Service Request 80134
Four-Tier Benefit Plan Coverage

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Introduction

Service Request 80134 requested the conversion of some 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. 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.

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

- **U** = Employee (Adult)
- **A** = Adult
- **C** = Child(ren)
- **M** = Medicare

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 (“P”), 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 represented. These values will not be derived.
DDL Members for DB2 Changes

Medical Benefit Rates Table (PPPBRH):
The PPPBRH table will be completely replaced.

The standard DDL members defining the table, index and view for the PPPBRH table will be created.
- TBBRH00C
- IXBRH00C
- PPPVZBRH

```
CREATE TABLE PPPBRH
  (BRH_BUC CHAR(02) NOT NULL,
   BRH_REP CHAR(01) NOT NULL WITH DEFAULT,
   BRH_SHC CHAR(01) NOT NULL WITH DEFAULT,
   BRH_DUC CHAR(01) NOT NULL WITH DEFAULT,
   BRH_PLAN_CODE CHAR(02) NOT NULL WITH DEFAULT,
   BRH_EFFECTIVE_DATE DATE NOT NULL,
   BRH_SALARY_BASE SMALLINT NOT NULL WITH DEFAULT,
   BRH_COVERAGE_CODE CHAR(03) NOT NULL WITH DEFAULT,
   BRH_PREMIUM DECIMAL(6,2) NOT NULL WITH DEFAULT,
   BRH_CONTRIBUTION DECIMAL(6,2) NOT NULL WITH DEFAULT,
   BRH_COST DECIMAL(6,2) NOT NULL WITH DEFAULT,
   BRH_LAST_ACTION CHAR(01) NOT NULL WITH DEFAULT,
   BRH_LAST_ACTION_DT DATE NOT NULL,
   PRIMARY KEY (BRH_BUC, BRH_REP, BRH_SHC, BRH_DUC,
                BRH_PLAN_CODE, BRH_EFFECTIVE_DATE,
                BRH_SALARY_BASE, BRH_COVERAGE_CODE ))
IN PPPCTL.PPPBRH ;
```

Dental Benefit Rates Table (PPPBRD):
The PPPBRD table will be completely replaced.

The standard DDL members defining the table, index and view for the PPPBRD table will be created.
- TBBRD00C
- IXBRD00C
- PPPVZBRD

```
CREATE TABLE PPPBRD
  (BRD_BUC CHAR(02) NOT NULL,
   BRD_REP CHAR(01) NOT NULL WITH DEFAULT,
   BRD_SHC CHAR(01) NOT NULL WITH DEFAULT,
   BRD_DUC CHAR(01) NOT NULL WITH DEFAULT,
   BRD_PLAN_CODE CHAR(02) NOT NULL WITH DEFAULT,
   BRD_EFFECTIVE_DATE DATE NOT NULL,
   BRD_SALARY_BASE SMALLINT NOT NULL WITH DEFAULT,
   BRD_COVERAGE_CODE CHAR(03) NOT NULL WITH DEFAULT,
   BRD_PREMIUM DECIMAL(5,2) NOT NULL WITH DEFAULT,
   BRD_CONTRIBUTION DECIMAL(5,2) NOT NULL WITH DEFAULT,
   BRD_COST DECIMAL(5,2) NOT NULL WITH DEFAULT,
   BRD_LAST_ACTION CHAR(01) NOT NULL WITH DEFAULT,
   BRD_LAST_ACTION_DT DATE NOT NULL,
   PRIMARY KEY (BRD_BUC, BRD_REP, BRD_SHC, BRD_DUC,
                BRD_PLAN_CODE, BRD_EFFECTIVE_DATE,
                BRD_SALARY_BASE, BRD_COVERAGE_CODE ))
IN PPPCTL.PPPBRD ;
```
Vision Benefit Rates Table (PPPBRO):
The PPPBRO table will be completely replaced.

The standard DDL members defining the table, index and view for the PPPBRO table will be created.
- TBBRO00C
- IXBRO00C
- PPVZBRO

CREATE TABLE PPPBRO
    (BRO_BUC              CHAR(02) NOT NULL,
     BRO_REP              CHAR(01) NOT NULL WITH DEFAULT,
     BRO_SHC              CHAR(01) NOT NULL WITH DEFAULT,
     BRO_DUC              CHAR(01) NOT NULL WITH DEFAULT,
     BRO_PLAN_CODE        CHAR(02) NOT NULL WITH DEFAULT,
     BRO_EFFECTIVE_DATE   DATE NOT NULL,
     BRO_COVERAGE_CODE    CHAR(03) NOT NULL WITH DEFAULT,
     BRO_PREMIUM          DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRO_CONTRIBUTION     DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRO_COST             DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRO_LAST_ACTION      CHAR(01) NOT NULL WITH DEFAULT,
     BRO_LAST_ACTION_DT   DATE NOT NULL,
     PRIMARY KEY  (BRO_BUC, BRO_REP, BRO_SHC, BRO_DUC,
                   BRO_PLAN_CODE, BRO_EFFECTIVE_DATE,
                   BRO_COVERAGE_CODE ))
    IN PPPCTL.PPPBRO         ;

Legal Benefit Rates Table (PPPBRO):
The PPPBRO table will be completely replaced.

The standard DDL members defining the table, index and view for the PPPBRO table will be created.
- TBBRJO0C
- IXBRJO0C
- PPVZBRJO

CREATE TABLE PPBRO
    (BRJ_BUC              CHAR(02) NOT NULL,
     BRJ_REP              CHAR(01) NOT NULL WITH DEFAULT,
     BRJ_SHC              CHAR(01) NOT NULL WITH DEFAULT,
     BRJ_DUC              CHAR(01) NOT NULL WITH DEFAULT,
     BRJ_PLAN_CODE        CHAR(02) NOT NULL WITH DEFAULT,
     BRJ_EFFECTIVE_DATE   DATE NOT NULL,
     BRJ_COVERAGE_CODE    CHAR(03) NOT NULL WITH DEFAULT,
     BRJ_PREMIUM          DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRJ_CONTRIBUTION     DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRJ_COST             DECIMAL(5,2) NOT NULL WITH DEFAULT,
     BRJ_LAST_ACTION      CHAR(01) NOT NULL WITH DEFAULT,
     BRJ_LAST_ACTION_DT   DATE NOT NULL,
     PRIMARY KEY  (BRJ_BUC, BRJ_REP, BRJ_SHC, BRJ_DUC,
                   BRJ_PLAN_CODE, BRJ_EFFECTIVE_DATE,
                   BRJ_COVERAGE_CODE ))
    IN PPPCTL.PPPBRO         ;
History Medical Benefit Rates Table (PPPBRHH):
The PPPBRHH table was frozen as of Release 1140 when effective date was added to the PPPBRH table, though the DDL was retained for historical CDB access. The PPPBRHH table will not be modified for this release, however a flowerbox will be added noting the frozen state.

The standard DDL members defining the table, index and view for the PPPBRJH table will be modified to notate its frozen status.
- TBBRH0C
- IXBRHH0C
- PPPVBRHH

History Dental Benefit Rates Table (PPPBRDH):
The PPPBRDH table was frozen as of Release 1140 when effective date was added to the PPPBRD table, though the DDL was retained for historical CDB access. The PPPBRDH table will not be modified for this release, however a flowerbox will be added noting the frozen state.

