

MEPS HC-232 CODEBOOK
 2021 PERSON ROUND PLAN FILE
 Date: Jul 07, 2023

Alphabetical Listing of Variables

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
220	221	ANNDEDCT	Annual deductible
129	131	CMJINS	Current main job is the source of plan
184	186	COBRA	COBRA coverage
166	167	COVROUT_M18	Policy covers person not in RU
189	189	COVTYPIN	Single or family health insurance coverage plan
163	163	DECPHLDR	Deceased policyholder flag
178	179	DENTLINS	Type health insurance received: dental
136	136	DEPDNT	Dependent of policy holder flag
36	45	DUPERSID	Person identifier
132	134	EMPLSTAT	Policyholder employment status
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
67	91	EPRSIDX	Unique insurance policy-source
56	66	ESTBIDX	Insurance source identifier
137	138	EVALCOVR	Covered at interview or December 31st
128	128	FYFLG	Person in full year file
174	175	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
222	223	HSAACCT	HSA with this plan
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
125	127	JOBSFILE	Jobs file containing job information
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
176	177	MSUPINSX	Type health insurance received: Medigap (edited)
227	228	NAMECHNG	Plan name change
165	165	NOPUFLG	Policyholder not in full year file
190	190	OOPELIG	Policyholder-insurance source has premium
213	214	OOPFLAG	OOPPREMX edit/imputation flag
191	197	OOPPREM	Monthly out-of-pocket premium
198	204	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
205	212	OOPX12X	Annual out-of-pocket premium (edited/imputed)
164	164	OUTPHLDR	Out-of-RU policyholder flag
106	107	PANEL	Panel number
46	55	PHLDRIDX	Policyholder person identifier
135	135	PHOLDER	Policy holder flag
187	188	PLANMETL	Plan metal level
182	183	PMEDINS	Type health insurance received: prescription drug
215	217	PREMLEVX	Portion of premium paid by family (edited)
218	219	PREMSUBZ	Cost of the premium subsidized
172	173	PrivateCat	Category of private coverage
108	108	RN	Round number
139	140	STAT1	Insurance active in January
157	158	STAT10	Insurance active in October
159	160	STAT11	Insurance active in November
161	162	STAT12	Insurance active in December

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
141	142	STAT2	Insurance active in February
143	144	STAT3	Insurance active in March
145	146	STAT4	Insurance active in April
147	148	STAT5	Insurance active in May
149	150	STAT6	Insurance active in June
151	152	STAT7	Insurance active in July
153	154	STAT8	Insurance active in August
155	156	STAT9	Insurance active in September
170	171	STEXCH	State exchange coverage
168	169	TYPEFLAG	Type of insurance source
224	226	UPRHMO	HMO coverage (edited)
180	181	VISIONIN	Type health insurance received: vision

Positional Listing of Variables

Start	End	Name	Description
1	35	EPCPIDX	Insurance source-phldr-dependent identifier
36	45	DUPERSID	Person identifier
46	55	PHLDRIDX	Policyholder person identifier
56	66	ESTBIDX	Insurance source identifier
67	91	EPRSIDX	Unique insurance policy-source
92	105	InsurPrivIDEX	Unique insurance plcy source-insurance identifier
106	107	PANEL	Panel number
108	108	RN	Round number
109	122	JOBSIDX	Policyholder job-round identifier
123	124	JOBSINFR	Job identifier inferred not reported
125	127	JOBSFILE	Jobs file containing job information
128	128	FYFLG	Person in full year file
129	131	CMJINS	Current main job is the source of plan
132	134	EMPLSTAT	Policyholder employment status
135	135	PHOLDER	Policy holder flag
136	136	DEPNONT	Dependent of policy holder flag
137	138	EVALCOVR	Covered at interview or December 31st
139	140	STAT1	Insurance active in January
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143	144	STAT3	Insurance active in March
145	146	STAT4	Insurance active in April
147	148	STAT5	Insurance active in May
149	150	STAT6	Insurance active in June
151	152	STAT7	Insurance active in July
153	154	STAT8	Insurance active in August
155	156	STAT9	Insurance active in September
157	158	STAT10	Insurance active in October
159	160	STAT11	Insurance active in November
161	162	STAT12	Insurance active in December
163	163	DECPHLDR	Deceased policyholder flag
164	164	OUTPHLDR	Out-of-RU policyholder flag
165	165	NOPUFLG	Policyholder not in full year file
166	167	COVROUT_M18	Policy covers person not in RU
168	169	TYPEFLAG	Type of insurance source
170	171	STEXCH	State exchange coverage
172	173	PrivateCat	Category of private coverage
174	175	HOSPINSX	Type health insurance received: hosp phys/HMO (ed)
176	177	MSUPINSX	Type health insurance received: Medigap (edited)
178	179	DENTLINS	Type health insurance received: dental
180	181	VISIONIN	Type health insurance received: vision
182	183	PMEDINS	Type health insurance received: prescription drug
184	186	COBRA	COBRA coverage
187	188	PLANMETL	Plan metal level
189	189	COVTYPIN	Single or family health insurance coverage plan
190	190	OPELIG	Policyholder-insurance source has premium

