PD. PRESCRIPTION DRUG SUPPLEMENT                     5/1/06 – last revised

Round 45 – First administered                     MCBS Comm. (Round 45 Main)

MCBS MAIN STUDY - ROUND 45, SUMMER 2006

COMMUNITY COMPONENT

PD.  PRESCRIPTION DRUG SUPPLEMENT

<table>
<tr><td rowspan="5">BOX<br>PD1</td><td>IF THIS IS THE SP'S EXIT INTERVIEW AND THE PREVIOUS ROUND'S INTERVIEW WAS NOT SKIPPED (INTERVIEW TYPE = 8), GO TO **BOX CL1**.</td></tr>
<tr><td>IF THE SP IS DECEASED OR IF THE SP IS ALIVE AND INSTITUTIONALIZED (INS1 ≠ 1), GO TO **BOX CL1**.</td></tr>
<tr><td>BESIDES MEDICARE (PLANTYPE = 1), IF TRICARE IS THE ONLY OTHER CURRENT PLAN THIS ROUND, GO TO **BOX CL1.**</td></tr>
<tr><td>IF THE RESPONDENT IS A PROXY (VARIABLE SPPROXY = 2), GO TO PD1.</td></tr>
<tr><td>OTHERWISE, GO TO PDINTRO.</td></tr>
</table>

PD1.    Are you involved in the decision-making process for (SP) regarding (his/her) health insurance coverage?

**PDINVOLV**          YES ............................................................. 1 (PDINTRO)
                     NO .............................................................. 2 **BOX CL1**
                     REFUSED .................................................. -7 **BOX CL1**
                     DON'T KNOW ............................................. -8 **BOX CL1**

PDINTRO. Now I have a few questions regarding the new Medicare Prescription Drug benefit that began on January 1$^{st}$ of this year.
        [PRESS ENTER TO CONTINUE.]

PD2.    Overall, how easy or difficult do you think the new Medicare Prescription Drug benefit is to understand?  Would you say it is very easy to understand, somewhat easy, somewhat difficult, or very difficult to understand?

SHOW CARD PD1    **PDEASY**    VERY EASY ................................................ 1
                             SOMEWHAT EASY...................................... 2
                             SOMEWHAT DIFFICULT ............................ 3
                             VERY DIFFICULT ....................................... 4
                             REFUSED .................................................. -7
                             DON'T KNOW ............................................. -8

PD3.    How much do you think you know about the new Medicare Prescription Drug benefit?  Do you know…

SHOW CARD PD2    **PDKNOW**    just about everything you need to know,........ 1
                             most of what you need to know, ................... 2
                             some of what you need to know, .................. 3
                             a little of what you need to know, or.............. 4
                             almost none of what you need to know
                               about the new Medicare Prescription Drug
                               benefit?...................................................... 5
                             REFUSED .................................................. -7
                             DON'T KNOW ............................................. -8

OMB # 0938-0568

Exp. 3/31/07

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PD4.  Most people with Medicare who want prescription drug coverage through a Medicare plan (need/needed) to sign up by May 15, 2006.
Before today, did you know that most people with Medicare will pay a penalty if they enroll in a Medicare Prescription Drug plan after May 15, 2006?

**PDPENLTY**
YES, DID KNOW .......................................... 1
NO, DID NOT KNOW .................................. 2
REFUSED .................................................. -7
DON'T KNOW ............................................ -8

PD5.  Before today, did you know that there are many Medicare Prescription Drug plans to choose from in (your/SP's) area?

**PDCHOOSE**
YES, DID KNOW .......................................... 1 (PD6)
NO, DID NOT KNOW .................................. 2 *BOX PD2*
REFUSED .................................................. -7 *BOX PD2*
DON'T KNOW ............................................ -8 *BOX PD2*

PD6.  Do you think that people with Medicare have too few plans to choose from, too many plans to choose from, or about the right number?

