Service Request 12893
PIN Authorization Signature Date

Service Request 12599
Core Premium Deferral for New Hire Enrollments

Service Request 12874
IVR Extract File Changes

DETAIL DESIGN

Document Number Detl1140

9/03/97

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Introduction

Service Request 12893 asks that the date on which an employee signs a form authorizing transaction processing using the Benefits IVR Application be captured in the Payroll/Personnel System (PPS).

Service Request 12599 asks a mechanism be provided in the PPS to defer charging the premiums for Core coverage, for newly hired employees only, for a period of time to allow the employee to make selections for medical, dental, and vision plans. If the employee does not enroll in or opt out of these plans by the end of the Period of Initial Eligibility (PIE), premiums for core coverage, single party enrollment, should be taken retroactively back to the point when premiums would have been changed. A copy of this service request is included in this document as Attachment 1.

Service Request 12874 asks that the Period of Initial Eligibility End Date and the PIN Authorization Signature Date be added to the Employee Record of the IVR Extract File. A change to either of these data elements should trigger the creation of a ‘change’ transaction in the IVR Extract process. In addition, an on-time process is requested which will initialize the PIN Authorization Signature Date and the Period of Initial Eligibility End Date on the IVR Extract History File. Both elements should be set to equal the employee’s EDB value.
Overview of Modifications

The PPS will be modified as follows to accomplish the changes required by the three service requests.

1. New EDB Data
   - The employee’s PIN Signature Authorization Date (EDB 0750 on the PPPBEN Table)
   - The employee’s Period of Initial Eligibility (PIE) Date (EDB 0751 on the PPPBEN Table)
   - A Suspended Premium Indicator to indicate that the compute must take deferred premiums (EDB 0752 on the PPPBEN Table)
   - Pending Premium Activity Data (new table PPPPA on the EDB) will have the following data elements
     - Benefit Type (EDB 0753)
     - Pay Cycle Code (EDB 0754)
     - Pay Period End Date (EDB 0755)
     - Plan Code (EDB 0756)
     - Coverage Level (EDB 0757)
     - Pending Premium Activity Flag (EDB 0758)
     - PPA Add/Change/Delete Code (EDB 0759)

2. Control Table Changes
   - The Benefits Rate Table update process will be modified to allow for rate effective dates as part of the VSAM key. The table will then be updated to reflect the current date for the health, dental and vision BRT records. Future updates to those records will be made each year when new rates are announced. Since records from previous years can now be carried in the CTL itself there will be no longer be a need to update the History CTL tables (i.e. the CDB tables). Therefore, the programs that update the CDB with these BRT records will be made obsolete.
   - The Code translation Table will be modified to store the Medical, Dental and Vision Plan Code translations for the default plan codes. The length of the translations will be 18.
   - The Data Element Table will be updated to include the new data elements.
   - The System Messages Table will be updated to include new messages issued by EDB Maintenance.
   - The System Parameter Table will be updated to include a new PIE Days parameter, which will be equal to the number of days, which will be added to the Hire Date to compute the Period of Initial Eligibility End Date.

3. EDB Maintenance Modifications
   - The PIN Signature Date will be entered by either a batch X1 transaction or on line via the EPD2 function. It will also be viewed on-line on the IGEN screen. It will be edited so that it is not later than the current date.
The PIE End Date cannot be entered in batch or on-line. If the Most Recent Hire Date (EDB 113) is changed and the Action Code is 01, new hire, the PIE End Date will be set to 30 calendar days after the Most Recent Hire Date. If the Most Recent Hire Date is changed and the Action Code is not 01 or 02 and there is currently a PIE date which is not initial values, then the PIE Date will be set to 30 calendar days after the Most Recent Hire Date.

New default benefit plan codes will now be derived during implied maintenance when the employee has a BELI of 1, 2, 3, or 4, and the employee is not currently enrolled in a plan and has not opted out, if the employee has not yet achieved his PIE date. The new default plan codes are ‘DM’ for medical, ‘DD’ for dental, and ‘DV’ for vision. Edits will prevent enrollment of a dependent if the plan code is a default plan code.

If the PIE end date has not been achieved, and the plan code value or the coverage level is changed during file maintenance, the corresponding Pending Premium Activity (PPA) Table data will be changed to the new values by implied maintenance, the Pending Premium Activity flag will be set on, and the Suspended Premium Indicator on the PPPBEN Table will be set on. If the PIE end date has not been achieved, and the opt-out flag is set for a benefit, then all PPA data for that benefit will be deleted, and the Suspended Premium Indicator will be set to ‘off’.

If the PIE End Date or the Separation Date (EDB 0140) is achieved before a plan code is changed from the default value, then daily periodic maintenance will change both the plan code and the PPA plan code to the Core value, the Pending Premium Activity flag will be set on and the Suspended Premium Indicator will be set on.

4. Employee Documents (IDOC) Modifications
   - The PIE End Date value will be displayed in the New Hire document.
   - The new default plan code values will be displayed in the Benefits document.

5. Post Authorization Notification (PAN) Modifications
   - The PIE End Date will be added to the HIRE PAN format.
   - A PAN event will be developed to notify Benefits Offices of changes to the PIE End Date that occur other than during a new hire.

6. On-line filed level help will be modified to provide the translation for the new default Plan Code values and the PIN Authorization Signature Date.

7. Payroll Computation Modifications
   - The compute process will be modified to detect the default medical, dental, and vision plan code values, and, if the coverage effective date and primary pay schedule indicate that a premium should be taken in the current compute, create Pending Premium Activity Table rows to indicate that one pay cycle’s worth of premium has been suspended rather than taken as a deduction.
   - If the Suspended Premium Indicator is set on, the PPA records with a Pending Premium Flag set on will be selected. The appropriate deductions and contributions will be taken, the record will be deleted, and the Suspended Premium Indicator set to ‘off’.
   - The premium computation process will be made sensitive to the Rate Effective Date on the Benefits Rates Table. For the normal medical, dental, and vision premiums, the pay period end date of the compute being run will be used to determine which set of rates is in effect. For suspended premiums, the Pending Premium Pay Period End Date will be used to determine which set of rates is in effect.
- The Rush Check Modeling process will be modified to recognize the default plan code values as valid but not calculate a premium or display it on the Rush Check Prospective Advise.

8. Carrier File Reporting will be modified to ensure that the default medical code does not appear on the interim carrier report or on the monthly carrier file.

9. The FCP monthly file will include the default values for the Medical Plan Code, Dental Plan Code and Vision Plan Code.

10. IVR Extract File
    - The PIN Authorization Signature Date and the PIE End Date will be included on the IVR Extract File.
    - A one-time program will update the IVR History File with the current EDB values of the PIN Authorization Signature Date and the PIE End Date.
Differences from Requirements

1. **Clarification**: Section 3 of S.R. 12599 (see Attachment 1 Page 20) asks that the Benefits Rate Effective Date is used to retrieve the appropriate premiums. Because there is only one byte available in the BRT key, only the year can be added to the key. Increasing the size of the key would require changing the VSAM Control Table, a major system change. Therefore, the requirements can be fulfilled with the stipulation that there can be only one set of rates per year. In fact, the rates have historically been changed only once a year, in January, and there is no expectation that this will be different in the future.
Program Changes

PPAPEUFE
The PPA Table data array processing will be added to this program.

PPAPEULF
The PPA Table data array processing will be added to this program.

PPAPEUPU
The PPA Table data array processing will be added to this program.

PPAPEUSR
The PPA Table data array processing will be added to this program.

PPBENCHG
The data element change indicator will be updated for SUS-PREMIUM-IND, PIE-END-DATE and PIN-SIGN-DATE if the value of the data element has changed.

PPBENFET
The SUS-PREMIUM-IND, PIE-END-DATE, PIN-SIGN-DATE will be added to those field being fetched from the EDB.

PPBENUPD
The SUS-PREMIUM-IND, PIE-END-DATE, PIN-SIGN-DATE will be added to those field being copied from the EDB Change File.

PPBENUT2
The SUS-PREMIUM-IND, PIE-END-DATE, PIN-SIGN-DATE will be added to those fields being accessed on the EDB.

PPBENUTW
The SUS_PREMIUM_IND, PIE_END_DATE, PIN_SIGN_DATE will be added to those columns being updated or inserted on the EDB.
**PPBENXDI**
This program will be modified to include the year of the KXDI-PAY-CYCLE-END-DATE passed to it by the calling program as part of the BRT key when selecting a BRT rate. If the calling program passes no Pay Cycle End Date, then the last day of the SCR Current Month and Year will be used.

**PPBENXHI**
This program will be modified to include the year of the KXHI-PAY-CYCLE-END-DATE passed to it by the calling program as part of the BRT key when selecting a BRT rate. If the calling program passes no Pay Cycle End Date, then the last day of the SCR Current Month and Year will be used.

**PPBENXVI**
This program will be modified to include the year of the KXVI-PAY-CYCLE-END-DATE passed to it by the calling program as part of the BRT key when selecting a BRT rate. If the calling program passes no Pay Cycle End Date, then the last day of the SCR Current Month and Year will be used.

The following programs, which update the DB2 History Dental Benefit Rates Table PPPBRD, will be modified to include the effective date as part of the key.

- PPBRDFET
- PPBRDHFT
- PPBRDHST

The following programs, which update the DB2 History Medical Benefit Rates Table PPPBHH, will be modified to include the effective date as part of the key.

- PPBRHFET
- PPBRHHFT
- PPBRHHST

The following programs, which update the DB2 History Vision Benefit Rates Table PPPBHO, will be modified to include the effective date as part of the key.

- PPBROFET
- PPBROHFT
- PPBROHST

**PPDXAPPT**
Code will be added to display the PIE End Date on the New Hire Employee Document when the value is not initial values with text indicating that it is the last day to enroll in health and welfare benefits.
PPDXBENI
Code will be added to display the PIE End Date and text indicating that the employee must make a selection of plan or opt out before the PIE End Date, if the plan code value is a default value.

PPEA002
This program performs the rehire implied maintenance edits. All entries in the PPA table will be deleted during a rehire action.

