SR80134
Four-Tier Benefit Plan Coverage

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1 Background
Since 1999, the cost of medical insurance coverage has risen dramatically while the employer contribution has only increased moderately. Health and Welfare, in conjunction with the Faculty Welfare Committee and University Management has looked at various options to mitigate escalating premiums and to equitably distribute costs among the medical plan subscribers. Studies showed that differentiating between an adult dependent type and children enrollees in assigning premiums more accurately reflected the cost of coverage. Adults are four times more expensive than children to cover. In addition, many spouses or domestic partners choose to be covered under the University’s plans in lieu of, or in addition to, their own plans. With the restructuring of premiums, adult coverage would be at a higher rate than child coverage, thus reducing the attractiveness of dual coverage. As a result of these effects, the University is changing the benefit coverage levels from a 3-tier structure (Single, Two-Party, Family) to a 4-tier structure (Single, Two Adults, Adult plus Child(ren), Family) effective with premiums paid for January 2003 coverage. This change requires the definition of appropriate coverage levels and the derivation of the coverage levels.

1.1 Current Coverage Levels
The coverage levels for University benefit plans are defined and coded as follows:

<table>
<thead>
<tr>
<th>Employee Group</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare</td>
<td>U</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td>UU</td>
<td>Two Party</td>
</tr>
<tr>
<td></td>
<td>UUU</td>
<td>Family</td>
</tr>
<tr>
<td>Medicare</td>
<td>M</td>
<td>Single</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>Two Party (both Medicare)</td>
</tr>
<tr>
<td></td>
<td>MMM</td>
<td>Family (all Medicare)</td>
</tr>
<tr>
<td>Split-Medicare</td>
<td>MU</td>
<td>One Medicare member and one non-Medicare member</td>
</tr>
<tr>
<td></td>
<td>UM</td>
<td>One Medicare member and two non-Medicare members</td>
</tr>
<tr>
<td></td>
<td>MUU</td>
<td>One Medicare member and two (or more) non-Medicare members</td>
</tr>
</tbody>
</table>
Two Medicare members and one (or more) non-Medicare member(s)

1.2 Plans Affected
The new coding structure will apply to medical, dental, and vision plans. The legal plan will continue to use a two-tiered structure, however, the new codes will be utilized.

1.3 Code Definitions
A three-character code should be used to describe the plan coverage. The plan code is constructed through a combination of four values:

\[ \begin{align*}
U &= \text{Employee (Adult)} \\
A &= \text{Adult} \\
C &= \text{Child[ren]} \\
M &= \text{Medicare}
\end{align*} \]

The “Adult” category includes the employee and up to one dependent identified as spouse (“S”), same-sex domestic partner (“D”) or adult dependent relative (“A”).

The “Child[ren]” category includes any dependent not in the “Adult” category, that is, Natural or Adopted Child (“C”), Grandchild (“G”), Child or Grandchild of a Domestic Partner (“K”), Other Child (“O”), Step Child (“S”), Legal Ward (“W”).

To accommodate the University of California Retirement System, coding which does not strictly adhere to the above definitions will be used so that complex Medicare enrollment patterns can be represented. These values will not be derived.

1.4 Revised Coverage Levels

<table>
<thead>
<tr>
<th>Employee</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Medicare</td>
<td>U</td>
<td>Self</td>
</tr>
<tr>
<td></td>
<td>UA</td>
<td>Self and adult</td>
</tr>
<tr>
<td></td>
<td>UC</td>
<td>Self and Children</td>
</tr>
<tr>
<td></td>
<td>UAC</td>
<td>Self and Family</td>
</tr>
<tr>
<td>Medicare</td>
<td>M</td>
<td>Self-Medicare (Medicare employee)</td>
</tr>
<tr>
<td></td>
<td>MM</td>
<td>Self and Adult - Medicare (Medicare employee and Medicare adult)</td>
</tr>
<tr>
<td>Tier</td>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>MMM</td>
<td>Self and Family - Medicare</td>
<td>(at least three family members, adult or child, are covered by Medicare)</td>
</tr>
<tr>
<td>Split-Medicare</td>
<td>MA</td>
<td>Self and Adult – One with Medicare</td>
</tr>
<tr>
<td>Family</td>
<td>MC</td>
<td>Self and Children - Medicare</td>
</tr>
<tr>
<td></td>
<td>MAC</td>
<td>Self and Family with 1 Medicare</td>
</tr>
<tr>
<td></td>
<td>MMC</td>
<td>Self and Family with 2 Medicare</td>
</tr>
</tbody>
</table>
2 PPS Modifications

