

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

START	END	NAME	DESCRIPTION
88	89	AGE31X	HC: AGE-R3/1 (EDITED/IMPURED)
107	107	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
108	109	C003	NUMBER OF H.I. PLANS OFFERED
110	112	C016	% EMPLOYEES/MEMBERS - WOMEN
113	115	C017	% EMPLOYEES/MEMBERS - AGE 50+
116	118	C018	% EMPLOYEES WHO WERE UNION MEMBERS
119	121	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
122	124	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
125	127	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
128	128	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
129	132	C032	LAST YEAR HEALTH INSURANCE OFFERED
133	139	C034	TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS
140	144	C041	NUMBER OF HOURS CONSIDERED FULL-TIME
145	145	C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE
146	146	C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE
147	147	C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE
148	148	C048	VOUCHER PAYMENT CYCLE
149	149	C049	BUSINESS PAID PROVIDERS DIRECTLY
150	150	C050	ESTABLISHMENT OFFERS PAID VACATION
151	151	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
152	152	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
153	153	C053	ESTAB OFFERS DISABILITY INSUR
154	154	C054	ESTABLISHMENT OFFERS PENSION PLAN
155	155	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
156	156	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
157	157	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
158	162	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
163	164	C060	PRINCIPAL BUSINESS ACTIVITY
165	165	C062	TYPE OF OWNERSHIP
166	166	C063	NON-PROFIT BUSINESS
167	170	C064	NUMBER OF YEARS COMPANY IN BUSINESS
171	206	C099	PREMIUMS VARIATION: OTHER SPECIFY
207	207	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
209	209	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
211	211	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
213	213	C106	SI PLAN: SELF-ADMINISTERED OR TPA
214	214	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
215	224	C108	TOTAL COST OF COVERAGE
225	228	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
229	232	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
233	233	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
234	234	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
235	235	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
236	236	C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM
237	238	C123	MONTH PLAN YEAR BEGIN
241	246	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
247	253	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
254	259	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
266	271	C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA
272	275	C126	TOTAL NUMBER ENROLLED THROUGH COBRA
280	284	C127	FED ONLY: TOT. # RETIREES ENROLLED - STATE
285	290	C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA
291	295	C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE
296	301	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
302	306	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
312	317	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
318	322	C130	TOTAL PREMIUM: SINGLE COVERAGE
328	332	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
338	342	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
348	348	C133	PREMIUM PERIOD: TOTAL PREMIUM
349	354	C134	TOTAL PREMIUM: FAMILY COVERAGE
361	366	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
373	377	C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
383	383	C137	FAMILY COVERAGE OFFERED
385	385	C138	PREMIUMS VARIED BY AGE
386	386	C139	PREMIUMS VARIED BY SEX
387	387	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
388	388	C141	PREMIUMS VARIED BY WAGE LEVELS
389	389	C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)
390	390	C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS
391	391	C144	PREMIUM INCLUDED LIFE INSURANCE
392	392	C145	PREMIUM INCLUDED DISABILITY INSURANCE
393	396	C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
397	400	C147	DEDUCTIBLE - PHYSICIAN CARE
401	404	C148	DEDUCTIBLE - HOSPITAL CARE
405	408	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
409	409	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
410	410	C151	PLAN HAS A DEDUCTIBLE
411	414	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
415	417	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
418	418	C154	COST PER DAY / PER STAY
419	419	C155	HOSPITAL CARE COVERED
420	422	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
423	425	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
426	426	C158	NO MAXIMUM PLAN PAYMENT
427	434	C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME
435	441	C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY
442	447	C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
448	452	C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
453	453	C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
454	454	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
455	455	C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS
456	456	C166	PLAN INCLUDES ROUTINE PAP SMEARS
457	457	C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE
458	458	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
459	459	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
460	460	C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR
461	461	C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS
462	462	C173	PLAN INCLUDES CHIROPRACTIC CARE
463	463	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS
464	464	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
465	465	C176	PLAN INCLUDES ROUTINE DENTAL CARE
466	466	C177	PLAN INCLUDES ORTHODONTIC CARE
467	467	C178	PLAN INCLUDES SKILLED NURSING FACILITY
468	468	C179	PLAN INCLUDES HOME HEALTH CARE
469	469	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
470	470	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
471	471	C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT
472	472	C183	COULD REFUSE COVERAGE: PRE-EXISTING COND
473	473	C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
474	474	C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
475	475	C186	PLAN OFFERED IN CURRENT YEAR (1999)
476	476	C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1999)
477	481	C188	1999 PLAN-TOTAL SINGLE ENROLLMENT
482	487	C189	1999 PLAN-TOTAL FAMILY ENROLLMENT
488	492	C190	1999 PLAN PREMIUM - SINGLE COVERAGE
493	497	C191	1999 PLAN PREMIUM - FAMILY COVERAGE
498	498	C192	OFFERED OPTIONAL COVERAGE DENTAL

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
499	499	C193	OFFERED OPTIONAL COVERAGE VISION
500	500	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
501	501	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
502	511	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1998
521	521	C197	WAITING PERIOD FOR NEW EMPLOYEES
522	522	C198	LENGTH OF TYPICAL WAITING PERIOD
523	532	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
543	548	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
555	560	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
567	572	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
579	583	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
589	593	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
599	603	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
609	613	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
614	617	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
618	621	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
622	622	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
624	624	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
626	626	C218	PHYSICIAN CARE COVERED
627	627	C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL
628	628	C222	NO ANNUAL OUT-OF-POCKET:FAMILY
629	629	C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
630	630	C540	DOES ESTAB HAVE PART-TIME EMPLOYEES
631	631	C541	OFFERS H.I.BENEFITS TO PART-TIME EES
632	632	C551	PROVIDED HEALTH INS TO RETIREES
634	634	C552	SINGLE COVERAGE IS OFFERED
635	635	C553	TIME PERIOD PREMIUM PAID
1	5	DUID	ENCRYPTED DWELLING UNIT ID
8	15	DUPERSID	PERSON ID (DUID + PID)
83	83	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
16	35	EPRSIDX	HC: EPRS ID (FROM COVMID)
38	48	ESTBIDX	HC: UNIQUE ESTABLISHMENT ID
95	96	ESTMATE1	HC:TOTAL EMPLOYEES IN ESTAB
50	63	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
208	208	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
210	210	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
212	212	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
239	240	I123	MONTH PLAN YEAR BEGIN
260	265	I125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
276	279	I126	TOTAL NUMBER ENROLLED THROUGH COBRA
307	311	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
323	327	I130	TOTAL PREMIUM: SINGLE COVERAGE
333	337	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
343	347	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
355	360	I134	TOTAL PREMIUM: FAMILY COVERAGE
367	372	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
378	382	I136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
384	384	I137	FAMILY COVERAGE OFFERED
512	520	I196	TOTAL AMT PAID OPTIONAL COVERAGE 1998
533	542	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
549	554	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
561	566	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
573	578	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
584	588	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
594	598	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
604	608	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
623	623	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
625	625	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
633	633	I551	PROVIDED HEALTH INS TO RETIREES