<u>Start</u>	<u>End</u>	<u>Name</u>	<u>Description</u>
191	197	OOPPREM	Monthly out-of-pocket premium
198	204	OOPPREMX	Monthly out-of-pocket premium (edited/imputed)
205	212	OOPX12X	Annual out-of-pocket premium (edited/imputed)
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215	217	PREMLEVX	Portion of premium paid by family (edited)
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220	221	ANNDEDCT	Annual deductible
222	223	HSAACCT	HSA with this plan
224	226	UPRHMO	HMO coverage (edited)
227	228	NAMECHNG	Plan name change

Variable Codebook

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

Value	Unweighted
VALID ID	50,837
Total:	50,837

Name: DUPERSID
Description: Person identifier
Format: 10.0
Type: Char
Start: 36
End: 45

Value	Unweighted
VALID ID	50,837
Total:	50,837

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

Value	Unweighted
VALID ID	50,837
Total:	50,837

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

Value	Unweighted
VALID ID	50,837
Total:	50,837

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

Value	Unweighted
VALID ID	50,837
Total:	50,837

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

Value	Unweighted
VALID ID	50,837
Total:	50,837

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

Value	Unweighted
23 PANEL 23	12,246
24 PANEL 24	11,583
25 PANEL 25	11,382
26 PANEL 26	15,626
Total:	50,837

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

Value	Unweighted
1	4,811
2	5,322
3	9,060
4	3,927
5	7,542
6	4,001
7	7,836
8	4,214
9	4,124
Total:	50,837

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

Value	Unweighted
-1 INAPPLICABLE	11,980
VALID ID	38,857
Total:	50,837

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

Value	Unweighted
-1 INAPPLICABLE	11,980
0 NO	38,243
1 YES	614
Total:	50,837

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

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	11,980
HC203 2018 JOBSFILE	857
HC211 2019 JOBSFILE	828
HC218 2020 JOBSFILE	1,261
HC227 2021 JOBSFILE	35,911
Total:	50,837

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

<u>Value</u>	<u>Unweighted</u>
0 NO	1,585
1 YES	49,252
Total:	50,837

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

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	604
-1 INAPPLICABLE	10,771
1 YES	31,722
2 NO	7,740
Total:	50,837

Name: EMPLSTAT
Description: Policyholder employment status
Format: 3.0
Type: Num
Start: 132
End: 134

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	8
-7 REFUSED	19
-1 INAPPLICABLE	49,622
1 CURRENTLY EMPLOYED	322
2 RETIRED	458
3 PREVIOUSLY EMPLOYED	103
4 DECEASED	191
91 OTHER	114
Total:	50,837

Name: PHOLDER
Description: Policy holder flag
Format: 1.0
Type: Num
Start: 135
End: 135

<u>Value</u>	<u>Unweighted</u>
0 DEPENDENT	20,303
1 POLICYHOLDER	30,534
Total:	50,837

Name: DEPNDNT
Description: Dependent of policy holder flag
Format: 1.0
Type: Num
Start: 136
End: 136

