBLE
381	384	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
385	387	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
388	388	C154	COST PER DAY / PER STAY
389	389	C155	HOSPITAL CARE COVERED
390	392	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
393	394	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
395	395	C158	NO MAXIMUM PLAN PAYMENT
396	402	C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME
403	410	C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY
411	415	C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
416	420	C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
421	421	C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
422	422	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
423	423	C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS
424	424	C166	PLAN INCLUDES ROUTINE PAP SMEARS
425	425	C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE
426	426	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
427	427	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
428	428	C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR
429	429	C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS
430	430	C173	PLAN INCLUDES CHIROPRACTIC CARE
431	431	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS
432	432	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
433	433	C176	PLAN INCLUDES ROUTINE DENTAL CARE
434	434	C177	PLAN INCLUDES ORTHODONTIC CARE
435	435	C178	PLAN INCLUDES SKILLED NURSING FACILITY
436	436	C179	PLAN INCLUDES HOME HEALTH CARE
437	437	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
438	438	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
439	439	C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT
440	440	C183	COULD REFUSE COVERAGE: PRE-EXISTING COND
441	441	C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
442	442	C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
443	443	C186	PLAN OFFERED IN CURRENT YEAR (1998)
444	444	C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1998)
445	449	C188	1998 PLAN-TOTAL SINGLE ENROLLMENT
450	455	C189	1998 PLAN-TOTAL FAMILY ENROLLMENT
456	466	C190	1998 PLAN PREMIUM - SINGLE COVERAGE
467	472	C191	1998 PLAN PREMIUM - FAMILY COVERAGE
473	473	C192	OFFERED OPTIONAL COVERAGE DENTAL
474	474	C193	OFFERED OPTIONAL COVERAGE VISION

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
475	475	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
476	476	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
477	484	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1997
485	485	C197	WAITING PERIOD FOR NEW EMPLOYEES
486	486	C198	LENGTH OF TYPICAL WAITING PERIOD
487	496	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
507	512	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
519	524	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
531	536	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
543	547	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
553	557	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
563	567	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
573	577	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
578	582	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
583	586	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
587	587	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
589	589	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
591	591	C219	RETIREEES ELIGIBLE HEALTH INSURANCE
1	5	DUID	ENCRYPTED DWELLING UNIT ID
8	15	DUPERSID	PERSON ID (DUID + PID)
72	72	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
16	35	EPRSIDX	HC: EPRS ID (FROM COVMID)
38	48	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
84	85	ESTMATE1	HC:TOTAL EMPLOYEES IN ESTAB
49	52	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
195	195	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
197	197	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
199	199	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
224	225	I123	MONTH PLAN YEAR BEGIN
245	250	I125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
284	288	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
299	303	I130	TOTAL PREMIUM: SINGLE COVERAGE
308	311	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
317	321	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
328	332	I134	TOTAL PREMIUM : FAMILY COVERAGE
338	342	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
348	352	I136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
354	354	I137	FAMILY COVERAGE OFFERED
497	506	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
513	518	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
525	530	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
537	542	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
548	552	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
558	562	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
568	572	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
588	588	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
590	590	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
592	592	I219	RETIREEES ELIGIBLE HEALTH INSURANCE
66	66	ICSOURCE	IC: TYPE OF EMPLOYER
81	81	JOBSINFO	HC: FLAG IF HAVE JOB INFORMATION
74	75	JOBSTAT	JOB STATUS (CURRENT/FORMER)
82	83	JOBTYP	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
70	70	MATCHPLN	PHASE II - PLAN MATCH
69	69	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
53	58	MID	IC: UNIQUE ESTAB ID
67	68	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
86	87	MORELOC	HC: MORE THAN ONE LOCATION
59	63	MPLANT	IC: GOVT UNIT IDENTIFIER
73	73	OFFERED	PERSON OFFERED H.I. AT THIS JOB

DATE: April 30, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
64	65	PART CD	IC: PLAN IDENTIFIER
90	91	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
92	93	PAYVACTN	HC: DOES PERSON GET PAID VACATION
71	71	PICK	PHASE I - PLAN MATCH CRITERIA
6	7	PID	HC: PID
79	79	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
94	95	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
36	37	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
80	80	SEX	HC: SEX
88	89	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
76	76	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
1	5	DUID	ENCRYPTED DWELLING UNIT ID
6	7	PID	HC: PID
8	15	DUPERSID	PERSON ID (DUID + PID)
16	35	EPRSIDX	HC: EPRS ID (FROM COVMID)