DATE: May 1, 2003

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
77	77	ICSOURCE	IC: TYPE OF EMPLOYER
92	92	JOBSINFO	HC: FLAG IF HAVE JOB INFORMATION
85	86	JOBSTAT	JOB STATUS (CURRENT/FORMER)
93	94	JOBTYP	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
81	81	MATCHPLN	PHASE II - PLAN MATCH
80	80	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
64	69	MID	IC: UNIQUE ESTAB ID
78	79	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
97	98	MORELOC	HC: MORE THAN ONE LOCATION
70	74	MPLANT	IC: GOVT UNIT IDENTIFIER
84	84	OFFERED	PERSON OFFERED H.I. AT THIS JOB
49	49	PANEL98	PANEL NUMBER
75	76	PART CD	IC: PLAN IDENTIFIER
101	102	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
103	104	PAYVACTN	HC: DOES PERSON GET PAID VACATION
82	82	PICK	PHASE I - PLAN MATCH CRITERIA
6	7	PID	HC: PID
90	90	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
105	106	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
36	37	RUID	HC: UNIQUE RESIDENTIAL UNIT IDENTIFIER
91	91	SEX	HC: SEX
99	100	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
87	87	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<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	49	PANEL98	PANEL NUMBER
50	63	FEHBP	FEDERAL HEALTH INS. PLAN ID NUMBER
64	69	MID	IC: UNIQUE ESTAB ID
70	74	MPLANT	IC: GOVT UNIT IDENTIFIER
75	76	PART CD	IC: PLAN IDENTIFIER
77	77	ICSOURCE	IC: TYPE OF EMPLOYER
78	79	MIDPLAN	IC: # PLANS PER ESTABLISHMENT
80	80	MATCHPLR	PHASE III - PLAN MATCH + RANDOM SELECTION
81	81	MATCHPLN	PHASE II - PLAN MATCH
82	82	PICK	PHASE I - PLAN MATCH CRITERIA
83	83	ENROLLED	PERSON ENROLLED IN H.I. AT THIS JOB
84	84	OFFERED	PERSON OFFERED H.I. AT THIS JOB
85	86	JOBSTAT	JOB STATUS (CURRENT/FORMER)
87	87	SINGFAM	PERSON-ESTAB HAD SINGLE/FAMILY COVERAGE
88	89	AGE31X	HC: AGE-R3/1 (EDITED/IMPUTED)
90	90	RACETHNX	HC: RACE/ETHNICITY (EDITED/IMPUTED)
91	91	SEX	HC: SEX
92	92	JOBSINFO	HC: FLAG IF HAVE JOB INFORMATION
93	94	JOBTYPE	HC: SELF-EMP OR WORK FOR SOMEONE ELSE
95	96	ESTMATE1	HC: TOTAL EMPLOYEES IN ESTAB
97	98	MORELOC	HC: MORE THAN ONE LOCATION
99	100	SICKPAY	HC: DOES PERSON HAVE PAID SICK LEAVE
101	102	PAYDRVST	HC: PAID SICK LEAVE FOR DR'S VISITS ?
103	104	PAYVACTN	HC: DOES PERSON GET PAID VACATION
105	106	RETIRPLN	HC: PERSON HAVE PENSION/RETIREMENT PLAN?
107	107	C001	ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES
108	109	C003	NUMBER OF H.I. PLANS OFFERED
110	112	C016	% EMPLOYEES/MEMBERS - WOMEN
113	115	C017	% EMPLOYEES/MEMBERS - AGE 50+
116	118	C018	% EMPLOYEES WHO WERE UNION MEMBERS
119	121	C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS
122	124	C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR
125	127	C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE
128	128	C031	HEALTH INSURANCE OFFERED LAST FIVE YEARS
129	132	C032	LAST YEAR HEALTH INSURANCE OFFERED
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140	144	C041	NUMBER OF HOURS CONSIDERED FULL-TIME
145	145	C045	VOUCHER PROVIDED FOR INSURANCE PURCHASE
146	146	C046	VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE
147	147	C047	AVERAGE VALUE OF VOUCHER PER EMPLOYEE
148	148	C048	VOUCHER PAYMENT CYCLE
149	149	C049	BUSINESS PAID PROVIDERS DIRECTLY
150	150	C050	ESTABLISHMENT OFFERS PAID VACATION
151	151	C051	ESTABLISHMENT OFFERS PAID SICK LEAVE
152	152	C052	ESTABLISHMENT OFFERS LIFE INSURANCE
153	153	C053	ESTAB OFFERS DISABILITY INSUR
154	154	C054	ESTABLISHMENT OFFERS PENSION PLAN
155	155	C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS
156	156	C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS
157	157	C057	ESTABLISHMENT OFFERS CAFETERIA PLAN
158	162	C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN
163	164	C060	PRINCIPAL BUSINESS ACTIVITY
165	165	C062	TYPE OF OWNERSHIP

DATE: May 1, 2003

ALPHABETICAL AND POSITIONAL LISTING OF VARIABLES

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

<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
166	166	C063	NON-PROFIT BUSINESS
167	170	C064	NUMBER OF YEARS COMPANY IN BUSINESS
171	206	C099	PREMIUMS VARIATION: OTHER SPECIFY
207	207	C103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
208	208	I103	PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE
209	209	C104	REFERRAL REQUIRED TO SEE SPECIALISTS
210	210	I104	REFERRAL REQUIRED TO SEE SPECIALISTS
211	211	C105	INDEMNIFICATION: PURCHASED/SELF-INSURED
212	212	I105	INDEMNIFICATION: PURCHASED/SELF-INSURED
213	213	C106	SI PLAN: SELF-ADMINISTERED OR TPA
214	214	C107	SI PLAN: PURCHASE STOP-LOSS COVERAGE
215	224	C108	TOTAL COST OF COVERAGE
225	228	C109	MONTHLY PREM EQUIVALENT - SINGLE COVERAGE
229	232	C110	MONTHLY PREM EQUIVALENT - FAMILY COVERAGE
233	233	C111	AMOUNT: PREMIUM EQUIVALENT OR COBRA
234	234	C112	PURCHASED THROUGH A POOLING ARRANGEMENT
235	235	C113	OPERATED BY: UNION/TRADE ASSOC./NEITHER
236	236	C122	OUTSIDE CONTRIBUTION TOWARD PREMIUM
237	238	C123	MONTH PLAN YEAR BEGIN
239	240	I123	MONTH PLAN YEAR BEGIN
241	246	C124	FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE
247	253	C124TOT	FED ONLY: TOTAL # ENROLLEES IN PLAN - USA
254	259	C125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
260	265	I125	TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED
266	271	C125TOT	FED ONLY: TOT. ACT. EMPLS ENROLLED - USA
272	275	C126	TOTAL NUMBER ENROLLED THROUGH COBRA
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285	290	C127TOT	FED ONLY: TOT. # RETIREES ENROLLED - USA
291	295	C128	FED ONLY: TOT. # RET 65+ ENROLLED - STATE
296	301	C128TOT	FED ONLY: TOT. # RET 65+ ENROLLED - USA
302	306	C129	TOTAL ENROLLEES WITH SINGLE COVERAGE
307	311	I129	TOTAL ENROLLEES WITH SINGLE COVERAGE
312	317	C129TOT	FED ONLY: TOT ENROLLED - SINGLE COV. - USA
318	322	C130	TOTAL PREMIUM: SINGLE COVERAGE
323	327	I130	TOTAL PREMIUM: SINGLE COVERAGE
328	332	C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
333	337	I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE
338	342	C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
343	347	I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE
348	348	C133	PREMIUM PERIOD: TOTAL PREMIUM
349	354	C134	TOTAL PREMIUM: FAMILY COVERAGE
355	360	I134	TOTAL PREMIUM: FAMILY COVERAGE
361	366	C135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
367	372	I135	EMPLOYER CONTRIBUTION: FAMILY COVERAGE
373	377	C136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
378	382	I136	EMPLOYEE CONTRIBUTION: FAMILY COVERAGE
383	383	C137	FAMILY COVERAGE OFFERED
384	384	I137	FAMILY COVERAGE OFFERED
385	385	C138	PREMIUMS VARIED BY AGE
386	386	C139	PREMIUMS VARIED BY SEX
387	387	C140	PREMIUMS VARIED BY # PERSONS IN FAMILY
388	388	C141	PREMIUMS VARIED BY WAGE LEVELS
389	389	C142	PREMIUMS VARIED BY OTHER REASON (SPECIFY)
390	390	C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS
391	391	C144	PREMIUM INCLUDED LIFE INSURANCE
392	392	C145	PREMIUM INCLUDED DISABILITY INSURANCE
393	396	C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL
397	400	C147	DEDUCTIBLE - PHYSICIAN CARE