2.1 Overview

1. The EDB Data Dictionary will need to be updated to reflect the new coverage level codes and definitions and online field-level help should reflect these data dictionary changes.

2. The Code Translation Table (CTT) will need to carry the revised code translations.

3. The Benefit Rates Table (BRT) will need to be modified to handle 11 rates.

4. The coverage code derivation logic should be modified to reflect the new four tier rate structure. Coverage level derivation is performed in the following processes:
   - EDB explicit maintenance
   - EDB daily maintenance that performs date driven derivations
   - EDB daily maintenance that processes transactions from the IVR and web enrollment applications
   - EDB monthly maintenance (?)
   - Carrier file production
   - Consolidated Billing

5. EDB Explicit Maintenance should trigger derivation on change of dependent relationship codes.

6. The compute needs to look up premiums based on the new coverage codes.

7. A one-time program to convert from the three-tiered coverage codes to 4-tiered coverage codes will be needed.

8. Additionally, the new coverage codes and/or translations must be correctly handled by:
   - EDB inquiry and update screens (both CICS and web)
   - Post Authorization Notification (PAN) (both CICS and web)
   - Documents to Employees (IDOC)
   - Carrier Files
   - Corporate Personnel System/Benefits Counseling System (CPS/BCS) interface file
   - History Database (HDB)
2.2 Requested Modifications

2.2.1 Data Dictionary
The data dictionary will carry the values for the fields listed below. See Attachment I for the revised data dictionary pages.

- MEDICAL PLAN COVERAGE CODE-EDB
- DENTAL PLAN COVERAGE CODE-EDB
- VISION PLAN COVERAGE CODE-EDB
- LEGAL PLAN COVERAGE CODE-EDB
- MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)
- DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
- VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
- PENDING PREMIUM COVERAGE LEVEL
- DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
- MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
- VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
- LEGAL COVERAGE CODE-PAR
- PLAN COVERAGE CODE

2.2.2 Code Translation Table
The Code Translation Tables (CTT) will be modified to reflect the new values. See Attachment II for CTT entries.

2.2.3 Benefit Rates Table
The Benefit Rates Table will be modified to reflect eleven rates per medical plan and to reflect the four-tier structure. See Attachment III.

2.2.4 Coverage Level Code Derivation
Although there are (11) permutations of coverage codes, only the four codes pertaining to non-Medicare (active) enrollments will normally be derived. The valid codes and their definitions are:

- U Self (no dependents are currently enrolled)
- UA Self and adult. There are no “children” enrolled.
- UC Self and children. There is no “adult” enrolled.
- UAC Self and Family – Employee, one adult and one or more children are enrolled.

2.2.5 Derivation Logic
Using “adult” and “child” dependent categories, the system should evaluate for the existence of a covered “adult” and covered “child[ren]” and compare this to the existing plan coverage level whenever coverage derivation is triggered.

1. For medical, dental, and vision, if there are no dependents enrolled, the coverage level code should be set to “U”; if there is one adult dependent and no children dependents, the coverage level should be set to “UA”; if there are no adult dependents, but there is at least one child, the coverage level should be set to “UC”; if there is an adult and at least one child, the coverage level should be set
to “UAC”.

If the existing level is the same as the derived level, no change should be generated.