36	37	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
38	48	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
49	52	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
53	58	MID	IC: UNIQUE ESTAB ID
59	63	MPLANT	IC: GOVT UNIT IDENTIFIER
64	65	PART CD	IC: PLAN IDENTIFIER
66	66	ICSOURCE	IC: TYPE OF EMPLOYER
67	68	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
69	69	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
70	70	MATCHPLN	PHASE II - PLAN MATCH
71	71	PICK	PHASE I - PLAN MATCH CRITERIA
72	72	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
73	73	OFFERED	PERSON OFFERED H.I. AT THIS JOB
74	75	JOBSTAT	JOB STATUS (CURRENT/FORMER)
76	76	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE
77	78	AGE31X	HC: AGE-R3/1 (EDITED/IMPUTED)
79	79	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
80	80	SEX	HC: SEX
81	81	JOBSINFO	HC: FLAG IF HAVE JOB INFORMATION
82	83	JOBTYP	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
84	85	ESTMATE1	HC: TOTAL EMPLOYEES IN ESTAB
86	87	MORELOC	HC: MORE THAN ONE LOCATION
88	89	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
90	91	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
92	93	PAYVACTN	HC: DOES PERSON GET PAID VACATION
94	95	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
96	96	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
97	98	C003	NUMBER OF H.I. PLANS OFFERED
99	101	C016	% EMPLOYEES/MEMBERS - WOMEN
102	104	C017	% EMPLOYEES/MEMBERS - AGE 50+
105	107	C018	% EMPLOYEES WHO WERE UNION MEMBERS
108	110	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
111	113	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
114	116	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
117	117	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
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138	138	C050	ESTABLISHMENT OFFERS PAID VACATION
139	139	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
140	140	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
141	141	C053	ESTAB OFFERS DISABILITY INSUR
142	142	C054	ESTABLISHMENT OFFERS PENSION PLAN
143	143	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
144	144	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
145	145	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
146	150	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
151	152	C060	PRINCIPAL BUSINESS ACTIVITY
153	153	C062	TYPE OF OWNERSHIP
154	154	C063	NON-PROFIT BUSINESS

DATE: April 30, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
155	157	C064	NUMBER OF YEARS COMPANY IN BUSINESS
158	193	C099	PREMIUMS VARIATION: OTHER SPECIFY
194	194	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
195	195	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
196	196	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
197	197	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
198	198	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
199	199	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
200	200	C106	SI PLAN: SELF - ADMINISTERED OR TPA
201	201	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
202	209	C108	TOTAL COST OF COVERAGE
210	213	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
214	217	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
218	218	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
219	219	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
220	220	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
221	221	C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM
222	223	C123	MONTH PLAN YEAR BEGIN
224	225	I123	MONTH PLAN YEAR BEGIN
226	231	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
232	238	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
239	244	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
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273	278	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
279	283	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
284	288	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
289	294	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
295	298	C130	TOTAL PREMIUM: SINGLE COVERAGE
299	303	I130	TOTAL PREMIUM: SINGLE COVERAGE
304	307	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
308	311	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
312	316	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
317	321	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
322	322	C133	PREMIUM PERIOD : TOTAL PREMIUM
323	327	C134	TOTAL PREMIUM : FAMILY COVERAGE
328	332	I134	TOTAL PREMIUM : FAMILY COVERAGE
333	337	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
338	342	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
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357	357	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
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367	370	C147	DEDUCTIBLE - PHYSICIAN CARE
371	374	C148	DEDUCTIBLE - HOSPITAL CARE
375	378	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
379	379	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
380	380	C151	PLAN HAS A DEDUCTIBLE
381	384	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
385	387	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
388	388	C154	COST PER DAY / PER STAY
389	389	C155	HOSPITAL CARE COVERED
390	392	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
393	394	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
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436	436	C179	PLAN INCLUDES HOME HEALTH CARE
437	437	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
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444	444	C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1998)
445	449	C188	1998 PLAN-TOTAL SINGLE ENROLLMENT
450	455	C189	1998 PLAN-TOTAL FAMILY ENROLLMENT
456	466	C190	1998 PLAN PREMIUM - SINGLE COVERAGE
467	472	C191	1998 PLAN PREMIUM - FAMILY COVERAGE
473	473	C192	OFFERED OPTIONAL COVERAGE DENTAL
474	474	C193	OFFERED OPTIONAL COVERAGE VISION
475	475	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
476	476	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
477	484	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1997
485	485	C197	WAITING PERIOD FOR NEW EMPLOYEES
486	486	C198	LENGTH OF TYPICAL WAITING PERIOD
487	496	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
497	506	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