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<u>START</u>	<u>END</u>	<u>NAME</u>	<u>DESCRIPTION</u>
401	404	C148	DEDUCTIBLE - HOSPITAL CARE
405	408	C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY
409	409	C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE
410	410	C151	PLAN HAS A DEDUCTIBLE
411	414	C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET
415	417	C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET
418	418	C154	COST PER DAY / PER STAY
419	419	C155	HOSPITAL CARE COVERED
420	422	C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE
423	425	C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE
426	426	C158	NO MAXIMUM PLAN PAYMENT
427	434	C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME
435	441	C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY
442	447	C161	MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL
448	452	C162	MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY
453	453	C163	NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT
454	454	C164	PLAN INCLUDES ROUTINE MAMMOGRAMS
455	455	C165	PLAN INCLUDES ADULT ROUTINE PHYSICALS
456	456	C166	PLAN INCLUDES ROUTINE PAP SMEARS
457	457	C167	PLAN INCLUDES OFFICE VISITS PRENATAL CARE
458	458	C168	PLAN INCLUDES ADULT IMMUNIZATIONS
459	459	C169	PLAN INCLUDES CHILD IMMUNIZATIONS
460	460	C170	PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR
461	461	C171	PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS
462	462	C173	PLAN INCLUDES CHIROPRACTIC CARE
463	463	C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS
464	464	C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS
465	465	C176	PLAN INCLUDES ROUTINE DENTAL CARE
466	466	C177	PLAN INCLUDES ORTHODONTIC CARE
467	467	C178	PLAN INCLUDES SKILLED NURSING FACILITY
468	468	C179	PLAN INCLUDES HOME HEALTH CARE
469	469	C180	PLAN INCLUDES INPATIENT MENTAL ILLNESS
470	470	C181	PLAN INCLUDES OUTPATIENT MENTAL ILLNESS
471	471	C182	PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT
472	472	C183	COULD REFUSE COVERAGE: PRE-EXISTING COND
473	473	C184	PRE-EXISTING CONDITION REFUSED IN REF. YEAR
474	474	C185	WAITING PERIOD FOR PRE-EXISTING CONDITIONS
475	475	C186	PLAN OFFERED IN CURRENT YEAR (1999)
476	476	C187	PLAN WAS REPLACED SIM/DIFF/DROPPED (1999)
477	481	C188	1999 PLAN-TOTAL SINGLE ENROLLMENT
482	487	C189	1999 PLAN-TOTAL FAMILY ENROLLMENT
488	492	C190	1999 PLAN PREMIUM - SINGLE COVERAGE
493	497	C191	1999 PLAN PREMIUM - FAMILY COVERAGE
498	498	C192	OFFERED OPTIONAL COVERAGE DENTAL
499	499	C193	OFFERED OPTIONAL COVERAGE VISION
500	500	C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG
501	501	C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE
502	511	C196	TOTAL AMT PAID OPTIONAL COVERAGE 1998
512	520	I196	TOTAL AMT PAID OPTIONAL COVERAGE 1998
521	521	C197	WAITING PERIOD FOR NEW EMPLOYEES
522	522	C198	LENGTH OF TYPICAL WAITING PERIOD
523	532	C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
533	542	I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS
543	548	C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
549	554	I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION
555	560	C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
561	566	I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS
567	572	C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS
573	578	I202	TOTAL EMPLOYEES ENROLLED IN HEALTH 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>
579	583	C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
584	588	I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION
589	593	C204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
594	598	I204	TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS
599	603	C205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
604	608	I205	TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS
609	613	C206	TOTAL TEMPORARY EMPLOYEES THIS LOCATION
614	617	C207	TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS
618	621	C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS
622	622	C209	RETIREEES LT 65 ELIGIBLE HEALTH INS
623	623	I209	RETIREEES LT 65 ELIGIBLE HEALTH INS
624	624	C210	RETIREEES 65+ ELIGIBLE HEALTH INS
625	625	I210	RETIREEES 65+ ELIGIBLE HEALTH INS
626	626	C218	PHYSICIAN CARE COVERED
627	627	C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL
628	628	C222	NO ANNUAL OUT-OF-POCKET:FAMILY
629	629	C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.
630	630	C540	DOES ESTAB HAVE PART-TIME EMPLOYEES
631	631	C541	OFFERS H.I.BENEFITS TO PART-TIME EES
632	632	C551	PROVIDED HEALTH INS TO RETIREES
633	633	I551	PROVIDED HEALTH INS TO RETIREES
634	634	C552	SINGLE COVERAGE IS OFFERED
635	635	C553	TIME PERIOD PREMIUM PAID



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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				13,377
	TOTAL				13,377
<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				13,377
	TOTAL				13,377
<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				13,377
	TOTAL				13,377
<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				13,377
	TOTAL				13,377
<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				13,377
	TOTAL				13,377
<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				13,377
	TOTAL				13,377
<u>PANEL98</u>	<u>PANEL NUMBER</u>	<u>1.0</u>	<u>NUM</u>	<u>49</u>	<u>49</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	PANEL 2				8,900
	PANEL 3				4,477
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>FEHBP</u>	<u>FEDERAL HEALTH INS. PLAN ID NUMBER</u>	<u>14.0</u>	<u>CHAR</u>	<u>50</u>	<u>63</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	101 - ZW1				5,085
	TOTAL				13,377
<u>MID</u>	<u>IC: UNIQUE ESTAB ID</u>	<u>6.0</u>	<u>CHAR</u>	<u>64</u>	<u>69</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	VALID ID				13,377
	TOTAL				13,377
<u>MPLANT</u>	<u>IC: GOVT UNIT IDENTIFIER</u>	<u>5.0</u>	<u>CHAR</u>	<u>70</u>	<u>74</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	00000 - 99904				13,377
	TOTAL				13,377
<u>PART_CD</u>	<u>IC: PLAN IDENTIFIER</u>	<u>2.0</u>	<u>CHAR</u>	<u>75</u>	<u>76</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	01 - 91				13,377
	TOTAL				13,377
<u>ICSOURCE</u>	<u>IC: TYPE OF EMPLOYER</u>	<u>1.0</u>	<u>NUM</u>	<u>77</u>	<u>77</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 PRIVATE EMPLOYER				3,950
	2 ST/LOCAL GOVERNMENT				4,342
	4 FEDERAL GOVERNMENT				5,085
	TOTAL				13,377
<u>MIDPLAN</u>	<u>IC: # PLANS PER ESTABLISHMENT</u>	<u>2.0</u>	<u>NUM</u>	<u>78</u>	<u>79</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1-27				13,377
	TOTAL				13,377
<u>MATCHPLR</u>	<u>PHASE III - PLAN MATCH + RANDOM SELECTION</u>	<u>1.0</u>	<u>NUM</u>	<u>80</u>	<u>80</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0 HI NOT TAKEN FR JOB				1,748
	1 UNIQUE MATCH				2,350
	2 PLAN NOT MATCHED				9,279
	TOTAL				13,377

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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>81</u>	<u>81</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 HI NOT TAKEN FR JOB				1,748
	1 UNIQUE MATCH				1,892
	2 MULT POSSBL MTCHS				3,171
	3 PLAN NOT MATCHED				6,566
	TOTAL				13,377
<u>PICK</u>	<u>PHASE I - PLAN MATCH CRITERIA</u>	<u>1.0</u>	<u>NUM</u>	<u>82</u>	<u>82</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 NOT SELECTED				6,566
	1 AUTOMATED MATCH				758
	2 HMO MATCH				534
	3 HI NOT TAKEN FR JOB				1,748
	4 LOGICAL IMPUTE				326
	5 ASUMD MATCH-TEXT				128
	6 ASUMD MTCH-NO TXT				146
	7 MULT POSSBL MTCHS				3,171
	TOTAL				13,377
<u>ENROLLED</u>	<u>PERSON ENROLLED IN H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>83</u>	<u>83</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				10,247
	2 NO				3,130
	TOTAL				13,377
<u>OFFERED</u>	<u>PERSON OFFERED H.I. AT THIS JOB</u>	<u>1.0</u>	<u>NUM</u>	<u>84</u>	<u>84</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 YES				11,364
	2 NO				2,013
	TOTAL				13,377
<u>JOBSTAT</u>	<u>JOB STATUS (CURRENT/FORMER)</u>	<u>2.0</u>	<u>NUM</u>	<u>85</u>	<u>86</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	-1 INAPPLICABLE				500
	1 ACTIVE EMPLOYEE				11,558
	2 FORMER EMPLOYEE				1,319
	TOTAL				13,377