**PDNUMBER**
TOO FEW ..................................................... 1
TOO MANY ................................................. 2
ABOUT THE RIGHT NUMBER .................... 3
REFUSED .................................................. -7
DON'T KNOW ............................................ -8

| BOX PD2 | IF A MEDICARE PRESCRIPTION DRUG PLAN IS CURRENT THIS ROUND, GO TO PD11. <br><br> IF A MEDICARE HMO PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT MEDICARE HMO, GO TO PD9. <br><br> IF A PRIVATE PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT PRIVATE PLAN, GO TO PD7. <br><br> OTHERWISE, IF A MEDICARE PRESCRIPTION DRUG PLAN IS NOT CURRENT THIS ROUND; AND <br> A MEDICARE HMO IS NOT CURRENT THIS ROUND OR <br> RX COVERAGE IS NOT PROVIDED BY THE CURRENT ROUND MEDICARE HMO; AND <br> A PRIVATE PLAN IS NOT CURRENT THIS ROUND OR <br> RX COVERAGE IS NOT PROVIDED BY THE CURRENT ROUND PRIVATE PLAN, GO TO PD19. |
|---|---|

PD7.    (Your/SP's) [READ PRIVATE PLAN NAME(S) BELOW] plan(s) should have sent (you/him/her) information to let (you/him/her) know if the plan's prescribed medicine coverage, on average, is at least as good as Medicare's basic prescription drug coverage.
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)
Did (any of those/that) plan(s) send (you/him/her) information about how the plan's drug coverage compares to Medicare's basic prescription drug coverage?

**PDPRVINF**            YES ............................................................  1  (PD8)
                        NO ..............................................................  2  (PD9)
                        REFUSED ...................................................  -7  (PD9)
                        DON'T KNOW .............................................  -8  (PD9)


PD8.    According to the information that (your/SP's) [READ PRIVATE PLAN NAME(S) BELOW] plan(s) sent (you/him/her), is the prescription drug coverage (from any one of those plans) as good as Medicare's basic prescription drug coverage?  The information may have referred to it as "creditable" coverage.
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)
    (PRIVATE PLAN NAME)

**PDCRDTBV**            YES ............................................................  1
                        NO ..............................................................  2
                        REFUSED ...................................................  -7
                        DON'T KNOW .............................................  -8


PD9.    Did (you/SP, or someone for SP,) consider enrolling (him/her) in a Medicare Prescription Drug plan?

**PDCONSDR**            YES ............................................................  1
                        NO ..............................................................  2
                        REFUSED ...................................................  -7
                        DON'T KNOW .............................................  -8


| BOX PD3 | IF A PRIVATE PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT PRIVATE PLAN, GO TO PD16.<br><br>OTHERWISE, GO TO PD10. |
| --- | --- |


PD10.   Did (you/SP, or someone for SP,) compare the drug benefits offered by the Medicare Advantage plans in (your/SP's) area?

**PDMABENS**            YES ............................................................  1  (PD16)
                        NO ..............................................................  2  (PD16)
                        REFUSED ...................................................  -7  (PD16)
                        DON'T KNOW .............................................  -8  (PD16)

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PD11.   Some people with Medicare were automatically enrolled in a Medicare Prescription Drug plan.  By "automatically enrolled", I mean that the beneficiary was assigned to a plan by Medicare, as opposed to selecting a plan on his or her own.
(Were you/Was SP) <u>ever</u> automatically enrolled in a Medicare Prescription Drug plan?

**PDEVROLL**          YES ............................................................   1  (PD12)
NO ...............................................................   2  (PD15)
REFUSED .................................................  -7  (PD15)
DON'T KNOW ............................................  -8  (PD15)

PD12.   (Were you/Was SP) automatically enrolled in (your/his/her) (CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME) plan?

**PDAUTENR**          YES ............................................................   1
NO ...............................................................   2
REFUSED .................................................  -7
DON'T KNOW ............................................  -8

PD13.   How did (you/SP) find out (you were/he was/she was) automatically enrolled in a Medicare Prescription Drug plan?
[INTERVIEWER:  IF SP FOUND OUT IN MORE THAN ONE WAY, RECORD THE WAY THAT OCCURRED FIRST.]

**PDFNDOUT**          MAIL FROM MEDICARE/CMS .....................   1
**PDFNDOS**           MAIL FROM SOCIAL SECURITY ................   2
MAIL FROM MEDICAID OR OTHER
   LOCAL GOV'T AGENCY ............................   3
MAIL FROM PART D PLAN .........................   4
PHARMACY/PHARMACIST .........................   5
SOME OTHER WAY (SPECIFY)_____   91
REFUSED ..................................................  -7
DON'T KNOW .............................................  -8

PD14.   Before today, did you know that people with Medicare who are automatically enrolled in a Medicare Prescription Drug plan can switch plans at any time without a penalty?

