2003 Benefits Changes
On-line Testing Document

Service Requests
80134 - Four Tier Benefit Coverage
80191 - Medical Premium Contribution Base
80238 - Health Care Reimbursement Account
80251 - DepCare Changes

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1.0 Testing Overview

This document outlines the on-line testing process to verify the Benefits changes specified in service requests 80134 (Four Tier Benefit Plan Coverage), 80238 (Health Care Reimbursement Account), 80191 (Medical Premium Contribution Base), and 80251 (Change to DepCare provider). This test document addresses the following modifications that can be tested in the on-line environment: on-line EDB Entry Update (including edits and derivations), field labels and data display, help text and help anchors, Post Authorization Notification (PAN), and Documents to Employees (IDOCS).

Test cases will be set up to allow testing of specified edits and derivations. Test cases will also be developed to verify that the field labels, data display, help text and help anchors are being displayed correctly displayed and that PAN notices and IDOCS display the correct field label changes.

The test plan will be based on the requirements documents and changes agreed upon in the design phase.

Separate test plans will address batch testing and the one-time programs.
2.0 CICS Screens

Various CICS screens were modified as part of the changes specified in Service Requests 80134, 80191 and 80238. Verify that the modifications are correct as outlined below.

2.1 EINS Screen

**Medical Premium Contribution Base:** Verify that the field label, “Contribution Base:” and corresponding space for displaying a 3 character field is correctly displayed on the EINS screen.

The screen layout should match the mockup shown in attachment B of SR 80191.

2.2 ERET Screen

**Health Care Reimbursement Account:** Verify that the following field labels are displayed correctly on the ERET screen, “HCRA Annual:” and space for displaying the corresponding 5 character annual amount, “Monthly:” and space for displaying the 8 character monthly amount, “Eff Date:’ and space for displaying the 6 character effective date field, “Term Date:” and space for displaying the 6 character termination date field, “HCRA Decl/YTD:” and space for displaying the 8 character declining balance and year-to-date fields.

The screen layout should match the mockup shown in attachment B of SR 80238.

2.3 ECEN Screen

**4-Tier Benefit Plan Coverage:** Verify that the field label, “Medical Coverage Level:” and space for displaying the corresponding 3 character coverage is displayed correctly on the ECEN screen.

The screen layout should match the mockup shown in attachment IV of SR 80134.

2.4 EDES Screen

**Medical Premium Contribution Base:** Verify that the data element, Medical Premium Contribution Base – Current Year has been added to the Data Element to Screens selection.

**Health Care Reimbursement Account:** Verify that the data element HCRA Termination Date has been added to the Data Element to Screens selection.

2.5 IINS Screen

**Medical Premium Contribution Base:** Verify that the field label, “Cur/Nxt ContBase:” and space for displaying the corresponding 3 character amount for the current year followed by a ‘/’ (slash) and 3 character amount for the next year are displayed correctly on the IINS screen.

The field label, “State Dom Part Dec: _” was moved to the left to accommodate the new label. Verify that the field label, “State Dom Part Dec: _” is displayed correctly.

The screen layout should match the mockup shown in attachment B of SR 80191.
2.6 IINP Screen

**Medical Premium Contribution Base:** Verify that the field label, “Cur/Nxt ContBase:” and space for displaying the corresponding 3 character amount for the current year followed by a ‘/’ (slash) and 3 character amount for the next year are displayed correctly on the IINP screen.

The field label, “State Dom Part Dec: _” was moved to the left to accommodate the new label. Verify that the field label, “State Dom Part Dec: _” is displayed correctly.

The screen layout should match the mockup shown in attachment B of SR 80191.

2.7 IBN2 Screen

**Medical Premium Contribution Base:** Verify that the field label, “Contribution Base:” and space for displaying the corresponding 3 character amount is displayed correctly on the IBN2 screen.

The screen layout should match the mockup shown in attachment B of SR 80191.