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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>87</u>	<u>87</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				3,670
	1 SINGLE				3,949
	2 FAMILY				5,758
	TOTAL				13,377
<u>AGE31X</u>	<u>HC: AGE-R3/1 (EDITED/IMPUTED)</u>	<u>2.0</u>	<u>NUM</u>	<u>88</u>	<u>89</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	-1 INAPPLICABLE				3
	5-17				103
	18-24				804
	25-44				6,664
	45-64				5,266
	65-90				537
	TOTAL				13,377
<u>RACETHNX</u>	<u>HC: RACE/ETHNICITY (EDITED/IMPUTED)</u>	<u>1.0</u>	<u>NUM</u>	<u>90</u>	<u>90</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 PERSON IS HISPANIC				2,091
	2 PERSON IS BLACK/NOT HISPANIC				2,120
	3 OTHER/NOT HISPANIC				9,166
	TOTAL				13,377
<u>SEX</u>	<u>HC: SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>91</u>	<u>91</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 MALE				6,627
	2 FEMALE				6,750
	TOTAL				13,377
<u>JOBSINFO</u>	<u>HC: FLAG IF HAVE JOB INFORMATION</u>	<u>1.0</u>	<u>NUM</u>	<u>92</u>	<u>92</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	0 NO				500
	1 YES				12,877
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>JOBTYPE</u>	<u>HC: SELF-EMP OR WORK FOR SOMEONE ELSE</u>	<u>2.0</u>	<u>NUM</u>	<u>93</u>	<u>94</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				12
	1 SELF-EMPLOYED				144
	2 FOR SOMEONE ELSE				12,721
	TOTAL				13,377
<u>ESTMATE1</u>	<u>HC:TOTAL EMPLOYEES IN ESTAB</u>	<u>2.0</u>	<u>NUM</u>	<u>95</u>	<u>96</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				236
	-7 REFUSED				24
	-1 INAPPLICABLE				11,122
	1 LESS THAN 10				10
	2 10 - 25				52
	3 26 - 49				112
	4 50 - 100				255
	5 101 - 500				376
	6 501 - 1,000				264
	7 1,001 - 5,000				227
	8 5,001 OR MORE				199
	TOTAL				13,377
<u>MORELOC</u>	<u>HC: MORE THAN ONE LOCATION</u>	<u>2.0</u>	<u>NUM</u>	<u>97</u>	<u>98</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-9 NOT ASCERTAINED				1
	-8 DK				108
	-1 INAPPLICABLE				692
	1 YES				10,099
	2 NO				1,977
	TOTAL				13,377
<u>SICKPAY</u>	<u>HC: DOES PERSON HAVE PAID SICK LEAVE</u>	<u>2.0</u>	<u>NUM</u>	<u>99</u>	<u>100</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				24
	-1 INAPPLICABLE				8,669
	1 YES				3,505
	2 NO				679
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>PAYDRVST</u>	<u>HC: PAID SICK LEAVE FOR DR'S VISITS ?</u>	<u>2.0</u>	<u>NUM</u>	<u>101</u>	<u>102</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				63
	-1 INAPPLICABLE				9,372
	1 YES				3,302
	2 NO				140
	TOTAL				13,377
<u>PAYVACTN</u>	<u>HC: DOES PERSON GET PAID VACATION</u>	<u>2.0</u>	<u>NUM</u>	<u>103</u>	<u>104</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				4
	-1 INAPPLICABLE				8,669
	1 YES				3,517
	2 NO				687
	TOTAL				13,377
<u>RETIRPLN</u>	<u>HC: PERSON HAVE PENSION/RETIREMENT PLAN?</u>	<u>2.0</u>	<u>NUM</u>	<u>105</u>	<u>106</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				500
	-8 DK				50
	-7 REFUSED				1
	-1 INAPPLICABLE				8,669
	1 YES				3,272
	2 NO				885
	TOTAL				13,377
<u>C001</u>	<u>ESTABLISHMENT PROVIDES H.I. TO EMPLOYEES</u>	<u>1.0</u>	<u>NUM</u>	<u>107</u>	<u>107</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				13,377
	TOTAL				13,377
<u>C003</u>	<u>NUMBER OF H.I. PLANS OFFERED</u>	<u>2.0</u>	<u>NUM</u>	<u>108</u>	<u>109</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,342
	1-25				9,035
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C016	% EMPLOYEES/MEMBERS - WOMEN	3.0	NUM	110	112
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,887
	0				72
	1-100				11,418
	TOTAL				13,377
C017	% EMPLOYEES/MEMBERS - AGE 50+	3.0	NUM	113	115
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,739
	0				232
	1-100				10,406
	TOTAL				13,377
C018	% EMPLOYEES WHO WERE UNION MEMBERS	3.0	NUM	116	118
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,222
	0				3,372
	1-100				3,783
	TOTAL				13,377
C022	% EMPLOYEES/MEMBERS EARN \$6.50/HR OR LESS	3.0	NUM	119	121
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,381
	0				7,168
	1-100				2,828
	TOTAL				13,377
C023	% EMPLOYEES/MEMBERS EARN \$6.50-\$15/HR	3.0	NUM	122	124
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,497
	0				77
	1-100				9,803
	TOTAL				13,377
C024	% EMPLOYEES/MEMBERS EARN \$15/HR OR MORE	3.0	NUM	125	127
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,496
	0				213
	1-100				9,668
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C031	<u>HEALTH INSURANCE OFFERED LAST FIVE YEARS</u>	<u>1.0</u>	<u>NUM</u>	<u>128</u>	<u>128</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,362
	1 YES				11
	2 NO				4
	TOTAL				13,377
C032	<u>LAST YEAR HEALTH INSURANCE OFFERED</u>	<u>4.0</u>	<u>NUM</u>	<u>129</u>	<u>132</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,359
	1998				3
	1999				15
	TOTAL				13,377
C034	<u>TOTAL EMPLOYEES/MEMBERS IN ALL LOCATIONS</u>	<u>7.0</u>	<u>NUM</u>	<u>133</u>	<u>139</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,439
	1-2,789,500				8,938
	TOTAL				13,377
C041	<u>NUMBER OF HOURS CONSIDERED FULL-TIME</u>	<u>5.2</u>	<u>NUM</u>	<u>140</u>	<u>144</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,117
	0				5
	1-75				12,255
	TOTAL				13,377
C045	<u>VOUCHER PROVIDED FOR INSURANCE PURCHASE</u>	<u>1.0</u>	<u>NUM</u>	<u>145</u>	<u>145</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,366
	2 NO				11
	TOTAL				13,377
C046	<u>VOUCHER FOR INSURANCE ONLY/OTHER PURPOSE</u>	<u>1.0</u>	<u>NUM</u>	<u>146</u>	<u>146</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,375
	2 NO				2
	TOTAL				13,377



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C047	<u>AVERAGE VALUE OF VOUCHER PER EMPLOYEE</u>	1.0	NUM	147	147
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,373
	0				4
	TOTAL				13,377
C048	<u>VOUCHER PAYMENT CYCLE</u>	1.0	NUM	148	148
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,377
	TOTAL				13,377
C049	<u>BUSINESS PAID PROVIDERS DIRECTLY</u>	1.0	NUM	149	149
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,364
	1 YES				2
	2 NO				11
	TOTAL				13,377
C050	<u>ESTABLISHMENT OFFERS PAID VACATION</u>	1.0	NUM	150	150
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,074
	1 YES				12,274
	2 NO				29
	TOTAL				13,377
C051	<u>ESTABLISHMENT OFFERS PAID SICK LEAVE</u>	1.0	NUM	151	151
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,363
	1 YES				11,884
	2 NO				130
	TOTAL				13,377
C052	<u>ESTABLISHMENT OFFERS LIFE INSURANCE</u>	1.0	NUM	152	152
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,789
	1 YES				11,494
	2 NO				94
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C053	ESTAB OFFERS DISABILITY INSUR	1.0	NUM	153	153
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,590
	1 YES				5,487
	2 NO				5,300
	TOTAL				13,377
C054	ESTABLISHMENT OFFERS PENSION PLAN	1.0	NUM	154	154
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,349
	1 YES				11,895
	2 NO				133
	TOTAL				13,377
C055	ESTABLISHMENT OFFERS MEDICAL SAVINGS ACCTS	1.0	NUM	155	155
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,792
	1 YES				1,671
	2 NO				5,914
	TOTAL				13,377
C056	ESTABLISHMENT OFFERS FLEXIBLE SPEND ACCTS	1.0	NUM	156	156
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,093
	1 YES				4,638
	2 NO				5,646
	TOTAL				13,377
C057	ESTABLISHMENT OFFERS CAFETERIA PLAN	1.0	NUM	157	157
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,064
	1 YES				2,598
	2 NO				5,715
	TOTAL				13,377
C058	AVERAGE ANNUAL VALUE CAFETERIA PLAN	5.0	NUM	158	162
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,406
	14-37,669				1,971
	TOTAL				13,377

