Service Request 1281

Modifications in PPS to support HIPAA
(Health Insurance Portability and Accountability Act)

Detail Design

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Introduction

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) was enacted into law on August 21, 1996, and became effective for the University on January 1, 1998. This law prohibits the use of health status factors in determining eligibility for health insurance coverage. Therefore, the previous ‘Statement of Health’ process used by the University’s carriers has been eliminated. Instead, an eligible employee must satisfy a 90-day waiting period before medical coverage takes effect. The 90-day waiting period begins on the day the employee submits the completed medical form; coverage begins on the 91st day thereafter.

The 90-consecutive-calendar-day delayed effective date of coverage will only apply to employees who currently are not enrolled in any career medical plan and to employees currently enrolled but who want to add eligible family members who are not in their PIE (Period of Initial Eligibility). Thus, HIPAA only applies to the following employees:

1) Career and limited Career employees (BELIs 1, 2, or 3), who defaulted or enrolled in CORE and want to transfer into a career medical plan.

2) Career, Limited Career and CORE employees who are enrolled in any medical plan and want to add to an eligible family member who missed their Period of Initial Eligibility (PIE) or an open enrollment period.

3) Employees who opted out of medical coverage and now want to enroll in a medical plan.

However, HIPAA does not applies to the following employees:

Employees who are already enrolled in a career medical plan and who want to transfer mid-year into another plan.

UC Benefits has requested that the Payroll/Personnel System (PPS) be modified to help implement the 90-day waiting period for medical coverage. It is suggested that coverage end dates should be used to correspond to each of the existing effective dates (Medical Plan Coverage Effective Date and Coverage Effective Date). To retain consistency among the medical, dental, vision, and legal plan data, end dates will be established for all four plans as part of this project.

An addendum, dated December 29, 1999, requested that additional requirements be made to the Payroll/Personnel System. During the design phase of the project, and in consultation with the Benefits and Payroll Coordination representatives at UCOP, it was determined that certain changes should be made to the original requirements to better support anticipated future needs. Additionally, Benefits has determined that the medical and dental Primary Care Physician codes
no longer need to be stored in PPS, and can be deleted from the screens at this time. The changes specified in this addendum are:

- Develop an array of insurance data rather than a single occurrence for each plan. This will allow for easier addition in the future of other plans, such as Employee Paid Disability (EPD) and Life Insurance. This will also allow PPS to retain expired enrollments (history of past insurance data) for a certain period of time.

- Provide the ability to specify an effective date when the employee opts out of medical, dental, or vision. This will be accomplished by defining a plan code of 'XX' to indicate an opt-out plan. Initially, the Opt-Out Indicators will be retained in the system. A subsequent project will evaluate all the reports and processes that use the Opt-Out Indicators and convert them to use the plan code of 'XX'.

- Provide edits to prevent explicit cancellation of medical, dental, vision, and legal enrollments. Instead, a plan code of 'XC' will be defined to indicate cancellation of coverage.

- Modify the process which de-enrolls due to suspended premiums to provide an entry with a plan code of 'XD' and an effective date for the de-enrollment.

- Modify the edit in the requirements that specifies that any future coverage effective date must be exactly one day after the corresponding coverage end date. Certain situations, such as leave without pay, may require establishing an end date on the current coverage and a future enrollment at the end of the leave.

- Provide additional reason codes associated with establishing certain future enrollments, and provide derivations for some of the reason codes.

- Eliminate the Medical and Dental PCP fields from the on-line screens.
Processing Overview

New EDB Data Elements

The following data element will be defined on the PPPBEN Table:

- Next Future Benefits Action Date (EDB 0692) *(a date used by the system (daily process and compute) to determine whether to do coverage level derivations or roll up future enrollments to current plans)*

The following data elements will be defined on the PPPBEN Table:

- Medical Coverage End Date (EDB 0300)
- Dental Coverage End Date (EDB 0271)
- Vision Coverage End Date (EDB 0346)
- Legal Coverage End Date (EDB 0380)

The following data elements will be defined on the PPPDEP Table:

- Medical Dependent Coverage End Date (EDB 0659)
- Dental Dependent Coverage End Date (EDB 0656)
- Vision Dependent Coverage End Date (EDB 0657)
- Legal Dependent Coverage End Date (EDB 0658)

The following five data elements will be defined on the new DB2 PPPFCB (Future Benefits Coverage).

Each future benefit data will be identified with a benefit type code indicating whether the associated future coverage data entry is for medical, dental, vision, or legal.

For example, the Future Medical data will be stored in the PPPFCB (Future Benefits Coverage) Table with a Future Benefit Type of ‘M’. The Future Dental data, Future Vision data, and Future Legal data will be stored in the PPPFCB Table with a Future Benefit Type of ‘D’, ‘V’, and ‘J’ respectively. The Future Plan Info Data will contain the appropriate Plan Code data associated with the future benefit data.

- Future ADC (Add/Delete/Change) Code (EDB 0693)
- Future Benefit Type (EDB 0694)
- Future Coverage Effective Date (EDB 0695)
- Future Enrollment Reason Code (EDB 0696)
- Future Plan Info Data (EDB 0697)
The following group of data elements associated with a Future Benefit Type of ‘M’, ‘D’, ‘V’, or ‘J’ will be defined on the Data Element Table. These new data elements will be used for providing specific field level help texts on the on-line screens, instead of using the field level help texts defined for the set transaction data elements 0694, 0695, 0696, and 0697.

**Benefit Type ‘M’**

- Future Medical Plan Code (EDB 0680)
- Future Medical Coverage Effective Date (EDB 0681)
- Future Medical Enrollment Reason Code (EDB 0682)

**Benefit Type ‘D’**

- Future Dental Plan Code (EDB 0683)
- Future Dental Coverage Effective Date (EDB 0684)
- Future Dental Enrollment Reason Code (EDB 0685)

**Benefit Type ‘V’**

- Future Vision Plan Code (EDB 0686)
- Future Vision Coverage Effective Date (EDB 0687)
- Future Vision Enrollment Reason Code (EDB 0688)

**Benefit Type ‘J’**

- Future Legal Plan Code (EDB 0689)
- Future Legal Coverage Effective Date (EDB 0690)
- Future Legal Enrollment Reason Code (EDB 0691)

(See Service Request Attachments for Data Dictionary Entries)

**New PAR Data Elements**

The following data elements will be defined on the PPPPEB Table:

- Medical Plan Code (EDB 0292)
- Dental Plan Code (PAR 0272)
- Vision Plan Code (PAR0347)
- Legal Plan Code (PAR 0353)
- Legal Coverage Code (PAR 0354)

**Forms**

- *On-line Enrollment, Change, Cancellation, or Opt Out (UPAY850)*
UCOP Benefits will be responsible for modifying form UPAY 850

- **(DX) New Transaction Type for Dependent Coverage End Dates (UPAY890)**

  Dependent data is currently entered in batch on a 'DM' transaction. There are not enough available positions left in the transaction record format to enter the four additional fields for Dependent Coverage End Date. Therefore, a new transaction type of ‘DX’ will be used for batch update of Medical Dependent, Dental, Vision, and Legal Coverage End Dates (See Service Request Attachments).

- **(FP) New Transaction Type for Future Benefits Enrollment (UPAY889)**

  A new transaction type of ‘FP’ (See sample form in the Service Request Attachments) will be used for batch update of the Future Medical, Dental, Vision, and Legal Coverage Plan Code, Future Coverage Effective Dates, and Future Enrollment Reason Codes. This new transaction will be defined as a Set Transaction (See Service Request Attachments).

**EDB File Maintenance Process**

The EDB file maintenance process will be modified to include edits on the Future Plan Codes, Future Coverage Effective Dates, Plan Coverage End Dates, and to take the coverage begin and end dates into consideration in various edits and derivations.

Edits will be included to check whether the employee’s BELI makes him/her eligible to set up future medical, dental, vision, or legal enrollment. In addition, edits will be included to insure that a dependent enrollment in medical, dental, vision, or legal is contingent on the employee’s enrollment in the same time period for the same plan.

**Periodic Monthly Maintenance Process**

The EDB monthly maintenance process will be modified to clear out dependent enrollments past a certain end date.

**Special Daily Process**

The EDB Special Daily Maintenance Process will be modified to recognize when a future enrollment becomes effective and move the plan data up to the current occurrence. In addition, it will derive coverage level for both current and future enrollments based on dependent coverage effective and coverage end dates.

**Special Daily Benefits Enrollment Process**

The PPS (Payroll/Personnel System) edits the special benefits enrollment transactions created from the IVR Benefits Enrollment Process.
If the input Health, Dental, or Vision Opt-out Indicator contains a value of ‘X’, a value of ‘XX’ will be moved to the appropriate Plan Code, a blank will be moved to the appropriate Plan Coverage Level, and the Hire Date will be moved to the appropriate Plan Coverage Effective Date (PCED) and Employee Coverage Effective Date (ECED).

**PAN Notifications**

The Post Authorization Notice (PAN) process will be modified to include the new data elements Medical Coverage End Date, Dental Coverage End Date, Vision Coverage End Date, and Legal Coverage End Date.

**Document to Employees (IDOC)**

The Document to Employees (IDOC) for benefits data will be modified to include the new coverage end dates and display future enrollments.

**On-line Inquiry/Entry Update Processes**

The Online EDB Inquiry and EDB Entry/Update screens will be modified to display the new future enrollment fields and the coverage end date fields.

**Dependent Reporting Process**

The Dependent Reporting Process will be modified to exclude dependents from selection if the Medical, Dental, Vision, and Legal Coverage End Date values are all either prior to or in the current month. That is, dependents who will no longer be covered in any plan at the end of the current month or prior to the current month do not need to be displayed on the reports.

**Compute Process**

The Compute Process will be modified to take in consideration both the employee’s plan coverage begin and coverage end dates when determining what premium to generate.

**Carrier Interface Process**

The carrier interface process will be modified to pass Coverage End Date fields, and to take Coverage Effective Dates and Coverage End Dates into consideration when determining which records to select for the carrier files.

**History Inquiry**

The History Database (HDB) will be modified to add coverage end date data elements to the History Benefits table.
The process that captures data changes for history will need to be modified to capture coverage end date data elements.

**One-time Processes**

A one-time program will be developed to convert each IVR Employee History record to the new record structure that includes the Next Future Benefits Action Date field.

A one-time program will be developed to set employee plan coverage end dates (new data elements) for employees who have an employment status of separated. In addition, the one-time program will set dependent coverage end dates for dependents who will be over the specified age (18, 23, or 65) in the month of the SCR Current Date or in the month following the SCR Current Date.

A one-time program will be developed to copy each employee’s current Medical, Dental, Vision, and Legal Plan data to the new DB2 PPPFCB Table.
System File Changes

A Future Benefits Coverage (FCB) Table will be developed to contain future benefits enrollments. Thus, a new DB2 table named PPPFCB will be added to the EDB Database.

The DB2 **Primary Key** will contain the following data elements:

- Employee ID
- Future Benefit Type (EDB 0694)
- Future Coverage Effective Date (EDB 0695)

The DB2 **Foreign Key** will contain the following data element:

- Employee ID

In addition to the data in the DB2 Key, each FCB record will contain the following FCB data elements:

- (EDB 0693) Future Benefits Coverage ADC (Add/Delete/Change) Code
- Future Plan Info (EDB 0697) - This field will contain the appropriate Plan Code associated with the Future Benefit Type.
- Future Enrollment Reason Code (EDB 0696)
Copylib Changes

**CPLNKFCB**

This new copymember will be the linkage for the PPFCBUTL module.

**CPLNKFCC**

This new copymember will be the linkage for the reporting module PPFCCRPT.

**CPPDBZAP**

This existing copymember contains the ZAP (Initialize) routines for the Benefit Plan data elements. (See copymember CPWSDBZAP).

The following new data elements will be initialized:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

**CPWSBZAP**

This existing copymember contains the Benefit Plan data element numbers.

The following data elements will be added:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

**CPWSDCED**

Currently, this copymember contains the linkage for call to PPDEPINT. The specific control determines whether occurrences should be all initialized or rolled back to original values. The plan determines Dependent Coverage Effective Date to be initialized.

This linkage will be modified to include a special control switch (INIT-SPECIFIC-OCURRENCES) for PPDEPINT to initialize the DCED in the PPPDEP Array for certain occurrences only.
**CPWSDEPZ**

Currently, this existing copymember contains dependent coverage data showing which data of which occurrence on the Dependent DEP Array was explicitly updated.

A flag will be set to the appropriate value for each Medical Dependent, Dental, Vision, or Legal Coverage End Date that has been explicitly updated.

**CPWSFCBZ**

Similar to the existing copymember CPWSDEPZ which contains dependent coverage data showing which data of which occurrence on the DEP Array was explicitly updated, this copymember will contain FCB data showing which data of which occurrence on the FCB Array was explicitly updated.

**CPWSDDCT**

The following data will be added to the Employee level data:

- Employee Benefits Coverage End Date

The following data will be added to the Dependent level data:

- Dependent Benefits Coverage End Date

The Premium Amount field defined on the dependent record will be removed. The Premiums field on the dependent record was never populated; premium is already recorded on the employee carrier record.

**CPWSEDEP**

The Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from this copymember.

**CPWSEFCB**

This new copymember will contain the Future Benefits Coverage data array for the FCB Table on the EDB. The maximum number of entries will be 99.

- Employee ID
- (EDB 0694) Future Benefit Type
- (EDB 0695) Future Coverage Effective Date
- (EDB 0696) Future Enrollment Reason Code
- (EDB 0697) Future Plan Info Data
- (EDB 0693) Future ADC Code
**CPWSEPTR**

This copymember containing the total number of tables in the EDB Fetch/Update Complex will be changed to 33.

**CPWPATBL**

Currently, this existing copymember contains the working storage area for each of the DB2 PAR Tables.

The following data elements will be added for the PPPPEB Table:

- (PAR 0354) Legal Coverage Code
- (PAR 0272) Dental Plan Code
- (PAR 0292) Medical Plan Code
- (PAR 0347) Vision Plan Code
- (PAR 0353) Legal Plan Code

**CPWSRBEN**

This existing copymember will include the following new data elements:

- (EDB 0692) Next Future Benefits Action Date
- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

**CPWSRDEP**

This existing copymember will include the following new data elements:

- (EDB 0659) Medical Dependent Coverage End Date
- (EDB 0656) Dental Dependent Coverage End Date
- (EDB 0657) Vision Dependent Coverage End Date
- (EDB 0658) Legal Dependent Coverage End Date

In addition, the Dependent Insurance De-enrollment Indicator will be removed.

**CPWSRFCB**

This new copymember will define the FCB record. It will contain the following data elements:

- Employee ID
- Future Benefits Type
• Future Coverage Effective Date
• Future Plan Info Data
• Future Enrollment Reason Code
• Future Benefits ADC Code

**CPWSRHDHP**

This existing copymember will include the following new data elements:

• (EDB 0659) – Health Dependent Coverage End Date (HDP-HLTH-COVENDDT)
• (EDB 0656) – Dental Dependent Coverage End Date (HDP-DENTL-COVENDDT)
• (EDB 0657) – Vision Dependent Coverage End Date (HDP-VIS-COVENDDT)
• (EDB 0658) – Legal Dependent Coverage End Date (HDP-LEGAL-COVENDDT)

In addition, the following standard associated Change Flags will be added:

HDP-HLTH-CVENDDT-C
HDP-DEN-CVENDDT-C
HDP-VIS-CVENDDT-C
HDP-LEGL-CVENDDT-C

**CPWSRHBN**

This existing copymember will include the following new data elements:

• (EDB 0300) – Health Coverage End Date (HLTH-COVEND-DATE)
• (EDB 0271) – Dental Coverage End Date (DEN-COVEND-DATE)
• (EDB 0346) – Vision Coverage End Date (VIS-COVEND-DATE)
• (EDB 0380) – Legal Coverage End Date (LEGL-COVEND-DATE)

In addition, the following standard associated Change Flags will be added:

• HLTH-COVEND-DATE-C
• DEN-COVEND-DATE-C
• VIS-COVEND-DATE-C
• LEGL-COVEND-DATE-C

**CPWSXICE**

• The number of Float-Tables will be changed to 33.

The data elements for the FCB Table will be added to the Float-Table-Data so that the EDB Fetch/Update Complex can reference them.

• (EDB 0693) Future Benefits ADC Code
• (EDB 0694) Future Benefits Type
• (EDB 0695) Future Coverage Effective Date
• (EDB 0696) Future Enrollment Reason Code
• (EDB 0697) Future Plan Info Data

The following new data elements will be added to the Float-Table-Data associated with the Dependent Data Table PPPDEP:

• (EDB 0659) Medical Dependent Coverage End Date
• (EDB 0656) Dental Dependent Coverage End Date
• (EDB 0657) Vision Dependent Coverage End Date
• (EDB 0658) Legal Dependent Coverage End Date

The maximum value for the Float-Table-Entries will be changed from 86 to 95 (4 data elements added to the Dependent Table and 5 data elements added to the FCB Table).

**CPWSXIC2**

The maximum number of allowable FCB records for each employee will be set equal to a value of 99 in this copymember.

**CPWSXIDC**

The maximum number of allowable FCB records for each employee will be set equal to a value of 99 in this copymember.

The data element numbers for the FCB 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 FP Transaction Set.

**CPWSXPAR**

This existing copymember contains the PAR data.

The following data elements will be added:

• (PAR 0354) Legal Coverage Code
• (PAR 0272) Dental Plan Code
• (PAR 0292) Medical Plan Code
• (PAR 0347) Vision Plan Code
• (PAR 0353) Legal Plan Code

**CPWSXTBI**

The number of tables will be changed to 33 in this copymember.
CPWSXRTN

The new field name of ‘WS-PPFCCRPT’ with a value of ‘PPFCCRPT’ will be added to this copymember.
DDL Members

*History Dependent Benefits Data Table (PPPHDP)*

The following data elements will be added to the existing History Dependent Benefits Data Table:

- (EDB 0659) – Health Dependent Coverage End Date (HDP-HLTH-COVENDDT)
- (EDB 0656) – Dental Dependent Coverage End Date (HDP-DENTL-COVENDDT)
- (EDB 0657) – Vision Dependent Coverage End Date (HDP-VIS-COVENDDT)
- (EDB 0658) – Legal Dependent Coverage End Date (HDP-LEGAL-COVENDDT)

In addition, the following standard associated change flag columns will be added:

- Health Dependent Coverage End Date Change Flag (HDP-HLTH-CVENDDT-C)
- Dental Dependent Coverage End Date Change Flag (HDP-DEN-CVENDDT-C)
- Vision Dependent Coverage End Date Change Flag (HDP-VIS-CVENDDT-C)
- Legal Dependent Coverage End Date Change Flag (HDP-LEGL-CVENDDT-C)

**TBHDP01A**

A new ALTER TABLE member will be created to add the above columns to the existing table.

**TBHDP00C**

The CREATE TABLE member will be modified to include the above columns.

**PPPVHDP1**

The CREATE VIEW member will be modified to include the above columns.

**PPPVZHDP**

The CREATE VIEW member will be modified to include the above columns.

*History Employee Benefits Data Table (PPPHBN)*

The following data elements will be added to the PPPHBN Table:

- (EDB 0300) – Health Coverage End Date (HEALTH-COVEND-DATE)
- (EDB 0271) – Dental Coverage End Date (DENTAL-COVEND-DATE)
- (EDB 0346) – Vision Coverage End Date (VISION-COVEND-DATE)
• (EBD 0380) – Legal Coverage End Date (LEGAL-COVEND-DATE)

In addition, the following standard associated change flag columns will be added:

• Health Coverage End Date Change Flag (HEALTH-CVEND-DTE-C)
• Dental Coverage End Date Change Flag (DENTAL-CVEND-DTE-C)
• Vision Coverage End Date Change Flag (VISION-CVEND-DTE-C)
• Legal Coverage End Date Change Flag (LEGAL-CVEND-DTE-C)

TBHBN02A

A new ALTER TABLE member will be created to add the above columns to the existing table.

TBHBN00C

The CREATE TABLE member will be modified to include the above columns.

PPPVHBN1

The CREATE VIEW member will be modified to include the above columns.

PPPVZHBN

The CREATE VIEW member will be modified to include the above columns.

**EDB Employee Benefits Table (PPPBEN)**

The following data elements will be added to the PPPBEN Table:

• (EDB 0692) Next Benefits Action Date (NXT-FUTBEN-ACT-DTE)
• (EDB 0300) – Health Coverage End Date (HEALTH-COVEND-DATE)
• (EDB 0271) – Dental Coverage End Date (DENTAL-COVEND-DATE)
• (EDB 0346) – Vision Coverage End Date (VISION-COVEND-DATE)
• (EBD 0380) – Legal Coverage End Date (LEGAL-COVEND-DATE)

TBBEN13A

A new ALTER TABLE member will be created to add the above columns to the existing table.

TBBEN00C

The CREATE TABLE member will be modified to include the above columns.
The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The following data elements will be added to the existing table:

- (EDB 0659) – Health Dependent Coverage End Date (DEP-HLTH-COVENDDT)
- (EDB 0656) – Dental Dependent Coverage End Date (DEP-DENTL-COVENDDT)
- (EDB 0657) – Vision Dependent Coverage End Date (DEP-VIS-COVENDDT)
- (EDB 0658) – Legal Dependent Coverage End Date (DEP-LEGAL-COVENDDT)

A new ALTER TABLE member will be created to add the above columns the existing table.

The CREATE TABLE member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.
**EDB Employee Future Benefits Coverage Table (PPPFCB)**

The following data elements will be added to the PPPFCB Table:

- (EDB 0693) - Future ADC Code (FCB-ADC_CODE)
- (EDB 0694) - Future Benefit Type (FCB-BENEFIT-TYPE) (Key)
- (EDB 0695) - Future Coverage Effective Date (FCB-COVEFF-DATE) (Key)
- (EDB 0696) - Future Enrollment Reason Code (FCB-ENRL-REAS-CODE)
- (EDB 0697) - Future Plan Info Data (FCB-PLAN-INFO-DATA)
- (EDB 0698) – Coverage Level (FCB-COVERAGE-CODE)
- (EDB 0699) – Coverage End Date (FCB-COV-END-DATE)

**IXFCB00C**

The CREATE INDEX member will create the index for table PPPFCB.

**PPPVFCEB1**

The CREATE VIEW member will create the view PPPVFCEB1_FCB with the above columns.

**PPPVFCEB2**

The CREATE VIEW member will create the view PPPVFCEB2_FCB with the above columns.

**PPPZVFCB**

The CREATE VIEW member will create the view PPPZVFCB_FCB with the above columns.

**TBFCB00C**

The CREATE TABLE member will create the table PPPFCB with the above columns.

**TSFCB00C**

The CREATE TABLESPACE member will create the tablespace for table PPPFCB.

**PAR Extended Benefits Table (PPPPEB)**

The following data elements will be added to the PPPPEB Table:

- (PAR 0354) Legal Coverage Code
- (PAR 0272) Dental Plan Code
- (PAR 0292) Medical Plan Code
- (PAR 0347) Vision Plan Code
- (PAR 0353) Legal Plan Code
A new ALTER TABLE member will be created to add the above columns the existing table.

The CREATE TABLE member will be modified to include the above columns.

The CREATE VIEW member will be modified to include the above columns.

Include Members

History Dependent Benefits Data Table (PPPHDP)

The following new data elements will be added to the above Include members:

- (EDB 0659) – Health Dependent Coverage End Date (HDP-HLTH-COVENDDT)
- (EDB 0656) – Dental Dependent Coverage End Date (HDP-DENTL-COVENDDT)
- (EDB 0657) – Vision Dependent Coverage End Date (HDP-VIS-COVENDDT)
- (EDB 0658) – Legal Dependent Coverage End Date (HDP-LEGAL-COVENDDT)

In addition, the following standard associated change flag columns will be added:

- HDP-HLTH-CVENDDT_C
- HDP-DEN-CVNDDT_C
- HDP-VIS-CVENDDT_C
- HDP-LEGL-CVENDDT_C

History Employee Benefits Data Table (PPPHBN)

The following new data elements will be added to the above Include Members:

- (EDB 0300) – Health Coverage End Date (HEALTH-COVEND-DATE)
- (EDB 0271) – Dental Coverage End Date (DENTAL-COVEND-DATE)
- (EDB 0346) – Vision Coverage End Date (VISION-COVEND-DATE)
- (EBD 0380) – Legal Coverage End Date (LEGAL-COVEND-DATE)
In addition, the following standard associated change flag columns will be added:

- HEALTH-CVEND-DTE-C
- DENTAL-CVEND-DTE-C
- VISION-CVEND-DTE-C
- LEGAL-CVEND-DTE-C

**EDB Employee Benefits Data Table (PPPBEN)**

**PPPVBN1, PPPVBN2, PPPVZBN, PPPV400A**

The following data elements will be added to the above Include members:

- (EDB 0692) Next Benefits Action Date (NXT_FUTBEN_ACT_DTE)
- (EDB 0300) – Health Coverage End Date (HEALTH-COVEND-DATE)
- (EDB 0271) – Dental Coverage End Date (DENTAL-COVEND-DATE)
- (EDB 0346) – Vision Coverage End Date (VISION-COVEND-DATE)
- (EBD 0380) – Legal Coverage End Date (LEGAL-COVEND-DATE)

**EDB Dependent Data Table (PPPDEP)**

**PPPVDEP1, PPPVDEP2, PPPVZDEP**

The following data elements will be added to the above Include members:

- (EDB 0659) – Health Dependent Coverage End Date (DEP-HLTH-COVENDDT)
- (EDB 0656) – Dental Dependent Coverage End Date (DEP-DENTL-COVENDDT)
- (EDB 0657) – Vision Dependent Coverage End Date (DEP-VIS-COVENDDT)
- (EDB 0658) – Legal Dependent Coverage End Date (DEP-LEGAL-COVENDDT)

**EDB Employee Future Benefits Coverage Data Table (PPPFBC)**

**PPPVFCB1, PPPVFCB2, PPPVZFCB**

The above new Include members will contain the following data elements:

- (EDB 0693) - Future Benefits Coverage (FCB-ADC CODE)
- (EDB 0694) - Future Benefit Type (FCB-BENEFIT-TYPE)
- (EDB 0695) - Future Coverage Effective Date (FCB-COVEFF-DATE)
- (EDB 0696) - Future Enrollment Reason Code (FCB-ENRL-REAS-CODE)
- (EDB 0697) - Future Plan Info Data (FCB-PLAN-INFO-DATA)
- (EDB 0698) – Coverage Level (FCB-COVERAGE-CODE)
- (EDB 0699) – Coverage End Date (FCB-COV-END-DATE)
Bind Members

**PPFCBUPD**
A Package bind member will be created for new module PPFCBUPD.

**PPFCBUTL**
A Package bind member will be created for new module PPFCBUTL

**PPFCBUTW**
A Package bind member will be created for new module PPFCBUTW

**PPP040**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP050**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP080**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP120**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP130**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP250**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.

**PPP400**
PPFCBUTL and PPFCBUTW will be added to this Plan bind member.
PPP700

PPFCBUTL will be added to this Plan bind member.

PPO1281B

A Plan bind member will be created for the one-time program PPO1281B.

PPO1281C

A Plan bind member will be created for the one-time program PPO1281C.

PPWEFBC

A Package bind member will be created for new module PPWEFBC.

PPWIFBC

A Package bind member will be created for new module PPWIFBC.

PPWIFBD

A Package bind member will be created for new module PPWIFBD.

PPWIBNA

A Package bind member will be created for new module PPWIBNA.
CICS Maps

PPIINP0

Currently, this CICS Map contains the screen layout for the (EDB Inquiry) Insurance screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

In addition, the label ‘Health’ will be changed to ‘Medical’.

See Service Request Attachments for a sample IINP screen.

PPIINS0

Currently, this CICS Map contains the screen layout for the (EDB Inquiry) Insurance – Departmental screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

- (EDB 0681) Future Medical Coverage Effective Date
- (EDB 0684) Future Dental Coverage Effective Date
- (EDB 0687) Future Vision Coverage Effective Date
- (EDB 0690) Future Legal Coverage Effective Date

In addition, the label ‘Health’ will be changed to ‘Medical’.

See Service Request Attachments for a sample IINS screen

PPIMEM0
Currently, this CICS Map contains the screen layout for the (EDB Inquiry) Membership Data screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0659) Medical Dependent Coverage End Date
- (EDB 0656) Dental Dependent Coverage End Date
- (EDB 0657) Vision Dependent Coverage End Date
- (EDB 0658) Legal Dependent Coverage End Date

See Service Request Attachments for a sample IMEM screen

**PPEINS0**

Currently, this CICS Map contains the screen layout for the (EDB Entry/Update) Insurance Enrollment screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date
- (EDB 0681) Future Medical Coverage Effective Date
- (EDB 0684) Future Dental Coverage Effective Date
- (EDB 0687) Future Vision Coverage Effective Date
- (EDB 0690) Future Legal Coverage Effective Date

In addition, the CICS Map will be modified to remove the label “Provider Code” and the entry fields for data elements EDB 0653 and 0654 (Medical and Dental Provider Care Codes).

See Service Request Attachments for a sample EINS screen

**PPEDEP0**

Currently, this CICS Map contains the screen layout for the (EDB Entry/Update) Dependent Data screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0659) Medical Dependent Coverage End Date
- (EDB 0656) Dental Dependent Coverage End Date
- (EDB 0657) Vision Dependent Coverage End Date
- (EDB 0658) Legal Dependent Coverage End Date
See Service Request Attachments for a sample EDEP screen

**PPEFBC0**

This new CICS Map will contain the screen layout for the (EDB Entry/Update) Future Insurance Enrollments screen. The new screen will contain the following data elements:

**Future Enrollment data elements**

- (EDB 0680) Future Medical Plan Code
- (EDB 0683) Future Dental Plan Code
- (EDB 0686) Future Vision Plan Code
- (EDB 0689) Future Legal Plan Code
- (EDB 0681) Future Medical Coverage Effective Date
- (EDB 0684) Future Dental Coverage Effective Date
- (EDB 0687) Future Vision Coverage Effective Date
- (EDB 0690) Future Legal Coverage Effective Date
- (EDB 0682) Future Medical Enrollment Reason Code
- (EDB 0685) Future Dental Enrollment Reason Code
- (EDB 0688) Future Vision Enrollment Reason Code
- (EDB 0691) Future Legal Enrollment Reason Code

**Current Enrollment data elements**

- (EDB 0292) Medical Plan Code
- (EDB 0272) Dental Plan Code
- (EDB 0347) Vision Plan Code
- (EDB 0353) Legal Plan Code
- (EDB 0293) Medical Plan Coverage Level
- (EDB 0273) Dental Plan Coverage Level
- (EDB 0348) Vision Plan Coverage Level
- (EDB 0354) Legal Plan Coverage Level
- (EDB 0294) Medical Coverage Effective Date
- (EDB 0274) Dental Coverage Effective Date
- (EDB 0349) Vision Coverage Effective Date
- (EDB 0355) Legal Coverage Effective Date
- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date
The original requirements specified that the CICS Map should include the Medical and Dental Provider Codes. An addendum requests that the Medical and Dental provider Codes not be added to this screen.