The standard DDL members defining the table, index and view for the PPPBRJH table will be modified to notate its frozen status.
- TBBRDH0C
- IXBRDH0C
- PPPVBRDH

History Vision Benefit Rates Table (PPPBROH):
The PPPBROH table was frozen as of Release 1140 when effective date was added to the PPPBRO table, though the DDL was retained for historical CDB access. The PPPBROH table will not be modified for this release, however a flowerbox will be added noting the frozen state.

The standard DDL members defining the table, index and view for the PPPBRJH table will be modified to notate its frozen status.
- TBBROH0C
- IXBROJH0C
- PPPV BROJH

History Legal Benefit Rates Table (PPPBRJH):
Effective date will be added to the PPPBRJ table. As of this release the PPPBRJH table will be frozen. It will not be modified for this release, however flowerboxes will be added noting the frozen state.

The standard DDL members defining the table, index and view for the PPPBRJH table will be modified to notate its frozen status.
- TBBRJH0C
- IXBRJH0C
- PPPVBRJH
Stored Procedures DDL

**PPBXHISP**
PPBXHISP is the stored procedure interface for web application calls to Medical BRT utility PPBENXHI. It will be modified to code the call per the new requirements. Specifically, the secondary medical plan logic will be removed.

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

**PPBXDISP**
PPBXDISP is the stored procedure interface for web application calls to Dental BRT utility PPBENXDI. **No modification is required.**

**PPBXVISP**
PPBXVISP is the stored procedure interface for web application calls to Vision BRT utility PPBENXVI. **No modification is required.**

**PPBXJDSP**
PPBXJDSP is the stored procedure interface for web application calls to Legal BRT utility PPBENXJD. **No modification is required.**
Includes

PPPVZBRH (replaced):
A replacement Include member defining the working storage and View for the new table row structure in the PPPBRH table will be created.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPPVZBRD (replaced):
A replacement Include member defining the working storage and View for the new table row structure in the PPPBRD table will be created.

PPPVZBRJ (replaced):
A replacement Include member defining the working storage and View for the new table row structure in the PPPBRJ table will be created.

PPPVZBRO (replaced):
A replacement Include member defining the working storage and View for the new table row structure in the PPPBRO table will be created.

PPPVBRHH:
The PPPBRHH table was frozen as of Release 1140 when effective date was added to the PPPBRH table, though the DDL was retained for historical CDB access. The PPPVBRHH Include will not be modified for this release, however a flowerbox will be added noting the frozen state.

PPPVBRDH:
The PPPBRDH table was frozen as of Release 1140 when effective date was added to the PPPBRD table, though the DDL was retained for historical CDB access. The PPPVBRDH Include will not be modified for this release, however a flowerbox will be added noting the frozen state.

PPPVBROH:
The PPPBROH table was frozen as of Release 1140 when effective date was added to the PPPBRO table, though the DDL was retained for historical CDB access. The PPPVBRHO Include will not be modified for this release, however a flowerbox will be added noting the frozen state.

PPPVBRJH:
The PPPBRJH table will be frozen as of this release when effective date is added to the PPPBRJH table. The PPPVBRJH Include will not be modified for this release, but will be retained for historical access to the CDB. A flowerbox will be added noting the frozen state.
Programs

Benefit Rates Utilities

PPBENXHI (replaced)
PPBENXHI is called by various programs to access the PPPBRH Medical Benefit Rates table and return premium and contribution amount. It will be completely replaced to process the new table structure. The secondary medical plan logic will be removed.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPBENXDI
PPBENXDI is called by various programs to access the PPPBRD Dental Benefit Rates table and return premium and contribution amount. It will be modified to process the new table structure.

PPBENXVI
PPBENXVI is called by various programs to access the PPPBRO Vision Benefit Rates table and return premium and contribution amount. It will be modified to process the new table structure.

PPBENXJD
PPBENXJD is called by various programs to access the PPPBRJ Legal Benefit Rates table and return premium and contribution amount. It will be modified to process the new table structure.

Medical Benefit Rates Table CTL Update

PPCTT14H (replaced)
PPCTT14H is the transaction handler for updating the PPPBRH Medical Benefit Rates table. It will be rewritten to process the new transaction structure.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPCTBRHE (replaced)
PPCTBRHE is the transaction edit program for updating the PPPBRH Medical Benefit Rates table. It will be rewritten to process the new transaction structure and table structure.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPCTBRHU (replaced)
PPCTBRHU is the table update module for updating the PPPBRH Medical Benefit Rates table. It will be rewritten to process the new table structure.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

Dental Benefit Rates Table CTL Update

PPCTT14D (replaced)
PPCTT14D is the transaction handler for updating the PPPBRD Dental Benefit Rates table. It will be rewritten to process the new transaction structure.
PPCTBRDE (replaced)
PPCTBRDE is the transaction edit program for updating the PPPBRD Dental Benefit Rates table. It will be rewritten to process the new transaction structure and table structure.

PPCTBRDU (replaced)
PPCTBRDU is the table update module for updating the PPPBRD Dental Benefit Rates table. It will be rewritten to process the new table structure.

Vision Benefit Rates Table CTL Update

PPCTT14O (replaced)
PPCTT14O is the transaction handler for updating the PPPBRO Vision Benefit Rates table. It will be rewritten to process the new transaction structure.

PPCTBROE (replaced)
PPCTBROE is the transaction edit program for updating the PPPBRO Vision Benefit Rates table. It will be rewritten to process the new transaction structure and table structure.

PPCTBROU (replaced)
PPCTBROU is the table update module for updating the PPPBRO Vision Benefit Rates table. It will be rewritten to process the new table structure.

Legal Benefit Rates Table CTL Update

PPCTT14J (replaced)
PPCTT14J is the transaction handler for updating the PPPBRJ Legal Benefit Rates table. It will be rewritten to process the new transaction structure.

PPCTBRJE (replaced)
PPCTBRJE is the transaction edit program for updating the PPPBRJ Legal Benefit Rates table. It will be rewritten to process the new transaction structure and table structure.

PPCTBRJU (replaced)
PPCTBRJU is the table update module for updating the PPPBRJ Legal Benefit Rates table. It will be rewritten to process the new table structure.

General Benefit Rates Table CTL Update

PPCTC03
PPCTC03 is a Consistency Edit module which accesses the Benefit Rates Tables. It will be modified to process the new table structures.

PPCTLSRT
PPCTLSRT is the transaction sort module. It will be modified to adjust the Gross-to-Net PPPBRG transaction special sort to work with the new BRT sort definitions on the Table of Tables.

PPCTR14
PPCTR14 is a report module which processes the Benefit Rates Tables. It will be modified to process the new table structures.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.
History Benefit Rates Table CDB Update

PPBRHHUP (obsolete)
PPBRHHUP updates the History Medical Benefit Rates (PPPBRHH) table from the current Medical Benefit Rates table (PPPBRH). It should have been made Obsolete in Release 1140; it will be made so as part of this release.

PPBRDHUP (obsolete)
PPBRDHUP updates the History Dental Benefit Rates (PPPBRDH) table from the current Dental Benefit Rates table (PPPBRD). It should have been made Obsolete in Release 1140; it will be made so as part of this release.

PPBROHUP (obsolete)
PPBROHUP updates the History Vision Benefit Rates (PPPBROH) table from the current Medical Benefit Rates table (PPPBRO). It should have been made Obsolete in Release 1140; it will be made so as part of this release.