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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	163	164
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,466
	1 RETAIL TRADE				720
	2 PERSONAL SERVICES (BEAUTY SHOPS, DRY CLEANERS)				61
	3 BUSINESS SERVICES (ADVERTISING, COMPUTER PR)				253
	4 OTHER SERVICES (LEGAL & HEALTH SERVICES)				896
	5 MANUFACTURING				909
	6 WHOLESALE TRADE				208
	7 FINANCE, INSURANCE, OR REAL ESTATE				283
	8 TRANSPORTATION, COMMUNICATIONS, ELECTRIC, G				348
	9 CONSTRUCTION				100
	10 AGRICULTURE OR FORESTRY				29
	11 MINING				19
	12 PUBLIC ADMINISTRATION				5,085
	TOTAL				13,377
C062	<u>TYPE OF OWNERSHIP</u>	1.0	NUM	165	165
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,682
	1 S CORPORATION				230
	2 CORPORATION				3,076
	3 PARTNERSHIP				94
	4 SOLE PROPRIETORSHIP				72
	5 GOVERNMENT (FEDERAL, STATE, OR LOCAL)				5,176
	6 JOINT VENTURE OR COOPERATIVE				47
	TOTAL				13,377
C063	<u>NON-PROFIT BUSINESS</u>	1.0	NUM	166	166
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,342
	1 YES				5,674
	2 NO				3,361
	TOTAL				13,377
C064	<u>NUMBER OF YEARS COMPANY IN BUSINESS</u>	4.0	NUM	167	170
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,463
	0				13
	1-1,215				7,901
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C099</u>	<u>PREMIUMS VARIATION: OTHER SPECIFY</u>	<u>36.0</u>	<u>CHAR</u>	<u>171</u>	<u>206</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,928
	TEXT				449
	TOTAL				13,377
<u>C103</u>	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	<u>1.0</u>	<u>NUM</u>	<u>207</u>	<u>207</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,251
	1 EXCLUSIVE PROVIDERS				5,688
	2 ANY PROVIDERS				779
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				5,659
	TOTAL				13,377
<u>I103</u>	<u>PROVIDER TYPE: EXCLUSIVE / ALL / MIXTURE</u>	<u>1.0</u>	<u>NUM</u>	<u>208</u>	<u>208</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 EXCLUSIVE PROVIDERS				6,401
	2 ANY PROVIDERS				905
	3 MIXTURE OF PREFERRED & ANY PROVIDERS				6,071
	TOTAL				13,377
<u>C104</u>	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	<u>1.0</u>	<u>NUM</u>	<u>209</u>	<u>209</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,326
	1 YES				6,527
	2 NO				5,524
	TOTAL				13,377
<u>I104</u>	<u>REFERRAL REQUIRED TO SEE SPECIALISTS</u>	<u>1.0</u>	<u>NUM</u>	<u>210</u>	<u>210</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				7,395
	2 NO				5,982
	TOTAL				13,377
<u>C105</u>	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	<u>1.0</u>	<u>NUM</u>	<u>211</u>	<u>211</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				147
	1 PURCHASED FROM INS. COMPANY				10,835
	2 SELF-INSURED				2,395
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I105</u>	<u>INDEMNIFICATION: PURCHASED/SELF-INSURED</u>	<u>1.0</u>	<u>NUM</u>	<u>212</u>	<u>212</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	1 PURCHASED FROM INS COMPANY				10,933
	2 SELF-INSURED				2,444
	TOTAL				13,377
<u>C106</u>	<u>SI PLAN: SELF-ADMINISTERED OR TPA</u>	<u>1.0</u>	<u>NUM</u>	<u>213</u>	<u>213</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				11,044
	1 SELF-ADMINISTERED				315
	2 INSURANCE COMPANY OR OTH ADMINISTRATOR				2,018
	TOTAL				13,377
<u>C107</u>	<u>SI PLAN: PURCHASE STOP-LOSS COVERAGE</u>	<u>1.0</u>	<u>NUM</u>	<u>214</u>	<u>214</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				11,585
	1 YES				841
	2 NO				951
	TOTAL				13,377
<u>C108</u>	<u>TOTAL COST OF COVERAGE</u>	<u>10.0</u>	<u>NUM</u>	<u>215</u>	<u>224</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				12,355
	0				119
	1-5,400,000,000				903
	TOTAL				13,377
<u>C109</u>	<u>MONTHLY PREM EQUIVALENT - SINGLE COVERAGE</u>	<u>4.0</u>	<u>NUM</u>	<u>225</u>	<u>228</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				12,220
	0				177
	1-1,644				980
	TOTAL				13,377
<u>C110</u>	<u>MONTHLY PREM EQUIVALENT - FAMILY COVERAGE</u>	<u>4.0</u>	<u>NUM</u>	<u>229</u>	<u>232</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				12,221
	0				169
	1-1,200				987
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C111</u>	<u>AMOUNT: PREMIUM EQUIVALENT OR COBRA</u>	<u>1.0</u>	<u>NUM</u>	<u>233</u>	<u>233</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				12,433
	1 A PREMIUM EQUIVALENT				799
	2 A COBRA AMOUNT				145
	TOTAL				13,377
<u>C112</u>	<u>PURCHASED THROUGH A POOLING ARRANGEMENT</u>	<u>1.0</u>	<u>NUM</u>	<u>234</u>	<u>234</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				6,333
	1 YES				171
	2 NO				6,873
	TOTAL				13,377
<u>C113</u>	<u>OPERATED BY: UNION/TRADE ASSOC./NEITHER</u>	<u>1.0</u>	<u>NUM</u>	<u>235</u>	<u>235</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				385
	1 UNION				77
	2 TRADE ASSOCIATION				43
	3 NEITHER				12,872
	TOTAL				13,377
<u>C122</u>	<u>OUTSIDE CONTRIBUTION TOWARD PREMIUM</u>	<u>1.0</u>	<u>NUM</u>	<u>236</u>	<u>236</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,770
	1 YES				2
	2 NO				10,605
	TOTAL				13,377
<u>C123</u>	<u>MONTH PLAN YEAR BEGIN</u>	<u>2.0</u>	<u>NUM</u>	<u>237</u>	<u>238</u>
	<u>VALUE</u>			<u>UNWEIGHTED</u>	
	MISSING				2,051
	1 JAN				8,471
	2 FEB				73
	3 MAR				74
	4 APR				87
	5 MAY				94
	6 JUN				67
	7 JUL				1,101
	8 AUG				76
	9 SEP				644
	10 OCT				538
	11 NOV				54
	12 DEC				47
	TOTAL				13,377