See Service Request Attachments for a sample EFCB screen

**PPIBNA0**

This new CICS Map will contain the screen layout for the (EDB Inquiry) of past, current, and future enrollment records from the PPPFCB Table.

The following data elements will be displayed:

- (EDB 0693) Benefit Type – Code indicating whether the benefit is medical;, dental, vision, or legal
- (EDB 0694) Benefit Coverage Effective Date
- (EDB 0699) Benefit Coverage End Date
- (EDB 0697) Benefit Plan Information – the medical, dental, vision, or legal plan code
- (EDB 0698) Benefit Coverage Level
- (EDB 0696) Benefit Enrollment Reason Code

**PPIBN20**

Currently, this CICS Map contains the screen layout for the (History Inquiry) Benefits Data 2 screen.

The CICS Map will be modified to include the following data elements:

- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date

See Service Request Attachments for a sample IBN2 screen

**PPIFBC0**

This new CICS Map will contain the screen layout for the (EDB Inquiry) Future Enrollments screen for *central offices*. The new screen will contain the following data elements, and UC Contributions and employee costs:

**Future Enrollment data elements**

- (EDB 0680) Future Medical Plan Code
- (EDB 0683) Future Dental Plan Code
- (EDB 0686) Future Vision Plan Code
• (EDB 0689) Future Legal Plan Code

• (EDB 0681) Future Medical Coverage Effective Date
• (EDB 0684) Future Dental Coverage Effective Date
• (EDB 0687) Future Vision Coverage Effective Date
• (EDB 0690) Future Legal Coverage Effective Date

• (EDB 0682) Future Medical Enrollment Reason Code
• (EDB 0685) Future Dental Enrollment Reason Code
• (EDB 0688) Future Vision Enrollment Reason Code
• (EDB 0691) Future Legal Enrollment Reason Code

Current Enrollment data elements

• (EDB 0292) Medical Plan Code (Translated)
• (EDB 0272) Dental Plan Code (Translated)
• (EDB 0347) Vision Plan Code (Translated)
• (EDB 0353) Legal Plan Code (Translated)

• (EDB 0293) Medical Plan Coverage Level (Translated)
• (EDB 0273) Dental Plan Coverage Level (Translated)
• (EDB 0348) Vision Plan Coverage Level (Translated)
• (EDB 0354) Legal Plan Coverage Level (Translated)

• (EDB 0294) Medical Coverage Effective Date
• (EDB 0274) Dental Coverage Effective Date
• (EDB 0349) Vision Coverage Effective Date
• (EDB 0355) Legal Coverage Effective Date

• (EDB 0300) Medical Coverage End Date
• (EDB 0271) Dental Coverage End Date
• (EDB 0346) Vision Coverage End Date
• (EDB 0380) Legal Coverage End Date

• Contribution amount for medical
• Contribution amount for dental
• Contribution amount for vision
• Contribution amount for legal

• Employee deduction for medical
• Employee deduction for dental
• Employee deduction for vision
• Employee deduction for legal

See Service Request Attachments for a sample IFCB screen
This new CICS Map will contain the screen layout for the (EDB Inquiry) Future Enrollments screen for departmental offices. The new screen will contain the following data elements, and UC Contributions and employee costs:

**Future Enrollment data elements**

- (EDB 0680) Future Medical Plan Code
- (EDB 0683) Future Dental Plan Code
- (EDB 0686) Future Vision Plan Code
- (EDB 0689) Future Legal Plan Code
- (EDB 0681) Future Medical Coverage Effective Date
- (EDB 0684) Future Dental Coverage Effective Date
- (EDB 0687) Future Vision Coverage Effective Date
- (EDB 0690) Future Legal Coverage Effective Date
- (EDB 0682) Future Medical Enrollment Reason Code
- (EDB 0685) Future Dental Enrollment Reason Code
- (EDB 0688) Future Vision Enrollment Reason Code
- (EDB 0691) Future Legal Enrollment Reason Code

**Current Enrollment data elements**

- (EDB 0292) Medical Plan Code (Translated)
- (EDB 0272) Dental Plan Code (Translated)
- (EDB 0347) Vision Plan Code (Translated)
- (EDB 0353) Legal Plan Code (Translated)
- (EDB 0293) Medical Plan Coverage Level (Translated)
- (EDB 0273) Dental Plan Coverage Level (Translated)
- (EDB 0348) Vision Plan Coverage Level (Translated)
- (EDB 0354) Legal Plan Coverage Level (Translated)
- (EDB 0294) Medical Coverage Effective Date
- (EDB 0274) Dental Coverage Effective Date
- (EDB 0349) Vision Coverage Effective Date
- (EDB 0355) Legal Coverage Effective Date
- (EDB 0300) Medical Coverage End Date
- (EDB 0271) Dental Coverage End Date
- (EDB 0346) Vision Coverage End Date
- (EDB 0380) Legal Coverage End Date
- Contribution amount for medical
• Contribution amount for dental
• Contribution amount for vision
• Contribution amount for legal

• Employee deduction for medical
• Employee deduction for dental
• Employee deduction for vision
• Employee deduction for legal

See Service Request Attachments for a sample IFCB screen

PPIMBR0

Currently, this CICS Map contains the screen layout for the (History Inquiry) Membership Data screen.

The CICS Map will be modified to include the following data elements:

• (EDB 0659) Medical Dependent Coverage End Date
• (EDB 0656) Dental Dependent Coverage End Date
• (EDB 0657) Vision Dependent Coverage End Date
• (EDB 0658) Legal Dependent Coverage End Date

See Service Request Attachments for a sample IMBR screen
Program Changes

PPAPEUFE
The FCB (Future/Current Benefits) data array processing will be added to support the new PPPFCB table.

PPAPEULF
The FCB (Future/Current Benefits) data array processing will be added to support the new PPPFCB table.

PPAPEUPU
The FCB (Future/Current Benefits) data array processing will be added to support the new PPPFCB table.

PPAPEUSR
The FCB (Future/Current Benefits) data array processing will be added to support the new PPPFCB table.

PPDB2PAR
Currently, PPDB2PAR is called by program PPP465 to format the flat file PAR data into DB2 PAR rows.

This module will be modified as follows:

If the Without Domestic Partner Coverage Code for medical (WODM), Without Domestic Partner Coverage Code for dental (WODD), Without Domestic Partner Coverage Code for vision (WODV), or Legal Coverage Code from the PAR record is not equal to a blank,

The Medical Without Domestic Partner Coverage Code, Dental Without Domestic Partner Coverage Code, and Vision Without Domestic Partner Coverage Code will be assigned to the PAR PPPPEB Table row. In addition, the Legal Coverage Code, Medical Plan Code, Dental Plan Code, Vision Plan Code, and Legal Plan Code from the PAR record will be assigned to the PAR PPPPEB Table row.

PPEC102
The existing edits associated with the Medical Opt-out Indicator value of ‘X’ or ‘C’ will be modified as follows:

- If the Medical Plan Code is equal to blank, ‘XX’, ‘XC’, or ‘XD’,
  
  The Medical Provider ID will be initialized.

- If the Medical Plan Code is changed to a value of ‘XC’ (explicit cancel of plan),
  
  The Medical Opt-out Indicator will be set equal to a value of ‘C’.

- If the Medical Plan Code is changed to a value of ‘XX’ (explicit opt-out of plan),
  
  The Medical Opt-out Indicator will be set equal to a value of ‘X’.

- Currently, if the Medical Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Medical Plan Code is not equal to blank, and it is Open Enrollment, message 12-525 “ENROLLED IN MEDICAL; MEDICAL OPT-OUT SET TO BLANK” is issued.

  The condition (Medical Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

- If the Medical Plan Code is changed from a value of ‘CM’ to ‘XC’,
  
  Message 12-310 “CORE MEDICAL COVERAGE CANNOT BE CANCELLED - MUST OPT OUT” will be issued

- If the Medical Plan Code is explicitly changed from a value other than ‘CM’ to ‘XX’ or ‘XC’
  
  Message 12-315 “MEDICAL OPT-OUT PROCESSED, EMPLOYEE DE-ENROLLED” will be issued

  In addition, the Medical Coverage Level will be set equal to a blank, and the dependents will be de-enrolled from the medical plan as well.

- If the Medical Plan and Medical Coverage Effective Date is explicitly being initialized,
  
  Message 12-568 “DO NOT DELETE - ENTER 'XX' TO OPT OUT, 'XC' TO CANCEL” will be issued.

The following new edits will be added to this module:

- If the Future Medical Coverage Effective Date is not later than the Medical Coverage End Date,
The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

This message will have a severity of Employee Reject in both batch and online.

• If the Future Medical Coverage Effective Date is equal to or prior to the Medical PCED (EDB 0294),

The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN CURRENT EFFECTIVE DATE" will be issued.

This message will have a severity level of Employee Reject in both batch and online.

• If the Medical Plan Code (EDB 0292) is equal to ‘DM’, and a Medical Coverage End Date (EDB 0300) is present,

The update will be blocked and a new message "DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE" will be issued.

This message will have a severity of Data Override in both batch and on-line.

• If the Medical Coverage End Date (EDB 0300) (not Initial Date of 01-01-0001) is prior to the Medical Plan Coverage Effective Date (EDB 0294),

The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

This message will have a severity of Data Override in both batch and on-line.

**PPEC115**

The existing edits associated with the Dental Opt-out Indicator value of ‘X’ or ‘C’ will be modified as follows:

• If the Dental Plan Code is equal to blank, ‘XX’, ‘XC’, or ‘XD’,

The Dental Provider ID will be initialized.

• If the Dental Plan Code is changed to a value of ‘XC’ (explicit cancel of plan),

The Dental Opt-out Indicator will be set equal to a value of ‘C’.

• If the Dental Plan Code is changed to a value of ‘XX’ (explicit opt-out of plan),

The Dental Opt-out Indicator will be set equal to a value of ‘X’.
Currently, if the Dental Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Dental Plan Code is not equal to blank, and it is Open Enrollment, message 12-526 “ENROLLED IN DENTAL, DENTAL OPT-OUT SET TO BLANK” is issued.

The condition (Dental Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

If the Dental Plan and Dental Coverage Effective Date are explicitly initialized, Message 12-568 “DO NOT DELETE - ENTER ’XX’ TO OPT OUT, ’XC’ TO CANCEL” will be issued.

If the Dental Plan Code is explicitly changed to ‘XX’ or ‘XC’ Message 12-321 “DENTAL OPT-OUT PROCESSED, EMPLOYEE DE-ENROLLED” will be issued.

In addition, the Dental Coverage Level will be set equal to a blank, and the dependents will be de-enrolled from the dental plan as well.

The existing edits associated with the values of the BELI Indicators will be modified as follows:

Currently, the Dental Opt-out is assigned a value of ‘C’ if the BELI Indicator is greater than a value of ‘1’ and the Dental Plan Code is equal to blank.

The above logic will be removed. Instead, the value to be assigned to the Dental Opt-out will be done in the COBOL section 5100-IMPLIED-MAINT-MAINLINE.

Currently, the Dental Opt-out is assigned a value of ‘C’ if the BELI Indicator is equal to a value of ‘1’ and the Dental Plan Code is equal to blank.

The above logic will be removed. Instead, the value to be assigned to the Dental Opt-out will be done in the COBOL section 5100-IMPLIED-MAINT-MAINLINE.

The following new edits will be added to this module:

If the Future Dental Coverage Effective Date is not later than the Dental Coverage End Date, The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

This message will have a severity of Employee Reject in both batch and online.
• If the Dental Coverage End Date (EDB 0271) is prior to the Dental Plan Coverage Effective Date (EDB 0274),

The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

This message will have a severity of Data Override in both batch and on-line.

• If the Future Dental Coverage Effective Date is equal to or prior to the Dental PCED (EDB 0274),

The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE" will be issued

This message will have a severity level of Employee Reject in both batch and on-line.

• If the Dental Plan Code (EDB 0272) is equal to ‘DD’, and a Dental Coverage End Date (EDB 0271) is present,

The update will be blocked and a new message 'DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE" will be issued.

This message will have a severity of Data Override in both batch and on-line.

PPEC120

The existing edits associated with the Vision Opt-out Indicator value of ‘X’ will be modified as follows:

• If the Vision Plan Code is changed to a value of ‘XX’ (explicit opt out of plan),

The Vision Opt-out Indicator will be set equal to a value of ‘X’, and the vision Coverage Level will be set equal to a blank.

• Currently, if the Vision Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Vision Plan Code is not equal to blank, and it is Open Enrollment, message 12-527 “ENROLLED IN VISION, VISION OPT-OUT SET TO BLANK” is issued.

The condition (Vision Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

• If the Vision Plan and Vision Coverage Effective Date are explicitly initialized,

Message 12-571 “DO NOT DELETE - ENTER 'XX' TO OPT OUT” will be issued.
• If the Vision Plan Code is explicitly changed to ‘XX’,

Message 12-324 “VISION OPT-OUT PROCESSED, EMPLOYEE DE-ENROLLED” will be issued.

In addition, the Vision Coverage Level will be set equal to a blank, and the dependents will be de-enrolled from the vision plan as well.

The following new edits will be added to this module:

• If the Future Vision Coverage Effective Date is not later than the Vision Coverage End Date,

The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

This message will have a severity of Employee Reject in both batch and online.

• If the Vision Coverage End Date (EDB 0346) is prior to the Vision Plan Coverage Effective Date (EDB 0349),

The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

This message will have a severity of Data Override in both batch and on-line.

• If the Future Vision Coverage Effective Date is equal to or prior to the Vision PCED (EDB 0349),

The update will be blocked and a new message "FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE" will be issued.

This message will have a severity level of Employee Reject in both batch and on-line.

• If the Vision Plan Code (EDB 0347) is equal to ‘DV’, and a Vision Coverage End Date (EDB 0346) is entered (where Current Vision Coverage End Date is not equal to the previous Vision Coverage End Date),

The update will be blocked and a new message "DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE" will be issued.

This message will have a severity of Data Override in both batch and on-line.

PPEC121

The existing edits associated with the canceling of the Legal Plan will be modified as follows:
• If the Legal Plan and Legal Coverage Effective Date are explicitly initialized,

Message 12-572 “DO NOT DELETE - ENTER 'XC' TO CANCEL” will be issued.

• If the Legal Plan Code is explicitly changed to ‘XC’,

The Legal Coverage level will be set equal to a blank, and the dependents will be de-enrolled from the legal plan as well.

The following new edits will be added to this module:

• If the Future Legal Coverage Effective Date is not later than the Legal Coverage End Date,

The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

This message will have a severity of Employee Reject in both batch and online.

• If the Legal Coverage End Date (EDB 0380) is prior to the Legal Plan Coverage Effective Date (EDB 0355),

The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

This message will have a severity level of Data Override in both batch and on-line.

• If the Future Legal Coverage Effective Date is equal to or prior to the Legal PCED (EDB 0355),

The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE" will be issued.

This message will have a severity level of Employee Reject in both batch and online.

PPEC133

• Currently, if the Medical Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Medical Plan Code is not equal to blank, and it is Open Enrollment, message 08-518 “MEDICAL OPT-OUT WILL BE SET TO BLANK” is issued.

The condition (Medical Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

• If the Medical Plan and Medical Coverage Effective Date is explicitly being initialized,
Message 08-568 “DO NOT DELETE - ENTER ’XX’ TO OPT OUT, ’XC’ TO CANCEL” will be issued.

- Currently, if the BELI Indicator value is equal to a value of ‘4’, and the Medical Plan Code is not equal to a value of ‘CM’,

  Message 08-303 “ASSIGNED BELI PERMITS ONLY CORE MEDICAL” will be issued.

  The condition (Medical Plan Code is not equal to ‘XX’) will be added to the above existing condition.

- Logic will be added to select the appropriate Future Medical Enrollment record for editing.

The following new edit will be added to this module:

- If the Future Medical Coverage Effective Date is not later than the Medical Coverage End Date,

  The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

  This message will have a severity of **Employee Reject** in both batch and online.

- If the Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Future Medical Coverage Effective Date is equal to or prior to the Medical Coverage End Date

    A new message “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE” will be issued.

    This message will have a severity of **Employee Reject** in both batch and online.

  If the Future Medical Coverage Effective Date is more than one day later than the Medical Coverage End Date,

    If the Future Enrollment Reason Code is equal to ‘HI, or ‘BE’, or ‘CV’

    A new message “END DATE MORE THAN 1 DAY PRIOR TO START OF NEW COVERAGE” will be issued.

    This message will have a severity of **Employee Reject** in both batch and online.
• If the Future Medical Coverage Effective Date is equal to the prior Future Medical Coverage Effective Date, and the Medical Plan Coverage Effective Date is not equal to the prior Medical Plan Coverage Effective Date,

If the Future Medical Coverage Effective Date is equal to or prior to the Medical Plan Coverage Effective Date,

The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN CURRENT EFFECTIVE DATE" will be issued.

This message will have a severity level of Employee Reject in both batch and on-line.

• If the Medical Coverage End Date (EDB 0300) (not Initial Date of 01-01-0001) is prior to the Medical Plan Coverage Effective Date (EDB 0294),

The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

This message will have a severity of Data Override in both batch and on-line.

• If the Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Medical Plan Code is equal to ‘DM’ (Default Medical),

A new message “DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE” will be issued.

• If the Future Medical Plan Code has not been updated, and the current Medical Plan Code has been changed,

If the current Medical Plan Code is equal to the Future Medical Plan Code,

If the current Medical Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

If the current Medical Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

If the Future Medical Coverage Effective Date is in the same month and year as the current Medical Coverage End Date, or the Future Medical Coverage
Effective Date and the current Medical Coverage End Date is exactly one day apart,

The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

PPEC134

• Currently, if the Dental Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Dental Plan Code is not equal to blank, and it is Open Enrollment, message 08-519 “DENTAL OPT-OUT WILL BE SET TO BLANK” is issued.

The condition (Dental Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

• If the Dental Plan and Dental Coverage Effective Date is explicitly being initialized,

Message 08-568 “DO NOT DELETE - ENTER 'XX' TO OPT OUT, 'XC' TO CANCEL” will be issued.

• Logic will be added to select the appropriate Future Dental Enrollment record for editing.

The following new edit will be added to this module:

• If the Future Dental Coverage Effective Date is not later than the Dental Coverage End Date,

The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

This message will have a severity of Employee Reject in both batch and online.

• If the Dental Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Future Dental Coverage Effective date is equal to or prior to the Dental Coverage End Date

A new message “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE” will be issued.

This message will have a severity of Employee Reject in both batch and online.
If the Future Dental Coverage Effective Date is more than one day later than the Dental Coverage End Date,

If the Future Enrollment Reason Code is equal to ‘BE’, or ‘CV’

A new message "END DATE MORE THAN 1 DAY PRIOR TO START OF NEW COVERAGE" will be issued.

This message will have a severity of Employee Reject in both batch and online.

- If the Future Dental Coverage Effective Date is equal to or prior to the Dental PCED (EDB 0274),

  The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE" will be issued. This message will have a severity level of Employee Reject in both batch and on-line.

- If the Dental Coverage End Date (EDB 0271) is prior to the Dental Plan Coverage Effective Date (EDB 0274),

  The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.

  This message will have a severity of Data Override in both batch and on-line.

- If the Dental Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Dental Plan Code is equal to ‘DD’ (Default Dental),

  A new message "DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE" will be issued.

- If the Future Dental Plan Code has not been updated, and the current Dental Plan Code has been changed,

  If the current Dental Plan Code is equal to the Future Dental Plan Code,

  If the current Dental Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

  The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

  This message will have a severity of Employee Reject in both batch and online.
If the current Dental Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

If the Future Dental Coverage Effective Date is in the same month and year as the current Dental Coverage End Date, or the Future Dental Coverage Effective Date and the current Dental Coverage End Date is exactly one day apart,

The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

**PPEC135**

- Currently, if the Vision Opt-out Indicator value is equal to ‘X’ and has not been changed, and the Dental Plan Code is not equal to blank, and it is Open Enrollment, message 08-520 “VISION OPT-OUT WILL BE SET TO BLANK” is issued.

The condition (Vision Plan Code is not equal to ‘XX’) will be added to the above existing conditions.

- If the Vision Plan and Vision Coverage Effective Date is explicitly being initialized,

  Message 08-571 “DO NOT DELETE - ENTER 'XX' TO OPT OUT” will be issued.

- Logic will be added to select the appropriate Future Vision Enrollment record for editing.

The following new edit will be added to this module:

- If the Future Vision Coverage Effective Date is not later than the Vision Coverage End Date,

  The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Vision Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Future Vision Coverage Effective date is equal to or prior to the Vision Coverage End Date

  A new message “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE” will be issued.
This message will have a severity of **Employee Reject** in both batch and online.

If the Future Vision Coverage Effective Date is more than one day later than the Vision Coverage End Date,

If the Future Enrollment Reason Code is equal to ‘BE’, or ‘CV’

A new message **“END DATE MORE THAN 1 DAY PRIOR TO START OF NEW COVERAGE”** will be issued.

This message will have a severity of **Employee Reject** in both batch and online.

- If the Future Vision Coverage Effective Date is equal to or prior to the Vision PCED (EDB 0349),

  The update will be blocked and a new message, **“FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE”** will be issued.

  This message will have a severity level of Employee Reject in both batch and on-line.

- If the Vision Coverage End Date (EDB 0346) is prior to the Vision Plan Coverage Effective Date (EDB 0349),

  The update will be blocked and a new message **“COVERAGE END DATE MUST BE LATER THAN PCED”** will be issued.

  This message will have a severity of **Data Override** in both batch and on-line.

- If the Vision Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Vision Plan Code is equal to ‘DV’ (Default Vision),

  A new message **“DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE”** will be issued.

- If the Future Vision Plan Code has not been updated, and the current Vision Plan Code has been changed,

  If the current Vision Plan Code is equal to the Future Dental Plan Code,

  If the current Vision Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

  The update will be blocked, and a new message 08-579 **“FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE”** will be issued.
This message will have a severity of Employee Reject in both batch and online.

If the current Vision Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

If the Future Vision Coverage Effective Date is in the same month and year as the current Vision Coverage End Date, or the Future Vision Coverage Effective Date and the current Vision Coverage End Date is exactly one day apart,

The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

PPEC136

- If the Legal Plan and Legal Coverage Effective Date is explicitly being initialized,

  Message 08-572 “DO NOT DELETE - ENTER ‘XC' TO OPT OUT” will be issued.

- Logic will be added to select the appropriate Future Legal Enrollment record for editing.

The following new edit will be added to this module:

- If the Future Legal Coverage Effective Date is not later than the Legal Coverage End Date,

  The update will be blocked and a new message, “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE”, will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Legal Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Future Legal Coverage Effective date is equal to or prior to the Legal Coverage End Date

    A new message “COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE” will be issued.

    This message will have a severity of Employee Reject in both batch and online.

If the Future Legal Coverage Effective Date is more than one day later than the Legal Coverage End Date,

If the Future Enrollment Reason Code is equal to ‘BE’, or ‘CV’
A new message “END DATE MORE THAN 1 DAY PRIOR TO START OF NEW COVERAGE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

- If the Future Legal Coverage Effective Date is equal to or prior to the Legal PCED (EDB 0355),

  The update will be blocked and a new message, "FUTURE EFFECTIVE DATE MUST BE LATER THAN THE CURRENT EFFECTIVE DATE" will be issued. This message will have a severity level of Employee Reject in both batch and on-line.

- If the Legal Coverage End Date (EDB 0380) is prior to the legal Plan Coverage Effective Date (EDB 0355),

  The update will be blocked and a new message "COVERAGE END DATE MUST BE LATER THAN PCED" will be issued.
  
  This message will have a severity of Data Override in both batch and on-line.

- If the Future Legal Plan Code has not been updated, and the current Legal Plan Code has been changed,

  If the current Legal Plan Code is equal to the Future Legal Plan Code,

    If the current Legal Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

    The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

    This message will have a severity of Employee Reject in both batch and online.

  If the current Legal Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

    If the Future Legal Coverage Effective Date is in the same month and year as the current Legal Coverage End Date, or the Future Legal Coverage Effective Date and the current Legal Coverage End Date is exactly one day apart,

    The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.
This message will have a severity of Employee Reject in both batch and online.

**PPEC140**

Currently, this module edits the input Benefits Enrollment record passed from the IVR Benefits Enrollment Process. It performs edits against the employee's eligibility/BELI, as well as editing already existing changes.

Existing logic edits the employee’s Health, Dental, and Vision Opt-out Indicator values. If the Health, dental, or Vision Opt-out Indicator Value contains a value of ‘X’, the appropriate Plan Code, Plan Coverage Level, and Plan Coverage Effective date are set equal to initial values.

This module will be modified as follows:

If the Health, Dental, or Vision Opt-out Indicator contains a value of ‘X’, a value of ‘XX’ will be moved to the appropriate Plan Code, the appropriate Plan Coverage Level will be set equal to a blank, and the Hire Date will be moved to the appropriate Plan Coverage Effective Date (PCED) and Employee Coverage Effective Date (ECED).

**PPEC142**

References made to the Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from the COBOL Replacing clause. In addition, data element number 0643 defined in the Working Storage section will be removed.

**PPEC704**

**Family Member Age Edits**

Age edits must be modified to be based on Dependent Coverage Effective Date and Dependent Coverage End Date, rather than on the SCR Current Date.

Currently, PPEC704 calculates 'cutoff dates' that are 18, 23, and 65 years in the past. To do this, it uses the SCR-Current-Date from the EDB System Control Record, adds one to the month, and then subtracts 18, 23, or 65 from the year. The Day of SCR-Current-Date is always '01'. This gives a date for comparison with the dependent birth date, so that the system can determine if the dependent will be over or under the specified age by the end of the current month.

Since each Dependent Coverage Effective Date (EDB 0639, 0640, and 0642) must be used to calculate the appropriate 'cutoff date', the following existing Family Member Age Edits using the SCR Current Date for the calculated cutoff dates will be removed from PPEC704. They will be placed in the appropriate Dependent Edit modules for Dependent Health (PPEC705), Dental (PPEC706), Vision (PPEC707), and Legal Plans (PPEC708).

The following age edits will be removed:
• The edit that checks the age of a Legal Ward and issues messages 08-492 and 12-492, “DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER”.

• The edit that checks the age of a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner, and issues messages 08-474 and 12-474, “DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER”.

• The edit that checks the age of an Adult Dependent Relative and issues messages 08-787 and 12-787, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER AGE 65”.

• The edit that checks the age of an Adult Dependent Relative and issues messages 08-786 and 12-786, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE UNDER THE AGE OF 18”.

• The edit that checks the age of a Domestic Partner and issues messages 08-537 and 12-537, “DOMESTIC PARTNER UNDER THE AGE OF 18 NOT ALLOWED”.

• The edit that checks the age of an employee who enrolls a domestic partner and issues messages 08-536 and 12-536, “DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE IS UNDER AGE 18”.

The following existing age edits that are based on SCR Current Date must not be modified:

• The edit that blocks the changing of the Dependent Disabled Control Indicator (EDB 0638) from a ‘Y’ or ‘I’ to a blank for a Dependent who is 23 years or older.

• The edit that blocks the changing of the Dependent Disabled Control Indicator to a ‘Y’ for a dependent who is 22 ½ years or younger.

• The edit that blocks the changing of the Dependent Disabled Control Indicator from a ‘I’ to a ‘Y’, ‘N’, or blank for a dependent who is older than 65 years.

**Dependent Relationship Edits**

Currently the system blocks certain combinations of dependent enrollments. These edits must be modified to take into account the begin and end dates of all coverages of each dependent, and only block the invalid combinations that overlap in time.

Dependent Coverage Effective Dates and Dependent Coverage End Dates will be added as triggers for this edit. For example, currently enrolling a spouse and an adult dependent relative (ADR), even if not enrolled in the same plans, is an invalid combination. This will continue to be true, except that it will be OK, for example, to enroll an ADR with a Future Coverage Effective Date that is later than the Coverage End Date of all the spouse's coverage. A spouse could be enrolled in Medical with an end date of 4/30/99, and is not enrolled in dental, vision, or legal. It is OK to enroll an ADR with an effective date of 5/1/99 or later in medical, dental, and vision.
However, if the spouse is also enrolled in dental with no end date recorded, the ADR cannot be enrolled in any plan.

The edits which issue existing messages 08-532 and 12-532, “SPOUSE ENROLLED: DOMESTIC PARTNER CANNOT BE ADDED”, and 08-533 and 12-533, ‘DOMESTIC PARTNER ENROLLED: SPOUSE CANNOT BE ADDED”, will be modified to additionally check the Dependent Coverage Effective Dates and the Dependent Coverage End Dates of each dependent with a Dependent Relationship Code of ‘D’ or ‘S’. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

The edit which issues existing messages 08-780 and 12-780, “MAY NOT ENROLL BOTH A SPOUSE AND AN ADULT DEPENDENT RELATIVE”, will be modified to additionally check the Dependent Coverage Effective Dates and the Dependent Coverage End Dates of each dependent with a Dependent Relationship Code of 'S' or 'A'. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

The edit which issues existing messages 08-781 and 12-781, “MAY NOT ENROLL BOTH DOMESTIC PARTNER & ADULT DEPENDENT RELATIVE”, will be modified to additionally check the Dependent Coverage Effective Dates and the Dependent Coverage End Dates of each dependent with a Dependent Relationship Code of 'D' or 'A'. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

The edit which issues existing messages 08-782 and 12-782, “MAY NOT ENROLL BOTH A CHILD OF DOMESTIC PARTNER AND A STEPCHILD”, will be modified to additionally check the Dependent Coverage Effective Date and the Dependent Coverage End Date for each dependent with a Dependent Relationship Code of 'K' or 'P'. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

The edit which issues existing messages 08-783 and 12-783, “MAY NOT ENROLL BOTH A DOMESTIC PARTNER AND A STEPCHILD”, will be modified to additionally check the Dependent Coverage Effective Date and the Dependent Coverage End Date for each dependent with a Dependent Relationship Code of 'D' or 'P'. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

The edit which issues existing messages 08-784 and 12-784, “MAY NOT ENROLL BOTH A CHILD OF DOMESTIC PARTNER AND A SPOUSE”, will be modified to additionally check the Dependent Coverage Effective Date and the Dependent Coverage End Date for each dependent with a Dependent Relationship Code of 'D' or 'S'. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.
check the Dependent Coverage Effective Date and the Dependent Coverage End Dates for each dependent with a Dependent Relationship Code of ‘K’ or ‘S’. For every plan in which either dependent is enrolled, the Dependent Coverage Effective Dates and Dependent Coverage End Dates will be examined. If the dates for one dependent do not overlap the dates for the other dependent, no message will be issued, and the update will be allowed.