PPBRJHUP (obsolete)
PPBRJHUP updates the History Legal Benefit Rates (PPPBRJH) table from the current Medical Benefit Rates table (PPPBRJ). It will be made obsolete as part of this release.

Other Programs

PPCDBFET
PPCDBFET is the table fetch driver for the CDB update process. ‘BRH’, ‘BRD’, ‘BRO’ and ‘BRJ’ will be deleted as valid table values for update.

PPDXBENI
PPDXBENI creates the Benefit text for Employee Documents. It accesses dependent data and calculates the current U, UU and UUU coverage codes for future Medical, Dental, Vision and Legal enrollments. It will be modified to call the new Plan Coverage Code utility program PPCOVRGE to develop appropriate coverage codes.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base, SR 80238 Health Care Reimbursement Account and SR 80251 Dependent Care Assistance Program.

PPEC722
PPEC722 accesses dependent data and calculates the current U, UU and UUU coverage codes and coverage codes without domestic partners for Medical Plans. It will be modified to call the new Plan Coverage Code utility program PPCOVEDB to develop appropriate new coverage code values.

An edit of explicitly entered coverage codes will be added to evaluate codes entered via the modified online ECEN function. Only Medicare related codes will be enterable, controlled by the value/range edits on the Data Element Table. PPEC722 will further check that the entered values are consistent with the derived values. If an entered value is incompatible, new message 08-064 will be issued and the update blocked. The following will be allowed:

<table>
<thead>
<tr>
<th>Derived</th>
<th>Medicare - Entered</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>

PPEC722 will be added to Table 08 processing on the Processing Group Table.

PPEC723
PPEC723 accesses dependent data and calculates the current U, UU and UUU coverage codes and coverage codes without domestic partners for Dental Plans. It will be modified to call the new Plan Coverage Code utility program PPCOVEDB to develop appropriate new coverage code values.

PPEC724
PPEC724 accesses dependent data and calculates the current U, UU and UUU coverage codes and coverage codes without domestic partners for Vision Plans. It will be modified to call the new Plan Coverage Code utility program PPCOVEDB to develop appropriate new coverage code values.

PPEC725
PPEC725 accesses dependent data and calculates the current U and UUU coverage codes and coverage codes without domestic partners for Legal Plans. It will be modified to call the new Plan Coverage Code utility program PPCOVEDB to develop appropriate new coverage code values.

PPEI350
PPEI350 moves the future data to the current plan data and calculates plan coverage when a future plan effective date is reached in the PPP130 Daily Process. It accesses dependent data and calculates the current U, UU and UUU coverage codes, and coverage codes without domestic partners. It will be modified to call the new Plan Coverage Code utility program PPCOVRGE to develop appropriate new coverage code values.

NOTE: these modifications must be coordinated with those required by SR 80194 Default Remaining Aetna Enrollments into Blue Cross Plans.

PPESTRP1
PPESTRP1 processes Self Service Transactions. Unused copymember CPWSEDEP will be deleted.

PPESTRP3
PPESTRP1 processes Self Service Transactions and reports on rejected tax related data. Unused copymember CPWSEDEP will be deleted.

PPEXPTLA
PPEXPTLA is called to process leave transfers. It in turns calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPFCBBEN
PPFCBBEN is called during the Compute to determine if premiums should be taken for a future plan. If so, it accesses dependent data and calculates the current U, UU and UUU coverage codes, and coverage codes without domestic partners. It will be modified to call the new Plan Coverage Code utility program PPCOVRGE to develop appropriate new coverage code values.

PPIIVR
PPIIVR performs the EDB extract for IVR processing. Currently it calls the Medical, Dental, Vision and Legal BRT utility programs, and includes the contribution and cost on the employee record. That processing will be completely deleted and the contribution and cost record fields re-defined as FILLER.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base, SR 80238 Health Care Reimbursement Account and SR 80251 Dependent Care Assistance Program.

PPNETCLC
PPNETCLC is called during the Compute to perform certain calculation routines. It in turns calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

Additionally it calls the BRT utility programs to obtain Without Domestic Partner premiums and contributions in order to calculate imputed income. Prior to the call it replaces ‘X’ in the WOD coverage code with a space. The logic will be modified to also replace a ‘Y’ (used to indicate a child with domestic partner coverage) with a space.

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPNETUPD
PPNETUPD is called during the Compute to perform certain calculation routines. It in turns calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base and SR 80238 Health Care Reimbursement Account.

PPP400
PPP400 is a main driver program for the Compute process. It processes Pending Premium rows on the PPPPPA table that have been updated with actual plan codes. It calls the Medical, Dental and Vision BRT utility programs. It will be modified to code the calls per the new requirements.

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPP420
PPP420 prints the pay advice documents and checks. Currently, for some check formats for Medical, Dental, Vision and Legal plan coverage it uses hard coded labels ‘1-Party’, ‘2-Party’ and ‘Family’. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes. Format 4 processing will retain the lower case translations. For other formats copymember CPWSABCD will be added and used to convert the translation to upper case.

PPP440
PPP440 prints the PPP4401 PAR Audit Record Report. If a WOD coverage code on the PAR file table contains an ‘X’ the WOD coverage code and label are displayed.

It will be modified to also display the WOD coverage if it contains a ‘Y’.

PPP470
PPP470 prints the PPP4701 PAR Record of Earnings report. If a WOD coverage code on the PAR file table contains an ‘X’ the WOD coverage code and label are displayed.

It will be modified to also display the WOD coverage if it contains a ‘Y’.

PPP480
PPP480 prints the PPP4801 PAR Record of Earnings report. If a WOD coverage code on the PAR file table contains an ‘X’ the WOD coverage code and label are displayed.

It will be modified to also display the WOD coverage if it contains a ‘Y’.

PPP560
PPP560 creates the preliminary carrier file from the monthly PAR and EDB data. It must determine the plan coverage as of the first of the coverage month, i.e. the month after the period end month of the PAR pay periods. It accesses the Future Benefits Table to determine if a plan other than the current plan defined on the PPPBEN table...
will be in effect on that date. If so, it uses that plan code and calculates the coverage. It will be modified to call the new Plan Coverage Code utility program PPCOVRGE to develop appropriate new coverage code values.

It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base and SR 80194 Default Remaining Aetna Enrollments into Blue Cross Plans.

**PPP561**
PPP561 reads the Historical Premium Activity file created by PPP560, and updates the Historical Premium Activity table (PPPHPA). It calculates adjustments and adds them to the preliminary Carrier file to produce the final Carrier file.

It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

It will be modified to not trigger adjustments simply due to the presence of the new coverage code values. The following new and old coverage codes will be considered to be the same:

<table>
<thead>
<tr>
<th>New</th>
<th>Old</th>
<th>Accept as the same, no adjustment</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>U</td>
<td></td>
</tr>
<tr>
<td>UA</td>
<td>UU</td>
<td></td>
</tr>
<tr>
<td>UC</td>
<td>UU or UUU</td>
<td>Accept as the same, no adjustment</td>
</tr>
<tr>
<td>UAC</td>
<td>UUU</td>
<td>Accept as the same, no adjustment</td>
</tr>
</tbody>
</table>

If the current PCED indicates coverage of a prior month, and the coverage codes differ, a negative adjustment is created for the prior value, and a positive adjustment is created for that month using the current coverage. For the first two months in 2003 it will be possible to attempt to create a positive adjustment using a new coverage code with a table lookup for a 2002 rate. There will not be any such rates. Temporary code will be put in place to translate the new codes to old codes prior to calling the Benefit rates module. As with the coverage comparison above, certain cases cannot be translated exactly due to a 1-to-2 relationship. Temporarily the following translations will be used.