**PDSWITCH**          YES, DID KNOW .........................................   1
NO, DID NOT KNOW ..................................   2
REFUSED ..................................................  -7
DON'T KNOW .............................................  -8

PD15.   (Did you/SP, or someone for SP,) compare Medicare Prescription Drug plans?

**PDCOMPRE**          YES ............................................................   1
NO ...............................................................   2
REFUSED .................................................  -7
DON'T KNOW ............................................  -8

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PD16.    Please look at this card and tell me which of these sources, if any, you used to find information regarding (your/SP's) prescription drug coverage options.
[CODE ALL THAT APPLY.  PRESS CTRL/L TO LEAVE SCREEN.]

| | | | |
|---|---|---|---|
| SHOW CARD PD3 | **PDNOTLOK** | R DID NOT LOOK FOR INFORMATION ................................ | 96 |
| | **PDINFMED** | MEDICARE ............................................................................. | 1 |
| | **PDSOSEC** | SOCIAL SECURITY OFFICE .................................................. | 2 |
| | **PDSTMAGC** | STATE MEDICAID AGENCY .................................................. | 3 |
| | **PDOTHRGV** | OTHER GOVERNMENT AGENCY ........................................ | 4 |
| | **PDINFINS** | INSURANCE CO (PDP, MEDICARE ADVANTAGE, MEDIGAP, SUPPLEMENTAL) ............................................ | 5 |
| | **PDEMPLYR** | CURRENT OR FORMER EMPLOYER OR UNION ................ | 6 |
| | **PDINFFML** | FAMILY, FRIENDS, CO-WORKERS...................................... | 7 |
| | **PDINFPCY** | PHARMACY ............................................................................. | 8 |
| | **PDINFPRV** | HEALTH CARE PROVIDER (DR, HOSP, LAB) ...................... | 9 |
| | **PDINFMDA** | MEDIA (TV, RADIO, NEWSPAPER, MAGAZINE) .................. | 10 |
| | **PDINFORG** | SENIOR COUNSELOR OR ORGANIZATION (AARP, SR CENTER, ETC.) ............................................................... | 11 |
| | **PDNFOTHR** | ANY OTHER PERSON OR PLACE (SPECIFY) _____ | 91 |
| | **PDNFOS** | REFUSED ................................................................................ | -7 |
| | | DON'T KNOW ......................................................................... | -8 |

| | |
|---|---|
| BOX PD4 | IF A MEDICARE HMO PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT MEDICARE HMO, GO TO PD18.

IF A PRIVATE PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT PRIVATE PLAN, GO TO *BOX CL1*.

IF THE SP WAS AUTO-ENROLLED IN THE CURRENT MEDICARE PRESCRIPTION DRUG PLAN (PD12 = 1), GO TO PD17.  OTHERWISE, GO TO PD18. |

PD17.    Do you think that (you/SP) will change Medicare Prescription Drug plans any time during 2006?

| | | |
|---|---|---|
| **PDCHGPLN** | YES ............................................................. | 1 |
| | NO ............................................................... | 2 |
| | REFUSED ................................................... | -7 |
| | DON'T KNOW ............................................. | -8 |

| | |
|---|---|
| BOX PD5 | IF THE SP WAS AUTOMATICALLY ENROLLED IN THE CURRENT MEDICARE PRESCRIPTION DRUG PLAN AND DID NOT COMPARE PLANS (PD12 = 1 AND PD15 ≠ 1), GO TO PD24.
OTHERWISE, GO TO PD18. |

PD18.    The next questions are about different things [you/you or (SP)] may have thought about when considering (your/SP's) options for prescription drug coverage.
Did you consider…

|  |  |  | YES | NO |
|---|---|---|---|---|
| **PDOPTPRE** | a. | the cost of the plan's premium? ........................................................ | 1 | 2 |
| **PDOPTDUC** | b. | the plan's deductible? .................................................................... | 1 | 2 |
| **PDOPTFOR** | c. | the plan's formulary, or the drugs that are on the plan's list of medicines? .................................................................... | 1 | 2 |
| **PDOPTVEN** | d. | the convenience of the pharmacies that the plan allows (you/SP) to use? ................................................................. | 1 | 2 |
| **PDOPTREC** | e. | someone's recommendation of the plan? ........................................ | 1 | 2 |
| **PDOPTPAY** | f. | what (you/SP) would pay for prescribed medicines (you use/he uses/she uses)? ............................................................ | 1 | 2 |

| BOX PD6 | IF THE SP WAS AUTOMATICALLY ENROLLED IN THE CURRENT MEDICARE PRESCRIPTION DRUG PLAN (PD12 = 1), GO TO PD24. OTHERWISE, GO TO PD19. |
|---|---|

PD19.    Before today, did you know that Medicare beneficiaries with limited income and resources might qualify to get extra help to cover prescription drugs for little or no cost?