**Dependent Insurance De-enrollment Indicator Logic**

Currently, two existing edits check the value of the Dependent Insurance De-enrollment Indicator (EDB 0643). The following edits related to setting the Dependent Insurance De-enrollment Indicator to ‘N’ will be removed:

- If the Dependent Insurance De-enrollment Indicator is ‘D’ and the Dependent Birth Date is changed such that the dependent is no longer over age, the current process sets the Dependent Insurance De-enrollment Indicator to ‘N’.

- If the Dependent Insurance De-enrollment Indicator is ‘D’ and the Dependent De-enrollment Control Code (EDB 0638) is changed such that the dependent is eligible for coverage past the regular cutoff age, the current process sets the Dependent Insurance De-enrollment Indicator to ‘N’.

In addition, all `PERFORM` statements to section 3150-CANCEL-DEP-DEENROLL will be removed as well as the logic in section 3150-CANCEL-DEP-ENROLL.

**PPEC705**

In order to enable correct age edits on future enrollments, the system will be modified so that either the Medical Dependent Coverage Effective Date (EDB 0639) or the SCR Current Date will be used to calculate the three cutoff dates. If the Medical Dependent Coverage Effective Date is later than the SCR Current Date, the month following the Medical Dependent Coverage Effective Date will be obtained, the day of the month will be set equal to the first of the month, and then 18, 23, and 65 will be subtracted from the year in Coverage Effective Date to get the three required cutoff dates. Otherwise the SCR Current Date will be used in calculating the three cutoff dates. This will allow the system to determine if the dependent will be over or under the specified age by the end of the *month in which the medical coverage begins*.

Thus, the following age edits in this module will be added as follows:

- The edit that checks the age of a Legal Ward and issues messages 08-492 and 12-492, “DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER”, will use the new cutoff dates calculated from the Coverage Effective Date or SCR Current Date.

  If the calculated cutoff date for a Legal Ward is later than the dependent’s birth date,
If the Medical Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Medical Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Legal Ward’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-557 "LEGAL WARD CANNOT BE OVER 18 - BIRTH DATE CHANGE BLOCKED" will be issued.

Otherwise

Message 08-492 "DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER" will be issued

• The edit that checks the age of a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner, and issues messages 08-474 and 12-474, “DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER”, will use the new cutoff dates calculated from the Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner is later than the dependent’s birth date,

If the Medical Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Medical Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-555 "CHILD CANNOT BE OVER AGE 23 - BIRTH DATE CHANGE BLOCKED" will be issued
Otherwise

Message 08-474 "DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER" will be issued

• The edit that checks the age of an Adult Dependent Relative and issues messages 08-787 and 12-787, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER AGE 65”, will use the new cutoff dates calculated from the Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for an Adult Dependent Relative is later than the dependent’s birth date (AND) the Dependent Disabled Code is not equal to a value of ‘I’,

If the Medical Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Medical Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Legal Ward’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-558 "ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED" will be issued

Otherwise

Message 08-787 "MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER THE AGE OF 65" will be issued

• The edit that checks the age of an Adult Dependent Relative and issues messages 08-786 and 12-786, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE UNDER THE AGE OF 18”, will use the new cutoff date calculated from the Coverage Effective Date or SCR Current Date.

• The edit that checks the age of a Domestic Partner and issues messages 08-537 and 12-537, "DOMESTIC PARTNER UNDER THE AGE OF 18 NOT ALLOWED", will use the new cutoff date calculated from the Coverage Effective Date or SCR Current Date.

• The edit that checks the age of an employee who enrolls a domestic partner and issues messages 08-536 and 12-536, “DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE
IS UNDER AGE 18”, will use the new cutoff date calculated from the Coverage Effective Date or SCR Current Date.

Check Future Medical Enrollment Record

The Working Storage Future Medical Coverage Effective Date field will be initialized with an Initial ISO Low Date of ‘0001-01-01’, and the Working Storage Future Medical Plan Code will be initialized with a blank.

If a Future Medical Enrollment Record is present, the Future Medical Plan Code will be moved to the Working Storage Future Medical Plan Code field, and the Future Medical Coverage Effective Date will be moved to the Working Storage Future Medical Coverage Effective Date field. The Working Storage Future Medical Coverage Effective Date and the Working Storage Future Medical Plan Code will be used in the Medical Dependent Coverage Edits.

Medical Dependent Coverage Edits:

• The existing code which checks for a default medical plan code of ‘DM’ will also include medical plan codes ‘XX’, ‘XC’, and ‘XD’ in the conditional statement, prior to issuing existing message 08-609.

• If the Medical Dependent Coverage Effective Date (EDB 0639) (not Initial ISO Low Date of 0001-01-01) is later than the employee’s Separation Date (EDB 0140),

The update will be blocked and a new message, "DEPENDENT ENROLLMENT AFTER SEPARATION IS NOT ALLOWED", will be issued.

This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

• If the Medical Dependent Coverage End Date (EDB 0659) (not Initial ISO Low Date of 0001-01-01) is prior to the Medical Dependent Coverage Effective Date (EDB 0639),

The update will be blocked and a new message, "DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED", will be issued.

This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

• If a Medical Coverage End Date (EDB 300) is present (not Initial ISO Low Date of 0001-01-01) and there is no Future Medical Effective Date (EDB 0681), and the Medical DCED (EDB 0639) is later than the Medical Coverage End Date,

The update will be blocked,

If the Coverage Effective Date has been changed,
Existing messages 08-609 and 12-609 “MEDICAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-573 and 12-573 “INCONSISTENT EMPLOYEE & MEDICAL DEPENDENT COVERAGE DATES” will be issued.

Messages 08-573 and 12-573 will have a severity of Employee Reject in both on-line and batch.

• If a Medical Coverage End Date (not Initial Date of 01-01-0001) is present and a Future Medical Effective Date (not Initial Date of 01-01-0001) is present, and the Medical DCED is later than the Medical Coverage End Date and prior to the Future Medical Effective Date,

The update will be blocked,

If the Coverage Effective Date has been changed,

Existing messages 08-609 and 12-609 “MEDICAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-573 and 12-573 “INCONSISTENT EMPLOYEE & MEDICAL DEPENDENT COVERAGE DATES” will be issued.

• If the current Medical Plan Code (EDB 0292) is (blank, ‘XX’, ‘XC’, or ‘XD’) and the Future Medical Plan Code is blank,

The update will be blocked,

If the Coverage Effective Date has been changed,

Existing messages 08-609 and 12-609 “MEDICAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-573 and 12-573 “INCONSISTENT EMPLOYEE & MEDICAL DEPENDENT COVERAGE DATES” will be issued.

• If the current Medical Plan Code is blank and the Medical DCED is prior to the Future Medical Effective Date,

The update will be blocked,

If the Coverage Effective Date has been changed,

Existing messages 08-609 and 12-609 “MEDICAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.
Otherwise, messages 08-573 and 12-573 “INCONSISTENT EMPLOYEE & MEDICAL DEPENDENT COVERAGE DATES” will be issued.

- If a current Medical Plan Code (EDB 0292) is present, and a Future Medical Plan Code is present, and the Medical DCED (EDB 0639) is prior to the Medical ECED (EDB 0454),
  
The update will be blocked,

  If the Coverage Effective Date has been changed,

  Existing messages 08-609 and 12-609 “MEDICAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

  Otherwise, messages 08-573 and 12-573 “INCONSISTENT EMPLOYEE & MEDICAL DEPENDENT COVERAGE DATES” will be issued.

Employee Coverage Effective Date (ECED) Related Edits

- Currently, if the Medical Coverage Effective Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Medical Employee Coverage Effective Date (ECED) is not equal to an Initial ISO Low Date of ‘0001-01-01’, and the Medical ECED has been changed,

    Message 08-605 “UPDATE TO EMPL MEDICAL CED NOT ALLOWED – EMPLOYEE NOT ENROLLED” is issued, and the ECED is initialized with an Initial ISO Low Date of ‘001-01-01’.

    The Medical ECED will be initialized with an Initial ISO Low Date of ‘0001-01-01’. However, existing message 08-605 will not be issued.

- Currently, if the Medical Plan Code is present, and an attempt is made to delete the Medical Employee Coverage Effective Date (set equal to an Initial ISO Low Date of ‘0001-01-01’),

  Message 08-601 “DELETE TO EMPL MEDICAL CED NOT ALLOWED - DELETE MEDICAL PLAN DATA” is issued, and the update to the Medical ECED is blocked.

  The above edit related to the Medical ECED will be removed.

- Currently, if the Medical Plan Code is changed, and the Medical Coverage Effective Date is changed, and the Medical Employee Coverage Effective Date is changed,

  If the Medical Employee Coverage Effective Date is later than the Medical Coverage Effective Date,
Message 08-647 “EMPL MED CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID” is issued, and the Medical ECED is derived.

The issuance of existing message 08-647 will be removed.

- Currently, if the Medical Employee Coverage Effective Date is later than the Medical Coverage Effective Date,

  Message 08-655 “EMPL MEDICAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCK” is issued and the Medical ECED is blocked, or message 08-659 “EMPL MEDICAL CED CANNOT BE AFTER PLAN CED-WILL BE SET TO PLAN CED” is issued and the Medical ECED is derived.

  The issuance of existing message 08-655 and the logic to block the update of the Medical ECED will be removed.

Dependent Insurance De-enrollment Indicator

Reference to Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from the existing logic.

PPEC706

In order to enable correct age edits on future enrollments, the system will be modified so that either the Dental Dependent Coverage Effective Date (EDB 0640) or the SCR Current Date will be used to calculate the three cutoff dates. If the Dental Dependent Coverage Effective Date is later than the SCR Current Date, the month following the Dental Dependent Coverage Effective Date will be obtained, the day of the month will be set equal to the first of the month, and then 18, 23, and 65 will be subtracted from the year in Dental Dependent Coverage Effective Date to get the three required cutoff dates. Otherwise the SCR Current Date will be used in calculating the three cutoff dates. This will allow the system to determine if the dependent will be over or under the specified age by the end of the month in which the dental coverage begins.

Thus, the following age edits in this module will be added as follows:

- The edit that checks the age of a Legal Ward and issues messages 08-492 and 12-492, “DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER”, will use the new cutoff dates calculated from the Dental Dependent Coverage Effective Date or SCR Current Date.

  If the calculated cutoff date for a Legal Ward is later than the dependent’s birth date,

    If the Dental Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

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If the month in the Dental Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Legal Ward’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ’0001-01-01’,

Message 08-557 "LEGAL WARD CANNOT BE OVER 18 - BIRTH DATE CHANGE BLOCKED” will be issued

Otherwise

Message 08-492 "DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER” will be issued

• The edit that checks the age of a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner, and issues messages 08-474 and 12-474, “DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER”, will use the new cutoff dates calculated from the Dental Dependent Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner is later than the dependent’s birth date,

If the Dental Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Dental Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-555 "CHILD CANNOT BE OVER AGE 23 - BIRTH DATE CHANGE BLOCKED” will be issued

Otherwise
Message 08-474 "DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER" will be issued

- The edit that checks the age of an Adult Dependent Relative and issues messages 08-787 and 12-787, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER AGE 65”, will use the new cutoff dates calculated from the Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for an Adult Dependent Relative is later than the dependent’s birth date
(AND) the Dependent Disabled Code is not equal to a value of ‘I’,

If the Dental Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Dental Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Adult Dependent Relative’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-558 "ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED” will be issued

Otherwise

Message 08-787 "MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER THE AGE OF 65” will be issued

- The edit that checks the age of an Employee who enrolls a domestic partner and issues messages 08-536 and 12-536, “DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE

- The edit that checks the age of a Domestic Partner and issues messages 08-537 and 12-537, "DOMESTIC PARTNER UNDER THE AGE OF 18 NOT ALLOWED”, will use the new cutoff date calculated from the Dental Dependent Coverage Effective Date or SCR Current Date.

- The edit that checks the age of an Employee who enrolls a domestic partner and issues messages 08-536 and 12-536, “DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE
IS UNDER AGE 18”, will use the new cutoff date calculated from the Dental Dependent Coverage Effective Date or SCR Current Date.

Check Future Dental Enrollment Record

The Working Storage Future Dental Coverage Effective Date field will be initialized with an Initial ISO Low Date of ‘0001-01-01’, and the Working Storage Future Dental Plan Code will be initialized with a blank.

If a Future Dental Enrollment Record is present, the Future Dental Plan Code will be moved to the Working Storage Future Dental Plan Code field, and the Future Dental Coverage Effective Date will be moved to the Working Storage Future Dental Coverage Effective Date field. The Working Storage Future Dental Coverage Effective Date and the Working Storage Future Dental Plan Code will be used in the Dental Dependent Coverage Edits.

Dental Dependent Coverage Edits:

- The existing code which checks for a default dental plan code of ‘DD’ will also include dental plan codes ‘XX’, ‘XC’, and ‘XD’, prior to issuing existing message 08-610.

- If the Dental Dependent Coverage Effective Date (EDB 0640) (Not Initial Date of 01-01-0001) is later than the employee’s Separation Date (EDB 0140),

  The update will be blocked and a new message, "DEPENDENT ENROLLMENT AFTER SEPARATION IS NOT ALLOWED", will be issued.

  This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

- If the Dental Dependent Coverage End Date (EDB 0656) is prior to the Dental Dependent Coverage Effective Date (EDB 0640),

  The update will be blocked and a new message, "DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED", will be issued.

  This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

- If a Dental Coverage End Date (EDB 271) is present (not Initial ISO Low Date of 0001-01-01) and there is no Future Dental Effective Date (EDB 0684), and the Dental DCED (EDB 0640) is later than the Dental Coverage End Date,

  The update will be blocked;

  If the Dental Dependent Coverage Effective Date has been changed,
Existing messages 08-610 and 12-610 "**DENTAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED**" will be issued.

Otherwise, messages 08-574 and 12-574 "**INCONSISTENT EMPLOYEE & DENTAL DEPENDENT COVERAGE DATES**" will be issued.

Messages 08-574 and 12-574 will have a severity of **Employee Reject** in both on-line and batch.

**•** If a Dental Coverage End Date is present (not Initial Date of 01-01-0001) and a Future Dental Effective Date (not Initial Date of 01-01-0001), and the Dental DCED is later than the Dental Coverage End Date and prior to the Future Dental Effective Date,

The update will be blocked,

If the Dental Dependent Coverage Effective Date has been changed,

Existing messages 08-610 and 12-610 "**DENTAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED**" will be issued.

Otherwise, messages 08-574 and 12-574 "**INCONSISTENT EMPLOYEE & DENTAL DEPENDENT COVERAGE DATES**" will be issued.

**•** If the current Dental Plan Code (EDB 0272) is (blank, ‘XX’, ‘XC’, or ‘XD’) and the Future Dental Plan Code (EDB 0683) is blank,

The update will be blocked,

If the Dental Dependent Coverage Effective Date has been changed,

Existing messages 08-610 and 12-610 "**DENTAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED**” will be issued.

Otherwise, messages 08-574 and 12-574 “**INCONSISTENT EMPLOYEE & DENTAL DEPENDENT COVERAGE DATES”** will be issued.

**•** If the current Dental Plan Code is blank and the Dental DCED is prior to the Future Dental Effective Date,

The update will be blocked,

If the Dental Dependent Coverage Effective Date has been changed,
Existing messages 08-610 and 12-610 “DENTAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-574 and 12-574 “INCONSISTENT EMPLOYEE & DENTAL DEPENDENT COVERAGE DATES” will be issued.

- If a current Dental Plan Code (EDB 0272) is present, and there is a Future Dental Plan Code (EDB 0683), and the Dental DCED (EDB 0640) is prior to the Dental ECED (EDB 0455),

The update will be blocked,

If the Dental Dependent Coverage Effective Date has been changed,

Existing messages 08-610 and 12-610 “DENTAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-574 and 12-574 “INCONSISTENT EMPLOYEE & DENTAL DEPENDENT COVERAGE DATES” will be issued.

Employee Coverage Effective Date (ECED) Related Edits

- Currently, if the Dental Coverage Effective Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Dental Employee Coverage Effective Date (ECED) is not equal to an Initial ISO Low Date of ‘0001-01-01’, and the Dental ECED has been changed,

Message 08-606 ‘UPDATE TO EMPL DENTAL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED” is issued, and the ECED is initialized with an Initial ISO Low Date of ‘001-01-01’.

The Dental ECED will be initialized with an Initial ISO Low Date of ‘0001-01-01’. However, existing message 08-606 will not be issued.

- Currently, if the Dental Plan Code is present, and an attempt is made to delete the Dental Employee Coverage Effective Date (set equal to an Initial ISO Low Date of ‘0001-01-01’),

Message 08-602 ‘DELETE TO EMPL DENTAL CED NOT ALLOWED - DELETE DENTAL PLAN DATA” is issued, and the update to the Medical ECED is blocked.

The above edit related to the Dental ECED will be removed.
• Currently, if the Dental Plan Code is changed, and the Dental Coverage Effective Date is changed, and the Dental Employee Coverage Effective Date is changed,

If the Dental Employee Coverage Effective Date is later than the Dental Coverage Effective Date,

Message 08-648 “EMPL DNT CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID” is issued, and the Dental ECED is derived.

The issuance of existing message 08-648 will be removed.

• Currently, if the Dental Employee Coverage Effective Date is later than the Dental Coverage Effective Date,

Message 08-656 “EMPL DENTAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCK” is issued and the Dental ECED is blocked, or message 08-660 “EMPL DENTAL CED CANNOT BE AFTER PLAN CED-WILL BE SET TO PLAN CED” is issued and the Dental ECED is derived.

The issuance of existing message 08-656 and the logic to block the update of the Dental ECED will be removed.

Dependent Insurance De-enrollment Indicator

Reference to Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from the existing logic.

PPEC707

In order to enable correct age edits on future enrollments, the system will be modified so that either the Vision Dependent Coverage Effective Date (EDB 0641) or the SCR Current Date will be used to calculate the three cutoff dates. If the Vision Dependent Coverage Effective Date is later than the SCR Current Date, the month following the Vision Dependent Coverage Effective Date will be obtained, the day of the month will be set equal to the first of the month, and then 18, 23, and 65 will be subtracted from the year in Vision Dependent Coverage Effective Date to get the three required cutoff dates. Otherwise the SCR Current Date will be used in calculating the three cutoff dates. This will allow the system to determine if the dependent will be over or under the specified age by the end of the month in which the vision coverage begins.

Thus, the following age edits in this module will be added as follows:

• The edit that checks the age of a Legal Ward and issues messages 08-492 and 12-492, “DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER”, will use the new cutoff dates calculated from the Dental Dependent Coverage Effective Date or SCR Current Date.
If the calculated cutoff date for a Legal Ward is later than the dependent’s birth date,

If the Vision Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Vision Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Legal Ward’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-557 "LEGAL WARD CANNOT BE OVER 18 - BIRTH DATE CHANGE BLOCKED" will be issued

Otherwise

Message 08-492 "DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER" will be issued

• The edit that checks the age of a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner, and issues messages 08-474 and 12-474, “DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER”, will use the new cutoff dates calculated from the Vision Dependent Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner is later than the dependent’s birth date,

If the Vision Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Vision Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,
Message 08-555 "CHILD CANNOT BE OVER AGE 23 - BIRTH DATE CHANGE BLOCKED" will be issued

Otherwise

Message 08-474 "DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER" will be issued

- The edit that checks the age of an Adult Dependent Relative and issues messages 08-787 and 12-787, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER AGE 65”, will use the new cutoff dates calculated from the Vision Dependent Coverage Effective Date or SCR Current Date.

  If the calculated cutoff date for an Adult Dependent Relative is later than the dependent’s birth date (AND) the Dependent Disabled Code is not equal to a value of ‘I’,

  If the Vision Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

    If the month in the Vision Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

      No message will be issued.

  Otherwise

    If the Adult Dependent Relative’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

      Message 08-558 "ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED" will be issued

  Otherwise

    Message 08-787 "MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER THE AGE OF 65" will be issued

- The edit that checks the age of an Adult Dependent Relative and issues messages 08-786 and 12-786, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE UNDER THE AGE OF 18”, will use the new cutoff date calculated from the Vision Dependent Coverage Effective Date or SCR Current Date.

- The edit that checks the age of a Domestic Partner and issues messages 08-537 and 12-537, “DOMESTIC PARTNER UNDER THE AGE OF 18 NOT ALLOWED”, will use the
new cutoff date calculated from the Vision Dependent Coverage Effective Date or SCR Current Date.

- The edit that checks the age of an employee who enrolls a domestic partner and issues messages 08-536 and 12-536, “DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE IS UNDER AGE 18”, will use the new cutoff date calculated from the Vision Dependent Coverage Effective Date or SCR Current Date.

**Check Future Vision Enrollment Record**

The Working Storage Future Vision Coverage Effective Date field will be initialized with an Initial ISO Low Date of ‘0001-01-01’, and the Working Storage Future Vision Plan Code will be initialized with a blank.

If a Future Vision Enrollment Record is present, the Future Vision Plan Code will be moved to the Working Storage Future Vision Plan Code field, and the Future Vision Coverage Effective Date will be moved to the Working Storage Future Vision Coverage Effective Date field. The Working Storage Future Vision Coverage Effective Date and the Working Storage Future Vision Plan Code will be used in the Vision Dependent Coverage Edits.

**Vision Dependent Coverage Edits:**

- The existing code which checks for a default vision plan code of ‘DV’ will also check for a vision plan codes ‘XX’, ‘XC’, or ‘XD’, prior to issuing existing message 08-611.

- If the Vision Dependent Coverage Effective Date (EDB 0641) (not Initial Date of 01-01-0001) is later than the employee’s Separation Date (EDB 0140),

  The update will be blocked and a new message, "DEPENDENT ENROLLMENT AFTER SEPARATION IS NOT ALLOWED", will be issued.

  This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

- If the Vision Dependent Coverage End Date (EDB 0657) is prior to the Vision Dependent Coverage Effective Date (EDB 0641),

  The update will be blocked and a new message, "DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED", will be issued.

  This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

- If a Vision Coverage End Date (EDB 0346) is present (not Initial ISO Low Date of 0001-01-01) and there is no Future Vision Effective Date (EDB 0687), and the Vision DCED (EDB 0641) is later than the Vision Coverage End Date,
The update will be blocked,

If the Vision Dependent Coverage Effective Date has been changed,

Existing messages 08-611 and 12-611 “VISION DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-575 and 12-575 “INCONSISTENT EMPLOYEE & VISION DEPENDENT COVERAGE DATES” will be issued.

Messages 08-575 and 12-575 will have a severity of Employee Reject in both on-line and batch.

• If a Vision Coverage End Date is present (not Initial Date of 01-01-0001) and a Future Vision Effective Date (not Initial Date of 01-01-0001), and the Vision DCED is later than the Vision Coverage End Date and prior to the Future Vision Effective Date,

The update will be blocked,

If the Vision Dependent Coverage Effective Date has been changed,

Existing messages 08-611 and 12-611 “VISION DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-575 and 12-575 “INCONSISTENT EMPLOYEE & VISION DEPENDENT COVERAGE DATES” will be issued.

• If the current Vision Plan Code (EDB 0347) is (blank, ‘XX’, or ‘XD’) and the Future Vision Plan Code (EDB 0686) is blank,

The update will be blocked,

If the Vision Dependent Coverage Effective Date has been changed,

Existing messages 08-611 and 12-611 “VISION DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-575 and 12-575 “INCONSISTENT EMPLOYEE & VISION DEPENDENT COVERAGE DATES” will be issued.

• If the current Vision Plan Code is blank and the Vision DCED is prior to the Future Vision Effective Date,

The update will be blocked,
If the Vision Dependent Coverage Effective Date has been changed,

Existing messages 08-611 and 12-611 “VISION DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-575 and 12-575 “INCONSISTENT EMPLOYEE & VISION DEPENDENT COVERAGE DATES” will be issued.

- If a current Vision Plan Code (EDB 0347) is present, and there is a Future Vision Plan Code (EDB 0686), and the Vision DCED (EDB 0641) is prior to the Vision ECED (EDB 0456),

The update will be blocked.

If the Vision Dependent Coverage Effective Date has been changed,

Existing messages 08-611 and 12-611 “VISION DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-575 and 12-575 “INCONSISTENT EMPLOYEE & VISION DEPENDENT COVERAGE DATES” will be issued.

Employee Coverage Effective Date (ECED) Related Edits

- Currently, if the Vision Coverage Effective Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Vision Employee Coverage Effective Date (ECED) is not equal to an Initial ISO Low Date of ‘0001-01-01’, and the Vision ECED has been changed,

Message 08-607 “UPDATE TO EMPL VISION CED NOT ALLOWED - EMPLOYEE NOT ENROLLED” is issued, and the ECED is initialized with an Initial ISO Low Date of ‘001-01-01’.

The Vision ECED will be initialized with an Initial ISO Low Date of ‘0001-01-01’. However, existing message 08-607 will not be issued.

- Currently, if the Vision Plan Code is present, and an attempt is made to delete the Vision Employee Coverage Effective Date (set equal to an Initial ISO Low Date of ‘0001-01-01’),

Message 08-603 “DELETE TO EMPL VISION CED NOT ALLOWED - DELETE VISION PLAN DATA” is issued, and the update to the Legal ECED is blocked.

The above edit related to the Vision ECED will be removed.

- Currently, if the Vision Plan Code is changed, and the Vision Coverage Effective Date is changed, and the Vision Employee Coverage Effective Date is changed,
If the Vision Employee Coverage Effective Date is later than the Vision Coverage Effective Date,

Message 08-649 “EMPL VIS CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID” is issued, and the Medical ECED is derived.

The issuance of existing message 08-649 will be removed.

- Currently, if the Vision Employee Coverage Effective Date is later than the Vision Coverage Effective Date,

Message 08-657 “EMPL VISION CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCK” is issued and the Vision ECED is blocked, or message 08-661 “EMPL VISION CED CANNOT BE AFTER PLAN CED-WILL BE SET TO PLAN CED” is issued and the Vision ECED is derived.

The issuance of existing message 08-657 and the logic to block the update of the Vision ECED will be removed.

Dependent Insurance De-enrollment Indicator

Reference to Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from the existing logic.

PPEC708

In order to enable correct age edits on future enrollments, the system will be modified so that either the Legal Dependent Coverage Effective Date (EDB 0642) or the SCR Current Date will be used to calculate the three cutoff dates. If the Legal Dependent Coverage Effective Date is later than the SCR Current Date, the month following the Legal Dependent Coverage Effective Date will be obtained, the day of the month will be set equal to the first of the month, and then 18, 23, and 65 will be subtracted from the year in Legal Dependent Coverage Effective Date to get the three required cutoff dates. Otherwise the SCR Current Date will be used in calculating the three cutoff dates. This will allow the system to determine if the dependent will be over or under the specified age by the end of the month in which the legal coverage begins.

Thus, the following age edits in this module will be added as follows:

- The edit that checks the age of a Legal Ward and issues messages 08-492 and 12-492, “DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER”, will use the new cutoff dates calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for a Legal Ward is later than the dependent’s birth date,
If the Legal Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Legal Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Legal Ward’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-557 "LEGAL WARD CANNOT BE OVER 18 - BIRTH DATE CHANGE BLOCKED" will be issued

Otherwise

Message 08-492 "DEPENDENT WARD ENROLLMENT BLOCKED BECAUSE AGE IS 18 OR OLDER" will be issued

• The edit that checks the age of a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner, and issues messages 08-474 and 12-474, “DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER”, will use the new cutoff dates calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for a Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner is later than the dependent’s birth date,

If the Legal Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Legal Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Child, Stepchild, Grandchild, or Child/Grandchild of a domestic partner’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-555 "CHILD CANNOT BE OVER AGE 23 - BIRTH DATE CHANGE BLOCKED" will be issued
Otherwise

Message 08-474 "DEPENDENT ENROLLMENT BLOCKED BECAUSE AGE IS 23 OR OLDER" will be issued

- The edit that checks the age of an Adult Dependent Relative and issues messages 08-787 and 12-787, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER AGE 65”, will use the new cutoff dates calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.

If the calculated cutoff date for an Adult Dependent Relative is later than the dependent’s birth date (AND) the Dependent Disabled Code is not equal to a value of ‘I’,

If the Legal Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the month in the Legal Dependent Coverage End Date is equal or prior to the month in the SCR Current Date,

No message will be issued.

Otherwise

If the Adult Dependent Relative’s birth date has been updated, and the birth date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

Message 08-558 "ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED” will be issued

Otherwise

Message 08-787 "MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE OVER THE AGE OF 65” will be issued

- The edit that checks the age of an Adult Dependent Relative and issues messages 08-786 and 12-786, “MAY NOT ENROLL AN ADULT DEPENDENT RELATIVE UNDER THE AGE OF 18”, will use the new cutoff date calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.

- The edit that checks the age of a Domestic Partner and issues messages 08-537 and 12-537, “DOMESTIC PARTNER UNDER THE AGE OF 18 NOT ALLOWED”, will use the new cutoff date calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.
• The edit that checks the age of an employee who enrolls a domestic partner and issues messages 08-536 and 12-536, "DOMESTIC PARTNER NOT ALLOWED - EMPLOYEE IS UNDER AGE 18", will use the new cutoff date calculated from the Legal Dependent Coverage Effective Date or SCR Current Date.

Legal Dependent Coverage Edits:

• The existing code which checks for a legal plan code of blank will also include legal plan code of ‘XC’, prior to issuing existing message 08-612.

• If the Legal Dependent Coverage Effective Date (EDB 0641) (not Initial Date of 01-01-0001) is later than the employee’s Separation Date (EDB 0140),

The update will be blocked and a new message, "DEPENDENT ENROLLMENT AFTER SEPARATION IS NOT ALLOWED", will be issued.

This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

• If the Legal Dependent Coverage End Date (EDB 0658) is prior to the Legal Dependent Coverage Effective Date (EDB 0642),

The update will be blocked and a new message, "DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED", will be issued.

This message will have a severity of Employee Reject in on-line and Transaction Reject in batch.

• If a Legal Coverage End Date (EDB 0380) is present (not Initial ISO Low Date of 0001-01-01) and there is no Future Legal Effective Date (EDB 0690), and the Legal DCED (EDB 0642) is later than the Legal Coverage End Date,

The update will be blocked,

If the Legal Dependent Coverage Effective Date has been changed,

Existing messages 08-612 and 12-612 “LEGAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-576 and 12-576 “INCONSISTENT EMPLOYEE & LEGAL DEPENDENT COVERAGE DATES” will be issued.

Messages 08-576 and 12-576 will have a severity of Employee Reject in both on-line and batch.
• If a Legal Coverage End Date is present (not Initial Date of 01-01-0001) and a Future Legal Effective Date (not Initial Date of 01-01-0001), and the Legal DCED is later than the Legal Coverage End Date and prior to the Future Legal Effective Date,

The update will be blocked,

If the Legal Dependent Coverage Effective Date has been changed,

Existing messages 08-612 and 12-612 “LEGAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-576 and 12-576 “INCONSISTENT EMPLOYEE & LEGAL DEPENDENT COVERAGE DATES” will be issued.