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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>239</u>	<u>240</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1
	1 JAN				10,047
	2 FEB				120
	3 MAR				107
	4 APR				124
	5 MAY				125
	6 JUN				85
	7 JUL				1,201
	8 AUG				111
	9 SEP				703
	10 OCT				602
	11 NOV				82
	12 DEC				69
	TOTAL				13,377
<u>C124</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - STATE</u>	<u>6.0</u>	<u>NUM</u>	<u>241</u>	<u>246</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				41
	1-120,353				5,044
	TOTAL				13,377
<u>C124TOT</u>	<u>FED ONLY: TOTAL # ENROLLEES IN PLAN - USA</u>	<u>7.0</u>	<u>NUM</u>	<u>247</u>	<u>253</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				39
	1-1,587,917				5,046
	TOTAL				13,377
<u>C125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>254</u>	<u>259</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				891
	0				166
	1-204,301				12,320
	TOTAL				13,377
<u>I125</u>	<u>TOTAL ACTIVE EMPLOYEES/MEMBERS ENROLLED</u>	<u>6.0</u>	<u>NUM</u>	<u>260</u>	<u>265</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				410
	1-204,301				12,967
	TOTAL				13,377

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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>266</u>	<u>271</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				41
	1-706,538				5,044
	TOTAL				13,377
<u>C126</u>	<u>TOTAL NUMBER ENROLLED THROUGH COBRA</u>	<u>4.0</u>	<u>NUM</u>	<u>272</u>	<u>275</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,227
	0				1,766
	1-3,140				3,384
	TOTAL				13,377
<u>I126</u>	<u>TOTAL NUMBER ENROLLED THROUGH COBRA</u>	<u>4.0</u>	<u>NUM</u>	<u>276</u>	<u>279</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				2,829
	1-2,151				5,463
	TOTAL				13,377
<u>C127</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>280</u>	<u>284</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				300
	1-73,064				4,785
	TOTAL				13,377
<u>C127TOT</u>	<u>FED ONLY: TOT. # RETIREES ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>285</u>	<u>290</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				244
	1-881,379				4,841
	TOTAL				13,377
<u>C128</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - STATE</u>	<u>5.0</u>	<u>NUM</u>	<u>291</u>	<u>295</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				300
	1-73,064				4,785
	TOTAL				13,377



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C128TOT</u>	<u>FED ONLY: TOT. # RET 65+ ENROLLED - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>296</u>	<u>301</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				244
	1-881,379				4,841
	TOTAL				13,377
<u>C129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>302</u>	<u>306</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,535
	0				299
	1-74,000				11,543
	TOTAL				13,377
<u>I129</u>	<u>TOTAL ENROLLEES WITH SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>307</u>	<u>311</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				19
	0				729
	1-74,000				12,629
	TOTAL				13,377
<u>C129TOT</u>	<u>FED ONLY: TOT ENROLLED - SINGLE COV. - USA</u>	<u>6.0</u>	<u>NUM</u>	<u>312</u>	<u>317</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,292
	0				41
	1-219,504				5,044
	TOTAL				13,377
<u>C130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>318</u>	<u>322</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,098
	0				3
	1-23,700				12,276
	TOTAL				13,377
<u>I130</u>	<u>TOTAL PREMIUM: SINGLE COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>323</u>	<u>327</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	12-23,700				13,377
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	328	332
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,172
	0				57
	1-23,700				12,148
	TOTAL				13,377
I131	EMPLOYER CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	333	337
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				84
	1-23,700				13,293
	TOTAL				13,377
C132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	338	342
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,043
	0				2,908
	1-11,076				9,426
	TOTAL				13,377
I132	EMPLOYEE CONTRIBUTION: SINGLE COVERAGE	5.0	NUM	343	347
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	0				3,181
	1-11,076				10,196
	TOTAL				13,377
C133	PREMIUM PERIOD: TOTAL PREMIUM	1.0	NUM	348	348
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				986
	1 WEEKLY				56
	2 EVERY 2 WEEKS				337
	3 MONTHLY				6,256
	4 YEARLY				5,738
	5 QUARTERLY				4
	TOTAL				13,377
C134	TOTAL PREMIUM: FAMILY COVERAGE	6.0	NUM	349	354
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,142
	1-150,000				12,235
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I134</u>	<u>TOTAL PREMIUM: FAMILY COVERAGE</u>	<u>6.0</u>	<u>NUM</u>	<u>355</u>	<u>360</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				77
	1-150,000				13,300
	TOTAL				13,377
<u>C135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>6.0</u>	<u>NUM</u>	<u>361</u>	<u>366</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,207
	0				112
	1-146,616				12,058
	TOTAL				13,377
<u>I135</u>	<u>EMPLOYER CONTRIBUTION: FAMILY COVERAGE</u>	<u>6.0</u>	<u>NUM</u>	<u>367</u>	<u>372</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				60
	0				149
	1-146,616				13,168
	TOTAL				13,377
<u>C136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>373</u>	<u>377</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,105
	0				1,368
	1-45,216				10,904
	TOTAL				13,377
<u>I136</u>	<u>EMPLOYEE CONTRIBUTION: FAMILY COVERAGE</u>	<u>5.0</u>	<u>NUM</u>	<u>378</u>	<u>382</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				67
	0				1,536
	1-21,736				11,774
	TOTAL				13,377
<u>C137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>383</u>	<u>383</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				757
	1 YES				12,549
	2 NO				71
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>I137</u>	<u>FAMILY COVERAGE OFFERED</u>	<u>1.0</u>	<u>NUM</u>	<u>384</u>	<u>384</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	1 YES				13,300
	2 NO				77
	TOTAL				13,377
<u>C138</u>	<u>PREMIUMS VARIED BY AGE</u>	<u>1.0</u>	<u>NUM</u>	<u>385</u>	<u>385</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,196
	1 YES				342
	2 NO				5,839
	TOTAL				13,377
<u>C139</u>	<u>PREMIUMS VARIED BY SEX</u>	<u>1.0</u>	<u>NUM</u>	<u>386</u>	<u>386</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,331
	1 YES				167
	2 NO				5,879
	TOTAL				13,377
<u>C140</u>	<u>PREMIUMS VARIED BY # PERSONS IN FAMILY</u>	<u>1.0</u>	<u>NUM</u>	<u>387</u>	<u>387</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,133
	1 YES				1,585
	2 NO				5,659
	TOTAL				13,377
<u>C141</u>	<u>PREMIUMS VARIED BY WAGE LEVELS</u>	<u>1.0</u>	<u>NUM</u>	<u>388</u>	<u>388</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,314
	1 YES				167
	2 NO				5,896
	TOTAL				13,377
<u>C142</u>	<u>PREMIUMS VARIED BY OTHER REASON (SPECIFY)</u>	<u>1.0</u>	<u>NUM</u>	<u>389</u>	<u>389</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,024
	1 YES				484
	2 NO				5,869
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C143	EMPLOYEE CONTRIBUTION VARIED BY STATUS	1.0	NUM	390	390
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,892
	1 YES				6,949
	2 NO				4,536
	TOTAL				13,377
C144	PREMIUM INCLUDED LIFE INSURANCE	1.0	NUM	391	391
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,952
	1 YES				696
	2 NO				5,729
	TOTAL				13,377
C145	PREMIUM INCLUDED DISABILITY INSURANCE	1.0	NUM	392	392
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,741
	1 YES				272
	2 NO				7,364
	TOTAL				13,377
C146	TOTAL ANNUAL DEDUCTIBLE: INDIVIDUAL	4.0	NUM	393	396
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,958
	0				145
	1-3,000				2,274
	TOTAL				13,377
C147	DEDUCTIBLE - PHYSICIAN CARE	4.0	NUM	397	400
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,027
	0				478
	1-1,500				1,872
	TOTAL				13,377
C148	DEDUCTIBLE - HOSPITAL CARE	4.0	NUM	401	404
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,712
	0				2,271
	1-2,000				394
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C149	TOTAL ANNUAL DEDUCTIBLE: FAMILY	4.0	NUM	405	408
	VALUE				UNWEIGHTED
	MISSING				9,488
	0				161
	1-8,000				3,728
	TOTAL				13,377
C150	# OF PERSONS TO MEET FAMILY DEDUCTIBLE	1.0	NUM	409	409
	VALUE				UNWEIGHTED
	MISSING				11,764
	0				333
	1-4				1,280
	TOTAL				13,377
C151	PLAN HAS A DEDUCTIBLE	1.0	NUM	410	410
	VALUE				UNWEIGHTED
	MISSING				1,453
	1 YES				5,074
	2 NO				6,850
	TOTAL				13,377
C152	HOSPITAL STAY COST: AFTER DEDUCTIBLE MET	4.0	NUM	411	414
	VALUE				UNWEIGHTED
	MISSING				6,494
	0				4,904
	1-8,000				1,979
	TOTAL				13,377
C153	HOSPITAL STAY %: AFTER DEDUCTIBLE MET	3.0	NUM	415	417
	VALUE				UNWEIGHTED
	MISSING				5,829
	0				5,509
	1-100				2,039
	TOTAL				13,377
C154	COST PER DAY / PER STAY	1.0	NUM	418	418
	VALUE				UNWEIGHTED
	MISSING				7,475
	1 PER DAY				210
	2 PER STAY				5,692
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C155	HOSPITAL CARE COVERED	1.0	NUM	419	419
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,196
	1 YES				10,755
	2 NO				426
	TOTAL				13,377
C156	PHYSICIAN VISIT COST: AFTER DEDUCTIBLE	3.0	NUM	420	422
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,064
	0				1,363
	1-750				7,950
	TOTAL				13,377
C157	PHYSICIAN VISIT %: AFTER DEDUCTIBLE	3.0	NUM	423	425
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,905
	0				4,221
	1-100				2,251
	TOTAL				13,377
C158	NO MAXIMUM PLAN PAYMENT	1.0	NUM	426	426
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,758
	1 YES				8,614
	2 NO				5
	TOTAL				13,377
C159	MAXIMUM AMOUNT PLAN PAYS IN A LIFETIME	8.0	NUM	427	434
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,668
	100-25,000,000				1,709
	TOTAL				13,377
C160	MAXIMUM AMOUNT PLAN PAYS IN ANNUALLY	7.0	NUM	435	441
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				13,062
	1-6,000,000				315
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C161</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: INDIVIDUAL</u>	<u>6.0</u>	<u>NUM</u>	<u>442</u>	<u>447</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,583
	5-127,500				6,794
	TOTAL				13,377
<u>C162</u>	<u>MAXIMUM ANNUAL OUT-OF-POCKET: FAMILY</u>	<u>5.0</u>	<u>NUM</u>	<u>448</u>	<u>452</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,830
	50-90,000				6,547
	TOTAL				13,377
<u>C163</u>	<u>NO MAXIMUM ANNUAL OUT-OF-POCKET AMOUNT</u>	<u>1.0</u>	<u>NUM</u>	<u>453</u>	<u>453</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,056
	1 YES				3,321
	TOTAL				13,377
<u>C164</u>	<u>PLAN INCLUDES ROUTINE MAMMOGRAMS</u>	<u>1.0</u>	<u>NUM</u>	<u>454</u>	<u>454</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,336
	1 YES				10,023
	2 NO				18
	TOTAL				13,377
<u>C165</u>	<u>PLAN INCLUDES ADULT ROUTINE PHYSICALS</u>	<u>1.0</u>	<u>NUM</u>	<u>455</u>	<u>455</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,037
	1 YES				9,287
	2 NO				53
	TOTAL				13,377
<u>C166</u>	<u>PLAN INCLUDES ROUTINE PAP SMEARS</u>	<u>1.0</u>	<u>NUM</u>	<u>456</u>	<u>456</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,789
	1 YES				10,563
	2 NO				25
	TOTAL				13,377