PPEC102
This program performs the health insurance implied maintenance edits. Code will be modified so that, if the value of the medical plan code (EDB 0292) is changed and the PIE End Date has not yet been achieved, then any Pending Premium Activity records with a Benefit Type of ‘M’, indicating health insurance, and a PPA Flag with a value not equal to ‘2’, indicating that the premium has already been taken, will be selected. In these selected records, the PPA Plan Code will be changed to the value of the medical plan code, the PPA Coverage will be changed to the value of the Health Coverage Code (EDB 0293) and the PPA Pending Flag will be set to ‘1’. The Suspended Premium Indicator value will be changed to ‘Y’.

If the PIE End Date has not been achieved, and the Medical Opt-Out Indicator (EDB 0377) is changed to a value of ‘X’, then any PPA records with a Benefit Type of ‘M’ will be deleted.

During file maintenance, if the Action Code value is ‘01’, the derivation of the default medical plan code, which is based on the value of the BELI (EDB 0360), will be changed to use the new default value ‘DM’.

PPEC112
This program is triggered by a change to the Most Recent Hire Date. Code will be added to derive the PIE End Date as a date 30 calendar days after the Most Recent Hire Date if either the Action Code has a value of ‘01’, indicating a new hire transaction, or the previous value of the Most Recent Hire Date was not initial values and the Action Code does not have a value of ‘01’ or ‘02’ (re-hire).

PPEC115
This program performs the dental insurance implied maintenance edits. Code will be modified so that, if the value of the dental plan code (EDB 0272) is changed and the PIE End Date has not yet been achieved, then any Pending Premium Activity records with a Benefit Type of ‘D’, indicating dental insurance, and a PPA Flag with a value not equal to ‘2’, indicating that the premium has already been taken, will be selected. In these selected records, the PPA Plan Code will be changed to the value of the dental plan code, the PPA Coverage will be changed to the value of the Dental Coverage Code (EDB 0273) and the PPA Pending Flag will be set to ‘1’.
If the PIE End Date has not been achieved, and the Dental Opt-Out Indicator (EDB 0378) is changed to a value of ‘X’, then any PPA records with a Benefit Type of ‘D’ will be deleted.

During file maintenance, if the Action Code value is ‘01’, the derivation of the default dental plan code, which is based on the value of the BELI, will be changed to use the new default value ‘DD’.

**PPEC120**
This program performs the vision insurance implied maintenance edits. Code will be modified so that, if the value of the vision plan code (EDB 0272) is changed and the PIE End Date has not yet been achieved, then any Pending Premium Activity records with a Benefit Type of ‘V’, indicating vision insurance, and a PPA Flag with a value not equal to ‘2’, indicating that the premium has already been taken, will be selected. In these selected records, the PPA Plan Code will be changed to the value of the vision plan code, the PPA Coverage will be changed to the value of the Vision Coverage Code (EDB 0273) and the PPA Pending Flag will be set to ‘1’.

If the PIE End Date has not been achieved, and the Dental Opt-Out Indicator (EDB 0378) is changed to a value of ‘X’, then any PPA records with a Benefit Type of ‘V’ will be deleted.

During file maintenance, if the Action Code value is ‘01’, the derivation of the default vision plan code, which is based on the value of the BELI, will be changed to use the new default value ‘DV’.

**PPEC127**
Code will be added to determine whether the PIN Date entered is greater than today’s date. If so the following error message will be displayed as a warning in batch and as an “Employee Reject” on-line.

**PIN SIGNATURE DATE CANNOT BE LATER THAN CURRENT DATE**

**PPEC705**
Code will be modified so that messages 08-637 and 12-637, CHANGING PLAN WITHOUT CHANGING PLAN CED, will not be issued if the previous Medical plan code value is ‘DM’. In determining whether dependents can be enrolled in a health plan, code value ‘DM’ will be treated as if it were blank, i.e. messages 08-609 and 12-609 will be issued and enrollment will not be allowed.

**PPEC706**
Code will be modified so that messages 08-637 and 12-637, CHANGING PLAN WITHOUT CHANGING PLAN CED, will not be issued if the previous Plan Code value is ‘DD’. In determining whether dependents can be enrolled in a dental plan, code value ‘DD’ will be treated
as if it were blank, i.e. messages 08-610 and 12-610 will be issued and enrollment will not be allowed.

**PPEC707**
Code will be modified so that messages 08-637 and 12-637, CHANGING PLAN WITHOUT CHANGING PLAN CED, will not be issued if the previous Vision Plan Code value is ‘DV’. In determining whether dependents can be enrolled in a dental plan, code value ‘DV’ will be treated as if it were blank, i.e. messages 08-611 and 12-611 will be issued and enrollment will not be allowed.

**PPEMI13**
Logic will be added to include the default medical plan code value, 'DM', to the de-enrollment test when the BELI value is ‘4’.

**PPIIVR**
The PIE End Date and the PIN Authorization Signature Date will be included on the IVR Extract File and IVR History File.

**PPKEYCHD**
The PPA table data will be added to this program.

**PPNETCLC**
This program will be modified to include code which updates the pay cycle end date before each call to the vision, dental or medical benefit rates module. If the pay cycle end date is in December, the date is changed to January of the next year before a call is made to the medical, dental or vision benefit rates modules.

**PPNETUPD**
This program will be modified to include code which updates the pay cycle end date before each call to the vision, dental or medical benefit rates module. If the pay cycle end date is in December, the date is changed to January of the next year before a call is made to the medical, dental or vision benefit rates modules.

**PPNTHIRE**
Code will be added to display the PIE End Date on the HIRE PAN.
PPNTTRG
Code will be added to create a new PAN even, PIEC, which will be triggered when the PIE End Date is changed and the Action Code is not ‘01’

PPP010
The Benefits Rates Table portion of this program will be modified to edit the Rate Effective Date input. If the date is not a valid date, then a fatal error message 01-097 will be issued.

BENFITS RATES: INVALID RATE EFFECTIVE DATE

If it is a valid date, and the benefit is dental, medical or vision, the year will be moved to the last byte of the BRT key.

The BRT listing will be modified to display the Effective Date as the “Earnings Effective Date” on the table listing.

PPP130
The PIE End Date will be added to the PER_EMP_STATUS cursor, which is used for employee record selection during daily EDB Periodic Maintenance processing.

PPP170
The set of PPA Table data elements will be added to the list of those that are bypassed by this program, which prints the PAF’s.

PPP250
The set of PPA Table data elements will be added to this program so that the data element values can be displayed.

PPP400
This program will be modified as follows.
- The use of program specific table views will be replaced by total table views.
- A section will be added to save all incoming values on the PPA Table. When deduction processing is concluded any changes to these data elements will be recorded as EDB Change File (ECF) records.
- Before the Preliminary PAR Loop section is performed, a routine will be added to check the EDB medical, dental and vision plan codes to determine whether they have default values. If the Employee’s Primary Pay Schedule (EDB 0152) is equal to the Payroll Control Record (PCR) pay cycle and, in the case of a BI-Weekly pay cycle, it is not the third pay cycle of the month, then the appropriate benefit calculation module will be called for each benefit type using the core benefit plan code, the benefit plan Coverage Effective Date on the EDB, and the PCR Pay End Date. If
the module returns a deduction or contribution value greater than zero, a Pending Premium Activity record will be created for that benefit type, using the default benefit plan code, the PCR pay cycle code, the PCR Pay End Date, and Coverage Code value of ‘U’.

- During current activity processing, before normal employee Gross-to-Net processing is performed, if the Suspended Premium Flag is set to ‘Y’, each PPA record with a Pending Premium Activity Flag with a value of ‘1’ will be selected and examined. The PPA Plan Code, Pay End Date, and Cycle will be used when calling the relevant benefit premium calculation module. If a deduction or contribution amount greater than zero is returned, the GTN numbers associated with the PPA Plan will be retrieved from the GTN Table and used to locate the correct deduction and contribution on the employee’s deduction array. The amounts will then be subtracted from the suspended balance for that deduction or contribution. After each PPA record has been processed, the PPA Flag will be changed to a value of ‘2’ and the PPA Add/Delete/Change flag will be set to ‘D’. When all the selected PPA records have been processed, the Suspended Premium Flag will be set to blank. The resulting suspended balances amounts will be taken subsequently when normal GTN processing takes place.

- Code will be added to the section which creates BEN Table ECF records to check for changes to the Suspended Premium Flag and make an ECF record if necessary.

**PPP560**
This program will be modified to substitute spaces for the plan code and coverage code if the plan code has a default value.

**PPP741**
Code which updates the PPPBRD, PPPBRH, and PPPBRO tables will be commented out.

**PPWEINS**
Code will be added to test for benefit plan code values that are default values before attempting to find the plan code on the GTN Table. If the benefit plan code is ‘DM’, ‘DD’ or ‘DV’, then it is not on the GTN Table, so it will not be searched.

**PPWEPD2**
The PIN Signature Date will be added to the EDB On-line Entry/Update program.

**PPWIGEN**
The PIN Signature Date will be added to the EDB On-line Inquiry program.

**PPWIINP**
This program will be modified to substitute the core benefit plan value, ‘CM’, ‘D1’, or ‘VI’, for the default plan values and to pass to these to the appropriate benefit rate calculation modules.
Code that displays GTN Table description for benefit plan codes will be replaced with CTT Table translation.

**PPWIINS**
This program will be modified to substitute the core benefit plan value, ‘CM’, ‘D1’, or ‘VI’, for the default plan values and to pass these to the appropriate benefit rate calculation modules.

Code that displays GTN Table description for benefit plan codes will be replaced with CTT Table translation.

**PPWRC20**
This program will be modified to substitute spaces for the default plan values before benefits rates are calculated. This will prevent an error message indicating an invalid plan code, since the plan code must normally be on the GTN Table. It will also prevent a premium from being calculated and displayed on the Rush Check Prospective Advice.
New Programs

**PPEI320**
This program will perform implied daily and monthly EDB maintenance. If this module is called during EDB monthly maintenance, code will delete all PPA records and change the value of the Suspended Premium Indicator to blank if the Separation Date (EDB 0140) is equal to or earlier than the Three Months Prior date.