<table>
<thead>
<tr>
<th>Current</th>
<th>Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>UA</td>
<td>UU</td>
</tr>
<tr>
<td>UC</td>
<td>UUU (this is the problematic one)</td>
</tr>
<tr>
<td>UAC</td>
<td>UUU</td>
</tr>
</tbody>
</table>

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base and SR 80194 Default Remaining Aetna Enrollments into Blue Cross Plans.

**PPP562**
PPP562 creates the premium activity reports for Medical, Dental, Vision and Legal. In addition, it creates the Self Billing Statement reports and files.

It will be modified to adjust the report array size, and labeling, to provide for the new number of possible codes and their new translations. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes.

**PPP563**
PPP563 reads the Historical Premium Activity table and produces reports of rows with mismatched anticipated and actual premiums.
It will be modified to adjust the report array size, and labeling, to provide for the new number of possible codes and their new translations. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes.

PPP741
PPP741 reads CTL tables defined on the PPPSYS table, and updates the CDB.

PPP741 will be modified to remove processing for the PPPBRJ table. With the addition of Effective Date to the PPPBRJ table, the CTL will now contain the rate history.

PPP851
PPP851 reads the VSAM CTL and updates the appropriate DB2 table for tables not yet defined on the Table of Tables (PPPTOT). During conversion of table update from the PPP010/PPP851 process to the PPP004 direct DB2 CTL update process, code has not been removed from PPP010 or PPP851 for tables that have been converted. With the changes to the PPPBRH, PPPBRD, PPPBRO and PPPBRJ tables, the code related to those tables must be modified to allow the program to compile and bind. It will all be deleted rather than modified.

PPRCADVC
PPRCADVC prints the Rush Check pay advice document. Currently, for Medical, Dental, Vision and Legal plans it uses labels ‘1-Party’, ‘2-Party’ and ‘Family’. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes.

PPRCMDL2
PPRCMDL2 prints the Rush Check audit record document. Currently, for Medical, Dental, Vision and Legal plans it uses labels ‘1-Party’, ‘2-Party’ and ‘Family’. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes.

PPWECEN
PPWECEN is the screen processor for the Central Office function ECEN. The ECEN function provides update capability for fields that are usually derived. It will be modified to add a new data entry field to provide update capability for the Medical Coverage Code in order to allow Medicare coding. Only values with Medicare “marker” M will be allowed. The edit control will be via the value/range values on the PPPDET table. Modified PPEC722 will further edit the entered values for consistency with derived values.

PPWIDDN
PPWIDDN is the screen processor for the PAR function IDDN. If a WOD coverage code on the PPPPEB table contains an ‘X’ the WOF coverage code and label are displayed.

It will be modified to also display the WOD coverage if it contains a ‘Y’.

PPWIFBC
PPWIFBC is the screen processor for the Central Future Enrollments EDB Inquiry function IFBC. It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPWIFBD
PPWIFBD is the screen processor for the Departmental Future Enrollments EDB Inquiry function IFBD. It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.
It currently performs its own coverage code translation based on the current U, UU and UUU values. It will be modified to display the coverage codes themselves. The map field will be reduced to a length of 3.

**NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.**

**PPWIGRS**
PPWIGRS is the screen processor for the PAR function IGRS. If a WOD coverage code on the PPPPEB table contains an ‘X’ the WOF coverage code and label are displayed.

It will be modified to also display the WOD coverage if it contains a ‘Y’.

**PPWIINP**
PPWIINP is the screen processor for the Central Insurance EDB Inquiry function IINP. It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

**NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.**

**PPWIINS**
PPWIINS is the screen processor for the Departmental Insurance EDB Inquiry function IINS. It calls the Medical, Dental, Vision and Legal BRT utility programs. It will be modified to code the calls per the new requirements.

It currently performs its own coverage code translation based on the current U, UU and UUU values. It will be modified to display the coverage codes themselves. The map field will be reduced to a length of 3.

**NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.**

**PPWRC20**
PPWRC20 is the screen processor for the online Rush Checks function OPT2. It contains hard coded edits for valid coverage codes.

It will be modified to validate the new coverage code values.

**PPWRCO2**
PPWRCO2 is a screen processor for the online Rush Checks function OPT2.

Currently, for Medical, Dental, Vision and Legal plans it uses labels ‘1-Party’, ‘2-Party’ and ‘Family’. It will be modified to call PPCTTUTL to access the Code Translation Table for the length 9 translation of benefit coverage codes.
New Programs

Due to varying conditions for checking dependent coverage two utility programs will be developed for coverage code derivation.

PPCOVRGE (new)

A new Plan Coverage Code utility program will be created to determine an employee’s coverage for a requested benefit type and a date, based on the dependents active on that date and the dependent’s relationship to the employee.

All the programs which will call PPCOVRGE will be modified to copy in the new copymember CPLNKCOV. It will be defined at the first linkage area in PPCOVRGE. The calling program will pass the Employee ID, Benefit Type and an “as-of” date in ISO format against which dependent coverage will be assessed.

This linkage will be defined by new copymember CPLNKCOV.

All the programs which currently calculate Medical, Dental, Vision and Legal coverage codes process a dependent data array defines by copymember CPWSEDEP. All calling programs will be modified to pass the 01 level data defined by CPWSEDEP as the second linkage area.

*01 DEP-DATA-ARRAY.
  05 EDEP-DEPENDENT-DATA OCCURS 99.
    10 EDEP-OCCURRENCE-KEY.
    15 EDEP-DEP-NUM PIC X(2).
    10 FILLER.
    15 EDEP-DEP-ADC-CODE PIC X(1).
    15 EDEP-DEP-NAME PIC X(26).
    15 EDEP-DEP-BIRTH-DATE PIC X(10).
    15 EDEP-DEP-REL-TO-EMP PIC X(1).
    15 EDEP-DEP-SSN PIC X(9).
    15 EDEP-DEP-SEX-CODE PIC X(1).
    15 EDEP-DEP-DISABLED-CODE PIC X(1).
    15 EDEP-DEP-HLTH-COVEFFDT PIC X(10).
    15 EDEP-DEP-DENTL-COVEFFDT PIC X(10).
    15 EDEP-DEP-VIS-COVEFFDT PIC X(10).
    15 EDEP-DEP-LEGAL-COVEFFDT PIC X(10).
    15 EDEP-FILLER PIC X(1).
    15 EDEP-DEP-HLTH-COVENDDT PIC X(10).
    15 EDEP-DEP-DENTL-COVENDDT PIC X(10).
    15 EDEP-DEP-VIS-COVENDDT PIC X(10).
    15 EDEP-DEP-LEGAL-COVENDDT PIC X(10).

KCOV-DATA-IN will be edited:

- If KCOV-EMPLOYEE-ID is blank, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.
- If VALID-BENEFIT-TYPE is not TRUE, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.
- Standard date routine XDC3-VALIDATE-ISO-DATE will be used to validate KCOV-EFFECTIVE-DATE. If KCOV-EFFECTIVE-DATE is not a valid date, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.

Four flags will be defined for noting the existence of four dependent relationship types. Initially they will be NOT-TRUE.
The DEP-DATA-ARRAY will then be processed until an empty row is encountered. Rows with a ‘D’ in EDEP-DEP-ADC-CODE will be bypassed.