2.8 IRTR Screen

**Health Care Reimbursement Account:** There are no field label or screen changes to the IRTR screen. Verify that the IRTR screen correctly displays the HCRA monthly deduction amount (G-balance) and the year-to-date amount (Y-balance) in the same format as the current display of the DepCare GTN when present.

2.9 IGRS Screen

**4-Tier Benefit Plan Coverage:** There are no field label or screen changes to the IGRS screen. Verify that the IGRS screen correctly displays ‘Without Domestic Partner’ coverage codes when present.

2.10 IDDN Screen

**4-Tier Benefit Plan Coverage:** There are no field label or screen changes to the IDDN screen. Verify that the IDDN screen correctly displays ‘Without Domestic Partner’ coverage codes when present.

3.0 Help Text and Help Anchors

Various CICS screens were modified as part of the changes specified in SR 80134, SR 80191, SR 80238 and SR 80251. Verify that the help text is displayed and anchored correctly.

3.1 EINS Screen

**Medical Premium Contribution Base:** Verify that the field label, “Contribution Base:” and corresponding space for displaying a 3 character field correctly displays the correct help text for the corresponding data element by placing the cursor on each position of the field label, ‘Contribution Base:’ and corresponding space for displaying the field contents and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

3.2 ERET Screen

**Health Care Reimbursement Account:** Verify that the field labels, “HCRA Annual:” and space for displaying the corresponding 5 character annual amount, “Monthly:” and space for displaying the 8
character monthly amount, “Eff Date:” and space for displaying the 6 character effective date field, “Term Date:” and space for displaying the 6 character termination date field and “HCRA Decl/YTD:” and space for displaying the 8 character declining balance and year-to-date field displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

The field labels, “403(b) Lmt:” (Note: the field label, “403(b) Limit was abbreviated to 403(b) Lmt”) and MAC Change:” fields were moved to accommodate the new HCRA fields. Verify that the help text is correctly displayed for “403(b) Lmt:” and space for displaying the 8 character data field and “MAC Change:” and space for displaying the 8 character date field.

DepCare Changes: Verify that the field labels, “DepCare Amount:” and “Effective Date:” display the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

3.2 IINS Screen

Medical Premium Contribution Base: Verify that the field label, “Cur/Nxt ContBase:” and space for displaying the corresponding 3 character amount for the current year followed by a ‘/’ (slash) and 3 character amount for the next year correctly displays the Contribution Base – Current Year and Contribution Base – Next Year displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

The field label, “State Dom Part Dec: _” was moved to the left to accommodate the new label. Verify that the field label, “Sate Dom Part Dec: _” displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

3.3 IINP Screen

Medical Premium Contribution Base: Verify that the field label, “Cur/Nxt ContBase:” and space for displaying the corresponding 3 character amount for the current year followed by a ‘/’ (slash) and 3 character amount for the next year correctly displays the Contribution Base – Current Year and Contribution Base – Next Year displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

The field label, “State Dom Part Dec: _” was moved to the left to accommodate the new label. Verify that the field label, “Sate Dom Part Dec: _” displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

3.4 INB2 Screen

Medical Premium Contribution Base: Verify that the field label, “Contribution Base:” and corresponding space for displaying a 3 character field correctly displays the correct help text for the corresponding data element by placing the cursor on each position of the field label and hitting F1 (the space between ‘:’ and the first character of the data field should display screen level help).

4.0 Web EDB Inquiry
Various changes were made to Web EDB Inquiry as part of the changes specified in SR 80191 and SR 80238. Verify that the modifications are correct as outlined below.

4.1 Benefits Page

**Medical Premium Contribution Base:** Verify that the field labels, “Contribution Base-Current Year” and “Contribution Base-Next Year” are displayed just above the label, “Are there future enrollments?” and corresponding space for displaying a 3 character field is correctly displayed on the Benefits page.

The screen layout should match the mockup shown in attachment G of SR 80191.