<u>Value</u>	<u>Unweighted</u>
0 POLICYHOLDER	30,534
1 DEPENDENT	20,303
Total:	50,837

Name: EVALCOVR
Description: Covered at interview or December 31st
Format: 2.0
Type: Num
Start: 137
End: 138

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	1,355
1 YES	46,934
2 NO	2,548
Total:	50,837

Name: STAT1
Description: Insurance active in January
Format: 2.0
Type: Num
Start: 139
End: 140

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	31,164
1 YES	19,412
2 NO	261
Total:	50,837

Name: STAT2
Description: Insurance active in February
Format: 2.0
Type: Num
Start: 141
End: 142

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	30,503
1 YES	19,771
2 NO	563
Total:	50,837

Name: STAT3
Description: Insurance active in March
Format: 2.0
Type: Num
Start: 143
End: 144

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	30,481
1 YES	19,664
2 NO	692
Total:	50,837

Name: STAT4
Description: Insurance active in April
Format: 2.0
Type: Num
Start: 145
End: 146

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	32,504
1 YES	17,469
2 NO	864
Total:	50,837

Name: STAT5
Description: Insurance active in May
Format: 2.0
Type: Num
Start: 147
End: 148

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	32,818
1 YES	17,065
2 NO	954
Total:	50,837

Name: STAT6
Description: Insurance active in June
Format: 2.0
Type: Num
Start: 149
End: 150

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	33,103
1 YES	16,675
2 NO	1,059
Total:	50,837

Name: STAT7
Description: Insurance active in July
Format: 2.0
Type: Num
Start: 151
End: 152

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	31,967
1 YES	17,689
2 NO	1,181
Total:	50,837

Name: STAT8
Description: Insurance active in August
Format: 2.0
Type: Num
Start: 153
End: 154

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	27,905
1 YES	21,640
2 NO	1,292
Total:	50,837

Name: STAT9
Description: Insurance active in September
Format: 2.0
Type: Num
Start: 155
End: 156

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	29,144
1 YES	20,587
2 NO	1,106
Total:	50,837

Name: STAT10
Description: Insurance active in October
Format: 2.0
Type: Num
Start: 157
End: 158

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	30,966
1 YES	18,944
2 NO	927
Total:	50,837

Name: STAT11
Description: Insurance active in November
Format: 2.0
Type: Num
Start: 159
End: 160

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	32,419
1 YES	17,647
2 NO	771
Total:	50,837

Name: STAT12
Description: Insurance active in December
Format: 2.0
Type: Num
Start: 161
End: 162

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	33,504
1 YES	16,575
2 NO	758
Total:	50,837

Name: DECPHLDR
Description: Deceased policyholder flag
Format: 1.0
Type: Num
Start: 163
End: 163

<u>Value</u>	<u>Unweighted</u>
1 YES	278
2 NO	50,559
Total:	50,837

Name: OUTPHLDR
Description: Out-of-RU policyholder flag
Format: 1.0
Type: Num
Start: 164
End: 164

<u>Value</u>	<u>Unweighted</u>
1 YES	1,934
2 NO	48,903
Total:	50,837

Name: NOPUFLG
Description: Policyholder not in full year file
Format: 1.0
Type: Num
Start: 165
End: 165

<u>Value</u>	<u>Unweighted</u>
1 YES	1,272
2 NO	49,565
Total:	50,837

Name: COVROUT_M18
Description: Policy covers person not in RU
Format: 2.0
Type: Num
Start: 166
End: 167

<u>Value</u>	<u>Unweighted</u>
-8 DK	223
-7 REFUSED	101
-1 INAPPLICABLE	26,175
1 YES	818
2 NO	23,520
	Total: 50,837

Name: TYPEFLAG
Description: Type of insurance source
Format: 2.0
Type: Num
Start: 168
End: 169