Depending on Benefit Type, KCOV-EFFECTIVE-DATE will be compared to the appropriate Dependent Coverage Effective Date and End Date. If KCOV-EFFECTIVE-DATE is greater than or equal to the Dependent Coverage Effective Date and less than or equal to the Dependent Coverage End Date, the dependent will be counted as covered.

For each covered dependent, field EDEP-DEP-REL-TO-EMP will be evaluated and one of the four dependent relationship flags set.

EVALUATE TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'S')
    SET ADULT TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'C')
  WHEN (EDEP-DEP-REL-TO-EMP = 'G')
  WHEN (EDEP-DEP-REL-TO-EMP = 'O')
  WHEN (EDEP-DEP-REL-TO-EMP = 'P')
  WHEN (EDEP-DEP-REL-TO-EMP = 'W')
    SET CHILD TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'D')
    SET DOMESTIC-PARTNER-ADULT TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'K')
    SET DOMESTIC-PARTNER-CHILD TO TRUE
END-EVALUATE.

Two coverage and coverage-WOD work fields will be defined as arrays of three 1 blank character fields. An index will be defined and set to +1.

‘U’ will be moved to the indexed position, i.e. the first character, of the regular coverage and coverage-WOD fields.

IF ADULT is TRUE, the index will be increased by +1 and an ‘A’ moved to the regular indexed position, and an ‘A’ to the coverage-WOD indexed position.

IF DOMESTIC-PARTNER-ADULT is TRUE, the index will be increased by +1 and an ‘A’ moved to the regular indexed position, and an ‘X’ to the coverage-WOD indexed position.

Note: the previous two conditions should never both be TRUE, per current dependent relationship edits. The next two conditions can both be TRUE.

IF CHILD is TRUE, the index will be increased by +1 and a ‘C’ moved to the regular indexed position, and a ‘C’ to the coverage-WOD indexed position.

IF DOMESTIC-PARTNER-CHILD is TRUE, and the index is less than +3, the index will be increased by +1 and a ‘C’ moved to the regular indexed position, and a ‘Y’ to the coverage-WOD indexed position.

The coverage and coverage-WOD values will be moved to KCOV-COV-CODE and KCOV-COV-CODE-WOD, and the module will return control to the calling program.

PPCOVEDB(new)
A new Plan Coverage Code utility program will be created to determine an employee’s coverage for a requested benefit type, plan coverage end date and effective date, based on the dependents active on that date and the dependent’s relationship to the employee.

All the programs which will call PPCOVEDB will be modified to copy in the new copymember CPLNKCV2. It will be defined at the first linkage area in PPCOVEDB. The calling program will pass the Employee ID, Benefit Type, plan coverage end date in ISO format, and an “as-of” date in ISO format against which dependent coverage will be assessed.

This linkage will be defined by new copymember CPLNKCV2.

All the programs which currently calculate Medical, Dental, Vision and Legal coverage codes process a dependent data array defined by copymember CPWSEDEP. All calling programs will be modified to pass the 01 level data defined by CPWSEDEP as the second linkage area.

* 01  DEP-DATA-ARRAY.
   05  EDEP-DEPENDENT-DATA OCCURS 99.
      10  EDEP-OCURRENCE-KEY.
      15  EDEP-DEP-REL-TO-EMP.
      15  EDEP-DEP-ssel.
      15  EDEP-DEP-SSN.
      15  EDEP-DEP-SEX-CODE.
      15  EDEP-DEP-DISABLED-CODE.
      10  EDEP-DEP-HLTH-COVEFFDT.
      10  EDEP-DEP-DENTL-COVEFFDT.
      10  EDEP-DEP-VIS-COVEFFDT.
      10  EDEP-DEP-LEGAL-COVEFFDT.
      15  EDEP-DEP-HLTH-COVENDDT.
      15  EDEP-DEP-DENTL-COVENDDT.
      15  EDEP-DEP-VIS-COVENDDT.
      15  EDEP-DEP-LEGAL-COVENDDT.

KCOV-DATA-IN will be edited:

- If KCOV-EMPLOYEE-ID is blank, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.
- If VALID-BENEFIT-TYPE is not TRUE, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.
- Standard date routine XDC3-VALIDATE-ISO-DATE will be used to validate KCOV-EFFECTIVE-DATE. If KCOV-EFFECTIVE-DATE is not a valid date, INVALID-PARAMETER will be set to TRUE and the module will return control to the calling program.

Four flags will be defined for noting the existence of four dependent relationship types. Initially they will be NOT-TRUE.

- Adult
- Domestic Partner Adult
- Child
- Domestic Partner Child
The DEP-DATA-ARRAY will then be processed until an empty row is encountered. Rows with a ‘D’ in EDEP-DEP-ADC-CODE will be bypassed.

Depending on Benefit Type, KCOV-EFFECTIVE-DATE will be compared to the appropriate Dependent Coverage Effective Date and End Date. If KCOV-EFFECTIVE-DATE is greater than or equal to the Dependent Coverage Effective Date and less than or equal to the Dependent Coverage End Date, the dependent will be counted as covered.

For each covered dependent, field EDEP-DEP-REL-TO-EMP will be evaluated and one of the four dependent relationship flags set.

EVALUATE TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'S')
    SET ADULT TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'C')
  WHEN (EDEP-DEP-REL-TO-EMP = 'G')
  WHEN (EDEP-DEP-REL-TO-EMP = 'O')
  WHEN (EDEP-DEP-REL-TO-EMP = 'P')
  WHEN (EDEP-DEP-REL-TO-EMP = 'W')
    SET CHILD TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'D')
    SET DOMESTIC-PARTNER-ADULT TO TRUE
  WHEN (EDEP-DEP-REL-TO-EMP = 'K')
    SET DOMESTIC-PARTNER-CHILD TO TRUE
END-EVALUATE.

Two coverage and coverage-WOD work fields will be defined as arrays of three 1 blank character fields. An index will be defined and set to +1.

‘U’ will be moved to the indexed position, i.e. the first character, of the regular coverage and coverage-WOD fields.

If ADULT is TRUE, the index will be increased by +1 and an ‘A’ moved to the regular indexed position, and an ‘A’ to the coverage-WOD indexed position.

If DOMESTIC-PARTNER-ADULT is TRUE, the index will be increased by +1 and an ‘A’ moved to the regular indexed position, and an ‘X’ to the coverage-WOD indexed position.

Note: the previous two conditions should never both be TRUE, per current dependent relationship edits. The next two conditions can both be TRUE.

IF CHILD is TRUE, the index will be increased by +1 and a ‘C’ moved to the regular indexed position, and a ‘C’ to the coverage-WOD indexed position.

IF DOMESTIC-PARTNER-CHILD is TRUE, and the index is less than +3, the index will be increased by +1 and a ‘C’ moved to the regular indexed position, and a ‘Y’ to the coverage-WOD indexed position.

The coverage and coverage-WOD values will be moved to KCOV-COV-CODE and KCOV-COV-CODE-WOD, and the module will return control to the calling program.
One-Time Programs

PPO14401
A one-time program PPO14401 will be created to re-calculate Medical, Dental, Vision and Legal coverage codes and coverage codes without domestic partner. An EDB Change file will be created of all data element changes. The EDB Change File can be used for auditing purposes by processing it through PPP180. The EDB Change File will be processed by PPP742 to update history.