**Health Care Reimbursement Account:** Verify that the field label, “Health Care Reimbursement Account” is displayed just below the line displaying field labels, “DepCare Amount” and Effective Date”. Verify that the field labels, “Annual Amount:”, “Monthly Amount:”, Effective Date:” and “Termination Date:” are displayed just under the Health Care Reimbursement Account label and that space for displaying the contents of each field is provided.

The screen layout should match the mockup shown in attachment C of SR 80238.

5.0 EDB Maintenance

Various changes were made to the EDB Maintenance process as part of the changes specified in SR 80191 and SR 80238. Verify that the modifications are correct as outlined below.

5.1 4-Tier Benefit Coverage

Verify that the medical, dental, vision and legal coverage levels are being correctly derived as specified in SR 80134.

5.1.1 Non-Medicare Employees

**Derivation Testing**

Test 1 through Test 21: Perform each test in attachment A using the attributes indicated. Verify that the derivation of the medical, dental, vision and legal coverage levels match the expected results section of the attachment.

For tests involving a Domestic Partner or Child/grandchild of a Domestic Partner, verification of medical, dental and vision without Domestic Partner (EDB 0285, EDB 0286 and EDB 0287) can be performed on the ELEM screen.

5.1.2 Medicare Employees

**Derivation Testing**

Test 1: Select an employee who has a medical coverage code of ‘M’. Enroll a spouse into medical. Verify that the system correctly derives a medical coverage code of ‘MA’.

Test 2: Using the employee in test 1, enroll a child into medical. Verify that the system correctly derives a medical coverage level of ‘MAC’.

Test 3: Select an employee who has a medical coverage code of ‘M’. Enroll a child into medical. Verify that the system correctly derives a medical coverage code of ‘MC’
Test 4: Using the employee in test 3, enroll an adult into medical. Verify that the system correctly derives a medical code of ‘MAC’.

Test 5: Select an employee who has a medical coverage code of ‘MM’. Enroll a child into medical. Verify that the system correctly derives a medical coverage code of ‘MMC’.

Test 6: Select an employee who has a medical coverage code of ‘MAC’. De-enroll a child from medical. Verify that the system correctly derives a medical coverage code of ‘MA’.

Test 7: Using the employee in test 6. De-enroll the adult dependent (spouse, ADR or domestic partner) from medical. Verify that the system correctly derives a medical coverage code of ‘M’.

Test 8: Select an employee who has a Medical Plan Coverage Code value of M, MM, MA, MC, MAC, MMM or MMC. On the ECEN screen, enter an asterisk (to blank out the field) in the first position of the coverage code field and update. The system will re-derive the coverage codes based on the number and type of enrolled dependents. If the employee has no enrolled dependents, deleting the coverage will cause the system to re-derive a coverage code of ‘U’. If the employee has an enrolled spouse and child, deleting the coverage will cause the system to re-derive a coverage code of ‘UAC’.

Verify Edits for Medicare

Test 9 through Test 16: Perform each test in attachment B using test case employees with the enrolled dependents indicated in the grid. Enter the coverage level on the ECEN screen. Verify that updates are blocked or accepted as indicated on the grid. When the update is blocked, the message text is “Medicare Coverage Is Not Consistent with Derived Coverage”.

5.2 Medical Premium Contribution Base

Verify that the medical premium contribution base is being correctly derived as specified in SR 80191.

Derivation Testing

Test 1 through Test 26: Perform each test in attachment C using the criteria indicated. Verify that the medical premium contribution base is being correctly derived as indicated in the expected results section of the attachment.

Test 27: Select an employee who already has a medical premium contribution base. Change the MCB amount and update. Verify that the MCB amount entered is displayed.

Test 28: Hire a BELI 5 employee with active appointments and distributions. Verify that the medical premium contribution base is not derived.

Test 29: Select an employee who already has an existing medical premium contribution base. Add an additional distribution. Verify that the medical premium contribution base does not re-derive.