507	512	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
513	518	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
519	524	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
525	530	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
531	536	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
537	542	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
543	547	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
548	552	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
553	557	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
558	562	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS

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ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
563	567	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
568	572	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
573	577	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
578	582	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
583	586	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
587	587	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
588	588	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
589	589	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
590	590	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
591	591	C219	RETIREEES ELIGIBLE HEALTH INSURANCE
592	592	I219	RETIREEES ELIGIBLE HEALTH INSURANCE



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>DUID</u>	<u>ENCRYPTED DWELLING UNIT ID</u>	<u>5.0</u>	<u>NUM</u>	<u>1</u>	<u>5</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>PID</u>	<u>HC: PID</u>	<u>2.0</u>	<u>NUM</u>	<u>6</u>	<u>7</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>DUPERSID</u>	<u>PERSON ID (DUID + PID)</u>	<u>8.0</u>	<u>CHAR</u>	<u>8</u>	<u>15</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>EPRSIDX</u>	<u>HC: EPRS ID (FROM COVMID)</u>	<u>20.0</u>	<u>CHAR</u>	<u>16</u>	<u>35</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>RUID</u>	<u>HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>36</u>	<u>37</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>ESTBIDX</u>	<u>HC: UNIQUE ESTABLISHMENT ID</u>	<u>11.0</u>	<u>CHAR</u>	<u>38</u>	<u>48</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>FEHBP</u>	<u>FEDERAL HEALTH INS. PLAN ID NUMBER</u>	<u>4.0</u>	<u>CHAR</u>	<u>49</u>	<u>52</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	101 - ZY1				2,989
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>MID</u>	<u>IC: UNIQUE ESTAB ID</u>	<u>6.0</u>	<u>CHAR</u>	<u>53</u>	<u>58</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				9,239
	TOTAL				9,239
<u>MPLANT</u>	<u>IC: GOVT UNIT IDENTIFIER</u>	<u>5.0</u>	<u>CHAR</u>	<u>59</u>	<u>63</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	00000 - 99906				9,239
	TOTAL				9,239
<u>PART_CD</u>	<u>IC: PLAN IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>64</u>	<u>65</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	01 - 90				9,239
	TOTAL				9,239
<u>ICSOURCE</u>	<u>IC: TYPE OF EMPLOYER</u>	<u>1.0</u>	<u>NUM</u>	<u>66</u>	<u>66</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 PRIVATE EMPLOYER				3,301
	2 ST/LOCAL GOVERNMENT				2,949
	4 FEDERAL GOVERNMENT				2,989
	TOTAL				9,239
<u>MIDPLAN</u>	<u>IC: # PLANS PER ESTABLISHMENT</u>	<u>2.0</u>	<u>NUM</u>	<u>67</u>	<u>68</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1-30				9,239
	TOTAL				9,239
<u>MATCHPLR</u>	<u>PHASE III - PLAN MATCH + RANDOM SELECTION</u>	<u>1.0</u>	<u>NUM</u>	<u>69</u>	<u>69</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0 HI NOT TAKEN FR JOB				1,591
	1 UNIQUE MATCH				1,898
	2 PLAN NOT MATCHED				5,750
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>MATCHPLN</u>	<u>PHASE II - PLAN MATCH</u>	<u>1.0</u>	<u>NUM</u>	<u>70</u>	<u>70</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 HI NOT TAKEN FR JOB				1,591
	1 UNIQUE MATCH				1,630
	2 MULT POSSBL MTCHS				1,988
	3 PLAN NOT MATCHED				4,030
	TOTAL				9,239
<u>PICK</u>	<u>PHASE I - PLAN MATCH CRITERIA</u>	<u>1.0</u>	<u>NUM</u>	<u>71</u>	<u>71</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 NOT SELECTED				4,030
	1 AUTOMATED MATCH				708
	2 HMO MATCH				447
	3 HI NOT TAKEN FR JOB				1,591
	4 LOGICAL IMPUTE				240
	5 ASUMD MATCH-TEXT				127
	6 ASUMD MTCH-NO TXT				108
	7 MULT POSSBL MTCHS				1,988
	TOTAL				9,239
<u>ENROLLED</u>	<u>PERSON ENROLLED IN H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>72</u>	<u>72</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				6,526
	2 NO				2,713
	TOTAL				9,239
<u>OFFERED</u>	<u>PERSON OFFERED H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>73</u>	<u>73</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				7,378
	2 NO				1,861
	TOTAL				9,239
<u>JOBSTAT</u>	<u>JOB STATUS (CURRENT/FORMER)</u>	<u>2.0</u>	<u>NUM</u>	<u>74</u>	<u>75</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	-1 INAPPLICABLE				415
	1 ACTIVE EMPLOYEE				8,014
	2 FORMER EMPLOYEE				810
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>SINGFAM</u>	<u>PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE</u>	<u>1.0</u>	<u>NUM</u>	<u>76</u>	<u>76</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,996
	1 SINGLE				2,640
	2 FAMILY				3,603
	TOTAL				9,239
<u>AGE31X</u>	<u>HC: AGE-R3/1 (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>77</u>	<u>78</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	5-17				74
	18-24				779
	25-44				4,735
	45-64				3,254
	65-90				397
	TOTAL				9,239
<u>RACETHNX</u>	<u>HC: RACE/ETHNICITY (EDITED/IMPUTED)</u>	<u>1.0</u>	<u>NUM</u>	<u>79</u>	<u>79</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 PERSON IS HISPANIC				1,351
	2 PERSON IS BLACK/NOT HISPANIC				1,585
	3 OTHER/NOT HISPANIC				6,303
	TOTAL				9,239
<u>SEX</u>	<u>HC: SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>80</u>	<u>80</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 MALE				4,652
	2 FEMALE				4,587
	TOTAL				9,239
<u>JOBSINFO</u>	<u>HC: FLAG IF HAVE JOB INFORMATION</u>	<u>1.0</u>	<u>NUM</u>	<u>81</u>	<u>81</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 NO				415
	1 YES				8,824
	TOTAL				9,239
<u>JOBTYPE</u>	<u>HC: SELF-EMP OR WORK FOR SOMEONE ELSE</u>	<u>2.0</u>	<u>NUM</u>	<u>82</u>	<u>83</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				415
	-8 DK				10
	1 SELF-EMPLOYED				88
	2 FOR SOMEONE ELSE				8,726