• If the current Legal Plan Code (EDB 0353) is (blank, ‘XC’, or ‘XD’) and the Future Legal Plan Code (EDB 0689) is blank,

The update will be blocked,

If the Legal Dependent Coverage Effective Date has been changed,

Existing messages 08-612 and 12-612 “LEGAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-576 and 12-576 “INCONSISTENT EMPLOYEE & LEGAL DEPENDENT COVERAGE DATES” will be issued.

• If the current Legal Plan Code is blank and the Legal DCED is prior to the Future Legal Effective Date,

The update will be blocked,

If the Legal Dependent Coverage Effective Date has been changed,

Existing messages 08-612 and 12-612 “LEGAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-576 and 12-576 “INCONSISTENT EMPLOYEE & LEGAL DEPENDENT COVERAGE DATES” will be issued.

• If a current Legal Plan Code (EDB 0353) is present, and there is a Future Legal Plan Code (EDB 0689), and the Legal DCED (EDB 0642) is prior to the Legal ECED (EDB 0457),

The update will be blocked,

If the Legal Dependent Coverage Effective Date has been changed,
Existing messages 08-612 and 12-612 “LEGAL DEPENDENT ENROLLMENT NOT ALLOWED – EMPLOYEE NOT ENROLLED” will be issued.

Otherwise, messages 08-576 and 12-576 “INCONSISTENT EMPLOYEE & LEGAL DEPENDENT COVERAGE DATES” will be issued.

Employee Coverage Effective Date (ECED) Related Edits

• Currently, if the Legal Coverage Effective Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Legal Employee Coverage Effective Date (ECED) is not equal to an Initial ISO Low Date of ‘0001-01-01’, and the Legal ECED has been changed,

Message 08-608 “UPDATE TO EMPL LEGAL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED” is issued, and the ECED is initialized with an Initial ISO Low Date of ‘001-01-01’.

The Legal ECED will be initialized with an Initial ISO Low Date of ‘0001-01-01’. However, existing message 08-608 will not be issued.

• Currently, if the Legal Plan Code is present, and an attempt is made to delete the Legal Employee Coverage Effective Date (set equal to an Initial ISO Low Date of ‘0001-01-01’),

Message 08-604 “DELETE TO EMPL LEGAL CED NOT ALLOWED - DELETE LEGAL PLAN DATA” is issued, and the update to the Legal ECED is blocked.

The above edit related to the Legal ECED will be removed.

• Currently, if the Legal Plan Code is changed, and the Legal Coverage Effective Date is changed, and the Legal Employee Coverage Effective Date is changed,

If the Legal Employee Coverage Effective Date is later than the Legal Coverage Effective Date,

Message 08-650 “EMPL LEG CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID” is issued, and the Medical ECED is derived.

The issuance of existing message 08-650 will be removed.

• Currently, if the Legal Employee Coverage Effective Date is later than the Legal Coverage Effective Date,
Message 08-658 “EMPL LEGAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCK” is issued and the Legal ECED is blocked, OR
Message 08-662 “EMPL LEGALCED CANNOT BE AFTER PLAN CED- WILL BE SET TO PLAN CED” is issued and the Legal ECED is derived.

The issuance of existing message 08-658 and the logic to block the update of the Legal ECED will be removed.

**Dependent Insurance De-enrollment Indicator**

Reference to **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.

**PPEC709**

Currently, this module checks whether the Medical Dependent, Dental, Vision, and Legal Coverage Effective Dates (DCED) contain an initial date of ‘0001-01-01’. If the Medical Dependent, Dental, Vision, and Legal Coverage Effective Dates contain an initial date, the entire Dependent data are appropriately initialized for the fetch complex to handle the delete process.

This module will be modified to initialize the Medical Dependent, Dental, Vision, and Legal Coverage End Dates with an initial date of ‘0001-01-01’ at the same time the Dependent data are initialized.

**Dependent Insurance De-enrollment Indicator**

Reference to the **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.

**PPEC722**

Currently, the dependent is counted for the derivation of the Medical Coverage Level (EDB0293) if the Coverage Effective Date (EDB 0639) is not equal to an Initial ISO Low Date of ‘0001-01-01’, regardless of whether or not the Coverage Effective Date is a future date.

The above process will be modified as follows:

Count only dependents where:

If the Coverage Effective Date (DCED) is equal to or prior to today’s date,

If the **Coverage Effective Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’ and the **Coverage End Date** (EDB 0659) is equal to an Initial ISO Low Date of ‘0001-01-01’,
This dependent will be counted.

(OR)

If the *Medical Coverage End Date* (EDB 0300) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the *Coverage End Date* is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage Effective Date is prior to the Medical Coverage End Date,

This dependent will be counted.

(OR)

If the *Medical Coverage End Date* (EDB 0300) is equal to an Initial ISO Low Date of ‘001-01-01’ and the *Coverage End Date* is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage End Date is equal to or later than today’s date,

This dependent will be counted.

(OR)

If the *Medical Coverage End Date* (EDB 0300) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the *Coverage End Date* is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage End Date is equal to or later than today’s date and the Coverage End Date is prior to the Medical Coverage End Date,

This dependent will be counted.

**De-enrollment of Dependents**

- If de-enrollment of one or dependents is caused by initializing the Coverage Effective Date (DCED) to an Initial ISO Low Date of ‘0001-01-01’ or deleting the dependent record via the Dependent ADC Code of ‘D’,

  The Medical Plan Coverage Effective Date will be set equal to today’s date.

  A new message 08-577 “CHECK PCED-SET TO CURRENT DATE DUE TO DEPENDENT DELETE”, will be issued.

  This message will have a severity of Warning in both on-line and batch.
• If the de-enrollment of one or more dependents is caused by the Coverage End Date,

   The Medical Plan Coverage Effective Date will be set equal to the latest Coverage End Date plus one day that caused the de-enrollment.

**Dependent Insurance De-enrollment Indicator**

Reference to **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.

**PPEC723**

Currently, the dependent is counted for the derivation of the Dental Coverage Level (EDB0273) if the Dental Dependent Coverage Effective Date (EDB 0640) is not equal to an Initial ISO Low Date of ‘0001-01-01’, regardless of whether or not the Dental Dependent Coverage Effective Date is a future date.

The above process will be modified as follows:

Count only dependents where:

- If the Dental Dependent Coverage Effective Date (DCED) is equal to or prior to today’s date,
  
  If the **Dental Dependent Coverage Effective Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’ and the **Dental Dependent Coverage End Date** (EDB 0656) is equal to an Initial ISO Low Date of ‘0001-01-01’,

  This dependent will be counted.

  **(OR)**

  If the **Dental Coverage End Date** (EDB 0271) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the **Dental Dependent Coverage End Date** is equal to an Initial ISO Low Date of ‘0001-01-01’,

  If the Dental Dependent Coverage Effective Date is prior to the Dental Coverage End Date,

  This dependent will be counted.

  **(OR)**

  If the **Dental Coverage End Date** (EDB 0271) is equal to an Initial ISO Low Date of ‘001-01-01’ and the **Dental Dependent Coverage End Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’,
If the Dental Dependent Coverage End Date is equal to or later than today’s date,

This dependent will be counted.

(OR)

If the Dental Coverage End Date (EDB 0271) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the Dental Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Dental Dependent Coverage End Date is equal to or later than today’s date and the Dental Dependent Coverage End Date is prior to the Dental Coverage End Date,

This dependent will be counted.

De-enrollment of Dependents

- If de-enrollment of one or dependents is caused by initializing the Dental Dependent Coverage Effective Date (DCED) to an Initial ISO Low Date of ‘0001-01-01’ or deleting the dependent record via the Dependent ADC Code of ‘D’,

The Dental Plan Coverage Effective Date will be set equal to today’s date.

A new message 08-577 “CHECK PCED-SET TO CURRENT DATE DUE TO DEPENDENT DELETE”, will be issued.

This message will have a severity of Warning in both on-line and batch.

- If the de-enrollment of one or more dependents is caused by the Dental Dependent Coverage End Date,

The Dental Plan Coverage Effective Date will be set equal to the latest Dental Dependent Coverage End Date plus one day that caused the de-enrollment.

Dependent Insurance De-enrollment Indicator

Reference to Dependent Insurance De-enrollment Indicator (EDB 0643) will be removed from the existing logic.

**PPEC724**

Currently, the dependent is counted for the derivation of the Vision Coverage Level (EDB0348) if the Vision Dependent Coverage Effective Date (EDB 0641) is not equal to an Initial ISO Low Date of ‘0001-01-01’, regardless of whether or not the Vision Dependent Coverage Effective Date is a future date.
The above process will be modified as follows:

Count only dependents where:

If the Vision Dependent Coverage Effective Date (DCED) is equal to or prior to today’s date,

If the Vision Dependent Coverage Effective Date is not equal to an Initial ISO Low Date of ‘0001-01-01’ and the Vision Dependent Coverage End Date (EDB 0657) is equal to an Initial ISO Low Date of ‘0001-01-01’,

This dependent will be counted.

(OR)

If the Vision Coverage End Date (EDB 0346) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the Vision Dependent Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Vision Dependent Coverage Effective Date is prior to the Vision Coverage End Date,

This dependent will be counted.

(OR)

If the Vision Coverage End Date (EDB 0346) is equal to an Initial ISO Low Date of ‘001-01-01’ and the Vision Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Vision Dependent Coverage End Date is equal to or later than today’s date,

This dependent will be counted.

(OR)

If the Vision Coverage End Date (EDB 0346) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the Vision Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Vision Dependent Coverage End Date is equal to or later than today’s date and the Vision Dependent Coverage End Date is prior to the Vision Coverage End Date,

This dependent will be counted.

De-enrollment of Dependents
• If de-enrollment of one or more dependents is caused by initializing the Vision Dependent Coverage Effective Date (DCED) to an Initial ISO Low Date of ‘0001-01-01’ or deleting the dependent record via the Dependent ADC Code of ‘D’,

The Vision Plan Coverage Effective Date will be set equal to today’s date.

A new message 08-577 “CHECK PCED-SET TO CURRENT DATE DUE TO DEPENDENT DELETE” will be issued.

This message will have a severity of Warning in both on-line and batch.

• If the de-enrollment of one or more dependents is caused by the Vision Dependent Coverage End Date,

The Vision Plan Coverage Effective Date will be set equal to the latest Vision Dependent Coverage End Date plus one day that caused the de-enrollment.

**Dependent Insurance De-enrollment Indicator**

Reference to **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.

**PPEC725**

Currently, the dependent is counted for the derivation of the Legal Coverage Level (EDB0354) if the Legal Dependent Coverage Effective Date (EDB 0642) is not equal to an Initial ISO Low Date of ‘0001-01-01’, regardless of whether or not the Legal Dependent Coverage Effective Date is a future date.

The above process will be modified as follows:

Count only dependents where:

If the Legal Dependent Coverage Effective Date (DCED) is equal to or prior to today’s date,

If the **Legal Dependent Coverage Effective Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’ and the **Legal Dependent Coverage End Date** (EDB 0658) is equal to an Initial ISO Low Date of ‘0001-01-01’,

This dependent will be counted.

(OR)
If the **Legal Coverage End Date** (EDB 0380) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the **Legal Dependent Coverage End Date** is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Legal Dependent Coverage Effective Date is prior to the Legal Coverage End Date,

This dependent will be counted.

(OR)

If the **Legal Coverage End Date** (EDB 0380) is equal to an Initial ISO Low Date of ‘001-01-01’ and the **Legal Dependent Coverage End Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Legal Dependent Coverage End Date is equal to or later than today’s date,

This dependent will be counted.

(OR)

If the **Legal Coverage End Date** (EDB 0380) is not equal to an Initial ISO Low Date of ‘001-01-01’ and the **Legal Dependent Coverage End Date** is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Legal Dependent Coverage End Date is equal to or later than today’s date and the Legal Dependent Coverage End Date is prior to the Legal Coverage End Date,

This dependent will be counted.

**De-enrollment of Dependents**

- If de-enrollment of one or dependents is caused by initializing the Legal Dependent Coverage Effective Date (DCED) to an Initial ISO Low Date of ‘0001-01-01’ or deleting the dependent record via the Dependent ADC Code of ‘D’,

  The Legal Plan Coverage Effective Date will be set equal to today’s date.

  A new message 08-577 **“CHECK PCED-SET TO CURRENT DATE DUE TO DEPENDENT DELETE”** will be issued.

  This message will have a severity of **Warning** in both on-line and batch.

- If the de-enrollment of one or more dependents is caused by the Legal Dependent Coverage End Date,
The Legal Plan Coverage Effective Date will be set equal to the latest Legal Dependent Coverage End Date plus one day that caused the de-enrollment.

**Dependent Insurance De-enrollment Indicator**

Reference to **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.

**PPEI199**

Currently, this module checks for a value in the Medical, Dental, Vision, or Legal De-enrollment Indicator set by the compute process. If the Medical, Dental, Vision, or Legal De-enrollment Indicator is not blank, the associated suspended balance and the appropriate plan data are cleared. In addition, the dependents are de-enrolled from the appropriate plan coverages. The Medical, Dental, or Vision Opt out Indicator field is set equal to a value of ‘D’. Lastly, the appropriate Medical, Dental, Vision, or Legal De-enrollment Indicator field is initialized.

This module will be modified to set the appropriate Medical, Dental, Vision, or Legal Coverage End date to initial date (0001-01-01) at the same time the appropriate plan data are cleared.

**PPEI505**

Currently, this module does BRSC explicit maintenance validation.

This module will be modified to include the save medical, dental, vision, and legal coverage end date fields in the REPLACING clause for the 01 level BEN-ROW-HOLD. In addition, the plan code values of ‘XX’, ‘XC’, and ‘XD’ will be included in the existing condition that checks the medical, dental, vision, and legal plan codes for a non-blank value.

**PPEI709**

Currently, this module checks whether the Medical Dependent, Dental Dependent, Vision Dependent, and Legal Dependent Coverage Effective Dates (DCED) contain an initial date of ‘0001-01-01’. If the Medical Dependent, Dental, Vision, and Legal Coverage Effective Dates contain an initial date, the entire Dependent data are appropriately initialized for the fetch complex to handle the delete process.

This module will be modified to initialize the Medical Dependent, Dental, Vision, and Legal Coverage End Dates with an initial date of ‘0001-01-01’ at the same time the Dependent data are initialized.

**Dependent Insurance De-enrollment Indicator**

Reference to the **Dependent Insurance De-enrollment Indicator** (EDB 0643) will be removed from the existing logic.
PPEM107

Currently, this module performs the I4 separation process. In addition, any existing values in the medical, dental, and vision opt out indicator fields are cleared out.

This module will be modified as follows:

The beginning of the new month in the Periodic Monthly Maintenance Process will be used to derive the last day of the month being ended by the Periodic Monthly Maintenance Process.

The following logic will apply to the Medical, Dental, Vision, and Legal Coverage End Dates:

If an employee is separated, and is enrolled in the plan, the employee’s Coverage End Date will contain the last day of the month being ended by the Periodic Monthly Maintenance Process.

However, if the existing Coverage End Date is equal to or prior to the last day of the month being ended by the Periodic Monthly Maintenance Process, the Coverage End Date will not be changed.

The value in the Opt out Indicator field will not be cleared out.

PPEM113

Currently, this module de-enrolls the employee and dependents from the Medical, Dental, or Vision Plans when a change in BELI causes the employee to be ineligible for the appropriate plans in the EDB Periodic Monthly Process. In addition, if the employee’s BELI value is equal to a value of ‘4’, and not enrolled in a medical plan, and the Medical Opt-Out Indicator is blank, the system will enroll the employee in Core Medical (CM).

This module will be modified to remove the logic that de-enrolls the employee and its dependents from the Medical, Dental, or Vision Plan. In addition, the logic will be removed that enrolls an employee to Core Medical (CM) when the employee’s BELI value is equal to a value of ‘4’.

The above process will now be controlled by establishing Plan Coverage End Dates at the actual time the employee’s BELI is changed.

PPEM720

Currently, this module de-enrolls a dependent from the Medical, Dental, Vision, or Legal Plans when the Dependent Insurance De-enrollment Indicator (EDB 0643) is equal to a value of ‘D’ (set from module PPEM721).

Since Dependent Insurance De-enrollment Indicator (EDB 0643) is being made obsolete, this module will be made obsolete.
PPEM721

Currently, this module flags dependents for de-enrollment from their insurance plans for the next Monthly Periodic Maintenance cycle. If the dependent is over the appropriate age limit, the Dependent Insurance De-enrollment Indicator is set equal to a value of ‘D’ for de-enrollment from the insurance plans in the next Monthly Periodic Maintenance cycle.

Since Dependent Insurance De-enrollment Indicator is being made obsolete, this module will be made obsolete.

PPBENFET

Currently, existing program PPBENFET retrieves each data value with its associated data element from the BEN-ROW, BEN-ROW-HOLD, and BEN-HOLD1 record structures.

EDB Data elements 0300 (Medical Coverage End Date), 0271 (Dental Coverage End Date), 0346 (Vision Coverage End Date), 0380 (legal Coverage End Date), and 0692 (Next Future Benefits Action Date) will be added to the existing logic.

PPBENCHG

The program is a standard part of the EDB Fetch/Update complex for the PPPBEN table. Currently, this program sets the change flag on the XDEC Array when a data element has changed on the Benefits Table.

If the Health Coverage End Date, Dental Coverage End Date, Vision Coverage End Date, or Legal Coverage End Date has changed, the appropriate change flag entry on the XDEC Array will be set.

PPBENUPD

Currently, existing program PPBENUPD retrieves certain data elements with its associated data values from the Employee Change record (ECF).

EDB Data elements 0300, 0271, 0346, 0380, and 0692 will be added to the existing logic for the retrieval of the Medical, Dental, Vision, and Legal Coverage End Dates, and Next Future Benefits Action Date respectively in the ECF (Employee Change File) record.

PPBENUTW

Currently, existing program PPBENUTW Deletes, Updates, or Inserts the data values on the PPPBEN Table.

Data values for the Medical, Dental, Vision, and Legal Coverage End Dates, and Next Future Benefits Action Date will be added to the list of columns for inserting into the PPPBEN Table.
PPBENUT2

Currently, existing program PPBENUT2 retrieves the data values from the PPPBEN Table. If the retrieval of the Benefits record from the PPPBEN Table is successful, each data value from the BEN-ROW-DATA record is moved to the appropriate field in the BEN-ROW record. However, if the retrieval of the Benefits record is not successful, each data value is appropriately initialized on the BEN-ROW record.

The above logic will be modified to move the Medical, Dental, Vision, and Legal Coverage End Dates from the BEN-ROW-DATA record to the appropriate fields in the BEN-ROW record. However, if the retrieval of the employee’s Benefits record from the PPPBEN Table is not successful, the data values for the Medical, Dental, and Legal Coverage End Dates, and the Next Future Benefits Action Date will contain an initial date of ‘0001-01-01’ in the BEN-ROW record.

PPEDBRTI

Currently, this module contains certain hard-coded data elements that are bypassed in the fetch complex re-ordering logic.

This program will be modified to include data elements 0693, 0694, 0695, 0696, 0697, 0698, and 0699 in the exclusion from the fetch complex re-ordering logic. Data elements 0656, 0656, 0657, and 0658 (Dependent Coverage End Dates) will be included in the list for exclusion in the fetch complex re-ordering logic.

In addition, since existing data element 0643 (Dependent De-enrollment Indicator) will be made obsolete, data element 0643 will be removed from the fetch complex re-re-ordering logic.

PPDEPFET

Currently, existing program PPDEPFET retrieves each data value with its associated data element from the from the DEP-ARRAY, DEP-ARRAY-HOLD, and DEP-ARRAY-HOLD1 record structures.

EDB Data elements 0659 (Medical Dependent Coverage End Date), 0656 (Dental Dependent Coverage End Date), 0657 (Vision Dependent Coverage End Date), and 0658 (Legal Coverage End Date) will be added to the existing logic.

Reference to Dependent Insurance De-enrollment Indicator (EDB Data element 0643) will be removed from the existing logic.

PPDEPUPD

Currently, existing program PPDEPUPD retrieves certain data elements with its associated data values from the Employee Change record (ECF).
EDB Data elements 0659 (Medical Dependent Coverage End Date), 0656 (Dental Dependent Coverage End Date), 0657 (Vision Dependent Coverage End Date), and 0658 (Legal Dependent Coverage End Date) will be added to the existing logic.

Reference to Dependent Insurance De-enrollment Indicator (EDB Data element 0643) will be removed from the existing logic.

**PPDEPUTL**

Currently, existing program PPDEPUTL retrieves all dependent data from the PPPDEP table to populate the DEP-ARRAY.

EDB Data elements 0659 (Medical Dependent Coverage End Date), 0656 (Dental Dependent Coverage End Date), 0657 (Vision Dependent Coverage End Date), and 0658 (Legal Coverage End Date) will be added to the existing logic.

Reference to Dependent Insurance De-enrollment Indicator (EDB Data element 0643) will be removed from the existing logic.

**PPDEPUTW**

Currently, existing program PPDEPUTW Deletes, Updates, or Inserts the data values to the PPPDEP Table.

Data values associated with the dependent coverage end dates (EDB 0659, 0656, 0657, 0658) will be added to the list of columns for inserting into the PPPDEP Table.

Reference to Dependent Insurance De-enrollment Indicator (EDB Data element 0643) will be removed from the existing logic.

**PPDEPINT**

Currently, this module initializes Employee Coverage Effective Date (ECED) and Dependent Coverage Effective Dates depending upon the requested function passed from the calling program.

EDB Data elements 0659 (Medical Dependent Coverage End Date), 0656 (Dental Dependent Coverage End Date), 0657 (Vision Dependent Coverage End Date), and 0658 (Legal Coverage End Date) will be added to the existing logic.

This module will be modified to include the initialization of the Health Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, or Legal Dependent Coverage End Date whenever the associated Dependent Coverage Effective Date (DCED) is initialized.
The reference to **Dependent Insurance De-enrollment Indicator** (EDB Data element 0643) will be removed from the existing logic.

**PPDXBENI**

Currently, this module creates the benefits text block for the Employee Documents.

The Health and Welfare Benefit Enrollment information section of the existing Benefits Enrollment Document will be modified as follows:

- The employee’s values associated with the EDB Data elements 0300 (**Medical Coverage End Date**), 0271 (**Dental Coverage End Date**), 0346 (**Vision Coverage End Date**), and 0380 (**Legal Coverage End Date**) will be added to the existing logic for display in the employee’s Health and Welfare Benefit Enrollment section of the Employee Document.

- The employee’s values associated with the EDB Data elements 0659 (**Medical Dependent Coverage End Date**), 0656 (**Dental Dependent Coverage End Date**), 0657 (**Vision Dependent Coverage End Date**), and 0658 (**Legal Dependent Coverage End Date**) will be added to the existing logic for display on the employee’s Health and Welfare Benefit Enrollment section of the Employee Document.

- The logic that references the Dependent Insurance De-enrollment Indicator (EDB 0643) to determine whether to print the dependent information will be removed. The display of the dependent’s benefits coverage end dates will allow the employee to know if the dependent is still covered in certain plans.

- Any pending future enrollments will be displayed on the employee’s Health and welfare Benefit Enrollment section of the Employee Document.

If the Next Future Benefits Action Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If there is a Future Medical, Dental, Vision, and Legal Enrollment entry, each of the Future Enrollment entry will be selected.

The Pending Future Coverage Level will be determined by the dependent’s associated Coverage Effective Date and/or Coverage End Date.

A dependent will be counted for coverage if any one of the two conditions is satisfied:

- If the dependent has a Dependent Coverage Effective Date and no Dependent Coverage End Date, or the dependent will be counted for coverage only if the Dependent Coverage Effective Date is equal to or prior to the Next Future Benefits Action Date (EDB 0692).

- If the dependent has a Dependent Coverage End that is equal to or prior to the Next Future Benefits Action Date, the dependent will be counted for coverage.
Currently, this module reports employee’s changed data on the EDB to the nightly IVR Extract File.

This module will be modified to be sensitive to the employee’s Medical, Dental, Vision, and Legal Coverage End Dates, and to the Medical Dependent, Dental Dependent, Vision Dependent, and Legal Dependent Coverage End Dates when determining which records to include on the nightly IVR Extract File.

The employee’s Next Future Benefits Action Date will be added to the IVR Employee History record structure.

Note that the employee’s Next Future Benefits Action Date will be updated from the Special Daily Process (Special Daily Process of ‘4’) or the EDB File Maintenance Process whenever an employee’s Future Coverage Effective Date, Current Plan Coverage End Date, Dependent Coverage Effective Date, or Dependent Coverage End Date has changed.

The employee’s Next Future Benefits Action Date on the EDB will be compared with the Next Future Benefits Action Date on the IVR Employee History File. If the Next Future Benefits Action Date has changed, it will cause a trigger to the existing logic that determines whether an IVR Employee Transaction, or IVR Dependent Transaction should be written to the IVR Extract File.

This module will be modified as follows:

- **Employee level:**

  The existing logic that checks whether the Last Compute Date or the Last Change Date has changed will include the Next Future Benefits Action Date.

  Currently, if the Medical, Dental, Vision, or Legal Plan Code is equal to a blank, the Plan Coverage Effective Date is initialized to a Low Date of ‘01/01/1900’ on the IVR Employee Transaction, the Employer Contribution Amount and the employee’s Deduction Amount are set equal to a value of zero on the IVR Employee Transaction.

  The above logic will be modified as follows:

  If the (Medical, Dental, Vision, or Legal) Plan Code is equal to a blank, ‘XX’, ‘XC’, or ‘XD’, or the (Medical, Dental, Vision, or Legal) Plan Coverage Effective Date (PCED) is later than (today’s date plus 1 day),

  A Low Date of ‘01/01/1900’ will be moved to the appropriate PCED and ECED (Employee Coverage Effective Date) on the IVR Employee Transaction, the appropriate Plan Code will be set equal to a blank on the IVR Employee Transaction, and the
appropriate Plan Coverage Level will be set equal to a blank on the IVR Employee Transaction, and the appropriate Employer Contribution Amount and the employee’s Deduction Amount will be set equal to a value of zero on the IVR Employee Transaction.

The Medical, Dental, Vision, and Legal Coverage End Dates must be checked. The following logic will be added as follows:

If the Medical, Dental, Vision, or Legal Coverage End Date is not equal to an Initial ISO Low date of ‘0001-01-01’,

If the Medical, Dental, Vision, or Legal Coverage End Date is prior to (today’s date plus 1 day),

An Initial Low Date of ‘01/01/1900’ will be moved to the appropriate PCED and ECED on the IVR Employee Transaction, the appropriate Plan Code will be set equal to a blank on the IVR Employee Transaction, the appropriate Plan Coverage Level will be set equal to a blank on the IVR transaction, and the appropriate Employer Contribution Amount and the employee’s Deduction Amount will be set equal to a value of zero on the IVR Employee Transaction.

If the above logic has caused a change to the Medical, Dental, Vision, or Legal Plan data values, the Employer Medical, Dental, Vision, or Legal Contribution Amount, or the employee’s Medical, Dental, Vision, or Legal Deduction Amount, an IVR Employee Change Transaction will be written.

- Dependent Level:

The dependent’s Medical, Dental, Vision, and Legal Coverage Effective Dates and dependent’s Medical, Dental, Vision, and Legal Coverage End Dates must be checked to determine whether an IVR Dependent Transaction should be written. The following logic will be added:

If the employee’s Medical Plan Coverage Effective Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

The Coverage Effective Date on the IVR Dependent Transaction will be set equal to an Initial Low Date of ‘01/01/1900’.

If the employee’s Medical Plan Coverage Effective Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage End Date is prior to (today’s date plus 1 day),
The Coverage Effective Date on the IVR Dependent Transaction will be set equal to an Initial Low Date of ‘01/01/1900’.

Otherwise, if the Coverage Effective Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Coverage Effective Date is later than (today’s date plus 1 day),

The Coverage Effective Date will be set equal to an Initial Low Date of ‘01/01/1900’ on the IVR Dependent Transaction.

*The above logic will also apply to the Dental Dependent, Vision Dependent, and Legal Dependent Coverage Effective Dates, and the Dental Dependent, Vision Dependent, and Legal Dependent Coverage End Dates.*

If the Medical, Dental, Vision, and Legal Dependent Coverage Effective Dates have been set equal to an Initial Low Date of ‘01/01/1900’ on the IVR Dependent Transaction,

An IVR Dependent Delete Transaction will be written.

Otherwise if the Medical, Dental, Vision, or Legal Dependent Coverage Effective Date has been changed,

An IVR Dependent Change Transaction will be written.

**PPRCNET**

Currently, PPRCNET calls various PPNET* programs to calculate net and gross amounts.

It will be modified as follows:

- The record layout for the new table PPPFCB will be added to Working Storage.
- The record layout for the existing table PPPDEP will be added to Working Storage.
- PPDEPUTL will be called to load the Dependent data into an array.
- PPFCBUTL will be called to load the Future Benefits Coverage data into an array.
- The following logic will be added in the current activity processing, and prior to the normal Employee-Gross-to-Net processing loop is performed:

  If the Function Code is ‘OPT1’ (When Trans-ID is not ‘RC20’) *(AND)*
  The employee’s Next Future Benefits Action Date is not blank (Initial Low Date of (0001-01-01)
The Next Future Benefits Action Date is equal to or prior to the beginning Benefits Coverage Month (*Coverage Month* refers to the beginning of benefits coverage following the month in which the premiums are taken from the employee’s pay). Further examination of the employee’s (Medical, Dental, Vision, and Legal) Coverage End Dates, Future Coverage Effective Dates, Dependent Coverage Effective Dates (DCED), and Dependent Coverage End Dates will be required.

PPFCBBEN will be called to determine whether to roll up the appropriate future enrollment to the current plan, and/or appropriately derive the Plan Coverage Level.

- The following logic will be added prior to the logic that performs section `PROCESS-EFF-DATE-9600`:in section `3800-CREATE-DEDUCTION`:

  If the employee’s *Medical Coverage End Date* is not blank (Initial Low Date of (0001-01-01)

  If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘H’,

  If the month in the Medical Coverage End Date is prior to the beginning Coverage Month,

  (AND)

  The Future Medical Effective Date is blank (Initial Low Date of 0001-01-01)

  The Don’t-Take-Deduction Flag will be set to on.

  If the employee’s *Dental Coverage End Date* is not blank (Initial Low Date of (0001-01-01)

  If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘D’,

  If the month in the Dental Coverage End Date is prior to the beginning Coverage Month,

  (AND)

  The Future Dental Effective Date is blank (Initial Low Date of 0001-01-01)

  The Don’t-Take-Deduction Flag will be set to on.

  If the employee’s *Vision Coverage End Date* is not blank (Initial Low Date of (0001-01-01)

  If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘V’,

  If the month in the Vision Coverage End Date is prior to the beginning Coverage Month,
(AND) The Future Vision Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

If the employee’s Legal Coverage End Date is not blank (Initial Low Date of (0001-01-01)

If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘J’,

If the month in the Legal Coverage End Date is prior to the beginning Coverage Month,
(AND) The Future Legal Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

PPWECON

Currently, PPWECON is the screen processor program which displays the consistency edit messages along with the appropriate data values for updating. Section 9995-SELECT-DET-KEY contains a DB2 SELECT statement to determine whether a specific data element is a key in a set transaction table. A key field is not updateable on the ECON screen.