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C167</u>	<u>PLAN INCLUDES OFFICE VISITS PRENATAL CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>457</u>	<u>457</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,456
	1 YES				9,908
	2 NO				13
	TOTAL				13,377
<u>C168</u>	<u>PLAN INCLUDES ADULT IMMUNIZATIONS</u>	<u>1.0</u>	<u>NUM</u>	<u>458</u>	<u>458</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,113
	1 YES				8,196
	2 NO				68
	TOTAL				13,377
<u>C169</u>	<u>PLAN INCLUDES CHILD IMMUNIZATIONS</u>	<u>1.0</u>	<u>NUM</u>	<u>459</u>	<u>459</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,394
	1 YES				9,949
	2 NO				34
	TOTAL				13,377
<u>C170</u>	<u>PLAN INCLUDES WELL-BABY CARE, UNDER 1 YEAR</u>	<u>1.0</u>	<u>NUM</u>	<u>460</u>	<u>460</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,732
	1 YES				10,620
	2 NO				25
	TOTAL				13,377
<u>C171</u>	<u>PLAN INCLUDES WELL-CHILD CARE, 1-4 YEARS</u>	<u>1.0</u>	<u>NUM</u>	<u>461</u>	<u>461</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,907
	1 YES				9,430
	2 NO				40
	TOTAL				13,377
<u>C173</u>	<u>PLAN INCLUDES CHIROPRACTIC CARE</u>	<u>1.0</u>	<u>NUM</u>	<u>462</u>	<u>462</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,395
	1 YES				5,924
	2 NO				58
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C174	PLAN INCLUDES OTHER NON-PHYSICIAN PROVIDERS	1.0	NUM	463	463
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,612
	1 YES				7,691
	2 NO				74
	TOTAL				13,377
C175	PLAN INCLUDES OUTPATIENT PRESCRIPTIONS	1.0	NUM	464	464
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,410
	1 YES				9,953
	2 NO				14
	TOTAL				13,377
C176	PLAN INCLUDES ROUTINE DENTAL CARE	1.0	NUM	465	465
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,822
	1 YES				4,387
	2 NO				168
	TOTAL				13,377
C177	PLAN INCLUDES ORTHODONTIC CARE	1.0	NUM	466	466
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,800
	1 YES				1,378
	2 NO				199
	TOTAL				13,377
C178	PLAN INCLUDES SKILLED NURSING FACILITY	1.0	NUM	467	467
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,450
	1 YES				8,852
	2 NO				75
	TOTAL				13,377
C179	PLAN INCLUDES HOME HEALTH CARE	1.0	NUM	468	468
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,546
	1 YES				8,762
	2 NO				69
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C180	<u>PLAN INCLUDES INPATIENT MENTAL ILLNESS</u>	1.0	NUM	469	469
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,499
	1 YES				10,852
	2 NO				26
	TOTAL				13,377
C181	<u>PLAN INCLUDES OUTPATIENT MENTAL ILLNESS</u>	1.0	NUM	470	470
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,181
	1 YES				10,166
	2 NO				30
	TOTAL				13,377
C182	<u>PLAN INCL. ALCOHOL/SUBSTANCE ABUSE TREAT</u>	1.0	NUM	471	471
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,213
	1 YES				10,129
	2 NO				35
	TOTAL				13,377
C183	<u>COULD REFUSE COVERAGE: PRE-EXISTING COND</u>	1.0	NUM	472	472
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				1,771
	1 YES				838
	2 NO				10,768
	TOTAL				13,377
C184	<u>PRE-EXISTING CONDITION REFUSED IN REF. YEAR</u>	1.0	NUM	473	473
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,712
	1 YES				267
	2 NO				398
	TOTAL				13,377
C185	<u>WAITING PERIOD FOR PRE-EXISTING CONDITIONS</u>	1.0	NUM	474	474
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,152
	1 YES				1,290
	2 NO				9,935
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C186	<u>PLAN OFFERED IN CURRENT YEAR (1999)</u>	1.0	NUM	475	475
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,012
	1 YES				9,839
	2 NO				526
	TOTAL				13,377
C187	<u>PLAN WAS REPLACED SIM/DIFF/DROPPED (1999)</u>	1.0	NUM	476	476
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,848
	1 REPLACED WITH A SIMILAR PLAN				288
	2 REPLACED BY A DIFFERENT PLAN				37
	3 DROPPED WITHOUT OFFERING A REPLACEMENT				204
	TOTAL				13,377
C188	<u>1999 PLAN-TOTAL SINGLE ENROLLMENT</u>	5.0	NUM	477	481
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,822
	0				97
	1-77,000				4,458
	TOTAL				13,377
C189	<u>1999 PLAN-TOTAL FAMILY ENROLLMENT</u>	6.0	NUM	482	487
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,808
	0				140
	1-139,000				4,429
	TOTAL				13,377
C190	<u>1999 PLAN PREMIUM - SINGLE COVERAGE</u>	5.0	NUM	488	492
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,412
	0				104
	1-65,460				4,861
	TOTAL				13,377
C191	<u>1999 PLAN PREMIUM - FAMILY COVERAGE</u>	5.0	NUM	493	497
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,421
	0				116
	1-95,928				4,840
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C192	OFFERED OPTIONAL COVERAGE DENTAL	1.0	NUM	498	498
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,690
	1 YES				3,218
	2 NO				5,469
	TOTAL				13,377
C193	OFFERED OPTIONAL COVERAGE VISION	1.0	NUM	499	499
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,660
	1 YES				2,922
	2 NO				5,795
	TOTAL				13,377
C194	OFFERED OPTIONAL COVERAGE PRESCRIP DRUG	1.0	NUM	500	500
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,623
	1 YES				839
	2 NO				5,915
	TOTAL				13,377
C195	OFFERED OPTIONAL COVERAGE LONG-TERM CARE	1.0	NUM	501	501
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,467
	1 YES				996
	2 NO				5,914
	TOTAL				13,377
C196	TOTAL AMT PAID OPTIONAL COVERAGE 1998	10.0	NUM	502	511
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,667
	0				30
	1-6,000,000,000				3,680
	TOTAL				13,377
I196	TOTAL AMT PAID OPTIONAL COVERAGE 1998	9.0	NUM	512	520
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				3,112
	1-196,181,372				5,180
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C197	WAITING PERIOD FOR NEW EMPLOYEES	1.0	NUM	521	521
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				4,038
	1 YES				3,309
	2 NO				6,030
	TOTAL				13,377
C198	LENGTH OF TYPICAL WAITING PERIOD	1.0	NUM	522	522
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				10,073
	1 LESS THAN 2 WEEKS				27
	2 2 WEEKS TO LESS THAN 1 MONTH				145
	3 1-3 MONTHS				2,029
	4 MORE THAN 3 MONTHS				562
	5 UNTIL THE FIRST DAY OF THE NEXT MONTH				541
	TOTAL				13,377
C199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS	10.0	NUM	523	532
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,317
	0				22
	1-5,400,000,000				6,038
	TOTAL				13,377
I199	TOTAL ANNUAL COST OF COVERAGE: ALL PLANS	10.0	NUM	533	542
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,296
	0				27
	1-5,400,000,000				8,054
	TOTAL				13,377
C200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION	6.0	NUM	543	548
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,097
	1-431,674				8,280
	TOTAL				13,377
I200	TOTAL NUMBER OF EMPLOYEES THIS LOCATION	6.0	NUM	549	554
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	1-431,674				8,292
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS	6.0	NUM	555	560
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				7,078
	0				2
	1-272,735				6,297
	TOTAL				13,377
I201	TOTAL EMPLOYEES ELIGIBLE FOR HEALTH INS	6.0	NUM	561	566
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				7
	1-378,489				8,285
	TOTAL				13,377
C202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS	6.0	NUM	567	572
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,405
	0				26
	1-329,720				7,946
	TOTAL				13,377
I202	TOTAL EMPLOYEES ENROLLED IN HEALTH INS	6.0	NUM	573	578
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				19
	1-329,720				8,273
	TOTAL				13,377
C203	TOTAL PART-TIME EMPLOYEES THIS LOCATION	5.0	NUM	579	583
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,157
	0				945
	1-71,989				6,275
	TOTAL				13,377
I203	TOTAL PART-TIME EMPLOYEES THIS LOCATION	5.0	NUM	584	588
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				1,708
	1-71,989				6,584
	TOTAL				13,377