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>ESTMATE1</u>	<u>HC: TOTAL EMPLOYEES IN ESTAB</u>	<u>2.0</u>	<u>NUM</u>	<u>84</u>	<u>85</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				415
	-9 NOT ASCERTAINED				6
	-8 DK				364
	-7 REFUSED				2
	-1 INAPPLICABLE				6,014
	1 LESS THAN 10				61
	2 10 - 25				224
	3 26 - 49				175
	4 50 - 100				276
	5 101 - 500				557
	6 501 - 1,000				387
	7 1,001 - 5,000				501
	8 5,001 OR MORE				257
	TOTAL				9,239
<u>MORELOC</u>	<u>HC: MORE THAN ONE LOCATION</u>	<u>2.0</u>	<u>NUM</u>	<u>86</u>	<u>87</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				415
	-9 NOT ASCERTAINED				3
	-8 DK				62
	-1 INAPPLICABLE				823
	1 YES				6,445
	2 NO				1,491
	TOTAL				9,239
<u>SICKPAY</u>	<u>HC: DOES PERSON HAVE PAID SICK LEAVE</u>	<u>2.0</u>	<u>NUM</u>	<u>88</u>	<u>89</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				415
	-9 NOT ASCERTAINED				5
	-8 DK				128
	-7 REFUSED				5
	-1 INAPPLICABLE				823
	1 YES				6,250
	2 NO				1,613
	TOTAL				9,239
<u>PAYDRVST</u>	<u>HC: PAID SICK LEAVE FOR DR'S VISITS ?</u>	<u>2.0</u>	<u>NUM</u>	<u>90</u>	<u>91</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				415
	-8 DK				86
	-1 INAPPLICABLE				2,574
	1 YES				5,626
	2 NO				538
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>PAYVACTN</u>	<u>HC: DOES PERSON GET PAID VACATION</u>	<u>2.0</u>	<u>NUM</u>	<u>92</u>	<u>93</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				415
	-9 NOT ASCERTAINED				5
	-8 DK				78
	-7 REFUSED				4
	-1 INAPPLICABLE				823
	1 YES				6,381
	2 NO				1,533
	TOTAL				9,239
<u>RETIRPLN</u>	<u>HC: PERSON HAVE PENSION/RETIREMENT PLAN?</u>	<u>2.0</u>	<u>NUM</u>	<u>94</u>	<u>95</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				415
	-9 NOT ASCERTAINED				5
	-8 DK				162
	-7 REFUSED				18
	-1 INAPPLICABLE				823
	1 YES				5,450
	2 NO				2,366
	TOTAL				9,239
<u>C001</u>	<u>ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES</u>	<u>1.0</u>	<u>NUM</u>	<u>96</u>	<u>96</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				9,239
	TOTAL				9,239
<u>C003</u>	<u>NUMBER OF H.I. PLANS OFFERED</u>	<u>2.0</u>	<u>NUM</u>	<u>97</u>	<u>98</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,949
	1-77				6,290
	TOTAL				9,239
<u>C016</u>	<u>% EMPLOYEES/MEMBERS - WOMEN</u>	<u>3.0</u>	<u>NUM</u>	<u>99</u>	<u>101</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,556
	0				50
	1-100				7,633
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C017	% EMPLOYEES/MEMBERS - AGE 50+	3.0	NUM	102	104
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,033
	0				216
	1-100				6,990
	TOTAL				9,239
C018	% EMPLOYEES WHO WERE UNION MEMBERS	3.0	NUM	105	107
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,295
	0				2,442
	1-100				2,502
	TOTAL				9,239
C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS	3.0	NUM	108	110
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,318
	0				4,584
	1-100				2,337
	TOTAL				9,239
C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR	3.0	NUM	111	113
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,338
	0				55
	1-100				6,846
	TOTAL				9,239
C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE	3.0	NUM	114	116
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,332
	0				244
	1-100				6,663
	TOTAL				9,239
C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS	1.0	NUM	117	117
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,128
	1 YES				86
	2 NO				25
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C032	LAST YEAR HEALTH INSURANCE OFFERED	4.0	NUM	118	121
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,179
	1992				1
	1996				6
	1997				10
	1998				43
	TOTAL				9,239
C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS	7.0	NUM	122	128
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,993
	1-2,787,100				6,246
	TOTAL				9,239
C041	NUMBER OF HOURS CONSIDERED FULL-TIME	2.0	NUM	129	130
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				830
	4-61				8,409
	TOTAL				9,239
C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE	1.0	NUM	131	131
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,685
	1 YES				2
	2 NO				552
	TOTAL				9,239
C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE	1.0	NUM	132	132
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,786
	2 NO				453
	TOTAL				9,239
C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE	3.0	NUM	133	135
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,234
	0				1
	1-481				4
	TOTAL				9,239



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C048	VOUCHER PAYMENT CYCLE	1.0	NUM	136	136
	VALUE				UNWEIGHTED
	MISSING				9,234
	1 WEEK				1
	3 MONTH				4
	TOTAL				9,239
C049	BUSINESS PAID PROVIDERS DIRECTLY	1.0	NUM	137	137
	VALUE				UNWEIGHTED
	MISSING				9,052
	1 YES				22
	2 NO				165
	TOTAL				9,239
C050	ESTABLISHMENT OFFERS PAID VACATION	1.0	NUM	138	138
	VALUE				UNWEIGHTED
	MISSING				907
	1 YES				8,304
	2 NO				28
	TOTAL				9,239
C051	ESTABLISHMENT OFFERS PAID SICK LEAVE	1.0	NUM	139	139
	VALUE				UNWEIGHTED
	MISSING				1,151
	1 YES				7,889
	2 NO				199
	TOTAL				9,239
C052	ESTABLISHMENT OFFERS LIFE INSURANCE	1.0	NUM	140	140
	VALUE				UNWEIGHTED
	MISSING				1,189
	1 YES				7,908
	2 NO				142
	TOTAL				9,239
C053	ESTAB OFFERS DISABILITY INSUR	1.0	NUM	141	141
	VALUE				UNWEIGHTED
	MISSING				1,680
	1 YES				4,317
	2 NO				3,242
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C054	<u>ESTABLISHMENT OFFERS PENSION PLAN</u>	1.0	NUM	142	142
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,567
	1 YES				7,482
	2 NO				190
	TOTAL				9,239
C055	<u>ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS</u>	1.0	NUM	143	143
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,639
	1 YES				1,145
	2 NO				3,455
	TOTAL				9,239
C056	<u>ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS</u>	1.0	NUM	144	144
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,021
	1 YES				3,055
	2 NO				3,163
	TOTAL				9,239
C057	<u>ESTABLISHMENT OFFERS CAFETERIA PLAN</u>	1.0	NUM	145	145
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,220
	1 YES				1,752
	2 NO				3,267
	TOTAL				9,239
C058	<u>AVERAGE ANNUAL VALUE CAFETERIA PLAN</u>	5.0	NUM	146	150
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,149
	20-44,063				1,090
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C060	<u>PRINCIPAL BUSINESS ACTIVITY</u>	2.0	NUM	151	152