2. For legal, if there are no dependents enrolled, the coverage level should be set to “U”; if there are any dependents enrolled, the coverage level code should be set to “UAC”. If the existing coverage level is the same as the derived level, no change should be generated.

2.2.5.1 Derivation Logic – with Domestic Partner

Special logic is deployed to determine if imputed income is applicable due to domestic partner coverage in a medical, dental or vision plan. In addition to the actual (Medical, Dental or Vision) Coverage levels, a Without Domestic Partner, “WOD” (Medical, Dental or Vision) Coverage is calculated. A U indicates coverage that exists both for WOD (Medical, Dental or Vision) Coverage and actual (Medical, Dental or Vision) Coverage. An X indicates a level of coverage that exists in the actual (Medical, Dental or Vision) Coverage but does not in the WOD (Medical, Dental or Vision) Coverage.

For example, if the actual coverage level is UU, and there is a domestic partner, the Coverage with Domestic Partner Level would be UX. The difference in employer contributions between the regular coverage level and the without domestic partner coverage is the amount identified as imputed income.

The derivation logic for imputed income must be modified to reflect the four-tier rate structure. Since the UU coverage level has been divided into two levels, UA and UC, simply utilizing an “X” will not suffice.

Modify the WOS Coverage level to use an “X” to indicate an “adult” coverage and a “Y” to indicate a “child[ren]” coverage that exists in the actual (Medical, Dental or Vision) Coverage but does not in the WOD (Medical, Dental or Vision) Coverage. Use a U, C or A to indicate coverage that exists both for WOD coverage and actual coverage.

Examples:

- The employee covers a domestic partner only, Coverage WOD is UX.
- The employee covers a domestic partner and two natural children. Coverage WOD is UXC.
- The employee covers a domestic partner and a child of a domestic partner. Coverage WOD is UXY.
- The employee covers a domestic partner, a natural child and a child of a domestic partner. Coverage WOD is UXC.
- The employee covers a natural child and a child of a domestic partner, Coverage WOD is UC.

2.2.5.2 Medicare Special Handling
To handle processing of employee medical enrollment data for employees who are eligible for Medicare coordination, the following special requirements should be implemented.

1. The ECEN screen should be modified to allow update to the Medical Plan Coverage level when the enrollments contain a Medicare covered employee or dependent. The Medical Plan coverage level should be placed below the “PIE:” label and field. See Attachment IV for the ECEN screen design.

2. The range/value edits based on the Data Element Table should be established so that only the valid combinations containing at least one “M” will be updated. Deleting a Medical Coverage Level Code should trigger a derivation.

3. The logic which derives the coverage code from the type of dependents will be sensitized to the presence of “M”s in the existing coverage code. If the scope of coverage entered matches the derived values of coverage, the entered value with M’s will remain. Where the scope does not match, the system should reject the transaction. The following Employee Reject level error message should be displayed on the ECON.

MEDICARE COV NOT CONSISTENT WITH DERIVED COVERAGE

4. Derived Coverage Codes and Matching Medicare Coverage Codes

<table>
<thead>
<tr>
<th>Derived</th>
<th>Medicare - Entered via Batch</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>M</td>
</tr>
<tr>
<td>UA</td>
<td>MA, MM</td>
</tr>
<tr>
<td>UC</td>
<td>MC</td>
</tr>
<tr>
<td>UAC</td>
<td>MAC, MMM, MMC</td>
</tr>
</tbody>
</table>

2.2.6 EDB Explicit Maintenance Trigger

Explicit Maintenance may need to be modified so that the change to an existing Dependent Relationship to Employee Code (EDB 0635) should trigger the rederivation of the Plan Coverage Level. For example, if an adopted child were inadvertently coded with an “A” (Adult Dependent Relative), the coverage level would be derived as UA. Changing the value to “C” (Natural or Adopted Child) would derive the correct coverage level of “UC”.

2.2.7 Compute

The compute needs to be reviewed to confirm that the correct rates are retrieved for each of the coverage codes.