If this module is called during EDB daily maintenance, code will determine if the medical, dental or vision plan codes have default values. If so, and the PIE End Date is prior to today’s date or the Separation Date (EDB 0140) is prior to today’s date, then the default plan code is changed to the corresponding core benefit plan code, i.e. the medical plan code is changed from ‘DM’ to ‘CM’, the dental plan code is changed from ‘DD’ to ‘D1’ and the vision plan code is changed from ‘DV’ to ‘VI’. If the plan code is changed, then the Suspended Premium Indicator value is changed to ‘Y’ and corresponding PPA plan code value and coverage value and flag are also be updated.

**PPNTPIEC**
This program will create the text for the PIEC PAN document. It will follow the format of the other PAN text writer modules. See Attachment D of Service Request 12599 for a sample of the text.

**PPPPAFET**
The program will be part of the EDB Fetch/Update complex. It will select all PPA Table data by data element number.

**PPPPAUPD**
The program will be part of the EDB Fetch/Update complex. It will move change record values to columns in a row of the PPA Table.

**PPPPAUTL**
The program will be part of the EDB Fetch/Update complex. It will read all PPA rows for an employee and put them into an array.

**PPPPAUTW**
The program will be part of the EDB Fetch/Update complex. It will delete, update, and insert PPA Table rows.
One-time Programs

PPORRRRA:

This one-time program will update the IVR History File with a PIN Authorization Signature Date and PIE End Date for all employees on the EDB.
CICS Maps

PPEPD20:
The PIN Signature Date will be added to this map. See below

**PIN Signature Date:**
- Oath Signature Date:
- I-9 Date:
- Education Level Code:
- Education Level Year:
- Non-UC Prior Service Code:
- Prior Service Months:
- Prior University Service Institution Code:

- Employment Service Credit:
- Employment Service Credit From Date:

- Current Specialty Code:
- Highest Degree Specialty Code:
- Highest Degree Institution Code:

PPIGEN0:
The PIN Signature Date will be added to this map. See below.

Gen No : Date of Hire : Lst Day on Pay:
Date of Birth : Citizen : Separation :
Sex : Visa Type : Sep Rsn/Dest :
Ethnic ID : Visa/Work Permit : LOA Beg :
Veteran Status : I-9 Date : LOA Return :
Vet Disab Stat : Oath Signature Date : LOA Type :
Hdcp Status : **PIN Signature Date** : Nx Sal Rev :
Stdt St/Units : Fed Tx Marit/Allw : Nx Sal Rev Typ:
UI Code : Fed Tax Max : EREL/ERL/EUC :
Retirement : Calif Tax Marit/Pers : EREP/ESH/EDUC :
FICA Elig Cd : Calif Tx Item : CAP Elig Code :
Asgn/Drv BELI : Calif Max : Other St Name :
Pay Disp : Other State CA Res :
APUC : Pr ID : Pr Name:
**PPIINP0:**
The size of the space allowed for the benefit description will be increased to 18 charters. The spacing between columns will be changed to allow for the increased size of the description.

**PPIINS0:**
The size of the space allowed for the benefit description will be increased to 18 charters. The size of the coverage column will be decreased to 6 characters and the spacing between columns will be changed to allow for the increased size of the description.
DDL Members

IXBPPA00C
This statement will create the PPA Table index. The table will be indexed on the primary key of EMPLOYEE_ID, PPA_BENEFIT_TYPE, PPA_PAY_CYCLE, PPA_PAY_END_DATE.

PPPVBEN1
The Suspended Premium Indicator (SUS_PREMIUM_IND), Period of Initial Eligibility End Date (PIE_END_DATE), and Pin Authorization Signature Date (PIN_SIGN_DATE) will be added to this view of the BEN Table.

PPPVBEN2
The Suspended Premium Indicator (SUS_PREMIUM_IND), Period of Initial Eligibility End Date (PIE_END_DATE), and Pin Authorization Signature Date (PIN_SIGN_DATE) will be added to this view of the BEN Table.

PPPVP.PPA1
This statement will create a view of the PPA Table.

PPPVP.PPA2
This statement will create a view of the PPA Table.

PPPVP.ZBEN
The Suspended Premium Indicator (SUS_PREMIUM_IND), Period of Initial Eligibility End Date (PIE_END_DATE), and Pin Authorization Signature Date (PIN_SIGN_DATE) will be added to this view of the BEN Table.

PPPVP.ZPPA
This statement will create a view of the PPA Table.

TBBEN00C
The Suspended Premium Indicator (SUS_PREMIUM_IND), Period of Initial Eligibility End Date (PIE_END_DATE), and Pin Authorization Signature Date (PIN_SIGN_DATE) will be added to this statement which creates the BEN Table.
The Suspended Premium Indicator (SUS_PREMIUM_IND), Period of Initial Eligibility End Date (PIE_END_DATE), and Pin Authorization Signature Date (PIN_SIGN_DATE) will be included in this statement which alters the BEN Table.

This statement will create the PPA Table with the following columns.

<table>
<thead>
<tr>
<th>Column Name</th>
<th>Type</th>
<th>Constraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMPLOYEE_ID</td>
<td>CHAR(9)</td>
<td>NOT NULL</td>
</tr>
<tr>
<td>PPA_BENEFIT_TYPE</td>
<td>CHAR(1)</td>
<td>NOT NULL</td>
</tr>
<tr>
<td>PPA_PAY_CYCLE</td>
<td>CHAR(1)</td>
<td>NOT NULL</td>
</tr>
<tr>
<td>PPA_PAY_END_DATE</td>
<td>DATE</td>
<td>NOT NULL</td>
</tr>
<tr>
<td>PPA_PAY_CYCLE</td>
<td>CHAR(1)</td>
<td>NOT NULL WITH DEFAULT</td>
</tr>
<tr>
<td>PPA_PLAN_CODE</td>
<td>CHAR(2)</td>
<td>NOT NULL WITH DEFAULT</td>
</tr>
<tr>
<td>PPA_COVERAGE</td>
<td>CHAR(3)</td>
<td>NOT NULL WITH DEFAULT</td>
</tr>
<tr>
<td>PPA_FLAG</td>
<td>CHAR(1)</td>
<td>NOT NULL WITH DEFAULT</td>
</tr>
<tr>
<td>PPA_ADC_CODE</td>
<td>CHAR(1)</td>
<td>NOT NULL WITH DEFAULT</td>
</tr>
</tbody>
</table>

This statement will create space for the PPA Table.
**INCLUDE Members**

The following include members will be modified or created to correspond to the same named DDL members.

- PPPVBEN1
- PPPVBEN2
- PPPVPPA1
- PPPVPPA2
- PPPVZBEN
- PPPVZPPA
Copylib Members

**CPLNKPPA**
This new copymember is the linkage for the PPPAUTL module.

**CPPDXDTS**
A routine to calculate the date three months prior to the current periodic maintenance current date will be added to this copymember.

**CPWSEPPA**
This new copymember is the pending premium data array for the PPA Table on PPPEDB.

**CPWSEPTR**
The number of tables will be changed to 32 in this copymember.

**CPWSRPPA**
This new copymember is the working storage for the PPPPPA row of the EDB.

**CPWSNGWB**
The new PAN event, PIEC, will be added to this copymember.

**CPWSXDTS**
The three months prior date, PIE daily range date and PIE daily run date will be added to this copymember.

**CPWSXICE**
The data element numbers for the PPA Table will be entered so that the EDB Fetch/Update Complex can reference them. The number of tables will be changed to 32.

**CPWSXIC2**
The maximum number of allowable PPA records for each employee, 21, has been added to this copymember.

**CPWSXIDC**
The maximum number of allowable PPA records for each employee, 21, has been added to this copymember.

The data element numbers for the PPA Table will be entered so that the EDB Fetch/Update Complex can reference them as part of a set transaction. The set will be called the PP set. However, no allowance will be made at this time in the data element table to process such a set since the table will be updated via implied maintenance and the compute only.

**CPWSXTBI**
The number of tables will be changed to 32 in this copymember.
Bind Members

**PPNTPIEC**
This statement binds the Package for program PPNTPIEC.

**PPPPAUPD**
A Package bind member will be created for PPPPAUPD.

**PPPPAUTL**
A Package bind member will be created for PPPPAUTL.

**PPPPAUTW**
A Package bind member will be created for PPPPAUTW

**PPP040**
PPPPAUTL and PPPPAUTW will be added to this Plan bind member.

**PPP080**
PPPPAUTL and PPPPAUTW will be added to this Plan bind member.

**PPP120**
PPPPAUTL and PPPPAUTW will be added to this Plan bind member.

**PPP130**
PPPPAUTL and PPPPAUTW will be added to this Plan bind member.

**PPP250**
PPPPAUTL will be added to this Plan bind member.

**PPP400**
PPPPAUTL will be added to this Plan bind member.

**PPP410**
PPPPAUTL and PPPPAUTW will be added to this Plan bind member.

One-time Bind Members

**PPORRRRA:**
A Plan bind member will be created for one-time program PPORRRRA.
Table Updates

Benefits Rates Table (PPPBRD, PPPBRH, PPPBRO):

Code Translation Table (PPPCTT):
The default benefit plan codes will be added as follows.

<table>
<thead>
<tr>
<th>Data Base</th>
<th>Element num.</th>
<th>Code</th>
<th>Length</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB</td>
<td>0272</td>
<td>DD</td>
<td>18</td>
<td>Default Dental</td>
</tr>
<tr>
<td>EDB</td>
<td>0292</td>
<td>DM</td>
<td>18</td>
<td>Default Medical</td>
</tr>
<tr>
<td>EDB</td>
<td>0347</td>
<td>DV</td>
<td>18</td>
<td>Default Vision</td>
</tr>
</tbody>
</table>

The following dental plan codes will be deleted.

<table>
<thead>
<tr>
<th>Data Base</th>
<th>Element num.</th>
<th>Code</th>
<th>Length</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB</td>
<td>0272</td>
<td>D1</td>
<td>9</td>
<td>Delta</td>
</tr>
<tr>
<td>EDB</td>
<td>0272</td>
<td>D3</td>
<td>9</td>
<td>PMI</td>
</tr>
</tbody>
</table>

Data Element to Screen Table (PPPDES):
New data elements will be added as follows.