Currently, existing data elements 0631 (Dependent A/D/C Code) and 0632 (Dependent Number) are defined on the Data Element Table as position 19 and positions 20 through 21 respectively for the existing Set transaction ‘DM’. However, these same data element numbers are defined on the Data Element Table as position 19 and positions 20 through 21 respectively for the new Set Transaction ‘DX’. This causes a problem in the DB2 Select statement where more than one row is returned to the result table; a SQLCODE of –811 is returned.

This module will be modified as follows:

Since data elements 0631 and 0632 are both associated with the Set Transactions ‘DX’ and ‘DM’, the DB2 statement containing the conditions where the Card Type is ‘DM’ and the Data Element Start Key Position is greater than zero will be executed for data elements 0631 or 0632. Otherwise the DB2 Statement containing the conditions where the Card Type is not blank and the Data Element Start Key Position is greater than zero will be executed.

PPWEDEP

Currently, PPWEDEP is the screen processor program for the EDB Entry/Update Dependent Data Screen.

Code will be added to allow for the updating of the dependent’s Medical, Dental, Vision, and Legal Coverage End Dates.
Dependent Insurance De-enrollment Indicator

Reference to Dependent Insurance De-enrollment Indicator (EDB Data element 0643) will be removed from the existing logic.

PPWEINS

Currently, PPWEINS is the screen processor program for the EDB Entry/Update (Insurance Enrollment) screen.

Code will be added to display the employee’s Coverage End Dates for the Medical, Dental, Vision, and Legal Plans. If the particular employee has any pending future benefit enrollments, the word ‘Yes’ will be displayed, otherwise the word ‘No’ will be displayed.

In addition, the code that is associated with the Medical and Dental Provider Care Codes (EDB 0653 and 0654) will be removed.

PPWIBN2

PPWIBN2 is the screen processor program for the History Inquiry (Benefits Data 2) Screen.

Code will be added to display the employee’s Medical, Dental, Vision, and Legal Coverage End Dates.

PPWIINS

Currently, PPWIINS is the screen processor program for the EDB Inquiry (Insurance – Departmental) screen.

Code will be added to display the employee’s Coverage End Dates for the employee’s Medical, Dental, Vision, and Legal Plans. If the particular employee has any pending future benefit enrollments, the word ‘Yes’ will be displayed, otherwise the word ‘No’ will be displayed.

PPWIINP

Currently, PPWIINP is the screen processor program for the EDB Inquiry (Insurance) screen.

Code will be added to display the employee’s Coverage End Dates for the Medical, Dental, Vision, and Legal Plans. If the particular employee has any pending future benefit enrollments, the word ‘Yes’ will be displayed, otherwise the word ‘No’ will be displayed.

PPWIMEM

Currently, PPWIMEM is the screen processor program for the EDB Inquiry (Membership Data) Screen.
Code will be added to display the dependent’s Medical Dependent, Dental, Vision, and Legal Coverage Effective Dates (DCED) and Medical Dependent, Dental, Vision, and Legal Coverage End Dates.

**PPWIMBR**

PPWIMBR is the screen processor program for the History Inquiry (Membership Data) Screen.

Code will be added to display the employee’s Medical, Dental, Vision, and Legal Coverage Effective Dates and Medical, Dental, Vision, and Legal Coverage End Dates.

**PPWRC20**

PPWRC20 is the screen processor program for the On-line Rush Checks (Function Code of OPT2).

Currently, the Medical, Dental, Vision, or Legal Plan Code, and the Medical, Dental, Vision, or Legal Plan Coverage Code are set equal to a blank when the appropriate Plan Code is equal to a blank, or is equal to the Default Plan Codes of ‘DM’, ‘DD’, or ‘DV’.

Code will be added to include Plan Codes of ‘XX’, ‘XC’, and ‘XD’ to the above existing conditions.

**PPKEYCHD**

Currently, this module does the Employee ID key changes on the EDB.

Similar to the existing key change logic, this module will be modified to add logic to do Employee ID Key changes on the new table PPPFCB.

**PPP050**

Currently, this program pre-edits the input transactions. Each Set Transaction Type is loaded into the internal Set Transaction Code Table. The maximum number of entries allowed on the table is currently set at 10.

To accommodate the new set transaction types of ‘FP’ (Future Enrollment type transactions) and ‘DX’ (Dependent Coverage End Date transactions), the maximum number of entries will be changed from 10 to 12.

**PPP130**

Currently, existing logic counts the number of records that have been updated on each appropriate DB2 Table.
Similar to the existing logic that counts the number of changed records for each DB2 Table, this program will be modified to count the number of changed records on the PPPFCB Table.

The existing selection criteria for selecting employees from the PPPPER Table will be modified to include the condition where the Next Future Benefits Action Date must be within the range of the Last Daily Run Date and the Current Daily Run Date.

In addition, this program will be changed to call the new reporting module PPFCCRPT to write the control totals for the yearly purging (Calendar Year-end Process) of FCB records on the PPPFCB Table. Note that the new module PPEY150 will perform the actual deletion of the FCB records based on certain conditions. If the Monthly Periodic Maintenance is associated with the Calendar Year-end Process, an action of ‘OPEN’ will be passed to the PPFCCRPT module at the beginning of the process. At the end of the Calendar Year-end Process, an action of ‘CLOSE’ will be passed to the PPFCCRPT module.

**PPP170**

Currently, this program prints the PAF's using the data elements defined on the Reporting Data Element Table. The data elements that are not reportable (bypassed) are defined in the working storage section.

The set of FCB Table data elements will be added to the list of bypassed data elements in working storage.

In addition, data elements 0659, 0656, 0657, and 0658 (Health Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date respectively) will be added to the list of bypassed data elements. Since the Dependent De-enrollment Indicator will be obsoleted in the HIPAA project, data element 0643 will be removed from the list of bypassed data elements.

**PPP250**

Currently, PPP250 displays all non-initial data element values on the PPP2501 report for each selected employee.

The set of FCB Table data elements will be added to this program so that the non-initial values for data element values 0693, 0694, 0695, 0696, 0697, 0698, and 0699 will be displayed.

In addition, the non-initial values for data elements 0656 (Dental Dependent Coverage End Date), 0657 (Vision Dependent Coverage End Date), 0658 (Legal Dependent Coverage End Date), and 0659 (Coverage End date) will be displayed.

**PPP400**

Currently, PPP400 is one of the main Compute driver programs. It calls various PPNET* programs to calculate net and gross amounts.
It will be modified as follows:

- The record layout for the new table PPPFCB will be added to Working Storage.
- The record layout for the existing table PPPDEP will be added to Working Storage.
- PPDEPUTL will be called to load the Dependent data into an array.
- PPFCBUTL will be called to load the Future Benefits Coverage data into an array.
- The following logic will be added in the current activity processing, and before the normal Employee-Gross-to-Net processing loop is performed:

  If the employee’s Next Future Benefits Action Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

  The Next Future Benefits Action Date is equal to or prior to the beginning Coverage Month. **Coverage Month** refers to the beginning of benefits coverage following the month in which the premiums were taken from the employee’s pay. Further examination of the employee’s (Medical, Dental, Vision, and Legal) Coverage End Dates, Future Coverage Effective Dates, Dependent Coverage Effective Dates (DCED), and Dependent Coverage End Dates will be required.

  PPFCCBBEN will be called to derive the appropriate Plan Coverage Level based on a future plan becoming current, or a dependent coverage beginning (Coverage Effective Date) or ending (Coverage End Date) prior to the beginning of the Coverage Month.

- Currently, in the current activity processing, and on each iteration through the normal Employee-Gross-to-Net processing loop,

  The appropriate Coverage Effective Date from the employee’s Deduction Array is moved to the Working Storage Coverage Effective Date, and section PROCESS-EFF-DATE-9600 is performed to determine whether a deduction should be taken. If the Working Storage Coverage Effective Date is later than the beginning of the Coverage Month, the **Don’t-Take-Deduction Flag** is set to On in section PROCESS-EFF-DATE-9600.

  The following logic will be added prior to the logic that performs section PROCESS-EFF-DATE-9600:

  If the employee’s **Medical Coverage End Date** is not blank (Initial Low Date of (0001-01-01))

  If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘H’,
If the month in the Medical Coverage End Date is prior to the beginning Coverage Month,

(AND)
The Future Medical Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

If the employee’s Dental Coverage End Date is not blank (Initial Low Date of 0001-01-01)

If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘D’,

If the month in the Dental Coverage End Date is prior to the beginning Coverage Month,

(AND)
The Future Dental Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

If the employee’s Vision Coverage End Date is not blank (Initial Low Date of 0001-01-01)

If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘V’,

If the month in the Vision Coverage End Date is prior to the beginning Coverage Month,

(AND)
The Future Vision Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

If the employee’s Legal Coverage End Date is not blank (Initial Low Date of 0001-01-01)

If the deduction is associated with a XGTN-BENEFIT-TYPE (from the GTN Table) value of ‘J’,

If the month in the Legal Coverage End Date is prior to the beginning Coverage Month,

(AND)
The Future Legal Effective Date is blank (Initial Low Date of 0001-01-01)

The Don’t-Take-Deduction Flag will be set to on.

• Currently, the Without Domestic Partner Coverage Codes for Dental (EDB 0285), Medical (EDB 0286) and Vision (EDB 0287) fields on the employee’s PAR record are set equal to the employee’s Without Domestic Partner Coverage fields for Dental, Medical, and Vision on the EDB.
This will be modified to set the Without Domestic Partner Coverage Code for Medical on the PAR record when there is a Medical Deduction or Medical Contribution taken from the Compute.

If the Without Domestic Partner Coverage Code for Medical (WODM) from the EDB is equal to a blank, the WODM field on the PAR record will be set equal to the Medical Coverage Code (EDB 0293) on the EDB. Otherwise, the WODM field (EDB 0286) on the PAR record will be set equal to the WODM from the EDB. In addition, the Medical Plan Code (PAR 0292) field on the PAR record will be set equal to the Medical Plan Code (EDB 0292) on the EDB.

_Equivalent logic will be added for Without Domestic Partner Coverage Code for Dental and Without Domestic Partner Coverage Code for Vision._

- Coverage Code ECF (Employee Change File) records are written when the selected data elements associated with the Benefits Table (PPPBEN) have changed in value.

- Currently, ECF (Employee Change File) records are written when the selected data elements associated with the Benefits Table (PPPBEN) have changed in value.

The conditions which trigger the writing of the ECF records for the Medical Plan Code, Medical Plan Coverage Level, Medical Coverage Effective Date, Dental Plan Code, Dental Plan Coverage Level, Dental Coverage Effective Date, Vision Plan Code, Vision Plan Coverage Level, Vision Coverage Effective Date, Legal Plan Code, Legal Plan Coverage Level, and Legal Coverage Effective Date will be removed.

**PPP420**

Currently, PPP420 takes the appropriate Plan Coverage Code from the EDB and translates the Plan Coverage Code for printing on the Employee’s Surepay form. However, the employee’s Plan Coverage Code on the EDB may not reflect the actual deduction amount taken from the Compute.

This program will be modified to take the appropriate Plan Coverage Code from the employee’s PAR record, and translate it for printing on the employee’s Surepay Form.

**PPP440**

Currently, PPP440 displays each Without Domestic Partner Coverage Code on the Record of Earnings Report PPP4401 when the Without Domestic Coverage Code on the PAR record is not equal to a blank.

This program will be modified to display the appropriate Without Domestic Coverage Code from the PAR record only when position 2 or 3 of the field contains a value of ‘X’.

**PPP470**
Currently, PPP470 displays each Without Domestic Partner Coverage Code on the Record of Earnings Report PPP4701 when the Without Domestic Coverage Code on the PAR record is not equal to a blank.

This program will be modified to display the appropriate Without Domestic Coverage Code from the PAR record only when position 2 or 3 of the field contains a value of ‘X’.

**PPP480**

Currently, PPP480 displays each Without Domestic Partner Coverage Code on the Record of Earnings Report PPP4801 when the Without Domestic Coverage Code on the PAR record is not equal to a blank.

This program will be modified to display the appropriate Without Domestic Coverage Code from the PAR record only when position 2 or 3 of the field contains a value of ‘X’.

**PPP560**

**Date format on Carrier Record**

Logic will be added to include the century on all date formats currently reported on the carrier file. In addition, the employee’s Medical, Dental, Vision, and Legal Plan Coverage End Dates will be included on the carrier file, as well as the dependent’s Medical Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date.

**Carrier Trailer Record**

Each employee’s deduction portion of the premium, and the employer’s contribution portion of the premium will be added into the Total Premium field. The Total Premium will be reported on the Carrier Trailer record. If the Total Premium is equal to or greater than a value of zero, a sign of ‘+’ will written after the right most digit of the Total Premium. If the Total Premium is less than zero (negative), a sign of ‘-’ will written after the right most digit of the Total Premium.

**Internal Insurance Array**

To accommodate the reporting of future plan enrollments on the carrier file, the entries to store multiple dental plans will be increased from 4 to 5. Even though, there is only a single vision plan and single legal plan, the entry to store the single vision plan will be increased from 1 to 3 and the entry to store the single legal plan will be increased from 1 to 3.

**Dependent Insurance De-enrollment Indicator**

Currently, the DB2 CURSOR DECLARE for the Dependent Table contains a specific selection criterion to select Dependent records based on the Dependent Insurance De-enrollment Indicator (EDB 0643) value; this selection criterion will be removed from the DB2 CURSOR DECLARE.
Working Storage Date derivations

- **End of Coverage Month Date**

  Initially, the End of Coverage Month Date will be set equal to the Pay Period End Date. One (1) will be added to the month. The LE370 Date Routine will be called to return the last day of the new month. For example, if the BW Pay Period End Date recorded on the PAR record is June 3, 1999, 1 month will be added to derive the Coverage Month of July and the last day of the month will be set to 31.

  The End of Coverage Month Date will be used to determine whether the employee’s future enrollment should be selected for reporting on the carrier file. In addition, the dependent’s Plan Coverage Effective will be compared to the End of Coverage Month to determine whether the dependent should be counted in the derivation of the future plan coverage level.

- **Begin of Coverage Month Date**

  Initially, the Begin of Coverage Month Date will be set equal to the End of Coverage Month Date. The day in the Begin of Coverage Month will be set equal to 1.

  The Begin of Coverage Month Date will be used to compare against the dependent’s Plan Coverage End Date to determine whether the dependent should be counted in the derivation of the future plan coverage level.

- **Prior to Coverage Month Date**

  Initially, the Prior to Coverage Month Date will be set equal to the End of Coverage Month Date. One month will be subtracted from the Prior to Coverage Month Date, and the first day in the Prior to Coverage Month Date will be set equal to 1.

**Employment Status of ‘S’ (Separated) or ‘N’ (On Leave Without Pay)**

Currently, if the employee’s Employment Status (EDB 0144) is equal to a value of ‘S’, the Medical, Dental, Vision, and Legal Plan Coverage Effective Dates on the Carrier Record are set equal to the employee’s Separation Date (EDB 0140). Similarly, if the employee’s Employment Status is equal to a value of ‘N’, the Medical, Dental, Vision, and Legal Plan Coverage Effective Dates on the Carrier Record are set equal to the employee’s Leave Return Date (EDB 0138).

The logic above will be commented out. Instead the Medical, Dental, Vision, and Legal Plan Coverage End Dates on the Carrier Record will be set equal to the appropriate Plan Coverage End Dates on the EDB.

**Employee Record Selection Criteria**

The selection of Employee Carrier records will be based on the employee’s plan coverage effective date and/or plan coverage end date.
If the employee’s Plan Coverage End Date is equal or later than the Prior-to-Coverage-Month-Date, or the employee’s Plan Coverage Effective Date (PCED) is equal or prior to the End-of-Coverage Month-Date, the employee will be selected for reporting on the carrier file.

Dependent Record Selection Criteria

The selection of Dependent records will be based on the dependent’s plan coverage effective date and/or plan coverage end date.

If the dependent’s plan Dependent Coverage Effective Date (DCED) is equal or prior to the End of Coverage Month Date, or the dependent’s plan Dependent Coverage End Date is equal or later than the Prior to Coverage Month Date (Earnings Month), the dependent will be selected for reporting on the carrier file.

For example, if the employee’s Medical Coverage End Date falls within the earnings month (month in which the pay period ends), a Dependent Medical Carrier record (type ‘02’) will not be written. Equivalent logic will be added for Dental Coverage End Date, Vision Coverage End Date, and Legal Coverage End Date.

Plan Code selection from EDB

Currently, if the Dental Plan Code is equal to a value of ‘DD’, the Dental Plan Code will be set be equal to a blank, the Dental Coverage Effective Date and Employee Dental Coverage Effective Date will be set equal to a value of zero. The plan codes of ‘XX’, ‘XC’ and ‘XD’ will be included in the existing conditional statement containing the existing plan code of ‘DD’.

Currently, if the Medical Plan Code is equal to a value of ‘DM’, the Medical Plan Code will be set be equal to a blank, the Medical Coverage Effective Date and Employee Medical Coverage Effective Date will be set equal to a value of zero. The plan codes of ‘XX’, ‘XC’ and ‘XD’ will be included in the existing conditional statement containing the existing plan code of ‘DM’.

Currently, if the Vision Plan Code is equal to a value of ‘DV’, the Vision Plan Code will be set be equal to a blank, the Vision Coverage Effective Date and Employee Vision Coverage Effective Date will be set equal to a value of zero. The plan codes of ‘XX’ and ‘XD’ will be included in the existing conditional statement containing the existing plan code of ‘DV’.

New code will be added to check the plan code of the Legal Plan. If the Legal Plan Code is equal to a value of ‘XC” or ‘XD’, the Legal Plan Code will be set equal to a blank and the Legal Coverage Effective Date will be set equal to a zero.

Initial load of Dependent and Future Enrollment Array

If the Employee ID from the PAR file matches the Employee ID from the EDB, or the Employee ID from the PAR file is greater than the Employee ID from the EDB,
• The dependents associated with the Employee ID from the EDB will be loaded into a Working Storage Dependent Array.

• The entries from the PPPFCB Table associated with the Employee ID from the EDB will be loaded into the Working Storage Benefits Array.

• Working Storage Benefits Reporting Array

PAR Record

The premiums (taken from the employee and UC) for the medical, dental, vision, and/or legal plans in the PAR record will be recorded on the Working Storage Benefits Reporting Array.

An adjustment for a medical, dental, vision, or legal plan is identified as follows:

If the adjustment associated with the plan code is not a current plan, future plan, or a past plan from the Working Storage Benefits Array, the appropriate Plan Coverage Effective Date (PCED) and Employee Plan Coverage Effective Date (ECED) will be set equal to a value of zero in the Working Storage Benefits Reporting Array.

Past Benefit Plan Record

Note that when the Special Daily Process has already run, and the Future Medical Plan Coverage Effective Date is achieved, the future plan data is moved to the current Medical Plan data. Thus, the entries in the Working Storage Benefits Array (loaded from the DB2 PPPFCB Table) must be searched to find the appropriate Past Medical Plan data that ended between the Prior to Coverage Month Date and the End of Coverage Month Date for reporting on the Carrier File. The search for a Past Benefit Plan record is made for the following conditions only:

If the Employee Medical Coverage Effective date is later than the Prior to Coverage Month Date and the Employee Medical Coverage Effective Date is equal or prior to the End of Coverage Month Date, the Working Benefits Array will be searched,

If the Past Medical Coverage Code is not equal to a blank and the Past Medical Coverage End Date is the later of the group of Past Medical Coverage End Dates,

The Past Medical Plan Code, Past Medical Effective Date, and Past Medical Coverage End Date will be recorded on the Working Storage Benefits Reporting Array. The Employee Medical Coverage Effective Date on the Working Storage Benefits Reporting Array will be set to a value of zero.

Equivalent logic will be added for the Dental, Vision, and Legal Plans.

Future Enrollment Record
If the Future Medical Coverage Effective Date is equal or prior to the End of Coverage Month Date,
(AND)
The Future Plan Code is not equal to ‘XX’, ‘XC’, or ‘XD’,
(AND)
The Future Coverage Code is equal to a value of blank,
(AND)
The Future Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

The selected Future Medical Enrollment record will be recorded on the Working Storage Benefits Reporting Array.

Equivalent logic will be added for the Dental, Vision, and Legal Plans.

Determine Coverage Level

The coverage level for the Medical plan for which premiums were taken during the Compute process will be set equal to the appropriate coverage level recorded on the employee’s PAR record.

The coverage level for the Past Benefit Medical Plan Record will be taken from the Working Storage Benefits Array.

The coverage level for the Future Medical plan will be derived by counting the number of dependents enrolled in the plan at the time coverage begins. A dependent will be counted if the dependent’s Medical Plan Coverage Effective Date is equal or prior to the End of Coverage Month Date, or if the dependent’s Medical Plan Coverage End Date is equal or later than the Begin of Coverage Month Date, the dependent will be counted.

Unmatch EDB Process

Currently, when an employee has current Medical, Dental, Vision, and/or Legal Plan data on the EDB but has no PAR record, the employee’s appropriate plan data are reported on the Carrier File with a zero premium, and dependent records are not to the Carrier File.

The logic will be modified to perform modified section CREATE-DEDUCT-TAPE-3540, which determines whether the employee’s plan data and/or dependent plan data should be written to the Carrier File.

Dependent Carrier Record

The employee’s entries in the Working Storage Benefits Reporting Array will be checked.

If the Medical Dependent Coverage Effective Date is equal or prior to the End of Coverage Month Date and the Medical Dependent Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,
If the Medical Plan Coverage Effective Date is not equal to an Initial ISO Low date of ‘0001-01-01’ and the Medical Plan Coverage End Date is equal to an Initial ISO Low date of ‘0001-01-01’,

If the Medical Dependent Coverage Effective Date is prior to the Medical Plan Coverage Effective Date,

The Medical Dependent Coverage Effective Date will be set equal to the Medical Plan Coverage Effective Date.

If the Medical Plan Coverage Effective Date is not equal to an Initial ISO Low date of ‘0001-01-01’ and the Medical Plan Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

The Medical Dependent Coverage End Date will be set equal to the Medical Plan Coverage End Date.

If the Medical Dependent Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’ and the Medical Dependent Coverage End Date is equal or later than the Prior to Coverage Month Date,

If the Medical Plan Coverage End Date is not equal to an Initial ISO Low date of ‘0001-01-01’,

If the Medical Dependent Coverage Effective Date is later than the Medical Plan Coverage End Date,

The Medical Dependent Coverage End Date will be set equal to the Medical Plan Coverage End Date.

If the Medical Plan Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Medical Dependent Coverage End Date is prior to the Medical Plan Coverage Effective Date,

The Medical Dependent Coverage End Date will be set equal to an Initial ISO Low Date of ‘0001-01-01’.

If the Medical Dependent Coverage End Date is equal or later than the Employee Medical Coverage Effective Date,

A Medical Dependent record will be written.

Equivalent logic will be developed for the Dental, Vision, and Legal Dependent Coverage Dates.
A dependent carrier record will not be written for the following conditions:

The Plan Coverage Effective Date on the Working Storage Benefits Reporting Array contains a value of zero (identified as an adjustment from the compute).

The employee is not in the particular plan.

**PPP566**

The record length defined in the File Description (FD) for the Deduction record will be changed to 273.

**PPP711**

Currently, this program creates the monthly interface file for the Corporate Personnel System (CPS) and Benefits Counseling System (BCS).

The monthly process which creates interface files for the Corporate Personnel System (CPS) and Benefits Counseling System (BCS) will be modified to be sensitive to employee and dependent Coverage End Dates when determining which records to include on the monthly interface file. The “month being ended” in the format of MMDDYY is taken from the Specification record. Normally, this date contains the last day of the appropriate month. The “current date” is derived from the date the monthly process is run.

Note that the employee and dependent data reported on the monthly interface file represent the most current data recorded on the EDB at the time the monthly CPS/FCP Process is run.

The following changes will be made:

An employee or dependent with a plan coverage end date which has been achieved prior to the month being ended will be treated as 'not enrolled' for purposes of the monthly interface file.

**Employee Selection:**

- If the Medical Coverage Effective Date is equal to an Initial ISO Date of ‘0001-01-01’, **OR**
  - The Medical Plan Code is equal to a value of ‘XX’, ‘XC’, or ‘XD’
  **OR**
  - The Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,
  And the month in Medical Coverage End Date is prior to the month being ended,

    The Medical Plan Code and Medical Coverage Code will be set equal to a blank, and the Medical Coverage Effective Date will be set equal to a value of zeros on the Employee Interface record.
Otherwise

The Medical Plan Code, Medical Coverage Code, and Medical Coverage Effective Date values will be written to the Employee Interface record.

Equivalent logic will be developed for the Dental, Vision, and Legal Coverage End Dates.

**Dependent Selection:**

The following conditions will cause the Medical Dependent Coverage Effective Date to be set equal to a value of zeroes. Otherwise the Medical Dependent Coverage Effective Date on the Dependent Interface record will be set equal to the value from the EDB. Equivalent logic will be developed for the Dental Dependent, Vision, and Legal Coverage End Dates.

- If the employee is not enrolled in the medical plan, either because there is no Medical Plan Coverage Effective Date or the Medical Plan Coverage End Date has been achieved or the Medical Plan Code is equal to a value of ‘XX’, ‘XC’, or ‘XD’, the corresponding Medical Dependent Coverage Effective Date will be set equal to a value of zeroes on the Dependent Interface record.

- If the Medical Dependent Coverage End Date (EDB 0659) is not equal to an Initial ISO Date of ‘0001-01-01’and the month in Medical Dependent Coverage End Date is prior to the month being ended.

- If the Medical Dependent Coverage End Date (EDB 0659) is equal to an Initial ISO Date of ‘0001-01-01’, and the Medical Dependent Coverage Effective Date is not later than the current date.

Note that the Dependent Interface record will not be passed on the monthly interface file if the dependent is not enrolled in any of the plans. *That is, where the Medical Dependent Coverage Effective Date, Dental Dependent Coverage Effective Date, Vision Dependent Coverage Effective Date, and Legal Dependent Coverage Effective Date have been set equal to a value of zeroes on the Dependent Interface record, Dependent Interface record will not be written.*

**PPP880**

It has been determined that the Over Age of Dependents reports and the COBRA Mailing Labels produced from this program are not being used. Therefore, this program will be declared obsolete.

**PPP881**

**Dependent Insurance De-enrollment Indicator**

Currently, if the dependent’s Dependent Insurance De-enrollment Indicator is equal to a value of ‘D’ and the Dependent Relationship to Employee Code is equal to a value of ‘G’, ‘K’, ‘O’, ‘P’, or
'W', the dependent is selected for reporting on the PPP8811 report and written to the mailing labels file.

The determination of the dependent’s Dependent Insurance De-enrollment Indicator value will be removed. The Medical Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date will be compared to the actual current date. Dependents will be excluded from selection if their Medical Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date are in the current month or prior to the current month. A mailing label record will not be produced for any dependent that will no longer be covered in any plan in the current month or prior to the current month. In addition, the dependent will not be reported on the PPP8811 report.

If the dependent is selected, the Dependent Coverage Effective Date and Plan Code will not be displayed on the report if the Dependent Coverage End Date associated with the appropriate plan ends in the current month or prior to the current month.

**PPP882**

**Dependent Insurance De-enrollment Indicator**

Currently, PPP8821 reports employees with medical, dental, vision, or legal coverage who have duplicate coverage through a dependent relationship to another employee.

In addition, PPP8822 reports individuals who have duplicate coverage for medical, dental, vision, or legal insurance as the result of having recorded dependent relationships with more than one employee.

Both reports exclude the selection of dependents whose Dependent Insurance De-enrollment Indicator value is a ‘D’.

The determination of the dependent’s Dependent Insurance De-enrollment Indicator value will be removed. The Medical Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date will be compared to the actual current date. Dependents will be excluded from selection if their Medical Dependent Coverage End Date, Dental Dependent Coverage End Date, Vision Dependent Coverage End Date, and Legal Dependent Coverage End Date are in the current month or prior to the current month.
New Programs

**PPFCBFET**

This module will be developed to process the new PPPFCB Table for the EDB Fetch/Update complex. It will select all FCB (Future Benefits Coverage) data from the PPPFCB Table by the appropriate data element numbers.

**PPFCBUPD**

This module will be developed to process the new PPPFCB Table for the EDB Fetch/Update complex. Each appropriate column on the PPPFCB Table will be associated with the corresponding data element number. Thus, the appropriate column on the PPPFCB Table will be updated based on the data element found on the ECF (Employee Change File) record.

It is noted that the date key (Future Coverage Effective Date) on the ECF record passed from the Batch program PPP050 is in the format of YYMMDD, while the date key passed from the online ECON Screen program PPWECON is in the format of YYYY-MM-DD (ISO Date). PPFCBUPD will determine whether the ECF record is generated from the Batch or On-line Process by testing the value in the ENVIRON-IS-CICS field. If the ENVIRON-IS-CICS is true, the date key from the ECF record will be used to find the appropriate occurrence on the PPPFCB Table for updating. However, if the ENVIRON-IS-CICS is false, the date key from the ECF record will be converted to an ISO Date. The converted date key will be used to find the appropriate FCB row on the PPPFCB Table for updating.

**PPFCBUTL**

This module will be developed to process the new PPPFCB Table for the EDB Fetch/Update complex. It will read all FCB rows for an employee and load them into an array.

**PPFCBUTW**

This module will be developed to process the new PPPFCB Table for the EDB Fetch/Update complex. It will delete, update, and insert FCB Table rows.

**PPFCBBEN**

The Compute Process will call this new module.

This module will be developed to determine whether the Plan Coverage End Dates (PCED), Future Coverage Effective Dates (FCED), Dependent Coverage Effective Dates (DCED), or Dependent Coverage End Dates are within the range of the employee’s Next Future Benefits
Action Date and the beginning of the Benefits Coverage Month. The **Beginning of Benefits Coverage Month** refers to the beginning of the benefits coverage following the month in which the premiums were taken from the employee’s pay. PPFCBBEN will determine whether to re-derive plan coverage levels or roll up the appropriate future enrollments to the current plans for the Compute Process to properly calculate an employee’s premium for the Medical, Dental, Vision, and/or Legal Plans.

The **Initial ISO Low Date** referenced below (equivalent to a blank) refers to a DB2 date value of 0001-01-01

**Medical**

- Future Medical Enrollment becoming current

  If the Future Medical Coverage Effective Date is equal to or later than the Next Future Benefits Action Date  
  **(And)**  
  The Future Medical Coverage Effective Date is equal to or prior to the **Beginning of Benefits Coverage Month**  
  **(And)**  
  The Future Medical Coverage End Date is Initial ISO Low Date  
  **(And)**  
  The Future Medical Plan is not ‘XX’, or ‘XC’ or ‘XD’

  The Future Medical Plan Code and Future Medical Effective Date will be moved to the current Medical Plan Code and current Medical Coverage Effective Date (PCED) respectively.