Test 30: Select an employee who already has an existing medical premium contribution base and has a single distribution. End date the original distribution with a date that is prior to the current date and add a new distribution with a different pay rate. Verify that the medical premium contribution base is not re-derived.
Test 31: Select a BELI 5 employee with active appointments and distributions. On the EINS screen change the BELI to 1 and opt out (XX) the employee from medical. Verify that the medical premium contribution base is derived.

Test 32: Select a BELI 5 employee with active appointments and distributions. On the EINS screen change the BELI to 1 and cancel (XC) the employee from medical. Verify that the medical premium contribution base is derived.

Test 33: Select a BELI 5 employee with active appointments and distributions. On the EINS screen change the BELI to 1 with a BELI Effective Date so that the employee is within his PIE (the employee will default in to ‘DM’. Verify that the medical premium contribution base is derived.

Verify Edits for MCB

Note: Use attachment E and perform the following tests.

Test 34: Hire a new employee with BELI 1 who is within his PIE (DM Plan Code). Use the values indicated in the attachment. Verify the expected results.

Test 35: Hire a new employee with BELI 5. Use the values indicated in the attachment. Verify the expected results.

Test 36: Hire a new employee with BELI 1 who is ‘Opted Out’. Use the values indicated in the attachment. Verify the expected results.

Test 37: Select an employee with BELI 1 who is outside his PIE. Use the values indicated in the attachment. Verify the expected results.

Test 38: Select an employee with BELI 1 who is outside his PIE. Use the values indicated in the attachment. Verify the expected results.

Test 39: Select an employee with BELI 5. Use the values indicated in the attachment. Verify the expected results.

Test 40: Select an employee with BELI 5. Use the values indicated in the attachment. Verify the expected results. Note: MCB is not derived because the DOS Code, OSP, is not used in the calculation of the MCB.

MCB Triggers

Test 41 through test 46: Perform each test in attachment D using the criteria indicated and then make the changes as indicated. Verify that the medical premium contribution base is either derived or not derived where indicated.

5.3 Health Care Reimbursement Account

Verify that updates to the health care reimbursement account data elements are being processed correctly as specified in SR 80238.

HCRA Effective Date Logic: The derivation of the HCRA Effective Date (7338E) should be triggered by an update to the HCRA Annual Amount (6338U). When the prior value of the Annual Amount is zero, and the new amount is greater than zero, the HCRA Effective Date should be set as follows:
• if the actual current date is equal or prior to the 20th of the month, and the month is January through November, the HCRA Effective Date should be set equal to the 1st day of the next month; if the month is December, the HCRA Effective Date should be set equal to December 31.

• if the actual current date is later than the 20th of the month, the HCRA Effective Date should be set equal to the 1st day of the month following the next month.

Test 1: Select an employee with a BELI 1. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Verify that the update is successful and that the HCRA Effective Date is set to the correct date according to derivation logic.

Test 2 through test 4: Repeat test 1 for BELI 2, 3 and 4.

Test 5: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Separate the employee with a date of 12/15/02. Verify that the HCRA termination date is set to 12/31/02.

Test 6: Using the employee in test 5, change the separation date to an earlier date. Verify that the HCRA termination date field is re-derived to the new separation date.

Test 7: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and enter 121502 in the HCRA effective date field and update. Verify that the update was successful and the HCRA effective date was re-derived (the date entered should be ignored by the system and a new date derived according to the derivation logic).

Test 8: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Enter a HCRA termination Date that is a few days day later than the HCRA Effective Date and update. Separate the employee with a date of 12/31/02. Verify that the HCRA termination date does not change to the separation date.

Verify Edits for HCRA

Test 9: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Go back and enter a HCRA Termination Date that is prior to the HCRA Effective Date. Verify that the update was not successful and message, “HCRA Termination Date Must Be Later than Begin Date” was issued.