<table>
<thead>
<tr>
<th>Element Number</th>
<th>Screen</th>
<th>Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>0750</td>
<td>EPD2</td>
<td></td>
</tr>
</tbody>
</table>

Data Element Table (PPPDET):
New data elements will be added as follows.

<table>
<thead>
<tr>
<th>Element Number</th>
<th>Description</th>
<th>Table</th>
</tr>
</thead>
<tbody>
<tr>
<td>0750</td>
<td>PIN SIG DATE</td>
<td>PPPBEN</td>
</tr>
<tr>
<td>0751</td>
<td>PIE END DATE</td>
<td>PPPBEN</td>
</tr>
<tr>
<td>0752</td>
<td>SUS PREMIUM IND</td>
<td>PPPBEN</td>
</tr>
<tr>
<td>0753</td>
<td>PPA BENEFIT TYP</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0754</td>
<td>PPA PAY CYCLE</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0755</td>
<td>PPA PAY END DAT</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0756</td>
<td>PPA PLAN CODE</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0757</td>
<td>PPA COVERAGE</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0758</td>
<td>PPA FLAG</td>
<td>PPPPPA</td>
</tr>
<tr>
<td>0759</td>
<td>PPP ACD CODE</td>
<td>PPPPPA</td>
</tr>
</tbody>
</table>
**Processing Group Table (PPPPGT):**

New processing routine number 310 must be added to processing groups 11 and 104 for program PPP130.

**Routine Definition Table (PPPRDT):**

New routine number 310 must be added to this table to identify the new called module PPEI320.

**System Messages Table (PPPMSG):**

The following message will be added as a ‘fatal’ message.
01-0148 BENFITS RATES: EFFECTIVE DATE INVALID

The following messages will be added as ‘warning’ in batch and ‘employee reject’ on-line
08-453 PIN SIGNATURE DATE CANNOT BE LATER THAN CURRENT DATE
12-453 PIN SIGNATURE DATE CANNOT BE LATER THAN CURRENT DATE

**System Parameter Table (PPPPRM):**

New System Parameter number 75, PIE DAYS, will be added. The value of this parameter will be 30, the amount of days that will be added to the hire date to arrive at the PIE End Date.
Attachments

Attachment 1 Service Request 12599
PPS Requirements
Defer Core Premiums for New Hire Enrollments in
Medical, Dental, and Vision

Final 05/14/97

Information Management
Information Resources and Communications
Office of the President
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Background

University of California employees are covered for medical, dental, and vision benefits as of the day they become eligible. Newly hired employees become eligible on their hire date if their initial appointment confers eligibility. Continuing employees who were not eligible for benefits at the time of hire become eligible on the first day of the appointment which confers eligibility. The employee has a 31-day period of initial eligibility (PIE) in which to make a choice of a specific carrier or to opt out of coverage. Unless the employee's medical, dental and vision choices are made and processed at the same time as the action which makes him eligible, the Payroll/Personnel System (PPS) establishes default enrollments on the employee record: Core Major Medical for medical, and if eligible for dental and vision, Delta Dental, and Vision Services Plan. An employee who does not make a selection during the PIE will remain in Core plans with single-party coverage and will not be allowed to change until the next Open Enrollment period.

No premium is assessed to the University or to the employee for the first month or partial month of coverage. Premiums are subsequently taken in advance for each month's coverage for medical, dental, and vision. If the employee's selection has not been recorded before the first compute from which premiums are to be taken, premiums are taken for the Core plans. These premiums represent a cost to the department only, since there is no employee cost for core coverage.

When the employee's selections are eventually recorded, retroactive adjustments must be processed to back out the premiums for core coverage and take the appropriate employer and employee portions of the premium for the selected plans. This represents a significant workload issue, and also a cost to campuses since the adjustments for the refund of the Core premiums are often overlooked.

UC Benefits has requested that a mechanism be provided in the PPS to defer charging the premiums for Core coverage, for newly hired employees only, for a period of time to allow the employee to make selections for medical, dental, and vision plans. If the employee does not enroll in or opt out of these plans by the end of the PIE, premiums for core coverage, single party enrollment, should be taken retroactively back to the point when premiums would have been charged.
PPS Modifications

Overview of PPS Modifications

1. New EDB data

A new data element must be added to the EDB to record the end date of the employee's Period of Initial Eligibility (PIE) for benefits enrollment.

A new data element must be added to the EDB to be used in the compute to "trigger" taking deferred premiums.

Additionally, a new set of data elements will need to be established on the EDB to record the pending premium activity. For purposes of this document, this data will be referred to as the "pending premium data". This data will be updatable in the compute process, the daily status derivation process, and the EDB maintenance process. None of the data will be enterable in on-line or batch; it will be derived.

2. EDB Maintenance Modifications

a. Derive end date of Period of Initial Eligibility

The EDB Maintenance process will need to derive the value of the new data element, Period of Initial Eligibility End Date, for new hires who are eligible for benefits. The date should be set to 31 calendar days after the Most Recent Hire Date.

b. Maintenance of medical, dental, and vision plan code values

Currently if the employee record indicates a BELI of 1, 2, 3, or 4, and the employee is not currently enrolled in, or opted out of, a plan for which the BELI indicates eligibility, the EDB Maintenance process derives coverage as follows:

BELI 1 - Core Medical plan-single party coverage, Delta Dental plan-single party coverage, Vision Service Plan-single party coverage

BELI 2,3,4 - Core Medical plan-single party coverage
The corresponding Coverage Effective Date is set equal to the BELI Effective Date.

It is suggested that this process be modified so that it continues to check for eligibility, but instead of defaulting the plan to Core Medical (CM), Delta Dental (D1), and Vision Service Plan (VI), the EDB Maintenance process would provide a value that indicates that the employee has not yet made a positive selection. For example, 'DM' for medical, 'DD' for dental, and 'DV' for vision. The default values for the coverage level and coverage effective date would remain the same.

Edits will need to be provided so that dependents may not be added when the plan code indicates one of the default values.

c. Process to update pending premium data when plan is chosen

The EDB maintenance process must be modified so that when the value of the Medical, Dental, or Vision Plan Code changes during the PIE (typically from the default value to another value when the employee makes a selection), the pending premium data is updated appropriately. The EDB Periodic Maintenance process must also be modified so that when the Medical, Dental, or Vision Plan Code is changed by the system from default values to core values (that is, the PIE has elapsed) the pending premium data is updated appropriately.

d. Process to change to core enrollment at end of PIE

A mechanism needs to be developed to change the medical, dental, and vision plans to the "real" core values if the employee does not make an explicit selection by the end of his PIE. It is suggested that this could be done in the daily employment status derivation process. The process should compare the employee's PIE End Date to the current date; if the current date is later than the PIE End date, appropriate Core defaults are made. If the employee's Separation Date is achieved prior to the end of the PIE, core defaults should be made as of the Separation Date so that final premiums are correctly taken.

3. On-line screen Modifications

On-line EDB Inquiry screens IINS and IINP show a translated value of the Medical, Dental, and Vision Plan Codes. These screens will need to show a translated value for the new default values. Additionally, these screens display a
calculated employer and employee cost for each of these plans. The screens will need to show the employer and employee cost for Core Medical, Delta Dental, and Vision Service Plan, single coverage, whenever the default value is present.

On-line EDB Inquiry screen Imem, and on-line EDB Entry/Update screen EINS show the actual code value for the Medical, Dental, and Vision Plan codes, and therefore no changes are required to these screens. On-line field-level help will be modified to provide the translation for the new default code values.

The new data element Period of Initial Eligibility End Date should not be added to any inquiry or entry/update screen at this time. Since it is only being derived for new hires, it will display blanks for the majority of employee records, which could cause confusion. A future project to maintain PIE End Date for rehired and continuing employees is planned, and PIE End Date will be added to the appropriate screens at that time.

The OPT2 screen in the on-line Rush Checks subsystem displays the plan code for the employee's current enrollments in medical, dental, and vision. It also allows those values to be entered by the user. These screens will need to accept the new default values for display and entry.

4. Documents to Employees (IDOC) Modifications

The new data element Period of Initial Eligibility End Date should be added to the New Hire IDOC format. The Benefits IDOC format will display appropriate wording for the new default plan code values.

5. PAN Modifications

The BENE PAN format shows the translated values for the Medical, Dental, and Vision Plan Codes. The BENE PAN format should show the appropriate translation for the new default values. It is expected that translated values will reside on the Code Translation Table and that no programming changes will be needed.

The PIE End Date should be added to the HIRE PAN format.

A new Post Authorization Notification event should be developed to notify Benefits Offices of changes to the PIE End date that occur other than during a new hire.
6. **History**

   The new data element Period of Initial Eligibility End Date does not need to be captured in the Historical Data Base (HDB). The new Suspended Premium "trigger" data element and the suspended premium data do not need to be captured in the HDB.

7. **Compute Process Modifications**

   Changes to the compute process will be required to detect the default medical, dental, and vision plan codes, and create an entry in the new EDB table to indicate that one pay cycle's worth of premium has been suspended.

   Changes to the compute process will be required to query the new trigger data element to see if there are suspended premiums that need to be taken in the current compute, and then to access the new EDB table to retrieve suspended premium information.

   Changes to the compute process will be required to make the premium computation process for medical, dental, and vision plans sensitive to the Rate Effective Date on the Benefits Rates Table.

8. **Control Table Modifications**

   It is expected that changes to various Control Tables will need to be made to support the new functions outlined in these requirements.

9. **Expense Distribution Modifications**

   No changes to the expense distribution process should be required.

10. **Carrier File Reporting Modifications**

    Employee records with the default medical code should not be reported on the interim carrier report or on the monthly carrier file.

11. **BCS/CPS Interface**
The new default values for Medical Plan Code, Dental Plan Code, and Vision Plan Code should be passed on the FCP monthly file. It is not expected that any changes are required to the interface process to support this.

12. **IVR Extract file**

The new default values for the Medical Plan Code, Dental Plan Code and Vision Plan Code should be passed on the daily IVR Extract File. It is not expected that any programming changes are required to support this.

The new data element Period of Initial Eligibility End Date should be added to the IVR Extract file.