    **PDEXHELP**             YES, DID KNOW .......................................  1  (PD20)
                             NO, DID NOT KNOW ..................................  2  ***BOX PD7***
                             REFUSED ..................................................  -7  ***BOX PD7***
                             DON'T KNOW ............................................  -8  ***BOX PD7***

PD20.    Did (you/SP) apply for extra help?

    **PDEXAPLY**             YES .............................................................  1  (PD21)
                             NO ..............................................................  2  ***BOX PD7***
                             REFUSED ..................................................  -7  ***BOX PD7***
                             DON'T KNOW ............................................  -8  ***BOX PD7***

PD21.    Was (your/SP's) application for extra help accepted or denied?

    **PDEXACCP**             ACCEPTED ................................................  1
                             DENIED .....................................................  2
                             STILL PENDING/NO DECISION YET ..........  3
                             REFUSED ..................................................  -7
                             DON'T KNOW ............................................  -8

| BOX PD7 | IF A MEDICARE PRESCRIPTION DRUG PLAN IS NOT CURRENT THIS ROUND; AND A MEDICARE HMO IS NOT CURRENT THIS ROUND OR RX COVERAGE IS NOT PROVIDED BY THE CURRENT ROUND MEDICARE HMO; AND A PRIVATE PLAN IS NOT CURRENT THIS ROUND OR RX COVERAGE IS NOT PROVIDED BY THE CURRENT ROUND PRIVATE PLAN, GO TO PD35.  IF A MEDICARE HMO PLAN IS CURRENT THIS ROUND AND RX COVERAGE IS PROVIDED BY THE CURRENT MEDICARE HMO, GO TO PD23.  OTHERWISE, GO TO PD22. |
|---|---|

PD22.    When did (you/SP) first enroll in a Medicare Prescription Drug plan?  What was the month and year? [INTERVIEWER:  PROBE FOR THE FIRST TIME IF THE SP HAS BEEN ENROLLED IN MORE THAN ONE PLAN.]

**PDENRMM**                          _____/_____
**PDENRYY**                              MM            YY

PD23.    [At the time that (you/SP) enrolled in (CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME), ](Did/did) you feel that you had all the information that you needed to make the decision to [enroll (him/her) in that plan/have (SP) get drug coverage through (CURRENT MEDICARE HMO PLAN NAME)]?

**PDHADINF**             YES ............................................................   1
                         NO ..............................................................    2
                         REFUSED ...................................................   -7
                         DON'T KNOW .............................................   -8

PD24.    How confident are you that (you have/SP has) the prescription drug coverage that best meets (your/his/her) needs?  Would you say you are…

| SHOW CARD PD4 | **PDCONFID** | Extremely confident, ....................................   1 |
|---|---|---|
| | | Very confident,.............................................   2 |
| | | Moderately confident, ...................................   3 |
| | | Slightly confident, or ....................................   4 |
| | | Not confident? .............................................   5 |
| | | REFUSED ....................................................   -7 |
| | | DON'T KNOW .............................................   -8 |

PD25.    Are there any prescribed medicines that (you/SP) regularly (take/takes) that are not covered by [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)]?

**PDNOCVG**              YES ............................................................   1
                         NO ..............................................................    2
                         REFUSED ...................................................   -7
                         DON'T KNOW .............................................   -8

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PD26.	[Since (enrolling/being enrolled) in the plan], [(have you/has SP)/(Have you/Has SP)] had any (other) problems or complaints concerning (your/his/her) [(CURRENT MEDICARE HMO PLAN NAME) drug/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] coverage?

**PDPROBLM**
YES ............................................................. 1  (PD27)
NO ............................................................... 2  (PD29)
REFUSED ................................................... -7  (PD29)
DON'T KNOW ............................................. -8  (PD29)

PD27.	What were the problems or complaints that (you/SP) had?
[RECORD VERBATIM.  PRESS ENTER WHEN RESPONSE ENTERED.]