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,136
	1 RETAIL TRADE				564
	2 PERSONAL SERVICES (BEAUTY SHOPS, DRY CLEANERS)				50
	3 BUSINESS SERVICES (ADVERTISING, COMPUTER PR)				166
	4 OTHER SERVICES (LEGAL & HEALTH SERVICES)				794
	5 MANUFACTURING				765
	6 WHOLESALE TRADE				141
	7 FINANCE, INSURANCE, OR REAL ESTATE				241
	8 TRANSPORTATION, COMMUNICATIONS, ELECTRIC, G				213
	9 CONSTRUCTION				106
	10 AGRICULTURE OR FORESTRY				25
	11 MINING				9
	12 PUBLIC ADMINISTRATION				3,029
	TOTAL				9,239
C062	<u>TYPE OF OWNERSHIP</u>	1.0	NUM	153	153
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,213
	1 S CORPORATION				292
	2 CORPORATION				2,352
	3 PARTNERSHIP				125
	4 SOLE PROPRIETORSHIP				72
	5 GOVERNMENT (FEDERAL, STATE, OR LOCAL)				3,072
	6 JOINT VENTURE OR COOPERATIVE				113
	TOTAL				9,239
C063	<u>NON-PROFIT BUSINESS</u>	1.0	NUM	154	154
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,026
	1 YES				3,530
	2 NO				2,683
	TOTAL				9,239
C064	<u>NUMBER OF YEARS COMPANY IN BUSINESS</u>	3.0	NUM	155	157
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,840
	0				9
	1-552				5,390
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C099	<u>PREMIUMS VARIATION: OTHER SPECIFY</u>	36.0	CHAR	158	193
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,616
	TEXT				623
	TOTAL				9,239
C103	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	1.0	NUM	194	194
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				307
	1 EXCLUSIVE PROVIDERS				4,093
	2 ANY PROVIDERS				746
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				4,093
	TOTAL				9,239
I103	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	1.0	NUM	195	195
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				30
	1 EXCLUSIVE PROVIDERS				4,258
	2 ANY PROVIDERS				775
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				4,176
	TOTAL				9,239
C104	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	1.0	NUM	196	196
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				349
	1 YES				4,919
	2 NO				3,971
	TOTAL				9,239
I104	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	1.0	NUM	197	197
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				30
	1 YES				5,135
	2 NO				4,074
	TOTAL				9,239
C105	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	1.0	NUM	198	198
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				204
	1 PURCHASED FROM INS. COMPANY				7,160
	2 SELF-INSURED				1,875
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I105	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	1.0	NUM	199	199
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11
	1 PURCHASED FROM INS COMPANY				7,286
	2 SELF-INSURED				1,942
	TOTAL				9,239
C106	<u>SI PLAN: SELF - ADMINISTERED OR TPA</u>	1.0	NUM	200	200
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,738
	1 SELF-ADMINISTERED				301
	2 INSURANCE COMPANY OR OTH ADMINISTRATOR				1,200
	TOTAL				9,239
C107	<u>SI PLAN: PURCHASE STOP-LOSS COVERAGE</u>	1.0	NUM	201	201
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,860
	1 YES				778
	2 NO				601
	TOTAL				9,239
C108	<u>TOTAL COST OF COVERAGE</u>	8.0	NUM	202	209
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,186
	0				305
	1-63,724,376				748
	TOTAL				9,239
C109	<u>MONTHLY PREM EQUIVALENT - SINGLE COVERAGE</u>	4.0	NUM	210	213
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,110
	0				305
	1-2,000				824
	TOTAL				9,239
C110	<u>MONTHLY PREM EQUIVALENT - FAMILY COVERAGE</u>	4.0	NUM	214	217
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,103
	0				301
	1-3,000				835
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA	1.0	NUM	218	218
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,466
	1 A PREMIUM EQUIVALENT				606
	2 A COBRA AMOUNT				167
	TOTAL				9,239
C112	PURCHASED THROUGH A POOLING ARRANGEMENT	1.0	NUM	219	219
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,818
	1 YES				161
	2 NO				4,260
	TOTAL				9,239
C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER	1.0	NUM	220	220
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				220
	1 UNION				129
	2 TRADE ASSOCIATION				55
	3 NEITHER				8,835
	TOTAL				9,239
C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM	1.0	NUM	221	221
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,665
	1 YES				54
	2 NO				7,520
	TOTAL				9,239
C123	MONTH PLAN YEAR BEGIN	2.0	NUM	222	223
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,588
	1 JAN				5,390
	2 FEB				62
	3 MAR				71
	4 APR				111
	5 MAY				78
	6 JUN				102
	7 JUL				785
	8 AUG				83
	9 SEP				465
	10 OCT				397
	11 NOV				54
	12 DEC				53
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I123</u>	<u>MONTH PLAN YEAR BEGIN</u>	<u>2.0</u>	<u>NUM</u>	<u>224</u>	<u>225</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				57
	1 JAN				6,255
	2 FEB				105
	3 MAR				134
	4 APR				166
	5 MAY				120
	6 JUN				185
	7 JUL				946
	8 AUG				115
	9 SEP				511
	10 OCT				460
	11 NOV				95
	12 DEC				90
	TOTAL				9,239
<u>C124</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE</u>	<u>6.0</u>	<u>NUM</u>	<u>226</u>	<u>231</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				6,250
	0				21
	1-118,148				2,968
	TOTAL				9,239
<u>C124TOT</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - USA</u>	<u>7.0</u>	<u>NUM</u>	<u>232</u>	<u>238</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				6,250
	0				21
	1-1,543,575				2,968
	TOTAL				9,239
<u>C125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>239</u>	<u>244</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				549
	0				122
	1-198,833				8,568
	TOTAL				9,239
<u>I125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>245</u>	<u>250</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				35
	0				231
	1-198,833				8,973
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C125TOT</u>	<u>FED ONLY: TOT. ACT. EMPLS ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>251</u>	<u>256</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				30
	1-665,766				2,959
	TOTAL				9,239
<u>C127</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>257</u>	<u>261</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				81
	1-72,240				2,908
	TOTAL				9,239
<u>C127TOT</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>262</u>	<u>267</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				80
	1-877,810				2,909