- Check Medical Dependent Coverage Dates:

  If the Medical Dependent Coverage Effective Date is not Initial ISO Low Date  
  **(AND)**  
  The Medical Dependent Coverage End Date is Initial ISO Low Date  
  **(AND)**  
  The Medical Dependent Coverage Effective Date is within the range of the Next Future Benefits Action Date and the **Beginning of Benefits Coverage Month**

  The Medical Dependent Date Flag will be set.

  If the Medical Dependent Coverage End Date is not Initial ISO Low Date  
  **(AND)**  
  The (Medical Dependent Coverage End Date plus 1 day) is within the range of the Next Future Benefits Action Date and the **Beginning of Benefits Coverage Month**

  The Medical Dependent Date Flag will be set.
• When Medical Plan has changed or Medical Dependent Flag Date has been set

Count the appropriate Dependent:

1. If the employee has selected a new medical plan:

   If the Medical Dependent Coverage Effective Date is not equal to an Initial ISO Low Date of ‘0001-01-01’

   If the Medical Dependent Coverage Effective Date is equal to or prior to the beginning of the Benefits Coverage Month
   (And)
   Medical Dependent Coverage End Date is equal to or later than the Beginning of Benefits Coverage Month for which premiums are being generated,

   The dependent will be counted.

2. If the Medical Plan is not changing, but coverage for one or more dependents is beginning (Medical Dependent Coverage Effective Date) or ending (Medical Dependent Coverage End Date) within the date range of the employee’s Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month:

   If the Medical Dependent Coverage Effective Date
   (OR)
   The Medical Dependent End Date

   is between the employee’s Next Future Benefits Action Date and the beginning of the Benefits Coverage Month inclusively,

   The dependent will be counted.

• Medical Coverage Level (EDB 0293) Derivation

If the number of dependents counted is zero (0), the new Medical Plan Coverage Level Code will be set equal to a value of ‘U’.

If the number of dependents counted is one (1), the new Medical Plan Coverage Level Code will be set equal to a value of ‘UU’.

If the number of dependents counted is two (2) or more, the new Medical Plan Coverage Level Code will be set equal to a value of ‘UUU’.

Similar to existing module PPEC722 that derives Medical Coverage. This module will derive the Medical Coverage Without Domestic Partner. It will be spaces unless it differs from the actual Medical Coverage. A ‘U’ will indicate a coverage level in both coverage codes. An ‘X’ will indicate a level in the actual coverage which does not exist in the WOD coverage.
Note that the derived Medical Plan Coverage Level Code will retain the original value of ‘M’ (Coordinated Medicare Coverage) in the same position as on the original Medical Plan Coverage Level Code.

Dental

- Future Dental Enrollment becoming current

  If the Future Dental Coverage Effective Date is equal to or later than the Next Future Benefits Action Date
  (And)
  The Future Dental Coverage Effective Date is equal to or prior to the **Beginning of Benefits Coverage Month**,.
  (And)
  The Future Dental Coverage End Date is Initial ISO Low Date
  (And)
  The Future Dental Plan is not ‘XX’, ‘XC’ or ‘XD’

  The Future Dental Plan Code and Future Dental Effective Date will be moved to the current Dental Plan Code and current Dental Coverage Effective Date (PCED) respectively.

- Check Dental Dependent Coverage Dates:

  If the Dental Dependent Coverage Effective Date is not Initial ISO Low Date
  (AND)
  The Dental Dependent Coverage End Date is Initial ISO Low Date
  (AND)
  The Dental Dependent Coverage Effective Date is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

  The Dental Dependent Date Flag will be set.

  If the Dental Dependent Coverage End Date is not Initial ISO Low Date
  (AND)
  The (Dental Dependent Coverage End Date plus 1 day) is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

  The Dental Dependent Date Flag will be set.

- When Dental Plan has changed or Dental Dependent Date Flag has been set

  Count the appropriate Dependent:

  1. If the employee has selected a new dental plan:
If the Dental Dependent Coverage Effective Date is not Initial ISO Low Date

If the Dental Dependent Coverage Effective Date is equal to or prior to the Benefits Coverage Month
(And)
Dental Dependent Coverage End Date is equal to or later than the Benefits Coverage Month,

The dependent will be counted.

2. If the Dental Plan is not changing, but coverage for one or more dependents is beginning (Dental Dependent Coverage Effective Date) or ending (Dental Dependent Coverage End Date) within the date range of the employee’s Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month:

If the Dental Dependent Coverage Effective Date
(OR)
The Dental Dependent End Date

is between the employee’s Next Future Benefits Action Date and the beginning of the Benefits Coverage Month inclusively,

The dependent will be counted.

• **Dental Coverage Level (EDB 0273) Derivation**

If the number of dependents counted is zero (0), the new Dental Plan Coverage Level Code will be set equal to a value of ‘U’.

If the number of dependents counted is one (1), the new Dental Plan Coverage Level Code will be set equal to a value of ‘UU’.

If the number of dependents counted is two (2) or more, the new Dental Plan Coverage Level Code will be set equal to a value of ‘UUU’.

Similar to existing module PPEC723 that derives Dental Coverage. This module will derive the Dental Coverage Without Domestic Partner. It will be spaces unless it differs from the actual Dental Coverage. A ‘U’ will indicate a coverage level in both coverage codes. An ‘X’ will indicate a level in the actual coverage which does not exist in the WOD coverage.

**Vision**

• Future Vision Enrollment becoming current
If the Future Vision Coverage Effective Date is equal to or later than the Next Future Benefits Action Date

(And)
The Future Vision Coverage Effective Date is equal to or prior to the Beginning of Benefits Coverage Month.

(And)
The Future Vision Coverage End Date is Initial ISO Low Date

(And)
The Future Vision Plan is not ‘XX’ or ‘XD’

The Future Vision Plan Code and Future Vision Effective Date will be moved to the current Vision Plan Code and current Vision Coverage Effective Date (PCED) respectively.

- Check Vision Dependent Coverage Dates:

If the Vision Dependent Coverage Effective Date is not Initial ISO Low Date

(AND)
The Vision Dependent Coverage End Date is Initial ISO Low Date

(AND)
The Vision Dependent Coverage Effective Date is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

The Vision Dependent Date Flag will be set.

If the Vision Dependent Coverage End Date is not Initial ISO Low Date

(AND)
The (Vision Dependent Coverage End Date plus 1 day) is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

The Vision Dependent Date Flag will be set.

- When Vision Plan has changed or Vision Dependent Date Flag has been set

Count the appropriate Dependent:

1. If the employee has selected a new dental plan:

   If the Vision Dependent Coverage Effective Date is not Initial ISO Low Date

   If the Vision Dependent Coverage Effective Date is equal to or prior to the Benefits Coverage Month

   (And)

   Vision Dependent Coverage End Date is equal to or later than the Benefits Coverage Month,
The dependent will be counted.

2. If the Vision Plan is not changing, but coverage for one or more dependents is beginning (Vision Dependent Coverage Effective Date) or ending (Vision Dependent Coverage End Date) within the date range of the employee’s Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month:

   If the Vision Dependent Coverage Effective Date
   (OR)
   The Vision Dependent End Date

   is between the employee’s Next Future Benefits Action Date and the beginning of the Benefits Coverage Month inclusively,

   The dependent will be counted.

- **Vision Coverage Level (EDB 0348) Derivation**

  If the number of dependents counted is zero (0), the new Vision Plan Coverage Level Code will be set equal to a value of ‘U’.

  If the number of dependents counted is one (1), the new Vision Plan Coverage Level Code will be set equal to a value of ‘UU’.

  If the number of dependents counted is two (2) or more, the new Vision Plan Coverage Level Code will be set equal to a value of ‘UUU’.

  Similar to existing module PPEC724 that derives Vision Coverage. This module will derive the Vision Coverage Without Domestic Partner. It will be spaces unless it differs from the actual Vision Coverage. A ‘U’ will indicate a coverage level in both coverage codes. An ‘X’ will indicate a level in the actual coverage which does not exist in the WOD coverage.

**Legal**

- **Future Legal Enrollment becoming current**

  If the Future Legal Coverage Effective Date is equal to or later than the Next Future Benefits Action Date
  (And)
  The Future Legal Coverage Effective Date is equal to or prior to the **Beginning of Benefits Coverage Month**,  
  (And)
  The Future Legal Coverage End Date is Initial ISO Low Date  
  (And)
  The Future Legal Plan is not ‘XD’
The Future Legal Plan Code and Future Legal Effective Date will be moved to the current Legal Plan Code and current Legal Coverage Effective Date (PCED) respectively.

- **Check Legal Dependent Coverage Dates:**

  If the Legal Dependent Coverage Effective Date is not Initial ISO Low Date
  (AND)
  The Legal Dependent Coverage End Date is Initial ISO Low Date
  (AND)
  The Legal Dependent Coverage Effective Date is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

  The Legal Dependent Date Flag will be set.

  If the Legal Dependent Coverage End Date is not Initial ISO Low Date
  (AND)
  The (Legal Dependent Coverage End Date plus 1 day) is within the range of the Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month

  The Legal Dependent Date Flag will be set.

- **When Legal Plan has changed or Legal Dependent Flag has been set**

  Count the appropriate Dependent:

  1. If the employee has selected a new legal plan:

     If the Legal Dependent Coverage Effective Date is not Initial ISO Low Date

     If the Legal Dependent Coverage Effective Date is equal to or prior to the Benefits Coverage Month
     (And)
     Legal Dependent Coverage End Date is equal to or later than the Benefits Coverage Month,

     The dependent will be counted.

  2. If the Legal Plan is not changing, but coverage for one or more dependents is beginning (Legal Dependent Coverage Effective Date) or ending (Legal Dependent Coverage End Date) within the date range of the employee’s Next Future Benefits Action Date and the Beginning of the Benefits Coverage Month:

    If the Legal Dependent Coverage Effective Date
    (OR)
The Legal Dependent End Date

is between the employee’s Next Future Benefits Action Date and the beginning of the Benefits Coverage Month inclusively,

The dependent will be counted.

• **Legal Coverage Level (EDB 0354) Derivation**

  If the number of dependents counted is zero (0), the new Legal Plan Coverage Level Code will be set equal to a value of ‘U’.

  If the number of dependents counted is greater than zero (0), the new Legal Plan Coverage Level Code will be set equal to a value of ‘UUU’.

**PPFCCRPT**

The Periodic Monthly Maintenance Process will call this new reporting module during the Calendar Year end Process.

This new reporting module will be called by PPP130 to open and close the FCB Control Totals Report File. When the PPFCCRPT-ACTION passed to PPFCCRPT is ‘OPEN’, the module will open the FCB Control Totals Report File, and set up the standard report headings. When the PPFCCRPT-ACTION is ‘CLOSE’, the module will write the control total of purged FCB records, and control total of retained FCB records on the FCB Control Totals Report. Lastly, the FCB Control Totals Report File will be closed.

**PPEC151 (Complete Future Medical Plan Edits)**

This new module will be processed by *USER08* (Pre-Update Process) and *USER12* (Post-Update Process).

**Range/Value Edits:**

Normally, the existing system edits for valid date and range/values. This will still be true. However, to determine whether the input Future Plan Code (EDB 0697) or the input Future Enrollment Reason Code (EDB 0696) is valid for specific future medical data, a separate range/value edit will be coded in this edit module. Range/values related to data elements 0680 (Future Medical Plan Code) and 0682 (Future Medical Enrollment Reason Code) will be taken from the Data Element Table, and the input Future Plan Code and Future Enrollment Reason Code will be compared against these range/values

If the Future Medical Plan Code is invalid,

Message 08-559 “**FUTURE MEDICAL PLAN CODE INVALID**” will be issued.
This message will have a severity of *Employee Reject* in both batch and online.

If the Future Medical Enrollment Reason Code is invalid,

Message 08-563 “**FUTURE ENROLLMENT REASON CODE INVALID**” will be issued.

This message will have a severity of *Employee Reject* in both batch and online.

**Complete Future Plan Data Edits:**

- If the Future Medical Plan Code has a valid value, and the Future Medical Effective Date does not have a valid value,
  OR
  The Future Medical Plan Code does not have a valid value and the Future Medical Effective Date does have a valid value,

  The update will be blocked, and a new error message 08-540 "**FUTURE MEDICAL PLAN DATA IS INCOMPLETE**" will be issued.

  This message will have a severity of *Employee Reject* in both batch and online.

- If the Future Medical Plan Code is not equal to a blank, and the Future Medical Enrollment Reason Code is equal to ‘**HI**’, then the Medical Plan Code and Medical Opt Out Code will be checked.

  If the existing Medical Plan Code (EDB 0292) is not equal to ‘**XX**’ and is not equal to ‘**CM**’, or if the Medical Opt Out Code (EDB 0377) is equal to ‘**C**’ or ‘**D**’,

  The update will be blocked, and a new message 08-548 "**FUTURE HIPAA ENROLLMENT NOT ALLOWED UNLESS IN CORE OR OPTED OUT**” will be issued.

  This message will have a severity of *Employee Reject* in both batch and on-line.

- If the Future Medical Plan Code is not blank and the Future Medical Reason Code is blank,

  The update will be blocked, and a new message 08-544 "**FUTURE REASON CODE IS REQUIRED**” will be issued.

  The new message will have a severity of *Employee Reject in both on-line and batch.*

- If the Future Medical Coverage Effective Date is later than the Separation Date (EDB 0140),
The update will be blocked, and a new message 08-553, “FUTURE ENROLLMENT AFTER SEPARATION IS NOT ALLOWED” will be issued.

This message will have a severity of Employee Reject in both batch and online.

- If the Future Medical Coverage Effective Date is equal to or prior to today’s date,

  The update will be blocked, and a new message 08-578 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN TODAY’S DATE” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Medical Plan Code is equal to the current Medical Plan Code,

  If the current Medical Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

    The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

    This message will have a severity of Employee Reject in both batch and online.

  If the current Medical Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

    If the Future Medical Coverage Effective Date is in the same month and year as the current Medical Coverage End Date, or the Future Medical Coverage Effective Date and the current Medical Coverage End Date is exactly one day apart,

      The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

      This message will have a severity of Employee Reject in both batch and online.

- If the Future Medical Coverage Effective Date is equal to or prior to the Medical Plan Coverage Effective Date,

  The update will be blocked, and a new message 08-566 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN PCED” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

**BELI Eligibility Edits:**
• Benefits Eligibility Level 5 Check

If the Assigned BELI (EDB 0360) is ‘5’ and the Future Medical Plan Code is not blank,

The update will be blocked, and existing message 08-005 “MEDICAL PLAN IS INCONSISTENT WITH ASSIGNED BELI”, will be issued. As with the current medical plan edit, changes to the Future Medical Plan will be blocked, but changes to the BELI will be allowed.

If there are existing values in the Future Medical Plan Code and Future Medical Coverage Effective Date fields, they will be initialized, and new message 08-549 "FUTURE MEDICAL ENROLLMENT DELETED DUE TO BELI CHANGE” will be issued.

This new message will have a severity of Data Override in both online and batch.

• Benefits Eligibility Level 4 Check

If the Assigned BELI (EDB 0360) is equal to ‘4’, and the Future Medical Plan Code is not equal to a blank and I not equal to ‘CM’,

The update will be blocked, and existing message 08-303 “ASSIGNED BELI PERMITS ONLY CORE MEDICAL” will be issued, as well as the corresponding message 12-312.

As with the current medical plan edit, changes to the Future Medical Plan will be blocked, but changes to the BELI should be allowed. If the existing value of the Future Medical Plan Code is a career medical plan (that is, not ‘CM’ and not blank),

The Future Medical Plan Code and Future Medical Coverage Effective Date will be initialized, and message 08-549 "FUTURE MEDICAL ENROLLMENT DELETED DUE TO BELI CHANGE” will be issued.

This message will have a severity of Data Override in both online and batch.

• Derive Medical Coverage End Date

If no errors were encountered from the above edits,

Module PPEC741 will be called to derive the Medical Plan Coverage End Date.

PPEC152 (Complete Future Dental Plan Edits)

Normally, the existing system edits for valid date and range/values. This will still be true. However, to determine whether the input Future Plan Code (EDB 0697) or the input Future Enrollment Reason Code (EDB 0696) is valid for specific future dental data, a separate
range/value edit will be coded in this edit module. Range/values related to data elements 0683 (Future Dental Plan Code) and 0685 (Future Dental Enrollment Reason Code) will be taken from the Data Element Table, and the input Future Plan Code and Future Enrollment Reason Code will be compared against these range/values.

If the Future Dental Plan Code is invalid,

Message 08-560 “FUTURE DENTAL PLAN CODE INVALID” will be issued.

This message will have a severity of Employee Reject in both batch and online.

If the Future Dental Enrollment Reason Code is invalid,

Message 08-563 “FUTURE ENROLLMENT REASON CODE INVALID” will be issued.

This message will have a severity of Employee Reject in both batch and online.

**Complete Future Plan Data Edits:**

- If the Future Dental Plan Code has a valid value, and the Future Dental Effective Date does not have a valid value, **OR**
  - The Future Dental Plan Code does not have a valid value and the Future Dental Effective Date does have a valid value,

  The update will be blocked, and a new message 08-541 "FUTURE DENTAL PLAN DATA IS INCOMPLETE" will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Dental Plan Code is not equal to a blank and the Future Dental Reason Code is equal to a blank,

  The update will be blocked, and a new message 08-544 "FUTURE REASON CODE IS REQUIRED" will be issued.

  The new message will have a severity of Employee Reject in both on-line and batch.

- If the Future Dental Coverage Effective Date is later than the Separation Date (EDB 0140),

  The update will be blocked and a new message 08-553, “FUTURE ENROLLMENT AFTER SEPARATION IS NOT ALLOWED”, will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Dental Coverage Effective Date is equal to or prior to today’s date,
The update will be blocked, and a new message 08-578 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN TODAY’S DATE” will be issued.

This message will have a severity of *Employee Reject in both batch and online.*

- If the Future Dental Plan Code is equal to the current Dental Plan Code,
  If the current Dental Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’
  
  The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

  This message will have a severity of *Employee Reject in both batch and online.*

  If the current Dental Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,
  If the Future Dental Coverage Effective Date is in the same month and year as the current Dental Coverage End Date, or the Future Dental Coverage Effective Date and the current Dental Coverage End Date is exactly one day apart,

  The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

  This message will have a severity of *Employee Reject in both batch and online.*

- If the Future Dental Coverage Effective Date is equal to or prior to the Dental Plan Coverage Effective Date,

  The update will be blocked, and a new message 08-566 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN PCED” will be issued.

  This message will have a severity of *Employee Reject in both batch and online.*

**BELI Eligibility Edits:**

- Benefits Eligibility Level check:

  If the Assigned BELI (EDB 0360) is not equal to '1', and the Future Dental Plan Code is not equal to a blank,

  The update will be blocked, and existing message 08-142, “DENTAL PLAN DATA IS INCONSISTENT WITH ASSIGNED BELI”, will be issued. As with the current
dental plan edit, changes to the Future Dental Plan will be blocked, but changes to the BELI will be allowed.

If there are existing values in the Future Dental Plan Code and Future Dental Coverage Effective Date fields, they will be initialized, and an additional new message 08-550 "FUTURE DENTAL ENROLLMENT DELETED DUE TO BELI CHANGE" will be issued.

This new message will have a severity of Data Override in both online and batch.

- Derive Dental Coverage End Date

If no errors were encountered from the above edits,

Module PPEC742 will be called to derive the Dental Plan Coverage End Date.

**PPEC153 (Complete Future Vision Plan Edits)**

Normally, the existing system edits for valid date and range/values. This will still be true. However, to determine whether the input Future Plan Code (EDB 0697) or the input Future Enrollment Reason Code (EDB 0696) is valid for specific future dental data, a separate range/value edit will be coded in this edit module. Range/values related to data elements 0686 (Future Vision Plan Code) and 0688 (Future Vision Enrollment Reason Code) will be taken from the Data Element Table, and the input Future Plan Code and Future Enrollment Reason Code will be compared against these range/values.

If the Future Dental Plan Code is invalid,

Message 08-561 “FUTURE VISION PLAN CODE INVALID” will be issued.

This message will have a severity of Employee Reject in both batch and online.

If the Future Dental Enrollment Reason Code is invalid,

Message 08-563 “FUTURE ENROLLMENT REASON CODE INVALID” will be issued.

This message will have a severity of Employee Reject in both batch and online.

**Complete Future Plan Data Edits:**

- If the Future Vision Plan Code has a valid value, and the Future Vision Effective Date does not have a valid value,
  
  **OR**
  
The Future Vision Plan Code does not have a valid value and the Future Vision Effective Date does have a valid value,
The update will be blocked, and a new message 08-542 "FUTURE VISION PLAN DATA IS INCOMPLETE" will be issued.

This message will have a severity of Employee Reject in both batch and online.

- If the Future Vision Plan Code is not equal to a blank and the Future Vision Reason Code is equal to a blank,

  The update will be blocked, and a new message 08-544 "FUTURE REASON CODE IS REQUIRED" will be issued.

  The new message will have a severity of Employee Reject in both on-line and batch.

- If the Future Vision Coverage Effective Date is later than the Separation Date (EDB 0140),

  The update will be blocked, and a new message 08-553, “FUTURE ENROLLMENT AFTER SEPARATION IS NOT ALLOWED” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Vision Coverage Effective Date is equal to or prior to today’s date,

  The update will be blocked, and a new message 08-578 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN TODAY'S DATE” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Vision Plan Code is equal to the current Vision Plan Code,

  If the current Vision Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’

    The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

    This message will have a severity of Employee Reject in both batch and online.

  If the current Vision Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

    If the Future Vision Coverage Effective Date is in the same month and year as the current Vision Coverage End Date, or the Future Vision Coverage Effective Date and the current Vision Coverage End Date is exactly one day apart,
The update will be blocked, and a new message 08-579 **“FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE”** will be issued.

This message will have a severity of *Employee Reject in both batch and online.*

- If the Future Vision Coverage Effective Date is equal to or prior to the Vision Plan Coverage Effective Date,

  The update will be blocked, and a new message 08-566 **“FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN PCED”** will be issued.

  This message will have a severity of *Employee Reject in both batch and online.*

**BELI Eligibility Edits:**

- Benefits Eligibility Level 1 Check

  If the Assigned BELI (EDB 0360) is not '1', and the Future Vision Plan Code is not blank,

    The update will be blocked, and existing message 08-166, **“VISION PLAN DATA IS INCONSISTENT WITH ASSIGNED BELI”**, will be issued. As with the current vision plan edit, changes to the Future Vision Plan will be blocked, but changes to the BELI will be allowed.

    If there are existing values in the Future Vision Plan Code and Future Vision Coverage Effective Date fields, they will be initialized, and a new message 08-551: **“FUTURE VISION ENROLLMENT DELETED DUE TO BELI CHANGE”** will be issued.

    This new message will have a severity of *Data Override in both online and batch.*

**PPEC154 (Complete Future Legal Plan Edits)**

Normally, the existing system edits for valid date and range/values. This will still be true. However, to determine whether the input Future Plan Code (EDB 0697) or the input Future Enrollment Reason Code (EDB 0696) is valid for specific future medical data, a separate range/value edit will be coded in this edit module. Range/values related to data elements 0689 (Future Legal Plan Code) and 0691 (Future Legal Enrollment Reason Code) will be taken from the Data Element Table, and the input Future Plan Code and Future Enrollment Reason Code will be compared against these range/values

If the Future Legal Plan Code is invalid,

  Message 08-562 **“FUTURE LEGAL PLAN CODE INVALID”** will be issued.

  This message will have a severity of *Employee Reject in both batch and online.*
If the Future Legal Enrollment Reason Code is invalid,

Message 08-563 “FUTURE ENROLLMENT REASON CODE INVALID” will be issued.

This message will have a severity of Employee Reject in both batch and online.

**Complete Future Plan Data Edits:**

- If the Future Legal Plan Code has a valid value, and the Future Legal Effective Date does not have a valid value,
  
  OR
  
  The Future Legal Plan Code does not have a valid value and the Future Legal Effective Date does have a valid value,

  The update will be blocked, and issue a new message 08-543 "FUTURE LEGAL PLAN DATA IS INCOMPLETE" will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Legal Plan Code is not blank and the Future Legal Reason Code is blank,

  The update will be blocked, and a new message 08-544 "FUTURE REASON CODE IS REQUIRED" will be issued.

  The new message will have a severity of Employee Reject in both on-line and batch.

- If the Future Legal Coverage Effective Date is later than the Separation Date (EDB 0140),

  The update will be blocked, and a new message 08-553 “FUTURE ENROLLMENT AFTER SEPARATION IS NOT ALLOWED” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Legal Coverage Effective Date is equal to or prior to today’s date,

  The update will be blocked, and a new message 08-578 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN TODAY’S DATE” will be issued.

  This message will have a severity of Employee Reject in both batch and online.

- If the Future Legal Plan Code is equal to the current Legal Plan Code,

  If the current Legal Coverage End Date is equal to an Initial ISO Date of ‘0001-01-01’
The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

If the current Legal Coverage End Date is not equal to an Initial ISO Date of ‘0001-01-01’,

If the Future Legal Coverage Effective Date is in the same month and year as the current Legal Coverage End Date, or the Future Legal Coverage Effective Date and the current Legal Coverage End Date is exactly one day apart,

The update will be blocked, and a new message 08-579 “FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE” will be issued.

This message will have a severity of Employee Reject in both batch and online.

- If the Future Legal Coverage Effective Date is equal to or prior to the Legal Plan Coverage Effective Date,

The update will be blocked, and a new message 08-566 “FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN PCED” will be issued.

This message will have a severity of Employee Reject in both batch and online.

BELI Eligibility Edits:

- Benefits Eligibility Level Check:

If the Assigned BELI (EDB 0360) is not equal to '1', and the Future Legal Plan Code is not equal to a blank,

The update will be blocked, and existing message 08-142, “LEGAL PLAN DATA IS INCONSISTENT WITH ASSIGNED BELI”, will be issued. As with the current legal plan edit, changes to the Future Legal Plan will be blocked, but changes to the BELI will be allowed.

If there are existing values in the Future Legal Plan Code and Future Legal Coverage Effective Date fields, they will be initialized, and an additional message 08-552 "FUTURE LEGAL ENROLLMENT DELETED DUE TO BELI CHANGE" will be issued.

This new message will have a severity of Data Override in both online and batch.
**PPEI315 (Populate Benefits Array)**

This new module will write an entry in the Benefits Array (PPPFCB Table) whenever there is a change to any of the current Medical, Dental, Vision, and/or legal Plan data.

The Benefits Array will always contain an entry that matches the employee’s current plan data, as well as previous plan enrollments with end dates and/or future plan enrollments.

If the Medical, Dental, or Vision Opt-out Indicator contains a value of ‘X’, a new entry will be written in the Benefits Array with a plan code of ‘XD’ (for de-enrolled). A coverage end date will be derived for the entry corresponding to the ‘before’ plan in the array.

**PPEI330 (Separation Established)**

This module will derive the Medical Coverage End Date, Dental Coverage End Date, Vision Coverage End Date, and Legal Coverage End Date when an employee’s separation is established. The employee’s Medical, Dental, Vision, and /or Legal Plans will end on the last day of the month following the month of separation.

**Derive Medical Coverage End Date**

If the employee’s Separation Date (EDB 0140) is changed,

If the current Medical Plan Code is not equal to a blank,

If the Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Medical Coverage End Date is not prior to the last day of the month following the month of separation,

The Medical Coverage End Date will be derived as the last day of the month following the month of separation.

Otherwise,

The Medical Coverage End Date will be derived as the last day of the month following the month of separation.

If the Future Medical Plan Code is not equal to ‘XD’, the Future Medical Coverage Code is equal to a blank, and the Future Medical Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the *Future Medical Coverage Effective Date* is later than the Separation Date (EDB 0140), the following Future Medical Enrollment data will be initialized:

Future Medical Plan Code
Future Medical Coverage Effective Date
Future Medical Reason Enrollment Code

If the **Medical Dependent Coverage Effective Date** is later than the Separation Date,

The Medical Dependent Coverage Effective Date will be initialized.

**Derive Dental Coverage End Date**

If the employee’s Separation Date (EDB 0140) is changed,

If the current Dental Plan Code is not equal to a blank,

If the Dental Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Dental Coverage End Date is not prior to the last day of the month following the month of separation,

The Dental Coverage End Date will be derived as the last day of the month following the month of separation.

Otherwise,

The Dental Coverage End Date will be derived as the last day of the month following the month of separation.

If the Future Dental Plan Code is not equal to ‘XD’, the Future Dental Coverage Code is equal to a blank, and the Future Dental Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the **Future Dental Coverage Effective Date** is later than the Separation Date (EDB 0140), the following Future Dental Enrollment data will be initialized:

Future Dental Plan Code
Future Dental Coverage Effective Date
Future Dental Reason Enrollment Code

If the **Dental Dependent Coverage Effective Date** is later than the Separation Date,

The Dental Dependent Coverage Effective Date will be initialized.

**Derive Vision Coverage End Date**

If the employee’s Separation Date (EDB 0140) is changed,

If the current Vision Plan Code is not equal to a blank,
If the Vision Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Vision Coverage End Date is not prior to the last day of the month following the month of separation,

The Vision Coverage End Date will be derived as the last day of the month following the month of separation.

Otherwise,

The Vision Coverage End Date will be derived as the last day of the month following the month of separation.

If the Future Vision Plan Code is not equal to ‘XD’, the Future Vision Coverage Code is equal to a blank, and the Future Vision Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Future Vision Coverage Effective Date is later than the Separation Date (EDB 0140), the following Future Vision Enrollment data will be initialized:

Future Vision Plan Code
Future Vision Coverage Effective Date
Future Vision Reason Enrollment Code

If the Vision Dependent Coverage Effective Date is later than the Separation Date,

The Vision Dependent Coverage Effective Date will be initialized.

Derive Legal Coverage End Date

If the employee’s Separation Date (EDB 0140) is changed,

If the current Legal Plan Code is not equal to a blank,

If the Legal Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Legal Coverage End Date is not prior to the last day of the month following the month of separation,

The Legal Coverage End Date will be derived as the last day of the month following the month of separation.

Otherwise,
The Legal Coverage End Date will be derived as the last day of the month following the month of separation.

If the Future Legal Plan Code is not equal to ‘XD’, the Future Legal Coverage Code is equal to a blank, and the Future Legal Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

If the **Future Legal Coverage Effective Date** is later than the Separation Date (EDB 0140), the following Future Legal Enrollment data will be initialized:

Future Legal Plan Code  
Future Legal Coverage Effective Date  
Future Legal Reason Enrollment Code

If the **Legal Dependent Coverage Effective Date** is later than the Separation Date,

The Legal Dependent Coverage Effective Date will be initialized.

**PPEI340 (BELI Change causes ineligibility)**

This module will be developed to derive the Medical Coverage End Date, Dental Coverage End Date, Vision Coverage End Date, and Legal Coverage End Date when a change in the employee’s BELI causes ineligibility.