13. **IVR Infoline and Open Enrollment Considerations**

Bencom Infoline and Open Enrollment process will need to be modified to appropriately handle the new default medical, dental, and vision plan codes. Those changes are outside the scope of these PPS requirements, but the PPS changes will be coordinated with the appropriate UC Benefits departments.

**New EDB Data**

New data element Period of Initial Eligibility End Date must be added to the EDB. This data element is a date in standard date format.

New data element Suspended Premium Indicator must be added to the EDB. This data element is a single alphanumeric character. Value "Y" indicates 'Yes, there are suspended premiums to be taken'. Value 'N' or 'blank' indicates 'No, there are no suspended premiums to be taken'.

A new set of data elements will need to be established on the EDB to record the pending premium activity. The following data elements should be included:

1. Pending Premium Type of Insurance  (M-medical, D-dental, V-vision)  
2. Pending Premium Plan Code (from EDB 0292, 0272, or 0347)  
3. Pending Premium Coverage Level (from EDB 0293, 0273, or 0348)  
4. Pending Premium Pay Cycle Code (M-monthly,B-biweekly, or S-semimonthly)
Attachment A

5. Pending Premium Pay Period End Date (standard date format)

6. Pending Premium Activity Flag (to indicate if an occurrence of suspense premium data is to be processed in the next appropriate compute cycle; 0 = no, 1 = yes)

The key elements in the set are the Type of Insurance Code, Pay Cycle Code, and the Pay Period End Date.

Draft data dictionary pages are shown as attachment A.
EDB Maintenance Modifications

EDB File Maintenance

1. **Currently** the end date of the period of initial eligibility (PIE) for benefits is not recorded in the PPS.

   A data element to record the last day of the PIE is being added to the EDB as part of these requirements (see previous section). The EDB Maintenance process **should be enhanced** to derive the value of the Period of Initial Eligibility End Date as follows:

   a. During a New Hire process (Action Code 01 is entered in batch or on-line), if the Benefits Eligibility Level Indicator-BELI (EDB 0360) has a value of '1', '2', '3' or '4', the PIE End Date should be set equal to the Most Recent Hire Date (EDB 0113) plus 31 days.

   b. When the Most Recent Hire Date (EDB 0113) is changed, and there is no Action Code '01' or Action Code '02' entered (for example, when a correction is made to the Hire Date), if there is an existing non-initial value in the PIE End Date, the PIE End Date should be set equal to the new value of Most Recent Hire Date plus 31 days.

   For example, if the value of Most Recent Hire Date is 2/26/97, the PIE End Date is derived as 3/28/97. The employee has until midnight on 3/28/97 to make benefits enrollments.

2. **Currently** the BELI Derivation process in EDB File Maintenance provides the following default values for the Medical, Dental, and Vision Plan Codes if the BELI indicates eligibility for the plan and no enrollment or optout is recorded:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CM</td>
<td>D1</td>
<td>VI</td>
</tr>
</tbody>
</table>
The BELI Derivation process **should be modified** so that during a new hire process (Action Code '01' is entered in on-line or batch), new values for the medical, dental, and vision plan codes are used when the BELI indicates eligibility and no enrollment or optout is recorded:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2,3</td>
<td>CM</td>
<td>blank</td>
<td>blank</td>
</tr>
<tr>
<td>4</td>
<td>CM</td>
<td>blank</td>
<td>blank</td>
</tr>
</tbody>
</table>

The BELI Derivation process for rehires or continuing employees should continue to derive core coverage values of 'CM', 'D1', and 'VI' for employees eligible for medical, dental, and/or vision coverage.

Note that no change is requested to the derivation of Medical, Dental, or Vision Coverage level, and no change is requested to the derivation of Medical, Dental, or Vision Coverage Effective Dates. Also no change is requested to the derivation of BELI Effective Date (EDB 0341).

3. **Currently** the system edits for a change to the Medical, Dental, or Vision Plan Code values when the corresponding Coverage Effective Date value is not changed at the same time. If this condition is detected, the following warning level messages are issued:

- 08-637  CHANGING PLAN WITHOUT CHANGING PLAN CED
- 12-637  CHANGING PLAN WITHOUT CHANGING PLAN CED
The edits should be modified so that this message is not issued for the following cases:

the previous value of Medical Plan Code (EDB 0292) is 'DM';

the previous value of Dental Plan Code (EDB 0272) is 'DD';

the previous value of Vision Plan Code (EDB 0347) is 'DV'.

4. Currently dependent data may be added to enroll dependents in any plans in which the employee is enrolled. Dependents may not be enrolled in a plan if the employee is not enrolled. If a Dependent Coverage Effective Date (EDB 0639, EDB 0640, EDB 0641) is entered and the employee is not enrolled in the corresponding plan, one or more of the following messages are issued and the enrollment is blocked:

08-609 DEPENDENT MEDICAL ENROLLMENT NOT ALLOWED-EMPLOYEE NOT ENROLLED
08-610 DEPENDENT DENTAL ENROLLMENT NOT ALLOWED-EMPLOYEE NOT ENROLLED
08-611 DEPENDENT OPTICAL ENROLLMENT NOT ALLOWED-EMPLOYEE NOT ENROLLED

These edits should be modified so that a value of 'DM' for Medical Plan Code (EDB 0292) is handled the same as a blank Medical Plan Code, a value of 'DD' for Dental Plan Code (EDB 0272) is handled the same as a blank Dental Plan Code, and a value of 'DV' for Vision Plan Code (EDB 0347) is handled the same as a blank Vision Plan Code. In other words, enrollment for dependents should be blocked if the employee has a default plan code value, and the appropriate message(s) should be issued.

5. The EDB Maintenance process must be enhanced to maintain the new pending premium data. When the employee record is changed from any valid plan code (including the new default plan codes DM, DD, and DV) to any other valid plan code, or if the coverage level is changed, or if the optout indicator is set to 'X', the system must determine if there are any entries in the pending premium set of data. If there are, and if the PIE End Date has not yet been achieved, the corresponding entries in the pending premium set of data should be updated as follows:

a. If the Medical Plan Code (EDB 0292) value is changed before the end of the PIE, the Pending Premium Plan Code for all existing occurrences of pending premium data with a Type of Insurance of 'M' (medical) should be changed to the
new value in EDB 0292. If the Medical Plan Coverage Code (EDB 0293) is changed before the end of the PIE, the Pending Premium Coverage Level should be set to the value in EDB 0293. The Pending Premium Activity Flag for each of those occurrences should be set to '1', to indicate that suspended premiums are to be taken for that occurrence in the next appropriate compute.

b. If the Dental Plan Code (EDB 0272) value is changed before the end of the PIE, the Pending Premium Plan Code for all occurrences of pending premium data with a Type of Insurance of 'D' (dental) should be changed to the new value in EDB 0272. If the Dental Plan Coverage Code (EDB 0273) is changed before the end of the PIE, the Pending Premium Coverage Level for each of those occurrences should be set to the value in EDB 0273. The Pending Premium Activity Flag for each of those occurrences should be set to '1', to indicate that suspended premiums are to be taken for that occurrence in the next appropriate compute.

c. If the Vision Plan Code (EDB 0347) value is changed before the end of the PIE, the Pending Premium Plan Code for all occurrences of pending premium data with a Type of Insurance of 'V' (vision) should be changed to the value in EDB 0347. If the Vision Plan Coverage Code (EDB 0348) is changed before the end of the PIE, the Pending Premium Coverage Level for each of those occurrences should be set to the value in EDB 0348. The Pending Premium Activity Flag for each of those occurrences should be set to '1', to indicate that suspended premiums are to be taken for that occurrence in the next appropriate compute.

Note that there may be cases where the Pending Premium Activity Flag has already been set to '1', indicating that the employee has made his selection, and a subsequent change to the plan code or coverage level is made in EDB Maintenance. For example, the employee may enroll in medical plan KN on the IVR, and the Benefits office may approve and process a change (using the paper process) to medical plan HN. If there is still an entry in the pending premium table for KN, that means that the suspended premiums have not yet been taken. The KN should be changed to HN, and the coverage level should also be changed, if necessary.

d. If the Medical Opt-Out Indicator (EDB 0377) is set to 'X' before the end of the PIE, then all occurrences of pending premium activity with a Pending Premium Type of Insurance Indicator equal to 'M' should be deleted.
e. If the Dental Opt-Out Indicator (EDB 0378) is set to 'X' before the end of the PIE, then all occurrences of pending premium activity with a Pending Premium Type of Insurance Indicator equal to 'D' should be deleted.

f. If the Vision Opt-Out Indicator (EDB 0379) is set to 'X' before the end of the PIE, then all occurrences of pending premium activity with a Pending Premium Type of Insurance Indicator equal to 'V' should be deleted.

If one or more Pending Premium Activity Flags are turned "on", that is, have a value of ‘1’, then the Suspended Premium Indicator should be set to 'Y'.

Note that if a change is made to the plan or coverage level, or if the opt-out indicator is set to 'X' AFTER the PIE End Date, the entries in the pending premium table should NOT be modified. Changes made after the PIE End Date are on a prospective basis only, and any suspended premiums must be taken.

If a Rehire is processed (Action Code '02' is entered in on-line or batch), all pre-existing entries in the pending premium table should be deleted.

**EDB Periodic Maintenance - Daily Employment Status Derivation**

Currently the daily employment status derivation process evaluates various dates on the employee's record to determine the appropriate value for the Employment Status data element, and performs various other related functions.

This process **should be modified** to additionally perform the following functions:

1. Compare the PIE End Date with the current date. If the current date is later than the PIE End Date, and the employee still has 'DM' in Medical Plan Code, 'DD' in Dental Plan Code, or 'DV' in Vision Plan Code, maintenance should be done as follows:
   
   a. If Medical Plan Code (EDB 0292) is 'DM', it should be set to 'CM'. Coverage level should remain at 'U', and no change should be made to the Medical Coverage Effective Date.

   b. If Dental Plan Code (EDB 0272) is 'DD', it should be set to 'D1'. Coverage level should remain at 'U', and no change should be made to the Dental Coverage Effective Date.
c. If Vision Plan Code is 'DV', it should be set to 'VI'. Coverage level should remain at 'U', and no change should be made to the Vision Coverage Effective Date.