NOTE: the naming of the one-time program must be coordinated with those required by other Service Requests for 2003 Benefits changes.

PPO14401 will be capable of running in non-update and update mode, as requested on the Run Specification Record. In non-update mode (‘REPORT’) EDB Change File records will be produced, but the EDB will not be updated. In update mode (‘UPDATE’) ECF records will be written and the EDB updated directly, i.e. not via transactions. The Run Specification Record will be read and edited for existence, correct program ID and valid non-update/update mode. If any errors are encountered the program will stop and issue a message.

PPO14401 will run after the last Compute with November 2002 earnings and prior to the first Compute with December 2002 earnings.

A cursor will be defined to walk through all the PPPBEN rows on the EDB, selecting Medical, Dental, Vision and Legal plan codes, coverage codes, coverage code without domestic partner, coverage begin dates and coverage end dates.

A second cursor will be defined to walk through all the PPPDEP rows for selected Employee ID’s, and fill PPPDEP-ARRAY, defined by copymember CPWSEDEP.

If the plan code is ‘XX’, ‘XD’, ‘XC’, ‘DM’ or blank, or the coverage code is blank, a new coverage code will not be calculated. Employment Status will not be checked.

If an employee has a current plan which needs coverage code calculation, including future PCED’s, the PPPDEP cursor will be opened, and dependent row data fetched into the array.

To calculate the new coverage, PPO14401 will call the new coverage utility program PPCOVRGE for each benefit type that is currently active. See new program PPCOVRGE and linkage copymember CPLNKCOV for data fields which must be coded. Today’s date will be passed as KCOV-EFFECTIVE-DATE is the coverage is current. The PCED will be passed as KCOV-EFFECTIVE-DATE if the “current” plan is a future date. PPCOVRGE will return the coverage code and coverage code without domestic partner. If the program is running in update mode, the PPPBEN row and the matching PPPFCB row coverage code will be updated. In either non-update or update mode, an EDB Change File record will be written for each change.

PPO14402
A one-time program PPO14402 will be created to read the existing Medical, Dental, Vision and Legal Benefit Rates table data and write table row records in the new transaction format to four separate files. After the current tables are dropped and recreated in the new structure, the new format rows can be reloaded into the appropriate table.

NOTE: the naming of the one-time program must be coordinated with those required by other Service Requests for 2003 Benefits changes.
Stored Procedure Programs

PPBXHISP
PPBXHISP is a COBOL stored procedure used by web applications to call the Medical Benefit Rates utility program PPBENXHI. It will be modified to reflect the new parameters used in the call to PPBXHISP and PPBENXHI.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

PPBXDISP
PPBXDISP is a COBOL stored procedure used by web applications to call the Dental Benefit Rates utility program PPBENXDI. No modification is required.

PPBXVISIP
PPBXVISIP is a COBOL stored procedure used by web applications to call the Vision Benefit Rates utility program PPBENXVI. No modification is required.

PPBXJDSP
PPBXJDSP is a COBOL stored procedure used by web applications to call the Legal Benefit Rates utility program PPBENXJD. No modification is required.
Net.data Includes

Ppwwiben.d2w
Include ppwwiben.dtw contains the calls to the four benefit rates stored procedures PPBXHISP, PPBXDISP, PPBXVISP and PPBXJDSP. These in turn call the benefit rates modules PPBENXHI, PPBENXDI, PPBENXVI and PPBENXJD.

Include ppwwiben.dtw will be modified to reflect the new parameters used in the call to the Medical Benefit Rates module PPBENXHI via the stored procedure PPBXHISP.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.
Copymembers

CPLNKCOV(new):
A copymember will be created to define linkage between calling programs and the new module PPCOVRGE.

*01 PPCOVRGE-INTERFACE.
  05 KCOV-DATA-IN.
    10 KCOV-BENEFIT-TYPE PIC X(01).
      88 MEDICAL-BENEFIT VALUE 'M'.
      88 DENTAL-BENEFIT VALUE 'D'.
      88 VISION-BENEFIT VALUE 'V'.
      88 LEGAL-BENEFIT VALUE 'J'.
    10 KCOV-EFFECTIVE-DATE-1 PIC X(10).
    10 KCOV-EFFECTIVE-DATE-2 PIC X(10).
    10 KCOV-REQUESTED-BY PIC X(07).
      88 MONTHLY-CARRIER-REPORTING VALUE 'CARRIER'.
      88 COMPUTE-PROCESS VALUE 'COMPUTE'.
      88 EMP-DOCUMENT VALUE 'EMP-DOC'.
      88 DAILY-PROCESS VALUE 'DAILY'.
  05 KCOV-DATA-OUT.
    10 KCOV-COV-CODE PIC X(03).
    10 KCOV-COV-CODE-WOD PIC X(03).
    10 KCOV-RETURN-CODE PIC 99.
      88 KCOV-NORMAL VALUE 0.
      88 KCOV-INVALID-BENEFIT-TYPE VALUE 90.
      88 KCOV-INVALID-DATE VALUE 91.
      88 KCOV-INVALID-REQUESTOR VALUE 92.
      88 KCOV-CALL-FAILED VALUE 90
        91.

CPLNKCV2(new):
A copymember will be created to define linkage between calling programs and the new module PPCOVEDB.

*01 PPCOVEDB-INTERFACE.
  05 KCV2-DATA-IN.
    10 KCV2-BENEFIT-TYPE PIC X(01).
      88 MEDICAL-BENEFIT VALUE 'M'.
      88 DENTAL-BENEFIT VALUE 'D'.
      88 VISION-BENEFIT VALUE 'V'.
      88 LEGAL-BENEFIT VALUE 'J'.
    10 KCV2-PLAN-END-DATE PIC X(10).
    10 KCV2-EFFECTIVE-DATE PIC X(10).
  05 KCV2-DATA-OUT.
    10 KCV2-COV-CODE PIC X(03).
    10 KCV2-COV-CODE-WOD PIC X(03).
    10 KCV2-RETURN-CODE PIC 99.
      88 KCV2-NORMAL VALUE 0.
      88 KCV2-INVALID-BENEFIT-TYPE VALUE 90.
      88 KCV2-INVALID-DATE VALUE 91.
      88 KCV2-INVALID-REQUESTOR VALUE 92.
      88 KCV2-CALL-FAILED VALUE 90
        91.
CPCTBRHI (replaced)
CPCTBRHI defines the internal working transaction for updates of the Medical Benefit Rates table. It is used to pass data between the transaction handler and edit module. It will be modified to reflect the new transaction structure.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

CPCTBRDI (replaced)
CPCTBRDI defines the internal working transaction for updates of the Dental Benefit Rates table. It is used to pass data between the transaction handler and edit module. It will be modified to reflect the new transaction structure.

CPCTBROI (replaced)
CPCTBROI defines the internal working transaction for updates of the Vision Benefit Rates table. It is used to pass data between the transaction handler and edit module. It will be modified to reflect the new transaction structure.

CPCTBRJI (replaced)
CPCTBRJI defines the internal working transaction for updates of the Legal Benefit Rates table. It is used to pass data between the transaction handler and edit module. It will be modified to reflect the new transaction structure.

CPLNKXHI (replaced)
CPLNKXHI defines an EXTERNAL used by calling programs and called Medical Benefit Rates utility program PPBENXHI. It will be replaced to reflect the new table structure and access needs.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

CPLNKXDI
CPLNKXDI defines an EXTERNAL used by calling programs and called Dental Benefit Rates utility program PPBENXDI. It will be modified to reflect the new table structure and access needs.