The employee’s Medical Coverage End Date will be set equal to the last day of the current month when a change to the BELI value makes the employee ineligible for benefits.

- If the Assigned BELI (EDB 0360) changes from ‘1’, ‘2’, ‘3’, or ‘4’ to any other value (not eligible for Medical), and the employee’s Medical Plan Code (EDB 0292) is not equal to a blank,

    If the Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

    If the Medical Coverage End Date is later than the last day of the current month,

        The Medical Coverage End Date will be set equal to the last day of the current month.

    If the Medical Dependent Coverage Effective Date is later than the last day of the current month,

        The Medical Dependent Coverage Effective Date will be initialized.

- If the Assigned BELI (EDB 0360) changes from a ‘1’, ‘2’, or ‘3’ to a ‘4’ (Core eligibility only), and the employee is currently enrolled in a career Medical Plan (EDB 0292) other than ‘CM’,
If the existing Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,

If the Medical Coverage End Date is later than the last day of the current month,

A future Medical Enrollment record will be written:

The Future Medical Plan Code will be equal to a value of ‘CM’

The Future Medical Coverage Effective Date will be equal to the first of the month after the current month.

The Medical Coverage End Date will be set equal to the last day of the current month.

Derive Dental Coverage End Date when BELI Change causes ineligibility

The Dental Coverage End Date will be set equal to the last day of the current month when a change to the BELI value makes the employee ineligible for benefits.

- If the Assigned BELI (EDB 0360) changes from ‘1’ to any other value (not eligible for Dental), and the employee is currently enrolled in a Dental Plan (EDB 0272 is not blank),

  The Dental Coverage End Date will be set equal to the last day of the current month.

  If the Dental Dependent Coverage Effective Date is later than the last day of the current month, the Dental Dependent Coverage Effective Date will be initialized.

Derive Vision Coverage End Date when BELI Change causes ineligibility

The Vision Coverage End Date will be set equal to the last day of the current month when a change to the BELI value makes the employee ineligible for benefits.

- If the Assigned BELI (EDB 0360) changes from ‘1’ to any other value (not eligible for Vision), and the employee is currently enrolled in a Vision Plan (EDB 0347 is not blank),

  The Vision Coverage End Date will be set equal to the last day of the current month.

  If the Vision Dependent Coverage Effective Date is later than the last day of the current month, the Vision Dependent Coverage Effective Date will be initialized.

Derive Legal Coverage End Date when BELI Change causes ineligibility

The Legal Coverage End Date will be set equal to the last day of the current month when a change to the BELI value makes the employee ineligible for benefits.
• If the Assigned BELI (EDB 0360) changes from ‘1’ to any other value (not eligible for Legal), and the employee is currently enrolled in a Legal Plan (EDB 0353 is not blank),

The Legal Coverage End Date will be set equal to the last day of the current month.

If the Legal Dependent Coverage Effective Date is later than the last day of the current month, the Legal Dependent Coverage Effective Date will be initialized.

**PPEI350 (Daily Benefits Derivations)**

This new module will be developed to determine whether the Next future Benefits Action Date is within the Daily Processing Date Range. If the Next Future Benefits Action Date is within the Daily Processing Date Range, the employee’s current Plan Coverage End Dates, Future Effective Dates, Dependent Plan Coverage Effective Dates and the Dependent Plan Coverage End Dates will be examined.

This new module will be processed by the *Special Daily EDB Maintenance Process*.

Currently, the Daily EDB Maintenance Process develops a date range which includes the dates from the time it was last run to the current date.

**Examine Next Future Benefits Action Date (EDB 0692)**

If the Next Future Benefits Action Date (EDB 0692) is within the Daily Processing Date Range,

The employee’s Medical Coverage End Date, Future Medical Coverage Effective Date, Coverage Effective Date(s), and Coverage End Date(s) will be examined to see which of those dates are also within the Daily Processing Date Range.

**Move future medical values to current medical values when the Future Medical Coverage Effective Date is achieved**

• If the Future Medical Coverage Effective Date is achieved (within the Daily Processing Date Range),

The Future Medical Plan Code and Future Medical Coverage Effective Date will be moved to the current Medical Plan Code (EDB 0292) and Medical Plan Coverage Effective Date (PCED, EDB 0294) respectively.

After moving the Future Medical Plan data to the current Medical Plan data (EDB 0292 and 0294), the Future Medical Plan data will be initialized.

The Medical Opt-out value will be set equal to a blank.

If the Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,
The Medical Coverage End Date will be set equal to the Initial ISO Low Date.

If the new Medical Plan Code is equal to a value of ‘XX’, ‘XC’, or ‘XD’,

If the Medical Plan Code is equal to a value of ‘XX’,

The Medical Opt-out will be set equal to a value of ‘X’.

If the Medical Plan Code is equal to a value of ‘XC’,

The Medical Opt-out will be set equal to a value of ‘C’.

If the Medical Plan Code is equal to a value of ‘XD’,

The Medical Opt-out will be set equal to a value ‘D’.

If the new Medical Plan Code is different from the previous Medical Plan Code,

The Medical Employee Coverage Effective Date (ECED) (EDB 0454) will be set equal to the new Medical PCED.

**Derive new Coverage Level when DCED (Coverage Effective Date) or Coverage End Date is achieved.**

- If the Medical Dependent Coverage Effective Date (EDB 0639) is within the Daily Processing Date Range,

  The Medical Plan Coverage Code (EDB0293) will be re-derived.

  The derivation will count dependents where the Medical DCED is equal to or prior to the current date and the Medical Dependent Coverage End Date plus one day is later than the current date.

**Derive Medical PCED as needed when Medical DCED or Coverage End Date is achieved.**

- If the Medical Plan Coverage Code is re-derived as outlined above, and the result is a new coverage level,

  The Medical PCED (EDB 0294) will be set equal to the latest date that caused the derivation. This date is the latest of any Medical DCED(s) or any Coverage End Date(s) (plus one day) that falls in the Daily Processing Date Range.

**Reset Medical DCEDs when Future Medical Coverage Effective Date is achieved.**
• If the Future Medical Coverage Effective Date (EDB 0681) is achieved (within the Daily Processing Date Range),

If the new value of Medical Plan Code (EDB 0292) is different from the prior value of Medical Plan Code,

The Medical Dependent Coverage Effective Date and the Medical Dependent Coverage End Date will be checked for each dependent.

If the Medical DCED is prior to the new Medical PCED, and the Medical Dependent Coverage End Date is later than the Medical PCED,

The Medical DCED will be set equal to the new Medical PCED.

Re-derive the Next Future Benefits Action Date

• If the Medical Coverage End Date, Future Medical Coverage Effective Dates, Medical Dependent Coverage Effective Dates, or Medical Dependent Coverage End Dates are later than the Daily Processing Date Range used in the Daily Maintenance Process,

The Next Future Benefits Action Date will be updated equal to the closest date found.

The closest date found is the date in the group of dates that is later than the Next Future Benefits Action Date, but closest to the Next Future Benefits Action Date.

For example, if the Next Future Benefits Action Date is equal to a date of 06/01/2000, and the a Future Medical Coverage Effective Date or Medical Coverage Effective Date is equal to a date of ‘07/01/2000, and a Medical Coverage Effective Date is equal to a date of ‘07/15/2000., the closest date to the Next Future Benefits Action Date is the Future Medical Effective Date of ‘07/01/2000. Thus, the Next Future Benefits Action Date will be set equal to the Future Medical Effective Date. However, if the closest date found is a Medical Coverage End Date, the Next Future Benefits Action Date will be set equal to the Medical Coverage End Date plus one day.

• If no future dates (Future Medical Coverage Effective Date) are found that are after the Daily Processing Date Range,

The Next Future Benefits Action Date will be initialized.

Equivalent derivations will be performed for the dental, vision, and legal plans.

PPEI360 (Purge/End Date Dependent records)

This new module will be processed by PPP130 (Monthly Maintenance Process) only.
This new module will be developed to clear out dependent records when the Dependent Coverage End date is at least six months prior to the beginning of the Monthly Periodic process.

The EDB Monthly Maintenance Process will be modified to purge certain dependent records when all of the dependent’s Dependent Coverage End Dates are in a month that is at least six months prior to the month being started. For example, when monthly maintenance to begin August is run, a dependent record will be purged when all Dependent Coverage End Dates equal to or prior to 1/31 will be purged.

In addition, the Dependent Coverage End Date will be set for those dependents who are going to become over age in the month of the Monthly Maintenance To Begin Month, or in the month following the Monthly Maintenance To Begin Month.

**Calculate Six Months Purge Cutoff Date**

Six months prior to the Monthly Maintenance to Begin Date will be calculated as follows:

The Monthly Maintenance to Begin Date will be moved to a Working Date field.

If the month in Working Date is later than six (6),

Six will be subtracted from the month in Working Date. A day value of ‘01’ will be moved to the Working Date Field.

The calculated Working Date will be passed to the LE/370 Date Routine to convert the Working Date to a lilian date. One day will be subtracted from the lilian date. The LE/370 Date Routine will be called to convert the calculated lilian date to a DB2 ISO Date (Six Months Prior Date).

Otherwise,

Five will be added to the month in Working Date. A day value of ‘01’ will be moved to the Working Date Field, and one will be subtracted from the year (CCYY) in Working Date.

The calculated Working Date will be passed to the LE/370 Date Routine to convert the Working Date to a lilian date. One day will be subtracted from the lilian date. The LE/370 Date Routine will be called to convert the calculated lilian date to a DB2 ISO Date (Six Months Prior Date).

If all Dependent Coverage End Dates are equal to or prior to the calculated Six Months Prior Date, the dependent record will be purged.

**Calculate Dependent Overage Cutoff Dates**

The *Monthly-Periodic-Maintenance-to-Begin-Date* will be used to calculate the 18, 23, and 65 years of age cutoff dates.
The 18, 23, and 65 Years of Age Cutoff Dates will be set equal to the *Monthly-Periodic-Maintenance-to-Begin-Date*.

The *Working-Storage-Next-Year* value and the *Working-Storage-Current-Year* value will be set equal to the year in the *Monthly-Periodic-Maintenance-to-Begin-Date*.

If the month in the *Monthly-Periodic-Maintenance-to-Begin-Date* is equal to a value ‘12’,

A value of ‘1’ will be added to the *Working-Storage-Next Year*.

- **Cutoff Dates for age 16**

A value of ‘16’ will be subtracted from the 16-Years-of-Age-Cutoff-Date.

*The day in 16-Years-of-Age-Cutoff-Date will be set equal to the first day of the month.*

The month following the 16-Years-of-Age-Cutoff-Date will be set equal to the 16-years-of-Age-Cutoff-Date.

The month following the 16-Years-of-Age-Cutoff-Date will be calculated as follows:

If the month in 16-Years-of-Age-Cutoff-Date is equal to a value of ‘12’,

A value of ‘1’ will be added to the month in the 16-Year-of-Age-Cutoff-Date

A value of ‘1’ will be added to the year in the 16-Years-of-Age-Cutoff-Date

Otherwise

A value of ‘1’ will be added to the month in the 16-Years-of-Age-Cutoff-Date.

*The day in the month following the 23-Years-of-Age-Cutoff-Date will be set equal to the last day of the month.*

- **Cutoff Dates for age 23**

A value of ‘23’ will be subtracted from the 23-Years-of-Age-Cutoff-Date.

*The day in ‘23’-Years-of-Age-Cutoff-Date will be set equal to the first day of the month.*

The month following the 23-Years-of-Age-Cutoff-Date will be set equal to the 23-years-of-Age-Cutoff-Date.

The month following the 23-Years-of-Age-Cutoff-Date will be calculated as follows:
If the month in 23-Years-of-Age-Cutoff-Date is equal to a value of ‘12’,

A value of ‘1’ will be added to the month in the 23-Year-of-Age-Cutoff-Date

A value of ‘1’ will be added to the year in the 23-Years-of-Age-Cutoff-Date

Otherwise

A value of ‘1’ will be added to the month in the 23-Years-of-Age-Cutoff-Date.

*The day in the month following the 23-Years-of-Age-Cutoff-Date will be set equal to the last day of the month.*

• Cutoff Dates for age 65

A value of ‘65’ will be subtracted from the 65-Years-of-Age-Cutoff-Date.

*The day in 65-Years-of-Age-Cutoff-Date will be set equal to the first day of the month.*

The month following the 65-Years-of-Age-Cutoff-Date will be set equal to the 65-years-of-Age-Cutoff-Date.

The month following the 65-Years-of-Age-Cutoff-Date will be calculated as follows:

If the month in 65-Years-of-Age-Cutoff-Date is equal to a value of ‘12’,

A value of ‘1’ will be added to the month in the 65-Year-of-Age-Cutoff-Date

A value of ‘1’ will be added to the year in the 65-Years-of-Age-Cutoff-Date

Otherwise

A value of ‘1’ will be added to the month in the 65-Years-of-Age-Cutoff-Date.

*The day in the month following the 65-Years-of-Age-Cutoff-Date will be set equal to the last day of the month.*

• Dependent-Relation-to-Employee

**Wards (Dependent-Relation-to-Employee = ‘W’)**

If the dependent’s birth date is equal to or later than the 18-Years-of-Age-Cutoff-Date and
the dependent’s birth date is equal to or prior to the month following the 18-Years-of-Age-Cutoff-Date,

(OR)
The dependent’s birth date is equal to or prior to the 18-Years-of-Age-Cutoff-Date,

The Working-Storage-Coverage-End-Date will be set equal to the dependent’s birth date.

The Dependent Coverage End Date will be calculated as follows:

If the month in the dependent’s birth date is equal to the month following the 18-Years-of-Age-Cutoff-Date,

If the month in the Monthly-Periodic-Maintenance-to-Begin-Date is equal to a value of ‘12’.

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Next-Year.

Otherwise

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Current-Year.

Otherwise

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Current-Year.

The day in the Working-Storage-Coverage-End-Date will be set equal to the last day of the month.

If the Medical, Dental, Vision, or Legal Coverage Effective is not equal to an Initial ISO Low Date of ‘0001-01-01’,

The appropriate Dependent Coverage End Date will be set equal to the Working Storage Coverage End Date.


If the dependent’s birth date is equal to or later than the 23-Years-of-Age-Cutoff-Date and the dependent’s birth date is equal to or prior to the month following the 23-Years-of-Age-Cutoff-Date,

(OR)

The dependent’s birth date is equal to or prior to the 23-Years-of-Age-Cutoff-Date,
The **Working-Storage-Coverage-End-Date** will be set equal to the dependent’s birth date.

The Dependent Coverage End Date will be calculated as follows:

If the month in the dependent’s birth date is equal to the month following the 23-Years-of-Age-Cutoff-Date,

If the month in the **Monthly-Periodic-Maintenance-to-Begin-Date** is equal to a value of ‘12’.

The year in the **Working-Storage-Coverage-End-Date** will be set equal to the **Working-Storage-Next-Year**.

Otherwise

The year in the **Working-Storage-Coverage-End-Date** will be set equal to the **Working-Storage-Current-Year**.

Otherwise

The year in the **Working-Storage-Coverage-End-Date** will be set equal to the **Working-Storage-Current-Year**.

The day in the **Working-Storage-Coverage-End-Date** will be set equal to the last day of the month.

If the **Medical, Dental, Vision, or Legal Coverage Effective is not equal to an Initial ISO Low Date of ‘0001-01-01’,**

The appropriate **Dependent Coverage End Date** will be set equal to the Working Storage Coverage End Date.

**Adult Dependent (Dependent-Relation-to-Employee = ‘A’)**

If the dependent’s birth date is equal to or later than the 65-Years-of-Age-Cutoff-Date and the dependent’s birth date is equal to or prior to the month following the 65-Years-of-Age-Cutoff-Date,

(OR)

The dependent’s birth date is equal to or prior to the 65-Years-of-Age-Cutoff-Date,

The **Working-Storage-Coverage-End-Date** will be set equal to the dependent’s birth date.
The Dependent Coverage End Date will be calculated as follows:

If the month in the dependent’s birth date is equal to the month following the 65-Years-of-Age-Cutoff-Date,

If the month in the Monthly-Periodic-Maintenance-to-Begin-Date is equal to a value of ‘12’.

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Next-Year.

Otherwise

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Current-Year.

Otherwise

The year in the Working-Storage-Coverage-End-Date will be set equal to the Working-Storage-Current-Year.

The day in the Working-Storage-Coverage-End-Date will be set equal to the last day of the month.

If the Medical, Dental, Vision, or Legal Coverage Effective is not equal to an Initial ISO Low Date of ‘0001-01-01’,

The appropriate Dependent Coverage End Date will be set equal to the Working Storage Coverage End Date.

Re-derive Next Future Benefits Action Date)

If the Medical Dependent Coverage End Date has changed,

If the Medical Dependent Coverage End Date is prior to the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Medical Dependent Coverage End Date.

Equivalent logic will be added for Dental, Vision, and Legal Dependent Coverage End Dates.

PPEC751 (Medical - Derive Next Future Benefits Action Date, EDB 0692)
This new module will be developed to re-derive the Next Future Benefits Action Date each time a change is made to the Future Medical Coverage Effective Date, employee’s Medical Coverage End Date, dependent’s Medical Coverage Effective Date, or the dependent’s Medical Coverage End Date.

- The Future Medical Coverage Effective Dates associated with the Future Medical Plan Code of ‘XD’ will not be considered in the derivation of the Next Future Benefits Action Date.

If the Future Medical Benefit Type is equal to a value of ‘M’,

If the Future Medical Coverage Effective Date is not equal to the current Medical Coverage Effective Date (PCED),
(AND)
The Future Medical Plan Code is not equal to a value of ‘XD’
(AND)
The Future Medical Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’
(AND)
The Future Medical Coverage Code is equal to a blank

The Next Future Benefits Action Date will be set equal to the Future Medical Coverage Effective Date.

- If the Medical Coverage End Date is later than today’s date, and the Medical Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Medical Coverage End Date plus one day.

- If the Medical Dependent Coverage Effective Date (DCED) is later than today’s date, and the DCED is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Medical Dependent Coverage Effective Date.

- If Medical Dependent Coverage End Date plus one day is later than today’s date, and the Medical Dependent Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Medical Dependent Coverage End Date plus one day.

PPEC752 (Dental - Derive Next Future Benefits Action Date, EDB 0692)

This new module will be developed to re-derive the Next Future Benefits Action Date each time a change is made to the Future Dental Coverage Effective Date, employee’s Dental Coverage End
Date, dependent’s Dental Coverage Effective Date, or the dependent’s Dental Coverage End Date.

- The Future Dental Coverage Effective Dates associated with the Future Dental Plan Codes of ‘XD’ will not be considered in the derivation of the Next Future Benefits Action Date.

If the Future Dental Benefit Type is equal to a value of ‘D’,

If the Future Dental Coverage Effective Date is not equal to the current Dental Coverage Effective Date (PCED),

(AND)
The Future Dental Plan Code is not equal to a value of ‘XD’

(AND)
The Future Dental Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’

(AND)
The Future Dental Coverage Code is equal to a blank

The Next Future Benefits Action Date will be set equal to the Future Dental Coverage Effective Date.

- If the Dental Coverage End Date is later than today’s date, and the Dental Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Dental Coverage End Date plus one day.

- If the Dental Dependent Coverage Effective Date (DCED) is later than today’s date, and the DCED is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Dental Dependent Coverage Effective Date.

- If the Dental Dependent Coverage End Date plus one day is later than today’s date, and the Dental Dependent Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Dental Dependent Coverage End Date plus one day.

**PPEC753** (Vision - Derive Next Future Benefits Action Date, EDB 0692)

This new module will be developed to re-derive the Next Future Benefits Action Date each time a change is made to the Future Vision Coverage Effective Date, employee’s Vision Coverage End Date, dependent’s Vision Coverage Effective Date, or the dependent’s Vision Coverage End Date.
• The Future Vision Coverage Effective Dates associated with the Future Vision Plan Codes of ‘XD’ will not be considered in the derivation of the Next Future Benefits Action Date.

If the Future Dental Benefit Type is equal to a value of ‘V’,

If the Future Vision Coverage Effective Date is not equal to the current Vision Coverage Effective Date (PCED),
(AND) The Future Vision Plan Code is not equal to a value of ‘XD’
(AND) The Future Vision Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’
(AND) The Future Vision Coverage Code is equal to a blank

The Next Future Benefits Action Date will be set equal to the Future Vision Coverage Effective Date.

• If the Vision Coverage End Date later than today’s date, and the Vision Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Vision Coverage End Date plus one day.

• If the Vision Dependent Coverage Effective Date (DCED) is later than today’s date, and the DCED is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Vision Dependent Coverage Effective Date.

• If the Vision Dependent Coverage End Date plus one day is later than today’s date, and the Vision Dependent Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Vision Dependent Coverage End Date plus one day.

**PPEC754** (Legal - Derive Next Future Benefits Action Date, EDB 0692)

This new module will be developed to re-derive the Next Future Benefits Action Date each time a change is made to the Future Legal Coverage Effective Date, employee’s Legal Coverage End Date, dependent’s Legal Coverage Effective Date, or the dependent’s Legal Coverage End Date.

• The Future Legal Coverage Effective Dates associated with the Future Legal Plan Codes of ‘XD’ will not be considered in the derivation of the Next Future Benefits Action Date.
If the Future Dental Benefit Type is equal to a value of ‘J’,

If the Future Legal Coverage Effective Date is not equal to the current Legal Coverage Effective Date (PCED),

(AND)
The Future Legal Plan Code is not equal to a value of ‘XD’

(AND)
The Future Legal Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’

(AND)
The Future Legal Coverage Code is equal to a blank

The Next Future Benefits Action Date will be set equal to the Future Legal Coverage Effective Date.

• If the Legal Coverage End Date later than today’s date, and the Legal Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Legal Coverage End Date plus one day.

• If the Legal Dependent Coverage Effective Date (DCED) is later than today’s date, and the DCED is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Legal Dependent Coverage Effective Date.

• If the Legal Dependent Coverage End Date plus one day is later than today’s date, and the Legal Dependent Coverage End Date plus one day is earlier than the existing Next Future Benefits Action Date,

The Next Future Benefits Action Date will be set equal to the Legal Dependent Coverage End Date plus one day.

**PPEI715 (Delete FCB Records)**

This module will be developed to initialize the key fields in the appropriate benefits entry. This new module will be called from the EDB File Maintenance Process and Monthly Periodic Maintenance Process.

During EDB File Maintenance or the Monthly Periodic Maintenance, the benefits entries are either explicitly or implicitly deleted by initializing the non-key fields on the Benefits Array.

If the following non-key data fields have initialized values, the key fields on the appropriate entry on the Benefit Array will be initialized. The EDB Fetch Complex modules that processes the PPPFCB Table will perform the actual delete of the initialized benefit entry:
(EDB 0698) Benefits Coverage End Date
(EDB 0699) Benefits Coverage Code
(EDB 0697) Benefits Plan Data (Plan Code)
(EDB 0696) Benefits Enrollment Reason Code

**PPEC741 (Derive Medical End Date)**

**Derive Medical Coverage End Date**

If a valid future medical enrollment is being established and the employee is currently enrolled in a medical plan (Medical Plan Code is not blank), or a future medical enrollment already exists and the employee is enrolling in a medical plan, a Medical Coverage End Date will be derived.

- If a Future Medical Enrollment record is being established or already exists,

  If the current Medical Plan Code (EDB 0292) is not equal to a blank,

    If the Medical Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

    The Medical Coverage End Date will be set equal to one day prior to the Future Medical Coverage Effective Date.

**PPEC742 (Derive Dental Coverage End Date)**

**Derive Dental Coverage End Date**

If a valid future dental enrollment is being established and the employee is currently enrolled in a dental plan (Dental Plan Code is not blank), or a future dental enrollment already exists and the employee is enrolling in a dental plan, a Dental Coverage End Date will be derived.

- If a Future Dental Enrollment record is being established or already exists,

  If the current Dental Plan Code (EDB 0272) is not equal to a blank,

    If the Dental Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,

    The Dental Coverage End Date will be set equal to one day prior to the Future Dental Coverage Effective Date.

**PPEC743 (Derive Vision Coverage End Date)**

**Derive Vision Coverage End Date**
If a valid future vision enrollment is being established and the employee is currently enrolled in a vision plan (Vision Plan Code is not blank), or a future vision enrollment already exists and the employee is enrolling in a vision plan, a Vision Coverage End Date will be derived.

- If a Future Vision Enrollment record is being established or already exists,
  
  If the current Vision Plan Code (EDB 0347) is not equal to a blank,
  
  If the Vision Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’
  
  The Vision Coverage End Date will be set equal to one day prior to the Future Vision Coverage Effective Date.

**PPEC744 (Derive Legal Coverage End Date)**

**Derive Legal Coverage End**

If a valid future legal enrollment is being established and the employee is currently enrolled in a legal plan (Legal Plan Code is not blank), or a future legal enrollment already exists and the employee is enrolling in a legal plan, a Legal Coverage End Date will be derived.

- If a Future Legal Enrollment record is being established or already exists,
  
  If the current Legal Plan Code (EDB 0353) is not equal to a blank,
  
  If the Legal Coverage End Date is equal to an Initial ISO Low Date of ‘0001-01-01’,
  
  The Legal Coverage End Date will be set equal to one day prior to the Future Legal Coverage Effective Date.

**PPEY150**

This new module will be developed to purge FCB records from the PPPFCB Table. The Purge FCB records Process will be done in the Calendar Year-end Process where the Monthly Periodic Maintenance is ending December and beginning the new month January.

The Working-Storage-Retention-Cutoff-Date will be set equal to the Monthly-Periodic-Maintenance-to-Begin-Date

The number of retention years will be taken from System Parameter entry 99. The year in the Working Storage Retention Date will be subtracted by the value stored in System parameter entry 99.

If the Future Medical Coverage End Date is not equal to an Initial ISO Low Date of ‘0001-01-01’,
If the Future Medical Coverage End Date is prior to the *Working-Storage-Retention-Date*,

The FCB record will be deleted.

The above logic will be applied to the FCB records for dental, vision, and legal plans.

**PPWEFBC**

This new module will be the screen detail processor for the EDB Entry/Update (Future Insurance Enrollments) screen.

The Future Plan Codes, Future Coverage Effective Dates, and Future Enrollment Reason Codes will be moved to the screen map.

The Current Plan Codes, Current Coverage Effective Dates, Current Coverage End Dates will be moved to the screen map.

In addition, the Assigned BELI, Derived BELI, BELI Effective Date, BELI Status Primary Qualifier, BELI Status Secondary Qualifier, BELI Status Primary Qualifier Date, and BELI Status Secondary Qualifier Date will be moved to the screen map.

**PPWIFBD**

This new module will be the screen detail processor for the EDB Inquiry (Future Enrollments - Departmental) screen.

The Future Plan Codes, Future Coverage Effective Dates, and Future Enrollment Reason Codes will be moved to the screen map.

The Current Plan Codes, translated Coverage Levels, Current Coverage Effective Dates, Current Coverage End Dates will be moved to the screen map.

In addition, the Assigned BELI, Derived BELI, BELI Effective Date, BELI Status Primary Qualifier, BELI Status Secondary Qualifier, BELI Status Primary Qualifier Date, and BELI Status Secondary Qualifier Date will be moved to the screen map.

**PPWIFBC**

This new module will be the screen detail processor for the EDB Inquiry (Future Enrollments - Central) screen.

The Future Plan Codes, Future Coverage Effective Dates, and Future Enrollment Reason Codes will be moved to the screen map.

The Current Plan Codes, Current Coverage levels, Current Coverage Effective Dates, Current Coverage End Dates will be moved to the screen map.
In addition, the Assigned BELI, Derived BELI, BELI Effective Date, BELI Status Primary Qualifier, BELI Status Secondary Qualifier, BELI Status Primary Qualifier Date, and BELI Status Secondary Qualifier Date will be moved to the screen map.

**PPWIBNA**

This new module will be the screen detail processor for the EDB Inquiry for displaying the entries in the PPPFCB Table.

The Benefit Type (translated), Benefit Coverage Effective Date, Benefit Coverage End Date, Benefit Plan Info Data, Benefit Coverage Level, and Benefit Enrollment Reason Code will be moved to the screen map for the appropriate Employee ID requested.

**PPO1281A**

A one-time program will be developed to convert the IVR Employee History records to the new IVR Employee History record structure. The converted IVR Employee History records will contain the new field for the Next Future Benefits Action Date.

**PPO1281B**

A one-time program will be developed to set the employee plan coverage end dates for employees who have an employment status of separated.

In addition, the one-time program will set the dependent coverage end dates for dependents who will be over the specified age (18, 23, or 65) in the month of the SCR Current date or in the month following the SCR Current Date.

- **Separation Date Criteria**

  The one-time program will check the employee’s Separation Date (EDB 0140) and the Medical Plan Code (EDB 0292). If they are not initial values, and if the employee’s Most Recent Hire Date (EDB 0113) is less than the Separation Date, the program will derive the Medical Coverage End Date (EDB 0300) for the employee as the last day of the month following the month of separation.

  Corresponding derivations for Dental, Vision and, Legal Coverage End Dates will be performed.

- **Overage Dependents**

  The one-time program will set the Dependent Coverage End Dates for enrolled dependents who are going to become over age in the next two months (*in the month of the SCR Current Date or in the month following SCR Current Date*). This will be done as follows:
Wards

If a legal ward (EDB 0635 = W) is going to become 18 years old in either the month of the SCR Current Date or in the month following the SCR Current Date, and the Coverage Effective Date (EDB 0639) is not initial values, the Coverage End Date will be set equal to the last day of the month in which the ward turns 18.

Children

If a child, other child, stepchild, grandchild, or child of domestic partner (EDB 0635 = 'C', 'O', 'P', 'G', or 'K') is going to become 23 years old in either the month of the SCR Current Date or in the month following the SCR Current Date, and the Coverage Effective Date (EDB 0639) is not initial values, and the Dependent De-enrollment Control Code (EDB 0638) is not 'Y', the Medical Dependent Coverage End Date will be set equal to the last day of the month in which the child turns 23.

Adult dependent relatives

If an adult dependent relative (EDB 0635 = 'A') is going to become 65 years old in either the month of the SCR Current Date or in the month following the SCR Current Date, and the Coverage Effective Date (EDB 0639) is not initial values, and the Dependent De-enrollment Control Code (EDB 0638) is not 'I', the Medical Dependent Coverage End Date will be set equal to the last day of the month in which the adult dependent relative turns 65.

Corresponding derivations for Dental Dependent, Vision and, Legal Coverage End Dates will be performed.

- ECF Change File

An Employee Change File record will be written for any changed EDB data element.

- One-time Reports

Two reports will be produced. The first report will show any separated employees who have had any Coverage End Dates set. The second report will list employees with dependents who have had their Dependent Coverage End Dates set.

A one-time Specification record will provide the option to sort in either Employee ID order or Employee Name order.