2. Compare the Separation Date (EDB 0140) with the current date. If the current date is later than the Separation Date, and the employee still has 'DM' in Medical Plan Code, 'DD' in Dental Plan Code, or 'DV' in Vision Plan Code, maintenance should be done as follows:

   a. If Medical Plan Code (EDB 0292) is 'DM', it should be set to 'CM'. Coverage level should remain at 'U', and no change should be made to the Medical Coverage Effective Date.

   b. If Dental Plan Code (EDB 0272) is 'DD', it should be set to 'D1'. Coverage level should remain at 'U', and no change should be made to the Dental Coverage Effective Date.

   c. If Vision Plan Code is 'DV', it should be set to 'VI'. Coverage level should remain at 'U', and no change should be made to the Vision Coverage Effective Date.

3. Maintenance to the pending premium data and the Suspended Premium Indicator should be performed in the daily process in the same manner as outlined for explicit EDB Maintenance (see the previous section); that is, the plan code values should be changed and flags set so that appropriate suspended premiums for core coverage are taken in the next compute.

EDB Periodic Maintenance - Daily Update from the IVR

A separate PPS requirements document is being prepared to specify a process which will apply daily updates from the New Hire IVR application to the campus EDBs. Because those updates may include enrollments in medical, dental, and vision, that process will also perform maintenance on pending premium data and the Suspended Premium Indicator as outlined above.

EDB Periodic Maintenance - Monthly Maintenance

It is possible that Pending Premium Data entries could be created and not cleared in the normal process. For example, an employee hired on 10/15 could have entries for medical, dental, and vision established by the monthly compute run on 10/27. On 10/28, a separation is processed for the employee, effective 10/31. Because the
employee receives no pay after the 11/1 check, there is no way to take the suspended core premiums, and therefore the pending premium data would remain on the EDB.

The EDB Monthly Maintenance process should be modified to check for the existence of Pending Premium Data entries for separated employees. If there are Pending Premium Data entries, and if the month of the Separation Date (EDB 0140) is three months or more prior to the month being ended, all occurrences of Pending Premium Data should be deleted, and the Suspended Premium Indicator should be set to blank.

Note that it may be determined during the design phase of this project that this initialization could more effectively be done during the EDB Maintenance Daily Employment Status Derivation process.
On-line Screen Modifications

1. IINS and IINP screens (EDB Inquiry-Insurance)

Processing for the IINS and IINP screens must be modified so that employer contributions and employee costs for the new default values are the same as for core coverage. If the Medical Plan Code is 'DM', the costs for Core Major Medical, single-party coverage, should be displayed. If the Dental Plan Code is 'DD', the costs for Delta Dental, single-party coverage, should be displayed. If the Vision Plan Code is 'DV', the costs for Vision Services Plan, single-party coverage, should be displayed.

Note that the pending premium data and the Suspended Premium Indicator will not be added to any on-line inquiry or entry/update screens. These fields are totally system derived and are populated with data for only a brief period of time.

2. OPT2 screen (Rush Checks Option 2/Modelling)

Currently the OPT2 screen displays the values from the EDB record for Medical Plan Code, Dental Plan Code, and Vision Plan Code. It also allows the user to overlay the displayed value with an entered value. This screen should display the new default values when appropriate, and should also allow those values to be entered. Changes to the actual processing of default plan codes in the rush check modelling process are specified in the Compute section of this document.
Employee Document (IDOC) Modifications

The new data element Period of Initial Eligibility End Date should be added to the New Hire Employee Document. The information on PIE End Date should only be printed when the field is not initial values.

The Summary of UC Benefits Enrollment Employee Document displays medical, dental, and vision enrollment information. Modifications should be made so that the Benefits Enrollment IDOC gives a description of the status and displays the PIE End Date for employees with default plan codes on the EDB. Following is the desired text for each default plan:

Medical Plan 'DM':

You have not yet made your medical plan selection. You must enroll or opt out within your period of initial eligibility, which ends on mm/dd/yy.

Dental Plan 'DD':

You have not yet made your dental plan selection. You must enroll or opt out within your period of initial eligibility, which ends on mm/dd/yy.

Vision Plan 'DV':

You have not yet made your vision plan selection. You must enroll or opt out within your period of initial eligibility, which ends on mm/dd/yy.

Additionally the length of the Dental Plan Code translation is currently limited to nine characters. This should be modified so that an 18 character translation can be displayed.

See Attachment C-1 for a sample of the Hire IDOC format with the suggested placement of the PIE End Date. See Attachment C-2 for a sample of the Benefits IDOC with the suggested wording for employees with default coverage.
Post Authorization Notification (PAN) Modifications

The new data element Period of Initial Eligibility End Date should be added to the HIRE PAN format.

A new PAN event and notification text must be created to indicate that the PIE End Date has been changed. The intended audience for this notice is the Benefits Office. This PAN format should be triggered by a change to the PIE End Date when a new hire (Action Code ’01’) is not being done for the employee. The notification text should include the 'before' and 'after' values of the PIE End Date, and the 'before' and 'after' values of the Most Recent Hire Date (EDB 0114). An asterisk should be printed to the right of the label when the 'after' value is different from the 'before' value.

See Attachment D for samples of the 'HIRE' PAN format with placement of PIE End Date and the new 'PIEC' PAN format.
Compute Modifications

Currently the Gross-To-Net process in the Compute determines whether to take a deduction for Medical, Dental, or Vision by checking to see if the employee record's Plan Code value matches the value shown in the Benefit Plan field on the Gross-to-Net Table entry. If it does, and if the corresponding coverage effective date indicates that a premium should be taken in the current compute, a premium is calculated and the appropriate contributions and deductions are generated. Modifications must be made to the compute process to support the deferral of premiums as follows:

1. The compute process needs to recognize the new default values for Medical, Dental, and Vision Plan Codes, and perform the following instead of taking a deduction:

   If the Medical Plan Code is 'DM', an occurrence of pending premium data should be created with the following data:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Value or source of data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Premium Type</td>
<td>'M'</td>
<td>to indicate 'medical'</td>
</tr>
<tr>
<td>Pending Premium Plan Code</td>
<td>from EDB0292</td>
<td>should always be 'DM'</td>
</tr>
<tr>
<td>Pending Premium Coverage Level</td>
<td>from EDB0293</td>
<td>should always be 'U' for single-party coverage</td>
</tr>
<tr>
<td>Pending Premium Pay Cycle</td>
<td>current pay cycle</td>
<td>'M' - monthly&lt;br&gt;'B' - biweekly&lt;br&gt;'S' - semimonthly</td>
</tr>
<tr>
<td>Pending Premium Pay Period End Date</td>
<td>from current pay cycle</td>
<td>mmddccyy</td>
</tr>
<tr>
<td>Pending Premium Activity Flag</td>
<td>zero</td>
<td></td>
</tr>
</tbody>
</table>
If the Dental Plan Code is 'DD', an occurrence of pending premium data should be created with the following data:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Value or source of data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Premium Type</td>
<td>'D'</td>
<td>to indicate 'dental'</td>
</tr>
<tr>
<td>Pending Premium Plan Code</td>
<td>from EDB0272</td>
<td>should always be 'DD'</td>
</tr>
<tr>
<td>Pending Premium Coverage Level</td>
<td>from EDB0273</td>
<td>should always be 'U' for single-party coverage</td>
</tr>
<tr>
<td>Pending Premium Pay Cycle</td>
<td>from current pay cycle</td>
<td>'M' - monthly 'B' - biweekly 'S' - semimonthly</td>
</tr>
<tr>
<td>Pending Premium Pay Period End Date</td>
<td>from current pay cycle</td>
<td>mmddccyy</td>
</tr>
<tr>
<td>Pending Premium Activity Flag</td>
<td>zero</td>
<td></td>
</tr>
</tbody>
</table>

If the Vision Plan Code is 'DV', an occurrence of pending premium data should be created with the following data:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Value or source of data</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending Premium Type</td>
<td>'V'</td>
<td>to indicate 'vision'</td>
</tr>
<tr>
<td>Pending Premium Plan Code</td>
<td>from EDB0347</td>
<td>should always be 'DV'</td>
</tr>
<tr>
<td>Pending Premium Coverage Level</td>
<td>from EDB0348</td>
<td>should always be 'U' for single-party coverage</td>
</tr>
<tr>
<td>Pending Premium Pay Cycle</td>
<td>from current pay cycle</td>
<td>'M' - monthly 'B' - biweekly 'S' - semimonthly</td>
</tr>
</tbody>
</table>
Pending Premium Pay Period End Date | from current pay cycle | mmddccyy
--- | --- | ---
Pending Premium Activity Flag | zero

2. The compute process must recognize when there are pending premiums to be taken, as follows.

If the Suspended Premium Indicator is "on" (value = 'Y'), the compute process must examine the EDB table of pending premium activity. For each occurrence in the table with a Pending Premium Activity Flag of '1', the compute must take the appropriate deduction and then delete the occurrence of pending premium activity. For example, if the pending premium data is as shown in the following table,

<table>
<thead>
<tr>
<th>EDB Pending Premium Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
</tr>
<tr>
<td>-----</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>V</td>
</tr>
<tr>
<td>M</td>
</tr>
<tr>
<td>D</td>
</tr>
<tr>
<td>V</td>
</tr>
</tbody>
</table>

the compute for the 3/14/97 pay period end date should do the following:

a. Compute a biweekly premium for Kaiser North, family coverage for the pay period ending 2/14/97, determining the employer cost and the employee cost

b. Compute a biweekly premium for Kaiser North, family coverage, for the pay period ending 2/28/97, determining the employer cost and the employee cost
c. Add together the employer costs and take a single amount as a previously suspended contribution

d. Add together the employee costs and take a single amount as a previously suspended deduction

e. Compute a biweekly premium for Vision Services Plan, family coverage, for the pay period ending 2/14/97, determining the employer cost and the employee cost

f. Compute a biweekly premium for Vision Services Plan, family coverage, for the pay period ending 2/28/97, determining the employer cost and the employee cost, if any

g. Add together the employer costs and take a single amount as a previously suspended contribution

h. Add together the employee costs and take a single amount as a previously suspended deduction

i. Delete all the rows with a Pending Premium Activity Flag of ‘1’

The computation of the premium must use the rate that was in effect at the time the premium would have been taken. For example, if there is an entry for medical with a Pending Premium Pay Period End Date of 11/30/97, and the suspended premium for that entry is being taken in the compute for the 1/1/98 checkwrite, the premium should be calculated using 1997 rates, not 1998 rates. To accomplish this, the premium calculation process will have to make use of the Rate Earnings Effective Date for the appropriate plan from the Benefits Rate Table, as specified in the following item.