**PDPROB1**	_____

**PDPROB2**	_____

**PDPROB3**	_____

**PDPROB4**	_____

PD28.	Have (your/SP's) problems or complaints been resolved?

**PDRESLVD**
YES ............................................................. 1
NO ............................................................... 2
SOME .......................................................... 3
REFUSED ................................................... -7
DON'T KNOW ............................................. -8

PD29.	(Have you/Has SP) used (your/his/her) [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] when purchasing medicines?

**PDPURCHS**
YES ............................................................. 1  (PD31)
NO ............................................................... 2  (PD30)
REFUSED ................................................... -7  (PD31)
DON'T KNOW ............................................. -8  (PD31)

PD30.	Why (haven't you/hasn't SP) used (your/his/her) [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] coverage yet?
[CODE ALL THAT APPLY.  PRESS CTRL/L TO LEAVE SCREEN.]

**PDNOPCHS**	HAVE NOT PURCHASED MEDICINE ......... 1  (PD34)
DON'T HAVE CARD OR OTHER
  ENROLLMENT VERIFICATION/
**PDNOCARD**	  NOT ABLE DUE TO PLAN PROBLEM ....... 2  (PD34)
**PDNOMEDC**	PHARMACY WOULDN'T GIVE MEDICINE .. 3  (PD34)
**PDNOEXPS**	COST OF RX TOO HIGH/EXPENSIVE ....... 4  (PD34)
DRUG(S) NEEDED NOT COVERED
**PDNOCOVD**	  BY PLAN ................................................. 5  (PD34)
**PDNOOTHR**	OTHER (SPECIFY) _____ 91  (PD34)
**PDNOOS**	REFUSED ................................................... -7  (PD34)
DON'T KNOW ............................................. -8  (PD34)

PD31.    Can (you/SP) use the pharmacy (you prefer/SP prefers) in (your/his/her) [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] plan?

**PDPHMCY**                      YES ............................................................  1
                                 NO ..............................................................  2
                                 REFUSED ....................................................  -7
                                 DON'T KNOW ..............................................  -8

PD32.    How easy is it for (you/SP) to get the medicines (you need/he needs/she needs) through (your/his/her) [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] plan?

| SHOW<br>CARD<br>PD1 | **PDRXNEED** | VERY EASY ................................................. | 1 |

SOMEWHAT EASY ......................................  2
SOMEWHAT DIFFICULT ............................  3
VERY DIFFICULT ........................................  4
REFUSED ....................................................  -7
DON'T KNOW ..............................................  -8

PD33.    When purchasing prescribed medicines through (your/SP's) [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)] plan, (do you/does SP) pay more than you expected, about as much as expected, or less than expected?

**PDPAYMOR**                     MORE THAN EXPECTED.............................  1
                                 ABOUT AS MUCH AS EXPECTED .............  2
                                 LESS THAN EXPECTED ..............................  3

                                 HAVE NOT PURCHASED MEDICINES........  4
                                 HAVE NOT USED PLAN...............................  5
                                 REFUSED ....................................................  -7
                                 DON'T KNOW ..............................................  -8

PD34.    Overall, how satisfied are you with (your/SP's) prescription drug coverage through [(CURRENT MEDICARE HMO PLAN NAME)/(CURRENT MEDICARE PRESCRIPTION DRUG PLAN NAME)]?

| SHOW<br>CARD<br>PD5 | **PDRXRATE** | VERY SATISFIED ......................................... | 1 |

SATISFIED....................................................  2
DISSATISFIED.............................................  3
VERY DISSATISFIED ..................................  4
REFUSED ....................................................  -7
DON'T KNOW ..............................................  -8

| BOX<br>PD8 | GO TO **BOX CL1**. |

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PD35.    You said that (you are/SP is) not enrolled in a Medicare Prescription Drug plan.  What is the reason (you are/he is/she is) not enrolled in such a plan?
[CODE ALL THAT APPLY.  PRESS CTRL/L TO LEAVE SCREEN.]