CPLNKXVI
CPLNKXVI defines an EXTERNAL used by calling programs and called Vision Benefit Rates utility program PPBENXVI. It will be modified to reflect the new table structure and access needs.

CPLNKXJD
CPLNKXJD defines an EXTERNAL used by calling programs and called Legal Benefit Rates utility program PPBENXJD. It will be modified to reflect the new table structure and access needs.

CPWSBRHH (obsolete)
CPWSBRHH defines a single row on the History Medical Benefit Rates table PPPBRHH table. It should have been made Obsolete in Release 1140; it will be made so as part of this release.

CPWSBRDH (obsolete)
CPWSBRDH defines a single row on the History Dental Benefit Rates table PPPBRDH table. It should have been made Obsolete in Release 1140; it will be made so as part of this release.

CPWSBROH (obsolete)
CPWSBROH defines a single row on the History Vision Benefit Rates table PPPBROH table. It should have been made Obsolete in Release 1140; it will be made so as part of this release.

CPWSBRJH (obsolete)
CPWSBRJH defines a single row on the History Legal Benefit Rates table PPPBRJH table. It will be made obsolete as part of this release.
**CPWSIVRE**

CPWSIVRE defines the IVR Employee Record. The Medical, Dental, Vision and Legal rate lookup logic will be removed from program PPIIVR. The related fields on the employee record copymember will be redefined as FILLER. In each case joining fields will be defined as a single FILLER field.

- IVREMP-DENTAL-CONTRIB cc 335-342
- IVREMP-DENTAL-COST cc 343-350
- IVREMP-MEDICAL-CONTRIB cc 335-342
- IVREMP-MEDICAL-COST cc 343-350
- IVREMP-OPTICAL-CONTRIB cc 335-342
- IVREMP-OPTICAL-COST cc 343-350
- IVREMP-LEGAL-CONTRIB cc 335-342
- IVREMP-LEGAL-COST cc 343-350

**NOTE:** these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base and SR 80238 Health Care Reimbursement Account.
CICS Maps

PPECEN0
PPECEN0 is the map used by screen processor program PPWECEN. It will be modified to add a label and data field for entering and updating Medical Coverage Code. See Attachment IV of the Requirements Document SR80134 Four-Tier Benefit Plan Coverage. Help text for EDB0293 will be anchored to the label and data entry field.

PPIFBD0
PPIFDB0 is the map used by screen processor program PPWIFDB. It will be modified to reduce the current Medical, Dental, Vision and Legal coverage code fields to 3 characters. The Help anchors will be modified to reflect the new field size.

PPIINS0
PPIINS0 is the map used by screen processor program PPWIINS. It will be modified to reduce the Medical, Dental, Vision and Legal coverage code fields to 3 characters. The Help anchors will be modified to reflect the new field size.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.
Bind Members

PPO14401 (new)
A one-time plan bind member will be created for one-time program PPO14401.

BIND
PLAN (PPO14401) –
MEMBER (PPO14401) –
ACTION (REPLACE) –
RETAIN –
VALIDATE (RUN) –
ISOLATION (CS) –
FLAG (I) –
ACQUIRE (USE) –
RELEASE (COMMIT) –
EXPLAIN (YES)

NOTE: the naming of the one-time program must be coordinated with those required by SR 80194 Default Remaining Aetna Enrollments and SR 80191 Medical Premium Contribution Base.

PPO14402 (new)
A one-time plan bind member will be created for one-time program PPO14402.

BIND
PLAN (PPO14402) –
MEMBER (PPO14402) –
ACTION (REPLACE) –
RETAIN –
VALIDATE (RUN) –
ISOLATION (CS) –
FLAG (I) –
ACQUIRE (USE) –
RELEASE (COMMIT) –
EXPLAIN (YES)

NOTE: the naming of the one-time program must be coordinated with those required by SR 80194 Default Remaining Aetna Enrollments and SR 80191 Medical Premium Contribution Base.

PPP741
Objects referencing the PPPBRJ table will be deleted.

/* PPBRJHST, */ –
/* PPBRJFET, */ –
/* PPBRJHUP, */ –
Table Updates

Benefit Rates Table (PPPBRH, PPPBRD, PPPBRO and PPPBRJ):
Benefit Rates transactions for the four affected benefit types for year 2003 will be issued in the new format required by the table structure changes.

System Messages Table (PPPMSG):
A new message will be created for editing coverage code entries on the ECEN screen.
A08084660100077MEDICARE COVERAGE NOT CONSISTENT WITH DERIVED COVERAGE
A new message will be created for new calls in Rush Checks to PPCTTUTL.
A08421030100055ERROR CALLING PPCTTUTL FOR CODE TRANSLATION
A new message will be created for the transaction edit of the new Medical Contribution Base edit. Two other messages will be modified.
C080172101 BENEFITS RATES: BUC CANNOT BE BLANK
A08018490104055BENEFITS RATES: SALARY BASE IS INVALID
C080109601 BENEFITS RATES: NON-NUMERIC PREMIUM OR CONTRIBUTION AMOUNT
The messages issued for failed calls to the Benefit Rates modules will be changed to reflect multiple conditions that can result in failure.
C084098701 PPBENXDI ABNORMALLY TERMINATED, OR DEFAULT RATE NOT FOUND
C084098801 PPBENXHI ABNORMALLY TERMINATED, OR DEFAULT RATE NOT FOUND
C084099001 PPBENXVI ABNORMALLY TERMINATED, OR DEFAULT RATE NOT FOUND
C084099301 PPBENXJD ABNORMALLY TERMINATED, OR DEFAULT RATE NOT FOUND
New messages will be created for failed calls to the coverage code derivation modules.
A081294601 5 88INVALID BENEFIT TYPE PASSED IN LINKAGE
A081294801 5 88INVALID DATE PASSED IN LINKAGE
A081394601 5 88INVALID BENEFIT TYPE PASSED IN LINKAGE
A081394701 5 88INVALID DATE PASSED IN LINKAGE
A085608101 5 80INVALID BENEFIT TYPE PASSED IN LINKAGE
A085608201 5 80INVALID DATE PASSED IN LINKAGE
A085608301 5 80INVALID REQUESTOR ID PASSED IN LINKAGE
A084007101 5 80INVALID BENEFIT TYPE PASSED IN LINKAGE
A084007201 5 80INVALID DATE PASSED IN LINKAGE
A084007301 5 80INVALID REQUESTOR ID PASSED IN LINKAGE
A081394801 5 80INVALID REQUESTOR ID PASSED IN LINKAGE
Code Translation Table (PPPCTT):
Transactions will be created to update translations of Medical, Dental, Vision and Legal coverage codes. Codes that will no longer be current, e.g. ‘UUU’ will be left as is for historical code translation. Codes that are new, e.g. ‘UAC’ will be added. Codes that exist in both the 3 and 4-tier structure, i.e. ‘U’, ‘M’, ‘MM’ and ‘MMM’, will be changed to the new translations.
Left as is:
EDB0273 UU 09Two Party
EDB0273 UU 21Two-Party Coverage
EDB0273 UUU 09Family
Four-Tier Benefit Plan Coverage
Detail Design
11/7/2002 10:00 AM