3. The compute must be modified to use the Benefits Rate Earnings Effective Date to retrieve the appropriate premiums for Medical, Dental, and Vision plans. The Effective Date associated with a set of premiums on the BRT is the date for which coverage at the associated rate becomes effective. For example, a date of 1/1/98 associated with a set of premium rates would indicate that those premium rates should be used for coverage on 1/1/98 and later.

The compute must determine whether the benefit premium is paid in advance or arrears.
For an advance premium, the compute should use the set of rates where the Benefit Rate Effective Date is the most recent date which is equal to or prior to one month after the month of the pay period end date.

For an arrears premium, the compute should use the set of rates where the Benefit Rate Effective Date is the most recent date which is equal to or prior to the month of the pay period end date.

For the normal medical, dental, and vision premiums, the pay period end date to be used is that of the compute being run. For the premiums for entries in the Pending Premium array, the pay period end date is the Pending Premium Pay Period End Date.

The following examples use the rates from the BRT as shown in the table below.

<table>
<thead>
<tr>
<th>Eff Date</th>
<th>KN U</th>
<th>KN UU</th>
<th>KN UUU</th>
<th>PH U</th>
<th>PH UU</th>
<th>PH UUU</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/96</td>
<td>90.00</td>
<td>180.00</td>
<td>270.00</td>
<td>400.00</td>
<td>600.00</td>
<td>800.00</td>
</tr>
<tr>
<td>1/1/97</td>
<td>100.00</td>
<td>200.00</td>
<td>300.00</td>
<td>500.00</td>
<td>700.00</td>
<td>900.00</td>
</tr>
<tr>
<td>1/1/98</td>
<td>125.00</td>
<td>225.00</td>
<td>325.00</td>
<td>550.00</td>
<td>770.00</td>
<td>990.00</td>
</tr>
</tbody>
</table>

Example 1, employee with no pending activity:

On 11/22/97, the compute is run for the biweekly pay period ending 11/15/97. An employee is enrolled in Kaiser North, family coverage. The compute checks the medical rates on the BRT and sees that there are three sets of entries for KN UUU - one for coverage effective 1/1/96, one for coverage effective 1/1/97 and one for coverage effective 1/1/98. Medical is an advance plan, so the premiums to be taken are for December coverage. 01/98 is after December, so those rates cannot be used. The closest entry which is prior to December is the entry for 1/1/97. The rate of $300.00 is selected and the appropriate UC contribution and employee deduction is calculated.

Example 2, employee with pending activity:

An employee is hired on 11/14/97 and has the following pending premium data recorded on the EDB:
On 12/30/97, the compute is run for the biweekly pay period ending 12/27/97. The employee is currently enrolled in PruHi, two-party coverage. The compute checks the medical rates on the BRT and compares the Benefits Rates Effective Date with each pay period end date involved:

a. The first entry in the pending premium data array has a pay period end date of 11/29/97. The rate entry with the effective date of 1/1/97 is selected. A rate of $700.00 is used and the appropriate employee deduction and UC contribution is calculated.

b. The second entry in the pending premium data array has a pay period end date of 12/13/97. January premiums are paid in advance out of December earnings. The rate entry with the effective date of 1/1/98 is selected, because 01/98 is equal to one month after the month of the pay period end date. A rate of $770.00 is used and the appropriate employee deduction and UC contribution is calculated.

c. The compute adds together the employer costs and takes a single amount as a previously suspended contribution.

d. The compute adds together the employee costs and takes a single amount as a previously suspended deduction.

e. The pay period end date for the current compute is 12/17/97. The rate entry with the effective date of 1/1/98 is selected. A rate of $770.00 is used and the appropriate employee deduction and UC contribution is calculated.

f. The compute takes the appropriate contribution and deduction.

**Modification to Rush Check Modelling process**
Currently the Rush Check Modelling process in the on-line subsystem issues message 'Invalid plan on transaction input' when an invalid value is entered in the Medical, Dental, or Vision plan code fields on the OPT2 screen.

This process should be modified so that this message is not issued for values of 'DM' in the Medical Plan Code field, 'DD' in the Dental Plan Code field, and 'DV' in the Vision Plan Code field.

Additionally, the process should be modified to treat the default values (DM, DD, and DV) as if the plan code field is blank; that is, no premium should be calculated or displayed on the Rush Check Prospective Advice.
Control Table Modifications

Code Translation Table

The Code Translation Table currently stores translated values for the Medical Plan Code (EDB0292), Dental Plan Code (EDB0272) and Vision Plan Code (EDB0347). Entries must be made in this table to provide translation of the new default values, as follows:

EDB 0292 value DM length 18 Pending Medical
EDB 0272 value DD length 18 Pending Dental
EDB 0347 value DV length 18 Pending Vision

The CTT currently contains an entry for EDB 0272 with a length of '09'. It appears that this length is used only by the Summary of UC Benefits Enrollment IDOC format. Since these requirements ask that the Dental Plan Code translation on the Benefits IDOC be expanded to 18, the entry with the length of '09' is no longer required and should be deleted.

Other Tables

Changes to the Data Element Table will be required to support new data elements and new values for existing data elements.

GTN Table entries and/or modifications to the GTN Table itself may be required as part of the system solution to support deferring premiums in the compute process.

The System Messages Table will need to be updated to add the new messages specified in the EDB Maintenance section.

The Benefit Rates Table will need to support entering the Rate Earnings Effective Dates for Medical, Dental, and Vision. This date will be the coverage effective date for the new rates, and will be uniform for all locations. For example, if rate changes go into effect January 1, 1998, new rates will be established on the BRT with an effective date of 01/01/98. Computes for December earnings in 1997 will use the rates with an effective date of 01/01/98, because the premiums being taken from December earnings are in advance for January coverage.
The specifics of these changes will be addressed in the design phase of the project.

**Carrier File Modifications**

**Interim Carrier Report process**

Modifications should be made to the interim carrier report process so that employee records with the default plan codes are not reported on the interim carrier report. These employees should be reported when the plan code changes from the default value to core or career plans.

**Monthly Carrier File process**

Modifications should be made to the monthly carrier file process so that employee records with the default plan codes are not reported on any carrier file or report.

**IVR Extract File Modifications**

The Period of Initial Eligibility End Date must be added to the IVR Extract file. Modifications to the IVR Extract file required to support the New Hire Enrollment application will be outlined in a separate requirements document.
Considerations for IVR Infoline and Open Enrollment

Bencom Infoline will need to recognize the new default Medical, Dental, and Vision Plan Code values and speak the appropriate response to the caller.

It will be possible for a newly hired employee to call bencom Open Enrollment before making selections in the new hire branch. The Open Enrollment application will need to properly handle the new default Medical, Dental, and Vision Plan Code values in the script and on the confirmation statement.

There is also the possibility that the newly hired employee will call the open enrollment line by mistake, and think that he is making his new hire selections. Consideration should be given to how this should best be handled. For example, should the open enrollment branch check for the default values and remind the employee that changes made during open enrollment do not take effect until January 1? Or should there be a global message to all employees at the beginning of both the New Hire branch and the Open Enrollment branch? These issues will be addressed by the UCOP Benefits team in charge of the New Hire Enrollment IVR application and the Open Enrollment IVR application.

Attachments

A. Data Dictionary draft pages for new data elements

B. Data Dictionary draft pages for changes to existing data elements

C. Sample Employee Document (IDOC) format

D. Sample Post Authorization Notification (PAN) formats
System Number: EDB
User Access Name: nnnn-n
Programming Name: 
Revision Date: 

Edit Requirement

Comments
Source(s): PPP120
Use(s)
Locations(s):

Name: PERIOD OF INITIAL ELIGIBILITY END DATE
Type: ALPHANUMERIC
Length:

Format standard date

General Description

Last day of the employee’s period of initial eligibility for enrollment in University-sponsored benefits.

Code Interpretation
System Number: EDB
User Access Name: nnnn-n

Programming Name:
Revision Date:

Edit Requirement

Comments
Source(s): PPP120, PPP400
Use(s) calculation
Locations(s):

Name: SUSPENDED PREMIUM INDICATOR
Type: ALPHANUMERIC
Length: 1

Format

General Description
Code indicating whether or not there is one or more suspended benefits premiums to be taken in the compute.

Code Interpretation
Y - Yes, there is suspended premium data
N - No, there is no suspended premium data
blank - No, there is no suspended premium data
System Number: EDB
User Access Name: nnnn-n
Programming Name:
Revision Date:
Edit Requirement
Comments
Source(s): PPP120,PPP400
Use(s) calculation
Locations(s):
Name: PENDING PREMIUM TYPE OF INSURANCE
Type: ALPHANUMERIC
Length: 1

Format

General Description
Code indicating whether the associated pending premium data entry is for medical, dental, or vision insurance.

Code Interpretation

M - Medical
D - Dental
V - Vision
System Number: EDB
User Access Name: nnnn-n

Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name: PENDING PREMIUM PLAN CODE
Type: ALPHANUMERIC
Length: 2

Format

General Description

Code indicating either a temporary default medical, dental, or vision plan code, or the actual medical plan code (from EDB 0292, 0272, or 0347) for which suspended premiums should be taken.

Code Interpretation
System Number:     EDB
User Access Name:  nnnn-n
Programming Name:
Revision Date:

Edit Requirement

Comments
Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name:  PENDING PREMIUM COVERAGE LEVEL
Type:  ALPHANUMERIC
Length:  03

Format

General Description
Code indicating the coverage level associated with the pending premium activity.

Code Interpretation

U - Single party coverage
UU - Two party coverage
UUU - Family coverage
System Number: EDB
User Access Name: nnnn-n
Programming Name:
Revision Date:
Edit Requirement
Comments
Source(s): PPP120,PPP400
Use(s)
Locations(s):
Name: PENDING PREMIUM PAY CYCLE CODE
Type: ALPHANUMERIC
Length: 01
Format

General Description
Code indicating the pay cycle for which pending premium activity was recorded.