	TOTAL				9,239
<u>C128</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>268</u>	<u>272</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				101
	1-58,825				2,888
	TOTAL				9,239
<u>C128TOT</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>273</u>	<u>278</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				87
	1-698,105				2,902
	TOTAL				9,239
<u>C129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>279</u>	<u>283</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				850
	0				250
	1-70,820				8,139
	TOTAL				9,239



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>284</u>	<u>288</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				63
	0				451
	1-70,820				8,725
	TOTAL				9,239
<u>C129TOT</u>	<u>FED ONLY: TOT ENROLLED - SINGLE COV. - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>289</u>	<u>294</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,250
	0				33
	1-205,315				2,956
	TOTAL				9,239
<u>C130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>4.0</u>	<u>NUM</u>	<u>295</u>	<u>298</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				578
	0				21
	1-9,361				8,640
	TOTAL				9,239
<u>I130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>299</u>	<u>303</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				42
	0				5
	1-14,557				9,192
	TOTAL				9,239
<u>C131</u>	<u>EMPLOYER CONTRIBUTION: SINGLE COVERAGE</u>	<u>4.0</u>	<u>NUM</u>	<u>304</u>	<u>307</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				630
	0				117
	1-9,105				8,492
	TOTAL				9,239
<u>I131</u>	<u>EMPLOYER CONTRIBUTION: SINGLE COVERAGE</u>	<u>4.0</u>	<u>NUM</u>	<u>308</u>	<u>311</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				44
	0				118
	1-9,361				9,077
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C132</u>	<u>EMPLOYEE CONTRIBUTION: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>312</u>	<u>316</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				457
	0				2,406
	1-29,941				6,376
	TOTAL				9,239
<u>I132</u>	<u>EMPLOYEE CONTRIBUTION: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>317</u>	<u>321</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				36
	0				2,515
	1-14,557				6,688
	TOTAL				9,239
<u>C133</u>	<u>PREMIUM PERIOD : TOTAL PREMIUM</u>	<u>1.0</u>	<u>NUM</u>	<u>322</u>	<u>322</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				384
	1 WEEKLY				47
	2 EVERY 2 WEEKS				279
	3 MONTHLY				5,255
	4 YEARLY				3,274
	TOTAL				9,239
<u>C134</u>	<u>TOTAL PREMIUM : FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>323</u>	<u>327</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				639
	52-57,745				8,600
	TOTAL				9,239
<u>I134</u>	<u>TOTAL PREMIUM : FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>328</u>	<u>332</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				115
	52-39,301				9,124
	TOTAL				9,239
<u>C135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>333</u>	<u>337</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				682
	0				125
	1-13,365				8,432
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>338</u>	<u>342</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				51
	0				209
	1-15,361				8,979
	TOTAL				9,239
<u>C136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>343</u>	<u>347</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				532
	0				1,197
	1-39,301				7,510
	TOTAL				9,239
<u>I136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>348</u>	<u>352</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				109
	0				1,245
	1-39,301				7,885
	TOTAL				9,239
<u>C137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>353</u>	<u>353</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				258
	1 YES				3,064
	2 NO				5,917
	TOTAL				9,239
<u>I137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>354</u>	<u>354</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				31
	1 YES				3,066
	2 NO				6,142
	TOTAL				9,239
<u>C138</u>	<u>PREMIUMS VARIED BY AGE</u>	<u>1.0</u>	<u>NUM</u>	<u>355</u>	<u>355</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,018
	1 YES				315
	2 NO				3,906
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C139	<u>PREMIUMS VARIED BY SEX</u>	1.0	NUM	356	356
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,128
	1 YES				164
	2 NO				3,947
	TOTAL				9,239
C140	<u>PREMIUMS VARIED BY # PERSONS IN FAMILY</u>	1.0	NUM	357	357
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,401
	1 YES				1,069
	2 NO				3,769
	TOTAL				9,239
C141	<u>PREMIUMS VARIED BY WAGE LEVELS</u>	1.0	NUM	358	358
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,202
	1 YES				107
	2 NO				3,930
	TOTAL				9,239
C142	<u>PREMIUMS VARIED BY OTHER REASON (SPECIFY)</u>	1.0	NUM	359	359
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,601
	1 YES				695
	2 NO				3,943
	TOTAL				9,239
C143	<u>EMPLOYEE CONTRIBUTION VARIED BY STATUS</u>	1.0	NUM	360	360
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,016
	1 YES				4,470
	2 NO				3,753
	TOTAL				9,239
C144	<u>PREMIUM INCLUDED LIFE INSURANCE</u>	1.0	NUM	361	361
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,723
	1 YES				760
	2 NO				3,756
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C145	<u>PREMIUM INCLUDED DISABILITY INSURANCE</u>	1.0	NUM	362	362
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,040
	1 YES				359
	2 NO				4,840
	TOTAL				9,239
C146	<u>TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL</u>	4.0	NUM	363	366
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,406
	0				95
	1-5,000				1,738
	TOTAL				9,239
C147	<u>DEDUCTIBLE - PHYSICIAN CARE</u>	4.0	NUM	367	370
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,699
	0				224
	1-1,000				1,316
	TOTAL				9,239
C148	<u>DEDUCTIBLE - HOSPITAL CARE</u>	4.0	NUM	371	374
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,692
	0				1,438
	1-2,200				109
	TOTAL				9,239
C149	<u>TOTAL ANNUAL DEDUCTIBLE: FAMILY</u>	4.0	NUM	375	378
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,357
	0				134
	1-7,500				2,748
	TOTAL				9,239
C150	<u># OF PERSONS TO MEET FAMILY DEDUCTIBLE</u>	1.0	NUM	379	379
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,062
	0				186
	1-5				991
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C151	PLAN HAS A DEDUCTIBLE	1.0	NUM	380	380
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				425