EDB0273  UUU  21Family Coverage
EDB0293  MMU  09Family
EDB0293  MMU  21Family Coverage
EDB0293  MU   09Two Party
EDB0293  MUM  09Family
EDB0293  MUU  21Family Coverage
EDB0293  MUM  21Family Coverage
EDB0293  UUU  21Family Coverage
EDB0293  UMM  09Family
EDB0293  UMM  21Family Coverage
EDB0293  UM   09Two Party
EDB0293  UM   21Two-Party Coverage
EDB0293  UMU  09Family
EDB0293  UMU  21Family Coverage
EDB0293  UMU  21Family Coverage
EDB0293  UU   09Two Party
EDB0293  UU   21Two-Party Coverage
EDB0293  UMM  09Family
EDB0293  UMM  21Family Coverage
EDB0293  UMM  21Family Coverage
EDB0293  UUU  09Two Party
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
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EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Party Coverage
EDB0293  UUU  21Two-Change transactions:

C38  EDB0273  U     09Self
C38  EDB0273  U     21Self Coverage
C38  EDB0293  M     09Self
C38  EDB0293  M     21Self Coverage
C38  EDB0293  MM    09W/Adult
C38  EDB0293  MM    21W/Adult Coverage
C38  EDB0293  MMM   09Family
C38  EDB0293  MMM   21Family Coverage
C38  EDB0293  U     09Self
C38  EDB0293  U     21Self Coverage
C38  EDB0293  UC    09Self
C38  EDB0293  UC    21Self/Children Covrage
C38  EDB0293  U     09Self
C38  EDB0293  U     21Self Coverage
C38  EDB0293  MA    09W/Adult
C38  EDB0293  MA    21W/Adult Coverage

Add transactions:

A38  EDB0273 UA    09W/Adult
A38  EDB0273 UA    21W/Adult Coverage
A38  EDB0273 UAC   09Family
A38  EDB0273 UAC   21Family Coverage
A38  EDB0273 UC    09W/Children
A38  EDB0273 UC    21Self/Children Coverage
A38  EDB0293 MA    09W/Adult
A38  EDB0293 MA    21W/Adult Coverage
Data Element Table (PPPDET):

A transaction will be created to update the Medical Coverage Code (DE 0293) values allowed for explicit update via Batch and the ECEN screen. Only codes containing a Medicare marker will be allowed.

C063 0293 VM VMM VMA VMC VMMMM VMAC VMMC

Transactions will be created the update the Dependent Relationship (DE 0635) Consistency Edit triggers to add trigger C 725. This trigger, along with existing triggers C 722, C 723 and C 724 will cause Medical, Dental, Vision and Legal coverage to be recalculated whenever a Dependent Relationship code is changed.

C064 0635704705706707708722723724725
C064DM0635704705706707708722723724725

Data Element to Screens Table (PPPDES):

A transaction will be created to add an ECEN entry to Medical Coverage Code (DE 0293). Update will be allowed.

A39 EDB0293ECENN

Processing Group Table (PPPPGT):

Transactions will be created to add PPEC722 to program 08 processing for the edit of the coverage code entered via function ECEN.

A361080080984C722
A362080080984 C722

Data Dictionary:
The Data Dictionary for Medical, Dental, Vision and Legal coverage codes will be updated to reflect the new values.

EDB0273  DENTAL PLAN COVERAGE CODE-EDB
EDB0285  DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOB)-EDB
EDB0286  MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
EDB0287  VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
EDB0293  MEDICAL PLAN COVERAGE CODE-EDB
EDB0348  VISION PLAN COVERAGE CODE-EDB
EDB0354  LEGAL PLAN COVERAGE CODE-EDB
EDB0757  PENDING PREMIUM COVERAGE LEVEL

PAR0285  DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
PAR0286  MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
PAR0287  VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
PAR0354  LEGAL COVERAGE CODE-PAR
PAR4906  PLAN COVERAGE CODE-HPA

See Attachment I-EDB Data Dictionary in the Requirements Document SR 80134 Four-Tier Benefit Plan Coverage for the text changes.

**CICS Helpertext:**

The CICS Helpertext for Medical, Dental, Vision and Legal coverage codes will be updated to reflect the new values, consistent with the Data Dictionary.

EDB0273  DENTAL PLAN COVERAGE CODE-EDB
EDB0285  DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOB)-EDB
EDB0286  MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
EDB0287  VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-EDB
EDB0293  MEDICAL PLAN COVERAGE CODE-EDB
EDB0348  VISION PLAN COVERAGE CODE-EDB
EDB0354  LEGAL PLAN COVERAGE CODE-EDB
EDB0757  PENDING PREMIUM COVERAGE LEVEL

PAR0285  DENTAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
PAR0286  MEDICAL COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR
PAR0287  VISION COVERAGE WITHOUT DOMESTIC PARTNER (WOD)-PAR

The following are not used as Helpertext and will not be created:

PAR0354  LEGAL COVERAGE CODE-PAR
PAR4906  PLAN COVERAGE CODE-HPA

**CICS Help Anchors**

PPECEN0
The Helpertext for EDB0293 will be anchored to the new Medical Coverage Code label and data entry field.

PPIFDB0
The Helpertext anchors for EDB0293, EDB0273, EDB0348 and EDB0354 will be modified to reflect the shorter 3 character fields.
PPINS0
The Helptext anchors for EDB0293, EDB0273, EDB0348 and EDB0354 will be modified to reflect the shorter 3 character fields.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

CDB System Table (PPPSYS):

The PPPSYS table contains an entry for each CTL/CDB table that should be updated by PPP741. The PPPBRH, PPPBRD and PPPBRO tables were removed as part of Release 1140. The PPPBRJ table will be removed in this release.

Table of Tables (PPPTOT):

The PPPTOT table contains an entry for each logical table that is updated directly by PPP004. The entry for the PPPBRT Table 14 will be modified to alter the sort fields consistent with the new transaction structures.
Forms

UPAY551
Benefits Rate Table – Dental Insurance Premiums:
UPAY551 is the form for coding update transactions to the Dental Benefit Rates table. It will be modified to reflect the new transaction requirements for the changed table structure.

UPAY555
Benefits Rate Table – Medical Insurance Rates:
UPAY555 is the form for coding update transactions to the Medical Benefit Rates table. It will be modified to reflect the new transaction requirements for the changed table structure.

NOTE: these modifications must be coordinated with those required by SR 80191 Medical Premium Contribution Base.

UPAY708
Benefits Rate Table – Optical Insurance Premiums:
UPAY708 is the form for coding update transactions to the Vision Benefit Rates table. It will be modified to reflect the new transaction requirements for the changed table structure.

UPAY714
Benefits Rate Table – Group Legal Services Plan:
UPAY714 is the form for coding update transactions to the Legal Benefit Rates table. It will be modified to reflect the new transaction requirements for the changed table structure.

PPO14401
PPO14401 will use a Run Specification Record. No actual form will be issued, but the following format will be used.

cc 1-13 Program ID: it must be ‘PPO14401-SPEC’ where 1440 will be replaced by the release number
cc 14-19 Run Mode: it must be one of the two following values:
  ‘REPORT’ for report only mode, i.e. non-update mode
  ‘UPDATE’ for update mode
cc 20-80 FILLER

PPO14402
PPO14402 will not use a Run Specification Record.
JCL

**PPO14401**
Sample JCL will be created for one-time program PPO14401.

**PPO14402**
Sample JCL will be created for one-time program PPO14402.