2.2.8 One-time Conversion

A one-time program, using the derivation logic, will be needed to convert from the three-tiered coverage codes to 4-tiered coverage codes. The one-time conversion should create an Employee Change File (ECF) for auditing purposes and capture in the HDB.
2.2.9 Coverage Codes and Translations in Related Files/Reports and Systems

Existing processes will need to handle the new coverage codes and/or translations correctly. Although it is believed no changes are required, the following subsystems should be tested to ensure that unexpected interactions do not occur.

- **EDB inquiry and update screens (both CICS and web)**
  
  Ensure that the revised coverage level codes are correctly displayed and translated on the EINS, IINS, IINP, IBNA, and IMEM CICS screens, and on the EDB Inquiry Web ‘Benefits Enrollment Information’ page.

- **PAN**
  
  Ensure that the revised coverage level codes are correctly displayed and translated on the PAN notifications (both CICS and web).

- **IDOC**
  
  Ensure that the revised coverage level codes are correctly displayed and translated on the Benefits IDOC.

- **Carrier Files**
  
  Ensure that the revised coverage level codes are correctly displayed in positions 161-163 of the Employee Record (Type 1).

- **CPS/BCS**
  
  Ensure that the revised coverage level codes are correctly handled by the interfaces to the Corporate Personnel System and the Benefits Counseling System.

- **HDB**
  
  Ensure that the revised coverage level codes are correctly displayed in the History Data Base.

- **Reports**
  
  The one time should produce an employee change file for recording in History.
3 Attachment I — EDB Data Dictionary
System Number: EDB0293

User Access Name: 0293-2

Programming Name: HLTH_PLAN IN PPPBEN

Revision Date: 01/01/03

Comments:

Source(s): BRT 3300 – Health Plan Code
          HBN 4529 – Medical Plan Coverage Code-HBN in HDB
          APS 0272 – Primary Health Plan Coverage Code-PPS
          BCS 0272 – Primary Health Plan Coverage Code-PPS
          CPS 0272 – Primary Health Plan Coverage Code-PPS
          IPS 0272 – Primary Health Plan Coverage Code-PPS
          OPP 0272 – Primary Health Plan Coverage Code-PPS
          BCS 2565 – BRT Health Plan Coverage Code
          APS 2757 – Primary Health Plan Coverage Code-CPS (coding is different)
          CPS 2757 – Primary Health Plan Coverage Code-CPS (coding is different)
          IPS 2757 – Primary Health Plan Coverage Code-CPS (coding is different)
          OPP 2757 – Primary Health Plan Coverage Code-CPS (coding is different)

Name: MEDICAL PLAN COVERAGE CODE-EDB

Type: ALPHANUMERIC

Length: 3

Format:

A three-character code consisting of “U”, “C”, “A”, “M”, and blanks. The first character represents the employee. The second character represents adult or child(ren) when no adult. The third character represents child(ren) when there is an adult.

A “U”, “A” or “C” indicates uninsured by Medicare; an “M” indicates insured by Medicare; and, a blank indicates no coverage.

Valid values are: U, UA, UC, UAC, M, MM, MMM, MA, MC, MAC, MMC

General Description:
Code indicating self, self and adult, self and children, and self and family plan coverage and indicating the number of insured covered by Medicare.

**Code Interpretation:**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Self only</td>
</tr>
<tr>
<td>UA</td>
<td>Self and Adult</td>
</tr>
<tr>
<td>UC</td>
<td>Self and Children</td>
</tr>
<tr>
<td>UAC</td>
<td>Self and Family</td>
</tr>
<tr>
<td>M</td>
<td>Self only – Medicare</td>
</tr>
<tr>
<td>MM</td>
<td>Self and Adult - Medicare</td>
</tr>
<tr>
<td>MA</td>
<td>Self and Adult – One in Medicare</td>
</tr>
<tr>
<td>MC</td>
<td>Self and Children – One in Medicare</td>
</tr>
<tr>
<td>MAC</td>
<td>Self and Family – One in Medicare</td>
</tr>
<tr>
<td>MMC</td>
<td>Self and Family – Two in Medicare</td>
</tr>
<tr>
<td>MMM</td>
<td>Self and Family – Three or more in Medicare</td>
</tr>
</tbody>
</table>