The SPEC Card for PPO1281B as follows:

<table>
<thead>
<tr>
<th>Item Name</th>
<th>Position on Form</th>
<th>Values</th>
<th>Specifications/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPEC ID</td>
<td>1 - 11</td>
<td>O1281B-SPEC</td>
<td></td>
</tr>
<tr>
<td>Item Name</td>
<td>Position on Form</td>
<td>Values</td>
<td>Specifications/Comments</td>
</tr>
<tr>
<td>---------------------</td>
<td>------------------</td>
<td>--------</td>
<td>-----------------------------------------------------</td>
</tr>
<tr>
<td>Sort Option</td>
<td>13</td>
<td>I or N</td>
<td>I = Employee ID Order</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>N = Employee Name Order</td>
</tr>
</tbody>
</table>

The following data will be listed on the separated employee report

Employee ID  
Employee Name (EDB0105)  
Most Recent Hire Date (EDB 0113)  
Separation Date (EDB0140)  
Medical Plan Code (EDB 0292)  
Medical Plan Coverage Code (EDB 0293)  
Medical Plan Coverage Effective Date (EDB 0294)  
Medical Coverage End Date (new data element)  
Dental Plan Code (EDB 0272)  
Dental Plan Coverage Code (EDB 0273)  
Dental Plan Effective Date (EDB 0274)  
Dental Coverage End Date (new data element)  
Vision Plan Code (EDB 0347)  
Vision Plan Coverage code (EDB 0348)  
Vision Plan Coverage Effective Date (EDB 0349)  
Vision Coverage End Date (new data element)  
Legal Plan Code (EDB 0353)  
Legal Plan Coverage Code (EDB 0354)  
Legal Plan Coverage Effective Date (EDB 0355)  
Legal Coverage End Date (new data element)

The following data will be listed on the over age dependent report

Employee ID  
Employee Name (EDB0105)  
Dependent Name (EDB 0633)  
Dependent Number (EDB 0632)  
Dependent Date of Birth (EDB 0634)  
Dependent Relationship to Employee Code (EDB0635)  
Medical Dependent Plan Coverage Effective Date - (EDB 0639)  
Dental Dependent Plan Coverage Effective Date - (EDB 0640)  
Vision Dependent Plan Coverage Effective Date - (EDB 0641)  
Legal Dependent Plan Coverage Effective Date - (EDB 0642)
Dependent Social Security Number (EDB 0636)
Dependent Sex Code (EDB 0637)
Medical Dependent Coverage End Date (new data element)
Dental Dependent Coverage End Date (new data element)
Vision Dependent Coverage End date (new data element)
Legal Dependent Coverage End date (new data element)

Each report will show the total number of dependents

Refer to the Service Request Attachments for samples of both reports.

**PPO1281C**

A one-time program will be developed to write each employee’s current benefit plan data (medical, dental, vision, and/or legal) from the Benefits Table PPPBEN to the Benefits Array Table (PPPF CB) regardless of the employee’s employment status.

*This one-time program must be run after one-time PPO1281B has run to establish the appropriate coverage end dates on the medical, dental, vision, or legal plans.*

The following plan data will be captured from the employee’s Benefits Table (PPPBEN), and written to the Benefits Array (PPPF CB) for the medical, dental, vision, and legal plans:

<table>
<thead>
<tr>
<th>Plan Code</th>
<th>Coverage Level</th>
<th>Coverage Effective Date</th>
<th>Coverage End Date</th>
<th>Enrollment Reason Code (Constant value of ‘OT’)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opt-out Indicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If the Medical, Dental, or Vision Opt Out Indicator is equal to a ‘X’ ‘C’ or ‘D’, the Plan Code (EDB 0697) in the Benefits Array will contain a value of ‘XX’, ‘XC’, or ‘XD’ respectively. In addition, the Coverage Level (EDB 0698) will be set equal to a blank. The Coverage Effective Date (EDB 0695) will be set equal to the employee’s Hire Date.

**Default Plans**

If the employee’s Plan Code is equal to a value of ‘DM’, ‘DD’, or ‘DV’, the plan data will not be written to the Benefits Array Table.
Online Help Changes

Online field-level help will be available for the new data elements via the Data Dictionary.

Screen-level help for the IMEM and EINS screens will be modified to reflect the new data added to the screen (Refer to the Service Request Attachments for the revised screen level help text).

Screen level help for the IFCB and EFCB screens will be developed (Refer to the Service Request Attachments for the sample new screen level help text).
JCL Changes

**PPP130**

PPP130 has been changed (see Program Changes section) to report the number of FCB records deleted from the Future/Current Benefits (PPPFBC) Table in module PPEY150. A Control Totals report will be written to display the total number of purged FCB records and retained FCB records.

The JCL to execute PPP130 will be changed to add the DD name of **PFCCRPT** for the Calendar Year End purge of FCB Records:

```
LRECL = 133
RECFM=FBA
```

**PPP560**

The record length associated with output Carrier File will be changed to 273.

The record length coded on the DD name of **PPP5604** should be changed.

```
LRECL = 273
```

**PPIIVR**

The record length associated with output IVR Employee History File will be changed to 928.

The record length coded on the DD name of **EMPHNEW** should be changed.

```
LRECL = 928
```

**PPP880**

Program PPP880 has been declared obsolete. Therefore, the JCL to run PPP880 will also be declared obsolete.
Control Table Updates

System Parameters Table (PPPPRM)

The System Parameter Entry of 99 will contain the following data:

- Entry Value - 000020000 - Number of years retention of the FCB records
- Entry Description - FCB RECS RETENTION

System Messages Table (PPPMSG)

The following messages will be added to this table:

- CONSISTENCY EDIT 151 FAILED - This message will have a severity of Employee Reject in both batch and on-line.
- CONSISTENCY EDIT 152 FAILED - This message will have a severity of Employee Reject in both batch and on-line.
- CONSISTENCY EDIT 153 FAILED - This message will have a severity of Employee Reject in both batch and on-line.
- CONSISTENCY EDIT 154 FAILED - This message will have a severity of Employee Reject in both batch and on-line.
- Coverage Effective Date is key field – Date cannot be blank - This message will have a severity of Warning in on-line.
- NUMBER OF FUTURE BENEFITS ENTRIES EXCEEDED MAXIMUM LIMIT – This message will have a severity of See Systems in both on-line and batch.
- DO NOT DELETE - ENTER 'XX' TO OPT OUT, 'XC' TO CANCEL - This message will have a severity of Employee Reject in both on-line and batch.
- DO NOT DELETE - ENTER 'XX' TO OPT OUT - This message will have a severity of Employee Reject in both on-line and batch.
• **DO NOT DELETE - ENTER 'XC' TO CANCEL** - This message will have a severity of *Employee Reject* in both on-line and batch.

• **INCONSISTENT EMPLOYEE & DEPENDENT MEDICAL COVERAGE DATES** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **INCONSISTENT EMPLOYEE & DEPENDENT DENTAL COVERAGE DATES** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **INCONSISTENT EMPLOYEE & DEPENDENT VISION COVERAGE DATES** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **INCONSISTENT EMPLOYEE & DEPENDENT LEGAL COVERAGE DATES** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **CHECK PCED-SET TO CURRENT DATE DUE TO DEPENDENT DELETE** – This message will have a severity of *Warning* in both on-line and batch.

• **NOT ALLOWED TO PURGE PREVIOUS YEAR'S FCB RECORDS ON FCB TABLE** – This message will have a severity of *See Systems* in batch only.

• **OPER - INVALID RTN CODE FROM CALL TO FCB UTILITY** – This message will have a severity of *See Operations* in batch only.

• **OPER - INVALID RTN CODE FROM CALL TO DEP UTILITY** – This message will have a severity of *See Operations* in batch only.

• **PPFCCRPT PROCESSING FAILURE - INVALID ACTION** – This message will have a severity of *See Systems* in batch only.

• **VISION DEDUCTION - OVER 3 CARRIER LIMIT – BYPASSED** – This message will have a severity of *Warning* in batch only.

• **LEGAL DEDUCTION - OVER 3 CARRIER LIMIT – BYPASSED** – This message will have a severity of *Warning* in batch only.

• **PPDETUTL - DATA ELEMENT NOT FOUND ON DATA ELEMENT TABLE** – This message will have a severity of *See System* in both batch and on-line.

• **DEPENDENT DOES NOT EXIST TO UPDATE DEPENDENT COVERAGE END DATE** – This message will have a severity of *Transaction Reject* in batch and *Employee Reject* in on-line.

• **COVERAGE END DATE MAY NOT BE PRIOR TO PCED** – This message will have a severity of *Employee Reject* in both on-line and batch.
• **DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED** – This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **END DATE MORE THAN 1 DAY PRIOR TO START OF NEW COVERAGE** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED** – This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **COVERAGE END DATE MUST BE LATER THAN PCED** - This message will have a severity of *Data Override* in both batch and on-line.

• **DEFAULT COVERAGE SHOULD NOT HAVE AN END DATE** – This message will have a severity of *Employee Reject* in on-line and *Data Override* in batch.

• **DEPENDENT COVERAGE END DATE MUST BE LATER THAN DCED** - This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **DEPENDENT ENROLLMENT AFTER SEPARATION IS NOT ALLOWED** – This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **COVERAGE END DATE MUST BE PRIOR TO FUTURE EFFECTIVE DATE** - This message will have a severity of *Employee Reject* in both batch and online.

• **EXISTING END DATE IS PRIOR TO BEGINNING OF NEW COVERAGE** - This message will have a severity of *Data Override* in both batch and online.

• **FUTURE HIPAA ENROLLMENT NOT ALLOWED UNLESS IN CORE OR OPTED OUT** - This message will have a severity of *Employee Reject* in both batch and online.

• **FUTURE MEDICAL PLAN DATA IS INCOMPLETE** - This message will have a severity of *Employee Reject* in both batch and online.

• **FUTURE DENTAL PLAN DATA IS INCOMPLETE** - This message will have a severity of *Employee Reject* in both batch and online.

• **FUTURE VISION PLAN DATA IS INCOMPLETE** - This message will have a severity of *Employee Reject* in both batch and online.

• **FUTURE LEGAL PLAN DATA IS INCOMPLETE** - This message will have a severity of *Employee Reject* in both batch and online.
• **FUTURE MEDICAL PLAN CODE INVALID** – This message will have a severity of *Employee Reject* on both on-line and batch.

• **FUTURE DENTAL PLAN CODE INVALID** – This message will have a severity of *Employee Reject* on both on-line and batch.

• **FUTURE VISION PLAN CODE INVALID** – This message will have a severity of *Employee Reject* on both on-line and batch.

• **FUTURE LEGAL PLAN CODE INVALID** – This message will have a severity of *Employee Reject* on both on-line and batch.

• **FUTURE ENROLLMENT REASON CODE INVALID** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **FUTURE REASON CODE IS REQUIRED** – This message will have a severity of *Employee Reject in both on-line and batch.*

• **FUTURE ENROLLMENT AFTER SEPARATION IS NOT ALLOWED** - This message will have a severity of *Employee Reject in both online and batch.*

• **FUTURE MEDICAL ENROLLMENT DELETED DUE TO BELI CHANGE** - This message will have a severity of *Data Override* in both online and batch.

• **FUTURE DENTAL ENROLLMENT DELETED DUE TO BELI CHANGE** - This message will have a severity of *Data Override* in both online and batch.

• **FUTURE VISION ENROLLMENT DELETED DUE TO BELI CHANGE** - This message will have a severity of *Data Override* in both online and batch.

• **FUTURE LEGAL ENROLLMENT DELETED DUE TO BELI CHANGE** - This message will have a severity of *Data Override* in both online and batch.

• **FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN PCED** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **FUTURE COVERAGE EFFECTIVE DATE MUST BE LATER THAN TODAY'S DATE** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **FUTURE PLAN CODE MAY NOT BE THE SAME AS THE CURRENT PLAN CODE** – This message will have a severity of *Employee Reject* in both on-line and batch.

• **CHILD CANNOT BE OVER AGE 23 - BIRTHDATE CHANGE BLOCKED DATE** – This message will have a severity of *Employee Reject in on-line and Transaction Reject in batch.*
• **ATTEMPT TO CHANGE DEENROLL CODE - ADR OVER 65 - CHANGE BLOCKED** - This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **LEGAL WARD CANNOT BE OVER 18 - BIRTH DATE CHANGE BLOCKED** - This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

• **ADULT DEP REL CANNOT BE OVER 65 - BIRTHDATE CHANGED BLOCKED** - This message will have a severity of *Employee Reject* in on-line and *Transaction Reject* in batch.

The following messages will be deleted from this table:

• (08-304) - **NO MEDICAL DATA ALLOWED WITH MEDICAL OPT-OUT**

• (08-306) – **NO DENTAL DATA ALLOWED WITH DENTAL OPT-OUT**

• (08-307) – **NO VISION DATA ALLOWED WITH VISION OPT-OUT**

• (08-601) – **DELETE TO EMPL MEDICAL CED NOT ALLOWED - DELETE MEDICAL PLAN DATA**

• (08-602) – **DELETE TO EMPL DENTAL CED NOT ALLOWED - DELETE DENTAL PLAN DATA**

• (08-603) – **DELETE TO EMPL VISION CED NOT ALLOWED - DELETE VISION PLAN DATA**

• (08-604) – **DELETE TO EMPL LEGAL CED NOT ALLOWED - DELETE LEGAL PLAN DATA**

• (08-605) – **UPDATE TO EMPL MEDICAL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED**

• (08-606) - **UPDATE TO EMPL DENTAL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED**

• (08-607) - **UPDATE TO EMPL VISION CED NOT ALLOWED - EMPLOYEE NOT ENROLLED**

• (08-608) - **UPDATE TO EMPL LEGAL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED**
• (08-690) - DEP BIRTH DATE CHGD-PEND DEENROLL WILL CANCEL-CHK EFF DATE(S)

• (08-647) - EMPL MED CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID

• (08-648) - EMPL DNT CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID

• (08-649) - EMPL VIS CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID

• (08-650) - EMPL LEG CED WILL BE DERIVED FROM PLAN CED - ENTERED DATE INVALID

• (08-655) - EMPL MEDICAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCKED

• (08-656) - EMPL DENTAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCKED

• (08-657) - EMPL VISION CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCKED

• (08-658) - EMPL LEGAL CED CANNOT BE AFTER PLAN CED - UPDATE WILL BE BLOCKED

• (08-663) - DEP MED CED CANNOT PRECEDE EMPL MED CED - UPDATE WILL BE BLOCKED

• (08-664) - DEP DNT CED CANNOT PRECEDE EMPL DNT CED - UPDATE WILL BE BLOCKED

• (08-665) - DEP VIS CED CANNOT PRECEDE EMPL VIS CED - UPDATE WILL BE BLOCKED

• (08-666) - DEP LEG CED CANNOT PRECEDE EMPL LEG CED - UPDATE WILL BE BLOCKED

• (12-326) - VISION COVERAGE CANNOT BE CANCELLED - MUST OPT OUT

• (12-601) - DELETE TO EMPL MEDICAL CED NOT ALLOWED - DELETE MEDICAL PLAN DATA

• (12-602) - DELETE TO EMPL DENTAL CED NOT ALLOWED - DELETE DENTAL PLAN DATA
• (12-603) - DELETE TO EMPL VISION CED NOT ALLOWED - DELETE VISION PLAN DATA

• (12-604) - DELETE TO EMPL LEGAL CED NOT ALLOWED - DELETE LEGAL PLAN DATA

• (12-605) - UPDATE TO MEDICAL EMPL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED

• (12-606) - UPDATE TO DENTAL EMPL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED

• (12-607) - UPDATE TO VISION EMPL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED

• (12-608) - UPDATE TO LEGAL EMPL CED NOT ALLOWED - EMPLOYEE NOT ENROLLED

• (12-647) - EMPL MED CED SET TO PLAN CED - ENTERED DATE INVALID

• (12-648) - EMPL DNT CED SET TO PLAN CED - ENTERED DATE INVALID

• (12-649) - EMPL VIS CED SET TO PLAN CED - ENTERED DATE INVALID

• (12-650) - EMPL LEG CED SET TO PLAN CED - ENTERED DATE INVALID

• (12-655) - EMPL MEDICAL CED CANNOT BE AFTER PLAN CED - UPDATE BLOCKED

• (12-656) - EMPL DENTAL CED CANNOT BE AFTER PLAN CED - UPDATE BLOCKED

• (12-657) - EMPL OPTICAL CED CANNOT BE AFTER PLAN CED - UPDATE BLOCKED

• (12-658) - EMPL LEGAL CED CANNOT BE AFTER PLAN CED - UPDATE BLOCKED

• (12-663) - DEP MED CED CANNOT PRECEDE EMPL MED CED - UPDATE BLOCKED

• (12-664) - DEP DNT CED CANNOT PRECEDE EMPL DNT CED - UPDATE BLOCKED
• (12-665) - **DEP OPT CED CANNOT PRECEDE EMPL OPT CED** - UPDATE BLOCKED

• (12-666) - **DEP LEG CED CANNOT PRECEDE EMPL LEG CED** - UPDATE BLOCKED

• (12-690) - **DEP BIRTH DATE CHGD-PEND DEENROLL CANCELLED-CHK EFF DATE(S)**

• (08-691) – **DISABLED CDE SET TO Y-PEND DEENROLL WILL CANCEL-CHK COV EFF DATE**

**Data Element Table (PPPDET)**

Data element 0643 (Dependent Insurance De-enrollment Indicator) will be removed from this table:

The following new data elements will be added to this table:

• (EDB 0680) Future Medical Plan Code
• (EDB 0681) Future Medical Coverage Effective Date
• (EDB 0682) Future Medical Enrollment Reason Code

• (EDB 0683) Future Dental Plan Code
• (EDB 0684) Future Dental Coverage Effective Date
• (EDB 0685) Future Dental Enrollment Reason Code

• (EDB 0686) Future Vision Plan Code
• (EDB 0687) Future Vision Coverage Effective Date
• (EDB 0688) Future Vision Enrollment Reason Code

• (EDB 0689) Future Legal Plan Code
• (EDB 0690) Future Legal Coverage Effective Date
• (EDB 0691) Future Legal Enrollment Reason Code

• (EDB 0692) Next Future Benefits Action Date

• (EDB 0300) Medical Coverage End Date
• (EDB 0271) Dental Coverage End Date
• (EDB 0346) Vision Coverage End Date
• (EDB 0380) Legal Coverage End Date

• (EDB 0659) Medical Dependent Coverage End Date
• (EDB 0656) Dental Dependent Coverage End Date
• (EDB 0657) Vision Dependent Coverage End Date
• (EDB 0658) Legal Dependent Coverage End Date

• (EDB 0693) Future Benefits Coverage ADC Code
• (EDB 0694) Future Benefit Type
• (EDB 0695) Future Coverage Effective Date
• (EDB 0696) Future Enrollment Reason Code
• (EDB 0697) Future Benefits Coverage Plan Info data

**Code Translation Table (PPPCTT)**

The following data elements will be added to this table:

<table>
<thead>
<tr>
<th>Data Element</th>
<th>Value</th>
<th>Length</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB 0292</td>
<td>XX</td>
<td>18</td>
<td>Opted Out</td>
</tr>
<tr>
<td>EDB 0292</td>
<td>XC</td>
<td>18</td>
<td>Cancelled</td>
</tr>
<tr>
<td>EDB 0292</td>
<td>XD</td>
<td>18</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB 0272</td>
<td>XX</td>
<td>18</td>
<td>Opted Out</td>
</tr>
<tr>
<td>EDB 0272</td>
<td>XC</td>
<td>18</td>
<td>Cancelled</td>
</tr>
<tr>
<td>EDB 0272</td>
<td>XD</td>
<td>18</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB 0347</td>
<td>XX</td>
<td>18</td>
<td>Opted Out</td>
</tr>
<tr>
<td>EDB 0347</td>
<td>XC</td>
<td>18</td>
<td>Cancelled</td>
</tr>
<tr>
<td>EDB 0347</td>
<td>XD</td>
<td>18</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB 0353</td>
<td>XC</td>
<td>18</td>
<td>Cancelled</td>
</tr>
<tr>
<td>EDB 0353</td>
<td>XD</td>
<td>18</td>
<td>De-enrolled</td>
</tr>
</tbody>
</table>

**Routine Definition Table (PPPRTD)**

The following new modules will be added to this table:

<table>
<thead>
<tr>
<th>Routine Nbr</th>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>C151</td>
<td>PPEC151</td>
<td>FUTURE MEDICAL CONSIST EDIT</td>
</tr>
<tr>
<td>C152</td>
<td>PPEC152</td>
<td>FUTURE DENTAL CONSIST EDIT</td>
</tr>
<tr>
<td>C153</td>
<td>PPEC153</td>
<td>FUTURE VISION CONSIST EDIT</td>
</tr>
<tr>
<td>C154</td>
<td>PPEC154</td>
<td>FUTURE LEGAL CONSIST EDIT</td>
</tr>
<tr>
<td>C751</td>
<td>PPEC751</td>
<td>DERIVE FUTBEN ACT DATE – HLTH</td>
</tr>
<tr>
<td>C752</td>
<td>PPEC752</td>
<td>DERIVE FUTBEN ACT DATE – DENTL</td>
</tr>
<tr>
<td>C753</td>
<td>PPEC753</td>
<td>DERIVE FUTBEN ACT DATE – VIS</td>
</tr>
<tr>
<td>C754</td>
<td>PPEC754</td>
<td>DERIVE FUTBEN ACT DATE – LEGAL</td>
</tr>
</tbody>
</table>
The following existing modules will be deleted from this table:

<table>
<thead>
<tr>
<th>Routine Nbr</th>
<th>Module</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>M720</td>
<td>PPEM720</td>
<td></td>
</tr>
<tr>
<td>M721</td>
<td>PPEM721</td>
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</tr>
</tbody>
</table>

**Processing Group Table (PPPPGT)**

<table>
<thead>
<tr>
<th>Prog ID</th>
<th>Processing Group</th>
<th>Sequence</th>
<th>Module</th>
</tr>
</thead>
<tbody>
<tr>
<td>08</td>
<td>008</td>
<td>0500</td>
<td>PPEC151</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0503</td>
<td>PPEC152</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0506</td>
<td>PPEC153</td>
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<td>PPEC751</td>
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<td></td>
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<tr>
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<td>PPEI330</td>
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<td>1217</td>
<td>PPEI715</td>
</tr>
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<td>12</td>
<td>007</td>
<td>0003</td>
<td>PPEC151</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0006</td>
<td>PPEC152</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0009</td>
<td>PPEC153</td>
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<td>PPEI330</td>
</tr>
<tr>
<td></td>
<td></td>
<td>0069</td>
<td>PPEI315</td>
</tr>
</tbody>
</table>
Data Elements to Screen Table (PPPDES)

The following data elements will be added to this table:

Data elements associated with the ECEN screen

- Medical Coverage End Date (EDB 0300)
- Dental Coverage End Date (EDB 0271)
- Vision Coverage End Date (EDB 0346)
- Legal Coverage End Date (EDB 0380)

Data elements associated with the EINS screen

- Medical Coverage End Date (EDB 0300)
- Dental Coverage End Date (EDB 0271)
- Vision Coverage End Date (EDB 0346)
- Legal Coverage End Date (EDB 0380)

Data elements associated with the EDEP screen

- Medical Dependent Coverage End Date (EDB 0659)
- Dental Dependent Coverage End Date (EDB 0656)
- Vision Dependent Coverage End Date (EDB 0657)
- Dependent Legal Coverage End Date (EDB 0658)

Data elements associated with the EFCB screen

- Future Coverage Effective Date (EDB 0695)
- Future Enrollment Reason Code (EDB 0696)
• Future Plan Info Data (EDB 0697)
• Legal Coverage End Date (EDB 0380)

**History Data Element Table**

The following data elements will be added to the History Data Element Table for PPP742 ECF Processing:

Note that the data elements related to future enrollments will not be recorded in history; the values in the future enrollment data will be recorded in history when the future enrollments become current.

• Medical Coverage End Date (EDB 0300)
• Dental Coverage End Date (EDB 0271)
• Vision Coverage End Date (EDB 0346)
• Legal Coverage End Date (EDB 0380)

• Dental Dependent Coverage End Date (EDB 0656)
• Vision Dependent Coverage End Date (EDB 0657)
• Legal Dependent Coverage End Date (EDB 0658)
• Medical Dependent Coverage End Date (EDB 0659)

The UHDE screen will be used to enter the above new data elements. It is noted that the online UHDE function is not a UCROUTER based function, and must be accessed via the local transaction name. At UCOP, the transaction name is **PPSA** (Payroll/Personnel System Administration).

Refer to the attachments in the Installation Instruction document for defining the new data elements above.
Data Dictionary Entries

Additional Code Interpretations will be added for the following existing data dictionary entries:

**EDB 0272 (Dental Plan Code)**

Codes of ‘XX’, ‘XC’, and ‘XD’ will be added.

**EDB 0292 (Dental Plan Code)**

Codes of ‘XX’, ‘XC’, and ‘XD’ will be added.

**EDB 0347 (Vision Plan Code)**

Codes of ‘XX’, and ‘XD’ will be added.

**EDB 0353 (Legal Plan Code)**

Codes of ‘XC’, and ‘XD’ will be added.

The following new data elements will be added to the Data Dictionary entries.

- **EDB 0680 (Future Medical Plan Code)**

  The General Description will be:

  Code indicating the future medical insurance plan in which the individual will be enrolled.

- **EDB 0681 (Future Medical Plan Coverage Effective Date)**

  The General Description will be:

  The date on which coverage with the future medical insurance carrier will become effective for the employee.

- **EDB 0682 (Future Medical Enrollment Reason Code)**

  The General Description will be:

  Code indicating the reason for establishing a future medical enrollment.

- **EDB 0683 (Future Dental Plan Code)**
The General Description will be:

Code indicating the future dental plan in which the individual will be enrolled.

- **EDB 0684 (Future Dental Plan Coverage Effective Date)**
  
The General Description will be:
  
The date on which coverage with the future dental insurance carrier will become effective for the employee.

- **EDB 0685 (Future Dental Enrollment Reason Code)**
  
The General Description will be:
  
  Code indicating the reason for establishing a future dental enrollment.

- **EDB 0686 (Future Vision Dental Plan Code)**
  
The General Description will be:
  
  Code indicating the future vision plan in which the individual will be enrolled.

- **EDB 0687 (Future Vision Plan Coverage Effective Date)**
  
The General Description will be:
  
  The date on which coverage with the future vision insurance carrier will become effective for the employee.

- **EDB 0688 (Future Dental Enrollment Reason Code)**
  
The General Description will be:
  
  Code indicating the reason for establishing a future vision enrollment.

- **EDB 0689 (Future Legal Plan Code)**
  
The General Description will be:
  
  Code indicating the future legal insurance plan in which the individual will be enrolled.

- **EDB 0690 (Future Legal Plan Coverage Effective Date)**
  
The General Description will be:
The date on which coverage with the future legal insurance carrier will become effective for the employee.

- **EDB 0691 (Future Legal Plan Enrollment Reason Code)**
  
The General Description will be:
  
  Code indicating the reason for establishing a future legal enrollment.

- **EDB 0692 (Next Future Benefits Action Date)**
  
The General Description will be:
  
  A date used by the system to determine when to do level derivations, move future enrollments to current, and for premium calculation.

- **EDB 0693 (Future Benefits Coverage ADC Code)**
  
The General Description will be:
  
  Code indicating the most recent update activity applied to the associated Future Benefits Coverage data.

- **EDB 0694 (Future Benefit Type)**
  
The General Description will be:
  
  Code indicating whether the associated benefits coverage data entry is for medical, dental, vision, or legal.

- **EDB 0695 (Future Coverage Effective Date)**
  
The General Description will be:
  
  The date on which coverage with the insurance carrier becomes effective.

- **EDB 0696 (Future Enrollment Reason Code)**
  
The General Description will be:
  
  Code indicating the reason for changing the benefits coverage data.

- **EDB 0697 (Future Plan Info Data)**
  
The General Description will be:
Code indicating the insurance carrier for the benefit plan.

- **EDB 0698 (Future Coverage End Date)**
  The General Description will be:
  The date on which coverage with the insurance carrier ends.

- **EDB 0699 (Future Coverage Code)**
  The General Description will be:
  Code indicating the coverage level for the associated benefit enrollment.

- **EDB 0300 (Medical Coverage End Date)**
  The General Description will be:
  The date on which medical coverage with the current carrier ends for the employee.

- **EDB 0271 (Dental Coverage End Date)**
  The General Description will be:
  The date on which dental coverage with the current carrier ends for the employee.

- **EDB 0346 (Vision Coverage End Date)**
  The General Description will be:
  The date on which vision coverage with the current carrier ends for the employee.

- **EDB 0380 (Legal Coverage End Date)**
  The General Description will be:
  The date on which legal coverage with the current carrier ends for the employee.

The following new data elements will be added to the PAR Data Dictionary entries.

- **PAR 0354 (Legal Plan Coverage Code)**
  The General Description will be:
  Code indicating the legal plan coverage level for which a premium was generated during a Compute process for which there was current pay.
• **PAR 0292 (Medical Plan Code)**

  The General Description will be:

  Code indicating the medical insurance plan for which a premium was taken during a Compute process for which there was current pay.

• **PAR 0272 (Dental Plan Code)**

  The General Description will be:

  Code indicating the dental insurance plan for which a premium was taken during a Compute process for which there was current pay.

• **PAR 0347 (Vision Plan Code)**

  The General Description will be:

  Code indicating the vision insurance plan for which a premium was taken during a Compute process for which there was current pay.

• **PAR 0353 (Legal Plan Code)**

  The General Description will be:

  Code indicating the legal insurance plan for which a premium was taken during a Compute process for which there was current pay.

The General Descriptions and Code Interpretations for the following existing PAR data elements will be changed in the PAR Data Dictionary entries.

• **PAR 0285 (Dental Plan Coverage Code)**

  The General Description will be changed to:

  Code indicating the dental plan coverage level for which a premium was generated during a Compute process for which there was current pay.

  The Code Interpretation will be changed to:

  An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner.

  Valid values are:
U - one party
UU - two party
UUU - family
UX - two party with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UUX - family with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UXX - family with two or more Domestic Partner or children/grandchildren of Domestic Partner dependent

• **PAR 0286 (Medical Plan Coverage Code)**

The General Description will be changed to:

Code indicating the medical plan coverage level for which a premium was generated during a Compute process for which there was current pay.

The Code Interpretation will be changed to:

An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner.

Valid values are:

U - one party
UU - two party
UUU - family
UX - two party with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UUX - family with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UXX - family with two or more Domestic Partner or children/grandchildren of Domestic Partner dependent

• **PAR 0287 (Vision Plan Coverage Code)**

The General Description will be changed to:

Code indicating the vision plan coverage level for which a premium was generated during a Compute process for which there was current pay.

The Code Interpretation will be changed to:

An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner.

Valid values are:

U - one party
UU - two party
UUU - family
UX - two party with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UUX - family with one Domestic Partner, or child/grandchild of Domestic Partner dependent
UXX - family with two or more Domestic Partner or children/grandchildren of Domestic Partner dependent