<u>Value</u>	<u>Unweighted</u>
-8 DK	148
-7 REFUSED	11
1 EMPLOYER	39,427
2 UNION	1,183
3 GROUP	756
5 INSURANCE COMPANY-FROM AN AGENT	1,426
6 INSURANCE COMPANY	2,035
7 HMO	230
8 PREVIOUS EMPLOYER	207
10 SPOUSE PREVIOUS EMPLOYER	378
11 SCHOOL	93
12 UNKNOWN TYPE-OUTSIDE RU	1,819
13 UNKNOWN TYPE-COLLECTED AT OTHER	893
21 STATE EXCHANGE NAME	2,231
	Total: 50,837

Name: STEXCH
Description: State exchange coverage
Format: 2.0
Type: Num
Start: 170
End: 171

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	43,803
1 YES, EXCHANGE COVERAGE	2,895
2 NO, NOT EXCHANGE COVERAGE	4,139
Total:	50,837

Name: PrivateCat
Description: Category of private coverage
Format: 2.0
Type: Num
Start: 172
End: 173

<u>Value</u>	<u>Unweighted</u>
0 NOT HOSP/PHYS OR MEDIGAP COVERAGE	1,453
1 EMPLOYER/UNION	39,716
2 NONGROUP	2,978
3 OTHER GROUP	872
4 ESI, PHOLDER OUTSIDE RU	1,660
5 NON-ESI, PHOLDER OUTSIDE RU	179
6 STATE EXCHANGE	2,863
99 DONT KNOW WHAT KIND PRIV COV	1,116
Total:	50,837

Name: HOSPINSX
Description: Type health insurance received: hosp phys/HMO (ed)
Format: 2.0
Type: Num
Start: 174
End: 175

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,526
-7 REFUSED	66
1 YES	46,358
2 NO	2,887
Total:	50,837

Name: MSUPINSX
Description: Type health insurance received: Medigap (edited)
Format: 2.0
Type: Num
Start: 176
End: 177

Value	Unweighted
-8 DK	1,600
-7 REFUSED	71
1 YES	3,210
2 NO	45,956
Total:	50,837

Name: DENTLINS
Description: Type health insurance received: dental
Format: 2.0
Type: Num
Start: 178
End: 179

Value	Unweighted
-8 DK	1,526
-7 REFUSED	65
1 YES	33,738
2 NO	15,508
Total:	50,837

Name: VISIONIN
Description: Type health insurance received: vision
Format: 2.0
Type: Num
Start: 180
End: 181

Value	Unweighted
-8 DK	1,526
-7 REFUSED	65
1 YES	31,546
2 NO	17,700
Total:	50,837

Name: PMEDINS
Description: Type health insurance received: prescription drug
Format: 2.0
Type: Num
Start: 182
End: 183

<u>Value</u>	<u>Unweighted</u>
-8 DK	1,526
-7 REFUSED	65
1 YES	42,116
2 NO	7,130
Total:	50,837

Name: COBRA
Description: COBRA coverage
Format: 3.0
Type: Num
Start: 184
End: 186

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	3,523
-8 DK	134
-7 REFUSED	129
-1 INAPPLICABLE	42,689
1 YES	509
2 NO	3,853
Total:	50,837

Name: PLANMETL
Description: Plan metal level
Format: 2.0
Type: Num
Start: 187
End: 188

<u>Value</u>	<u>Unweighted</u>
-8 DK	378
-7 REFUSED	2
-1 INAPPLICABLE	49,970
1 PLATINUM PLAN	30
2 GOLD PLAN	55
3 SILVER PLAN	196
4 BRONZE PLAN	154
5 CATASTROPHIC PLAN	10
6 IF VOLUNTEERED: SOMETHING ELSE	42
Total:	50,837

Name: COVTYPIN
Description: Single or family health insurance coverage plan
Format: 1.0
Type: Num
Start: 189
End: 189

<u>Value</u>	<u>Unweighted</u>
1 SINGLE	18,338
2 FAMILY	32,499
Total:	50,837

Name: OOPELIG
Description: Policyholder-insurance source has premium
Format: 1.0
Type: Num
Start: 190
End: 190

<u>Value</u>	<u>Unweighted</u>
1 YES	15,940
2 NO	34,897
Total:	50,837

Name: OOPPREM
Description: Monthly out-of-pocket premium
Format: 7.2
Type: Num
Start: 191
End: 197