**NOTE – Previous code values**

Code values prior to 01/01/03

Values are: U, M, UU, UM, MU, MM, UUU, UUM, UMU, UMM, MUU, MUM, MMU, MMM
System Number: EDB0273
User Access Name: 0273-8
Programming Name: DENTAL_COVERAGE IN PPBEN
Revision Date: 01/01/03

Comments:
HBN 4517 – Dental Plan Coverage Code-HBN in HDB
APS 0253 – Dental Plan Coverage Code-CPS (coding is different)
CPS 0253 – Dental Plan Coverage Code-CPS (coding is different)
IPS 0253 – Dental Plan Coverage Code-CPS (coding is different)
OPP 0253 – Dental Plan Coverage Code-CPS (coding is different)
APS 0253 – Dental Plan Coverage Code-PPS
BGS 0253 – Dental Plan Coverage Code-PPS
CPS 0253 – Dental Plan Coverage Code-PPS
IPS 0253 – Dental Plan Coverage Code-PPS
OPP 0253 – Dental Plan Coverage Code-PPS

Name: DENTAL PLAN COVERAGE CODE-EDB
Type: ALPHANUMERIC
Length: 3

Format:
A three character code consisting of “U”, “C”, “A”, and blanks. The first character represents the employee. The second character represents adult or child(ren) when no adult. The third character represents child(ren) when there is an adult.

Valid values are: U, UA, UC and UAC.

General Description:
Code indicating the level of dental plan coverage selected by the individual.

Code Interpretation:

U  Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
System Number: EDB0348

User Access Name: 0348-5

Programming Name: VIS_COVERAGE IN PPBEN

Revision Date: 01/01/03

Comments: BRT 8600 – Vision Plan Coverage Code-BRT
HBN 4542 – Optical Plan Coverage Code-HBN in HDB
BCS 2667 – BRT Vision Plan Coverage Code
APS 2497 – Optical Plan Coverage Code-PPS
BCS 2497 – Optical Plan Coverage Code-PPS
CPS 2497 – Optical Plan Coverage Code-PPS
IPS 2497 – Optical Plan Coverage Code-PPS
OPP 2497 – Optical Plan Coverage Code-PPS

Name: VISION PLAN COVERAGE CODE-EDB

Type: ALPHANUMERIC

Length: 3

Format:

A three character code consisting of “U”, “C”, “A”, and blanks. The first character represents the employee. The second character represents adult or child(ren) when no adult. The third character represents child(ren) when there is an adult.

Valid values are: U, UA, UC and UAC,

General Description:

Code indicating the level of vision plan coverage selected by the individual.

Code Interpretation:

U Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
System Number: EDB0354
User Access Name: 0354-8
Programming Name: LEGAL_COVERAGE IN PPBEN
Revision Date: 01/01/03

Comments:
HBN 4534 – Legal Plan Coverage Code-HBN in HDB
APS 2796 – Legal Plan Coverage Code
BCS 2796 – Legal Plan Coverage Code
CPS 2796 – Legal Plan Coverage Code
IPS 2796 – Legal Plan Coverage Code
OPP 2796 – Legal Plan Coverage Code

Name: LEGAL PLAN COVERAGE CODE-EDB
Type: ALPHANUMERIC
Length: 3

Format:

General Description:
Code indicating the level of legal plan coverage selected by the individual.

Code Interpretation:
U Self only
UAC Self and Family
Name: MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)

Type: ALPHANUMERIC

Length: 3

General Description:

Code indicating the medical plan coverage level without the inclusion of domestic partners or their children and/or grandchildren.