	1 YES				5,244
	2 NO				3,570
	TOTAL				9,239
C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET	4.0	NUM	381	384
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,046
	0				3,106
	1-3,000				1,087
	TOTAL				9,239
C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET	3.0	NUM	385	387
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,021
	0				3,664
	1-100				1,554
	TOTAL				9,239
C154	COST PER DAY / PER STAY	1.0	NUM	388	388
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,412
	1 PER DAY				191
	2 PER STAY				3,636
	TOTAL				9,239
C155	HOSPITAL CARE COVERED	1.0	NUM	389	389
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,043
	1 YES				3,003
	2 NO				5,193
	TOTAL				9,239
C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE	3.0	NUM	390	392
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,319
	0				1,287
	1-900				5,633
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE	2.0	NUM	393	394
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,468
	0				3,084
	1-90				1,687
	TOTAL				9,239
C158	NO MAXIMUM PLAN PAYMENT	1.0	NUM	395	395
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,525
	1 YES				5,714
	TOTAL				9,239
C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME	7.0	NUM	396	402
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,247
	0				340
	1-6,000,000				1,652
	TOTAL				9,239
C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY	8.0	NUM	403	410
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,342
	0				505
	1-15,000,000				392
	TOTAL				9,239
C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL	5.0	NUM	411	415
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,050
	0				559
	1-15,000				4,630
	TOTAL				9,239
C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY	5.0	NUM	416	420
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,367
	0				478
	1-50,000				4,394
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C163	<u>NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT</u>	1.0	NUM	421	421
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,509
	1 YES				2,730
	TOTAL				9,239
C164	<u>PLAN INCLUDES ROUTINE MAMMOGRAMS</u>	1.0	NUM	422	422
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,102
	1 YES				7,113
	2 NO				24
	TOTAL				9,239
C165	<u>PLAN INCLUDES ADULT ROUTINE PHYSICALS</u>	1.0	NUM	423	423
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,475
	1 YES				6,713
	2 NO				51
	TOTAL				9,239
C166	<u>PLAN INCLUDES ROUTINE PAP SMEARS</u>	1.0	NUM	424	424
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,600
	1 YES				7,611
	2 NO				28
	TOTAL				9,239
C167	<u>PLAN INCLUDES OFFICE VISITS PRENATAL CARE</u>	1.0	NUM	425	425
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,102
	1 YES				7,129
	2 NO				8
	TOTAL				9,239
C168	<u>PLAN INCLUDES ADULT IMMUNIZATIONS</u>	1.0	NUM	426	426
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,312
	1 YES				5,843
	2 NO				84
	TOTAL				9,239



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C169	PLAN INCLUDES CHILD IMMUNIZATIONS	1.0	NUM	427	427
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,162
	1 YES				7,040
	2 NO				37
	TOTAL				9,239
C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR	1.0	NUM	428	428
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,643
	1 YES				7,569
	2 NO				27
	TOTAL				9,239
C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS	1.0	NUM	429	429
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,536
	1 YES				6,659
	2 NO				44
	TOTAL				9,239
C173	PLAN INCLUDES CHIROPRACTIC CARE	1.0	NUM	430	430
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,057
	1 YES				4,110
	2 NO				72
	TOTAL				9,239
C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS	1.0	NUM	431	431
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,818
	1 YES				5,332
	2 NO				89
	TOTAL				9,239
C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS	1.0	NUM	432	432
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,353
	1 YES				6,870
	2 NO				16
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C176	PLAN INCLUDES ROUTINE DENTAL CARE	1.0	NUM	433	433
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,039
	1 YES				2,958
	2 NO				242
	TOTAL				9,239
C177	PLAN INCLUDES ORTHODONTIC CARE	1.0	NUM	434	434
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,148
	1 YES				804
	2 NO				287
	TOTAL				9,239
C178	PLAN INCLUDES SKILLED NURSING FACILITY	1.0	NUM	435	435
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,969
	1 YES				6,182
	2 NO				88
	TOTAL				9,239
C179	PLAN INCLUDES HOME HEALTH CARE	1.0	NUM	436	436
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,938
	1 YES				6,221
	2 NO				80
	TOTAL				9,239
C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS	1.0	NUM	437	437
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,418
	1 YES				7,791
	2 NO				30
	TOTAL				9,239
C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS	1.0	NUM	438	438
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,945
	1 YES				7,264
	2 NO				30
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT	1.0	NUM	439	439
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,043
	1 YES				7,147
	2 NO				49
	TOTAL				9,239
C183	COULD REFUSE COVERAGE: PRE-EXISTING COND	1.0	NUM	440	440
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				985
	1 YES				909
	2 NO				7,345
	TOTAL				9,239
C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR	1.0	NUM	441	441
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,545
	1 YES				236
	2 NO				458
	TOTAL				9,239
C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS	1.0	NUM	442	442
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,112
	1 YES				1,225
	2 NO				6,902
	TOTAL				9,239
C186	PLAN OFFERED IN CURRENT YEAR (1998)	1.0	NUM	443	443
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,035
	1 YES				6,810
	2 NO				394
	TOTAL				9,239
C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1998)	1.0	NUM	444	444
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,853
	1 REPLACED WITH A SIMILAR PLAN				173
	2 REPLACED BY A DIFFERENT PLAN				57
	3 DROPPED WITHOUT OFFERING A REPLACEMENT				156
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C188	1998 PLAN-TOTAL SINGLE ENROLLMENT	5.0	NUM	445	449
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,317
	0				90
	1-73,588				3,832
	TOTAL				9,239
C189	1998 PLAN-TOTAL FAMILY ENROLLMENT	6.0	NUM	450	455