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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
<u>C204</u>	<u>TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>589</u>	<u>593</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,154
	0				2,855
	1-10,503				2,368
	TOTAL				13,377
<u>I204</u>	<u>TOTAL PART-TIME EMPLOYEES ELIGIBLE HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>594</u>	<u>598</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				3,918
	1-45,344				4,374
	TOTAL				13,377
<u>C205</u>	<u>TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>599</u>	<u>603</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,479
	0				2,994
	1-10,503				1,904
	TOTAL				13,377
<u>I205</u>	<u>TOTAL PART-TIME EMPLOYEES ENROLLED HLTH INS</u>	<u>5.0</u>	<u>NUM</u>	<u>604</u>	<u>608</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	0				5,162
	1-12,894				3,130
	TOTAL				13,377
<u>C206</u>	<u>TOTAL TEMPORARY EMPLOYEES THIS LOCATION</u>	<u>5.0</u>	<u>NUM</u>	<u>609</u>	<u>613</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,527
	0				2,526
	1-46,575				2,324
	TOTAL				13,377
<u>C207</u>	<u>TOTAL TEMP EMPL. ELIGIBLE FOR HEALTH INS</u>	<u>4.0</u>	<u>NUM</u>	<u>614</u>	<u>617</u>
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				8,904
	0				3,922
	1-4770				551
	TOTAL				13,377



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<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C208	TOTAL TEMP EMPL. ENROLLED IN HEALTH INS	4.0	NUM	618	621
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,105
	0				3,994
	1-3,127				278
	TOTAL				13,377
C209	RETIREEES LT 65 ELIGIBLE HEALTH INS	1.0	NUM	622	622
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,630
	1 YES				10,682
	2 NO				65
	TOTAL				13,377
I209	RETIREEES LT 65 ELIGIBLE HEALTH INS	1.0	NUM	623	623
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,472
	1 YES				10,837
	2 NO				68
	TOTAL				13,377
C210	RETIREEES 65+ ELIGIBLE HEALTH INS	1.0	NUM	624	624
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,675
	1 YES				10,249
	2 NO				453
	TOTAL				13,377
I210	RETIREEES 65+ ELIGIBLE HEALTH INS	1.0	NUM	625	625
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,483
	1 YES				10,411
	2 NO				483
	TOTAL				13,377
C218	PHYSICIAN CARE COVERED	1.0	NUM	626	626
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				2,231
	1 YES				11,088
	2 NO				58
	TOTAL				13,377

DATE: May 1, 2003

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
C221	NO ANNUAL OUT-OF-POCKET:INDIVIDUAL	1.0	NUM	627	627
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				3,503
	1 YES				9,868
	2 NO				6
	TOTAL				13,377
C222	NO ANNUAL OUT-OF-POCKET:FAMILY	1.0	NUM	628	628
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				9,790
	1 YES				3,587
	TOTAL				13,377
C224	MULT.INDIV.DEDUCT.TO MEET FAMILY DEDUCT.	1.0	NUM	629	629
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				11,649
	1 YES				1,023
	2 NO				705
	TOTAL				13,377
C540	DOES ESTAB HAVE PART-TIME EMPLOYEES	1.0	NUM	630	630
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,638
	1 YES				614
	2 NO				125
	TOTAL				13,377
C541	OFFERS H.I.BENEFITS TO PART-TIME EES	1.0	NUM	631	631
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				12,755
	1 YES				369
	2 NO				253
	TOTAL				13,377
C551	PROVIDED HEALTH INS TO RETIREES	1.0	NUM	632	632
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,242
	1 YES				5,709
	2 NO				2,379
	3 DO NOT KNOW				47
	TOTAL				13,377

DATE: May 1, 2003

<u>NAME</u>	<u>DESCRIPTION</u>	<u>FORMAT</u>	<u>TYPE</u>	<u>START</u>	<u>END</u>
I551	PROVIDED HEALTH INS TO RETIREES	1.0	NUM	633	633
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,085
	1 YES				5,805
	2 NO				2,487
	TOTAL				13,377
C552	SINGLE COVERAGE IS OFFERED	1.0	NUM	634	634
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				5,972
	1 YES				7,353
	2 NO				52
	TOTAL				13,377
C553	TIME PERIOD PREMIUM PAID	1.0	NUM	635	635
	<u>VALUE</u>				<u>UNWEIGHTED</u>
	MISSING				6,244
	1 WEEKLY				53
	2 EVERY 2 WEEKS				349
	3 MONTHLY				6,173
	4 YEARLY				557
	5 QUARTERLY				1
	TOTAL				13,377