Code Interpretation:

A U indicates coverage that exists both for WOD Medical Coverage and actual Medical Coverage. An X indicates a level of coverage including an adult that exists in the actual Medical Coverage but does not in the WOD Medical Coverage. A Y indicates a level of coverage including a child that exists in the actual Medical Coverage but does not in the WOD Medical Coverage.

U    Self only
UA   Self and Adult
UC   Self and Children
UAC  Self and Family
UX   Self and Adult
UY   Self and Children
UXY  Self and Family
UAY  Self and Family
**System Number:** EDB0285

**User Access Name:** 0285-7

**Programming Name:** DEN_COVERAGE_WPDM IN PPPBEN

**Revision Date:** 01/01/03

**Comments:**

**Location(s)**

**Name:** DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB

**Type:** ALPHANUMERIC

**Length:** 3

**Format:**

**General Description:**

Code indicating the dental plan coverage level without the inclusion of domestic partners or their children and/or grandchildren.

**Code Interpretation:**

A U indicates coverage that exists both for WOD Dental Coverage and actual Dental Coverage. An X indicates a level of coverage that exists in the actual Dental Coverage but does not in the WOD Dental Coverage. A Y indicates a level of coverage including a child that exists in the actual Dental Coverage but does not in the WOD Dental Coverage.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>Self only</td>
</tr>
<tr>
<td>UA</td>
<td>Self and Adult</td>
</tr>
<tr>
<td>UC</td>
<td>Self and Children</td>
</tr>
<tr>
<td>UAC</td>
<td>Self and Family</td>
</tr>
<tr>
<td>UX</td>
<td>Self and Adult</td>
</tr>
<tr>
<td>UY</td>
<td>Self and Children</td>
</tr>
<tr>
<td>UXY</td>
<td>Self and Family</td>
</tr>
<tr>
<td>UAY</td>
<td>Self and Family</td>
</tr>
</tbody>
</table>
System Number: EDB0287
User Access Name: 0287-9
Programming Name: VIS_COVERAGE_WODV IN PPPBEN
Revision Date: 01/01/03

Comments:

Location(s)

Name: VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
Type: ALPHANUMERIC
Length: 3

Format:

General Description:

Code indicating the vision plan coverage level without the inclusion of domestic partners or their children and/or grandchildren.

Code Interpretation:

A U indicates coverage that exists both for WOD Vision Coverage and actual Vision Coverage. An X indicates a level of coverage that exists in the actual Vision Coverage but does not in the WOD Vision Coverage. A Y indicates a level of coverage including a child that exists in the actual Vision Coverage but does not in the WOD Vision Coverage.

U Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
UX Self and Adult
UY Self and Children
UXY Self and Family
UAY Self and Family
System Number: EDB0757
User Access Name: 0757-3
Programming Name: PPA_COVERAGE IN PPPPA
Revision Date: 01/01/03

Comments:

Location(s)

Name: PENDING PREMIUM COVERAGE LEVEL
Type: ALPHANUMERIC
Length: 3

Format:

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

Code Interpretation:

U  Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
System Number: PAR0285

User Access Name:

Programming Name: DEN_COVERAGE WODD IN PPPPEB

Revision Date: 01/01/03

Comments:

Location(s)

Name: DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR

Type: ALPHANUMERIC

Length: 3

Format:

General Description:

Code indicating the dental plan coverage for which a premium was generated during a Compute process for which there was current pay.

Code Interpretation:

An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner. A Y indicates a level of coverage including a child that exists in the actual Dental Coverage but does not in the WOD Dental Coverage.

U  Self only
UA  Self and Adult
UC  Self and Children
UAC Self and Family
UX  Self and Adult
UY  Self and Children
UXY Self and Family
UAY Self and Family
System Number: PAR0286

User Access Name:

Programming Name: MED_COVERAGE WODM IN PPPPEB

Revision Date: 01/01/03

Comments:

Location(s)

Name: MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR

Type: ALPHANUMERIC

Length: 3

Format:

General Description:

Code indicating the medical plan coverage for which a premium was generated during a Compute process for which there was current pay.