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,293
	0				173
	1-131,658				3,773
	TOTAL				9,239
C190	1998 PLAN PREMIUM - SINGLE COVERAGE	11.0	NUM	456	466
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,221
	0				24
	1-36,601,919,025				3,994
	TOTAL				9,239
C191	1998 PLAN PREMIUM - FAMILY COVERAGE	6.0	NUM	467	472
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,236
	0				20
	1-300,751				3,983
	TOTAL				9,239
C192	OFFERED OPTIONAL COVERAGE DENTAL	1.0	NUM	473	473
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,783
	1 YES				1,010
	2 NO				3,446
	TOTAL				9,239
C193	OFFERED OPTIONAL COVERAGE VISION	1.0	NUM	474	474
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,561
	1 YES				843
	2 NO				3,835
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG	1.0	NUM	475	475
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,090
	1 YES				243
	2 NO				3,906
	TOTAL				9,239
C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE	1.0	NUM	476	476
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,745
	1 YES				604
	2 NO				3,890
	TOTAL				9,239
C196	TOTAL AMT PAID OPTIONAL COVERAGE 1997	8.0	NUM	477	484
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,076
	0				88
	1-25,939,456				1,075
	TOTAL				9,239
C197	WAITING PERIOD FOR NEW EMPLOYEES	1.0	NUM	485	485
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,828
	1 YES				2,538
	2 NO				3,873
	TOTAL				9,239
C198	LENGTH OF TYPICAL WAITING PERIOD	1.0	NUM	486	486
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,720
	0				7
	1 LESS THAN 2 WEEKS				35
	2 2 WEEKS TO LESS THAN 1 MONTH				322
	3 1-3 MONTHS				1,766
	4 MORE THAN 3 MONTHS				389
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C199</u>	<u>TOTAL ANNUAL COST OF COVERAGE: ALL PLANS</u>	<u>10.0</u>	<u>NUM</u>	<u>487</u>	<u>496</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,879
	0				17
	1-1,611,862,881				4,343
	TOTAL				9,239
<u>I199</u>	<u>TOTAL ANNUAL COST OF COVERAGE: ALL PLANS</u>	<u>10.0</u>	<u>NUM</u>	<u>497</u>	<u>506</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,035
	0				9
	1-1,611,862,881				6,195
	TOTAL				9,239
<u>C200</u>	<u>TOTAL NUMBER OF EMPLOYEES THIS LOCATION</u>	<u>6.0</u>	<u>NUM</u>	<u>507</u>	<u>512</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,031
	1-413,457				6,208
	TOTAL				9,239
<u>I200</u>	<u>TOTAL NUMBER OF EMPLOYEES THIS LOCATION</u>	<u>6.0</u>	<u>NUM</u>	<u>513</u>	<u>518</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,023
	0				1
	1-413,457				6,215
	TOTAL				9,239
<u>C201</u>	<u>TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS</u>	<u>6.0</u>	<u>NUM</u>	<u>519</u>	<u>524</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,224
	0				4
	1-324,074				5,011
	TOTAL				9,239
<u>I201</u>	<u>TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS</u>	<u>6.0</u>	<u>NUM</u>	<u>525</u>	<u>530</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,022
	0				9
	1-324,074				6,208
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C202</u>	<u>TOTAL EMPLOYEES ENROLLED IN HEALTH INS</u>	<u>6.0</u>	<u>NUM</u>	<u>531</u>	<u>536</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,338
	0				14
	1-324,074				5,887
	TOTAL				9,239
<u>I202</u>	<u>TOTAL EMPLOYEES ENROLLED IN HEALTH INS</u>	<u>6.0</u>	<u>NUM</u>	<u>537</u>	<u>542</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,021
	0				17
	1-324,074				6,201
	TOTAL				9,239
<u>C203</u>	<u>TOTAL PART-TIME EMPLOYEES THIS LOCATION</u>	<u>5.0</u>	<u>NUM</u>	<u>543</u>	<u>547</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,844
	0				932
	1-70,772				4,463
	TOTAL				9,239
<u>I203</u>	<u>TOTAL PART-TIME EMPLOYEES THIS LOCATION</u>	<u>5.0</u>	<u>NUM</u>	<u>548</u>	<u>552</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,060
	0				1,387
	1-70,772				4,792
	TOTAL				9,239
<u>C204</u>	<u>TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>553</u>	<u>557</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,454
	0				2,210
	1-40,042				1,575
	TOTAL				9,239
<u>I204</u>	<u>TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>558</u>	<u>562</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,063
	0				3,485
	1-40,042				2,691
	TOTAL				9,239

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS	5.0	NUM	563	567
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,791
	0				2,343
	1-10,934				1,105
	TOTAL				9,239
I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS	5.0	NUM	568	572
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,063
	0				3,899
	1-32,674				2,277
	TOTAL				9,239
C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION	5.0	NUM	573	577
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,733
	0				2,089
	1-47,696				1,417
	TOTAL				9,239
C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS	5.0	NUM	578	582
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,862
	0				3,212
	1-20,000				165
	TOTAL				9,239
C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS	4.0	NUM	583	586
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,866
	0				3,224
	1-2,000				149
	TOTAL				9,239
C209	RETIREEES LT 65 ELIGIBLE HEALTH INS	1.0	NUM	587	587
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,234
	1 YES				6,958
	2 NO				47
	TOTAL				9,239



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I209</u>	<u>RETIREEES LT 65 ELIGIBLE HEALTH INS</u>	<u>1.0</u>	<u>NUM</u>	<u>588</u>	<u>588</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,047
	1 YES				7,136
	2 NO				56
	TOTAL				9,239
<u>C210</u>	<u>RETIREEES 65+ ELIGIBLE HEALTH INS</u>	<u>1.0</u>	<u>NUM</u>	<u>589</u>	<u>589</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,272
	1 YES				6,626
	2 NO				341
	TOTAL				9,239
<u>I210</u>	<u>RETIREEES 65+ ELIGIBLE HEALTH INS</u>	<u>1.0</u>	<u>NUM</u>	<u>590</u>	<u>590</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,047
	1 YES				6,839
	2 NO				353
	TOTAL				9,239
<u>C219</u>	<u>RETIREEES ELIGIBLE HEALTH INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>591</u>	<u>591</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				275
	1 YES				7,024
	2 NO				1,177
	3 NO RETIREES				763
	TOTAL				9,239
<u>I219</u>	<u>RETIREEES ELIGIBLE HEALTH INSURANCE</u>	<u>1.0</u>	<u>NUM</u>	<u>592</u>	<u>592</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				26
	1 YES				7,192
	2 NO				1,227
	3 NO RETIREES				794
	TOTAL				9,239