| | | |
|---|---|---|
| **PDNTRXCV** | HAVE RX COVERAGE THROUGH A NON-PDP PLAN/SOURCE ......... | 1 |
| **PDNTPRES** | DON'T TAKE ENOUGH PRESCRIPTIONS TO NEED IT ....................... | 2 |
| **PDNTCOVR** | PLANS DON'T COVER PRESCRIPTIONS SP TAKES ......................... | 3 |
| **PDNTENRL** | DON'T KNOW HOW TO ENROLL ......................................... | 4 |
| **PDNTPLAN** | DON'T KNOW ENOUGH ABOUT PLANS ............................................ | 5 |
| **PDNTEXPS** | TOO EXPENSIVE/CAN'T AFFORD ..................................................... | 6 |
| **PDNTCONF** | TOO CONFUSING/TOO COMPLICATED ........................................... | 7 |
| **PDNTMANY** | TOO MANY PLANS TO CHOOSE FROM/CAN'T DECIDE ON ONE PLAN ...................................................................... | 8 |
| **PDNTBEFT** | WON'T BENEFIT/WON'T SAVE MONEY ............................................ | 9 |
| **PDNTOTHR** | OTHER REASON (SPECIFY)_____ | 91 |
| **PDNTOS** | REFUSED ............................................................................... | -7 |
| | DON'T KNOW ........................................................................ | -8 |

PD36.    How likely is it that (you/SP) will enroll in a Medicare Prescription Drug plan for coverage in 2007?

| | | | |
|---|---|---|---|
| SHOW CARD PD6 | **PDLIKELY** | VERY LIKELY .............................................. | 1 |
| | | LIKELY ....................................................... | 2 |
| | | UNLIKELY .................................................... | 3 |
| | | VERY UNLIKELY ......................................... | 4 |
| | | REFUSED .................................................... | -7 |
| | | DON'T KNOW .............................................. | -8 |

| | |
|---|---|
| BOX PD9 | GO TO **BOX CL1**. |

PD Addendum


Segment:     PDRX


BOX PD1:  "Besides Medicare, TRICARE is the only other current plan this round" includes the following
- PLANTYPE = 6 with current round PLRO with COVTIME = 1 or COVNOW = 1 and
- No PLANTYPE = 2, 3, 4 with current round PLRO with COVTIME = 1 or COVNOW = 1 and
- No PLANTYPE = 5 or 7 with current round PLRO with COVCURNT = 1


BOX PD2:  "Medicare Prescription Drug plan is current this round" includes the following
- PLANTYPE = 7 with current round PLRO with COVCURNT = 1


"Medicare HMO plan is current this round and Rx coverage is provided by the current Medicare HMO" includes the following
- PLANTYPE = 5 with current round PLRO with COVCURNT = 1 and MHMORX = 1


"Private plan is current this round and Rx coverage is provided by the current Private plan" includes the following
- PLANTYPE = 4 with current round PLRO with (COVTIME = 1 or COVNOW = 1) and PRVRXCOV = 1


PD7, PD8, BOX PD3:  "Current Private plan" and "Private plan is current this round and Rx coverage is provided by the current private plan" includes the following
- PLANTYPE = 4 with current round PLRO with (COVTIME = 1 or COVNOW = 1) and PRVRXCOV = 1


PD12, PD23, PD25, PD26, PD29, PD30, PD31, PD32, PD33, PD34:  "current Medicare Prescription Drug plan" includes the following
- PLANTYPE = 7 with current round PLRO with COVCURNT = 1


BOX PD4:  "Medicare HMO plan is current this round and Rx coverage is provided by the current Medicare HMO" includes the following
- PLANTYPE = 5 with current round PLRO with COVCURNT = 1 and MHMORX = 1


"Private plan is current this round and Rx coverage is provided by the current private plan" includes the following
- PLANTYPE = 4 with current round PLRO with (COVTIME = 1 or COVNOW = 1) and PRVRXCOV = 1


BOX PD7:  "Medicare Prescription Drug plan is not current this round; and a Medicare HMO is not current this round or Rx coverage is not provided by the current round Medicare HMO; and a Private plan is not current this round or Rx coverage is not provided by the current round Private plan" includes the following
- No PLANTYPE = 7 with current round PLRO with COVCURNT = 1 and
- No PLANTYPE = 5 with current round PLRO with COVCURNT = 1 and MHMORX = 1
- No PLANTYPE = 4 with current round PLRO with (COVTIME = 1 or COVNOW = 1) and PRVRXCOV = 1
"Medicare HMO plan is current this round and Rx coverage is provided by the current Medicare HMO" includes the following
- PLANTYPE = 5 with current round PLRO with COVCURNT = 1 and MHMORX = 1