Code Interpretation:

An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner. A Y indicates a level of coverage including a child that exists in the actual Medical Coverage but does not in the WOD Medical Coverage.

U Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
UX Self and Adult
UY Self and Children
UXY Self and Family
UAY Self and Family
System Number: PAR0287

User Access Name:

Programming Name: VIS_COVERAGE WODV IN PPPPEB

Revision Date: 01/01/03

Comments:

Location(s)

Name: VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR

Type: ALPHANUMERIC

Length: 3

Format:

General Description:

Code indicating the medical plan coverage for which a premium was generated during a Compute process for which there was current pay.

Code Interpretation:

An ‘X’ in the coverage level indicates that the level of coverage includes a Domestic Partner or a child/grandchild of a Domestic Partner. A Y indicates a level of coverage including a child that exists in the actual Vision Coverage but does not in the WOD Vision Coverage.

U Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
UX Self and Adult
UY Self and Children
UXY Self and Family
UAY Self and Family
System Number: PAR0354

User Access Name: 

Programming Name: LEGAL_COVERAGE IN PPPPEB

Revision Date: 01/01/03

Comments:

Location(s)

Name: LEGAL COVERAGE CODE-PAR

Type: ALPHANUMERIC

Length: 3

Format:

General Description:

Code indicating the legal plan coverage for which a premium was generated during a Compute process for which there was current pay.

Code Interpretation:

U - Self only
UAC - Self and Family
System Number: PAR4906

User Access Name:

Programming Name: HPA_COV_CODE IN PPHPA

Revision Date: 01/01/03

Comments:

Location(s)

Name: PLAN COVERAGE CODE

Type: ALPHANUMERIC

Length: 3

Format:

A three character code consisting of “U”, “C”, “A”, “M”, and blanks. The first character represents the employee. The second character represents adult or child(ren) when no adult. The third character represents child(ren) when there is an adult.

A “U” indicates uninsured by Medicare; an “M” indicates insured by Medicare; and, a blank indicates no coverage.

Valid values are: U, UA, UC, UAC, M, MM, MMM, MA, MC, MAC, MMC

General Description:

Code indicating self, self and adult, self and children, and self and family plan coverage and indicating the number of insured covered by Medicare.

Code Interpretation:

U Self only
UA Self and Adult
UC Self and Children
UAC Self and Family
M Self only
MM Self and Adult
MA Self and Adult
MC Self and Children
MAC Self and Family
MMC  Self and Family
MMM  Self and Family
4 Attachment II — Control Table Translations
Control Table Translations – Attachment II

Control Table Translations – Attachment II

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5 Attachment III — Benefit Rate Table
### Benefit Rate Table – Attachment III

**GROUP LEGAL SERVICES PLAN CONTRIBUTIONS**

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**DENTAL INSURANCE CONTRIBUTIONS**

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### Benefit Rate Table – Attachment III

**BARG UNIT: 00**  
**EARNINGS EFFECTIVE DATE:** 01/01/02

**HEALTH INSURANCE**

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**VISION INSURANCE**

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PPP0414 /PPCTR14 /052102

04

RETN: See Rpts Disp Schedule/Dist.

Control File Maintenance

06/19/02

Benefits Rates Table

Run Date

09:53:34

UNIVERSITY OF CALIFORNIA A-SYSTEMWIDE

Page No.

04

Run Time
6 Attachment IV — ECEN Screen
PPECEN0-E1386 EDB Entry/Update 07/24/02
10:07:03
07/16/02 10:50:39 Central Office Information Userid: PAYCMP0
ID: 000050069 Name: AGES, TRUDY SSN: 555-61-7654 Pri Pay: BW
403b Limit Amt: S: NOT CALCD
Anticipated Retirement Date:
Limited Hours as of Date: 010101

PIE:
Medical Coverage Level: ___

Next Func: ID: Name: SSN:
====>
F: 1-Help 3-PrevMenu 4-Print 5-Update
F: 9-Jump 12-Exit