Code Interpretation

M - Monthly
B - Biweekly
S - Semimonthly
System Number: EDB
User Access Name: nnnn-n

Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name: PENDING PREMIUM PAY PERIOD END DATE
Type: ALPHANUMERIC
Length:

Format standard date

General Description

Code indicating the pay period end date associated with the pending premium activity.

Code Interpretation
System Number: EDB
User Access Name: nnnn-n
Programming Name:
Revision Date:

Edit Requirement

Comments
Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name: PENDING PREMIUM ACTIVITY FLAG
Type: NUMERIC
Length: 01

Format

General Description

Code indicating whether the occurrence of pending premium activity should be processed in the compute cycle.

Code Interpretation

0  - No, do not process this entry in the compute
1  - Yes, process this entry in the compute
System Number: EDB

User Access Name: 0272-7

Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120
Use(s)
Locations(s):

Name: DENTAL PLAN CODE - EDB
Type: ALPHANUMERIC

Length:

Format

General Description

Code indicating the dental plan selected by the individual.

Code Interpretation

D1 - Delta Dental Service
D3 - PMI
DD - Dental plan not yet selected by employee
System Number: EDB
User Access Name: 0292-

Programming Name:
Revision Date:

Edit Requirement

Comments

Source(s): PPP120
Use(s)
Locations(s):

Name: MEDICAL PLAN CODE - EDB
Type: ALPHANUMERIC
Length:
Format 2

General Description
Code indicating the medical plan selected by the individual.

Code Interpretation

CM
FP
HG
HN - HealthNet

DM - Medical plan not yet selected by the employee

System Number: EDB
User Access Name: 0347-4
Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120
Use(s)
Locations(s):

Name: VISION PLAN CODE
Type: ALPHANUMERIC
Length: 2

Format

General Description

Code indicating the vision insurance plan selected by the individual.

Code Interpretation

    VI   - Vision Services Plan
    DV   - Vision plan not yet selected by
Attachment B

**System Number:**  EDB

**User Access Name:**  nnnn-n

**Programming Name:**

**Revision Date:**

**Edit Requirement**

**Comments**

**Source(s):**  PPP120

**Use(s)**

**Locations(s):**

**Name:**  PERIOD OF INITIAL ELIGIBILITY END DATE

**Type:**  ALPHANUMERIC

**Length:**

**Format**  standard date

**General Description**

Last day of the employee’s period of initial eligibility for enrollment in University-sponsored benefits.

**Code Interpretation**
System Number: EDB
User Access Name: nnnn-n
Programming Name:
Revision Date:

Edit Requirement

Comments

Source(s): PPP120, PPP400
Use(s): calculation
Locations(s):

Name: SUSPENDED PREMIUM INDICATOR
Type: ALPHANUMERIC
Length: 1

Format

General Description

Code indicating whether or not there is one or more suspended benefits premiums to be taken in the compute.

Code Interpretation

Y - Yes, there is suspended premium data
N - No, there is no suspended premium data
blank - No, there is no suspended premium data
**System Number:** EDB

**User Access Name:** nnnn-n

**Programming Name:**

**Revision Date:**

**Edit Requirement**

**Comments**

Source(s): PPP120,PPP400
Use(s): calculation
Locations(s):

**Name:** PENDING PREMIUM TYPE OF INSURANCE

**Type:** ALPHANUMERIC

**Length:** 1

**Format**

**General Description**

Code indicating whether the associated pending premium data entry is for medical, dental, or vision insurance.

**Code Interpretation**

- M - Medical
- D - Dental
- V - Vision
System Number: EDB
User Access Name: nnnn-n

Edit Requirement

Comments

Source(s): PPP120,PPP400
Use(s)
Locations(s): 

Name: PENDING PREMIUM PLAN CODE
Type: ALPHANUMERIC
Length: 2

Format

General Description

Code indicating either a temporary default medical, dental, or vision plan code, or the actual medical plan code (from EDB 0292, 0272, or 0347) for which suspended premiums should be taken.

Code Interpretation
System Number: EDB
User Access Name: nnnn-n

Programming Name:

Revision Date:

Edit Requirement

Comments
Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name: PENDING PREMIUM COVERAGE LEVEL
Type: ALPHANUMERIC
Length: 03

Format

General Description
Code indicating the coverage level associated with the pending premium activity.

Code Interpretation

U - Single party coverage
UU - Two party coverage
UUU - Family coverage
**System Number:** EDB

**User Access Name:** nnnn-n

**Programming Name:**

**Revision Date:**

**Edit Requirement**

**Comments**

**Source(s):** PPP120,PPP400

**Use(s):**

**Locations(s):**

**Name:** PENDING PREMIUM PAY CYCLE CODE

**Type:** ALPHANUMERIC

**Length:** 01

**Format**

**General Description**

*Code indicating the pay cycle for which pending premium activity was recorded.*

**Code Interpretation**

- M - Monthly
- B - Biweekly
- S - Semimonthly
**System Number:** EDB

**User Access Name:** nnnn-n

**Programming Name:**

**Revision Date:**

**Edit Requirement**

**Comments**

**Source(s):** PPP120,PPP400

**Use(s):**

**Locations(s):**

**Name:** PENDING PREMIUM PAY PERIOD END DATE

**Type:** ALPHANUMERIC

**Length:**

**Format** standard date

**General Description**

*Code indicating the pay period end date associated with the pending premium activity.*

**Code Interpretation**
System Number: EDB

User Access Name: nnnn-n

Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120,PPP400
Use(s)
Locations(s):

Name: PENDING PREMIUM ACTIVITY FLAG

Type: NUMERIC

Length: 01

Format

General Description

Code indicating whether the occurrence of pending premium activity should be processed in the compute cycle.

Code Interpretation

0 - No, do not process this entry in the compute

1 - Yes, process this entry in the compute
System Number: EDB

User Access Name: 0272-7

Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120
Use(s)
Locations(s):

Name: DENTAL PLAN CODE - EDB
Type: ALPHANUMERIC

Length:

Format

General Description

Code indicating the dental plan selected by the individual.

Code Interpretation

D1  - Delta Dental Service
D3  - PMI
DD  - Dental plan not yet selected by employee
**System Number:** EDB

**User Access Name:** 0292-

**Programming Name:**

**Revision Date:**

**Edit Requirement**

**Comments**

Source(s): PPP120

Use(s)

Locations(s):

**Name:** MEDICAL PLAN CODE - EDB

**Type:** ALPHANUMERIC

**Length:**

**Format** 2

**General Description**
Code indicating the medical plan selected by the individual.

**Code Interpretation**

- CM
- FP
- HG
- HN - HealthNet

- **DM** - Medical plan not yet selected by the employee
Programming Name:

Revision Date:

Edit Requirement

Comments

Source(s): PPP120
Use(s) Locations(s):

Name: VISION PLAN CODE
Type: ALPHANUMERIC
Length: 2

Format

General Description

Code indicating the vision insurance plan selected by the individual.

Code Interpretation

VI - Vision Services Plan
DV - Vision plan not yet selected by employee
Attachment C

Change to "Summary of Initial Hire or Rehire" Employee Document

Insert a new line of text, as shown below, only when the value of the Period of Initial Eligibility End Date is not initial values.

Your appointment has qualified you for:
  University of California Retirement Plan
  OASDI & Medicare
  Career Benefits

Your last day of eligibility to enroll in health and welfare benefits is mm/dd/yy.

Your appointment(s) allows you to accrue the following:
  (1) Vacation: Yes *Rate: 14.00 hrs/month
HEALTH AND WELFARE BENEFITS ENROLLMENT INFORMATION

You are enrolled in the following health and welfare plans:

* You have not yet made your medical plan selection. You must enroll or opt out within your period of initial eligibility, which ends on 03/31/98.

* You have not yet made your dental plan selection. You must enroll or opt out within your period of initial eligibility, which ends on 03/31/98.

* You have not yet made your vision plan selection. You must enroll or opt out within your period of initial eligibility, which ends on 03/31/98.
Change to "Summary of Initial Hire or Rehire" Employee Document

Insert a new line of text, as shown below, only when the value of the Period of Initial Eligibility End Date is not initial values.

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* You have not yet made your vision plan selection. You must enroll or opt out within your period of initial eligibility, which ends on 03/31/98.
Change to New Hire Notification

-------------------------------< HIRE >-------------------------------
Employee Name: JOE R TESTCASE            ID Number: 777888999

The following Hire has been recorded.
Hire Date: 08/01/96    Home Department: 999999
Student St: 1-Not Registered        Units: 00.0 Citizen: U.S. Citizen
Retirement: SFHBR       FICA: Medicare Only
BELI: 1-Career Benefits BEPI Eff. Date: 08/01/96
PIE End Date: mm/dd/yy

New PIE End Date Notification

-------------------------------< PIEC >-------------------------------
Employee Name: JOE R TESTCASE            ID Number: 777888999

A change to the Period of Initial Eligibility (PIE) End Date has been recorded.

*PIE End Date
Previous          Current
01/01/97           01/01/97

*Hire Date
01/15/97           01/15/97
Change to New Hire Notification

--------------------------------------------------------< HIRE >--------------------------------------------------------
Employee Name: JOE R TESTCASE              ID Number: 777888999

The following Hire has been recorded.
Hire Date: 08/01/96    Home Department: 999999 ?
Student St: 1-Not Registered          Units: 00.0 Citizen: U.S. Citizen
Retirement: SFHBR            FICA: Medicare Only
BELI: 1-Career Benefits      BELI Eff. Date: 08/01/96
PIE End Date: mm/dd/yy

New PIE End Date Notification

--------------------------------------------------------< PIEC >--------------------------------------------------------
Employee Name: JOE R TESTCASE              ID Number: 777888999

A change to the Period of Initial Eligibility (PIE) End Date has been recorded.

<table>
<thead>
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<th>Current</th>
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<tbody>
<tr>
<td>*PIE End Date</td>
<td>01/01/97</td>
</tr>
<tr>
<td>*Hire Date</td>
<td>01/15/97</td>
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