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	150
-8 DK	4,304
-7 REFUSED	160
-1 INAPPLICABLE	34,897
0 NO PREMIUM CONTRIBUTION	2,571
\$0.48 - \$120.00	2,206
\$120.01 - \$243.18	2,173
\$243.19 - \$431.17	2,188
\$431.18 - \$3,033.33	2,188
Total:	50,837

Name: OOPPREMX
Description: Monthly out-of-pocket premium (edited/imputed)
Format: 7.2
Type: Num
Start: 198
End: 204

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	34,897
0 NO PREMIUM CONTRIBUTION	2,571
\$0.48 - \$125.71	3,348
\$125.72 - \$250.00	3,492
\$250.01 - \$433.33	3,198
\$433.34 - \$3,108.31	3,331
Total:	50,837

Name: OOPX12X
Description: Annual out-of-pocket premium (edited/imputed)
Format: 8.2
Type: Num
Start: 205
End: 212

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	34,897
0 NO PREMIUM CONTRIBUTION	2,571
\$5.76 - \$1,508.52	3,348
\$1,508.53 - \$3,000.00	3,492
\$3,000.01 - \$5,199.96	3,198
\$5,199.97 - \$37,299.71	3,331
Total:	50,837

Name: OOPFLAG
Description: OOPPREMX edit/imputation flag
Format: 2.0
Type: Num
Start: 213
End: 214

<u>Value</u>	<u>Unweighted</u>
-1 INAPPLICABLE	34,897
0 NO	11,106
1 YES	4,834
Total:	50,837

Name: PREMLEVX
Description: Portion of premium paid by family (edited)
Format: 3.0
Type: Num
Start: 215
End: 217

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	150
-8 DK	1,995
-7 REFUSED	193
-1 INAPPLICABLE	24,709
1 FAMILY PAYS ALL PREMIUM COST	4,754
2 FAMILY PAYS SOME PREMIUM COST	14,154
3 FAMILY DOES NOT KNOW	628
4 FAMILY DOES NOT PAY PREMIUM COST	4,254
Total:	50,837

Name: PREMSUBZ
Description: Cost of the premium subsidized
Format: 2.0
Type: Num
Start: 218
End: 219

<u>Value</u>	<u>Unweighted</u>
-8 DK	175
-7 REFUSED	6
-1 INAPPLICABLE	48,191
1 YES	1,441
2 NO	1,024
Total:	50,837

Name: ANNDEDCT
Description: Annual deductible
Format: 2.0
Type: Num
Start: 220
End: 221

<u>Value</u>	<u>Unweighted</u>
-8 DK	5,838
-7 REFUSED	194
-1 INAPPLICABLE	28,561
1 LESS THAN \$1400/\$2800	6,602
2 \$1400/\$2800 OR MORE	7,210
3 NO ANNUAL DEDUCTIBLE	2,432
Total:	50,837

Name: HSAACCT
Description: HSA with this plan
Format: 2.0
Type: Num
Start: 222
End: 223

<u>Value</u>	<u>Unweighted</u>
-8 DK	131
-7 REFUSED	9
-1 INAPPLICABLE	43,627
1 YES	3,413
2 NO	3,657
Total:	50,837

Name: UPRHMO
Description: HMO coverage (edited)
Format: 3.0
Type: Num
Start: 224
End: 226

<u>Value</u>	<u>Unweighted</u>
-15 CANNOT BE COMPUTED	1,044
-8 DK	4,973
-7 REFUSED	15
-1 INAPPLICABLE	1,453
1 PRIVATE PLAN IS HMO	15,791
2 PRIVATE PLAN IS NOT HMO	27,561
Total:	50,837

Name: NAMECHNG
Description: Plan name change
Format: 2.0
Type: Num
Start: 227
End: 228

<u>Value</u>	<u>Unweighted</u>
-8 DK	490
-7 REFUSED	258
-1 INAPPLICABLE	11,013
1 YES	2,496
2 NO	36,580
Total:	50,837