Test 10: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Enter a HCRA Termination Date that is later then the HCRA Effective Date and update. Go back and change the HCRA Effective Date to a date that is later then the HCRA Termination Date. Verify that the update was not successful and message, “HCRA Termination Date Must Be Later than Begin Date” was issued.

Test 11: Select an employee with a BELI 1, 2, 3 or 4. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Go back and change the HCRA annual amount to $100. Verify that the update was not successful and message, “HCRA Annual Amount Must Be Greater than Declining Balance = YTD” was issued.

Test 12: Select an employee with a BELI 1, 2, 3 or 4 who has HCRA year to date amount. Enter an amount in the HCRA annual amount field that is less then the amount in the year to date field. Verify that the update was not successful and message, “HCRA Annual Amount May Not be Less Than Year-To-Date Amount” was issued.
Test 13: Select an employee with a BELI 1, 2, 3 or 4. Enter $200.00 in the HCRA monthly amount field and update. Verify that the update was not successful and message, “HCRA Annual Amount Is Required With A HCRA Deduction” was issued.

Test 14: Select an employee with a BELI 5. Enter $2400.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Verify that the update is blocked and message, “BELI is Ineligible for HCRA Enrollment” is issued.

Test 15: Select an employee with a BELI 1, 2, 3 or 4. Enter $179.00 in the HCRA annual amount field; enter $20.00 in the HCRA monthly amount field and update. Verify that the update is blocked and message, “HCRA Annual Amount May Not Be Less than $180” is issued.

Test 16: Select an employee with a BELI 1, 2, 3 or 4. Enter $5001.00 in the HCRA annual amount field; enter $200.00 in the HCRA monthly amount field and update. Verify that the update is blocked and message, “HCRA Annual Amount May Not Exceed $5000” is issued.

5.4 DepCare Changes

Verify that the changes specified in service request 80251 were implemented correctly. Because the GTN number for DepCare is changed, existing DepCare edits will be tested and verified.

Test 1: Select an employee with BELI 1, 2, 3 or 4. On the ERET screen, enter 5000.00 in the DepCare Amount field and enter a valid date in the DepCare Effective Date field and update. Verify that the update is successful and no messages are issued.

Test 2: Select an employee with BELI 1, 2, 3 or 4. On the ERET screen, enter 15.00 in the DepCare Amount field and enter a valid date in the DepCare Effective Date field and update. Verify that the update is successful and no messages are issued.

Test 3: Select an employee. On the ERET screen, enter 1000.00 in the DepCare Amount field and enter a valid date in the DepCare Effective Date field and update. Verify on the EGTN screen that the DepCare Amount and DepCare Effective Date entered are associated with GTN 335.

Test 4: Select an employee. On the EDEM screen, enter 335 in the ‘GTN No.’ field, enter a valid date in the ‘Effective Date’ field, enter the employee number in the ‘Employee ID’ field and enter 100.00 in the ‘Deduction Amount’ field and update. Verify that the update is successful and that the DepCare Amount and DepCare Effective Date entered are associated with GTN 335.

Verify edits for DepCare

Test 5: Using the employee in test 1, change the DepCare amount to 5000.01 and update. Verify that the update is rejected and message, “Field Out of range or illegal value” is issued.

Test 6: Using the employee in test 1, change the DepCare amount to 14.99 and update. Verify that the update was rejected and message, “Field Out of range or illegal value” was issued.

Test 7: Select an employee with a BELI 1, 2, 3 or 4. On the ERET screen, enter 1000.00 in the DepCare Amount field and do not enter a valid date in the DepCare Effective Date field and update. Verify that the update was not successful and message, “Deduction Requires an Effective Date” was issued.

Test 8: Select an employee with a BELI 5. On the ERET screen, enter 1000.00 in the DepCare Amount field and enter a valid date in the DepCare Effective Date field and update. Verify that the
update was rejected and message, “Ineligible for DepCare Due to BELI - Deduction Not Allowed" was issued.

Test 9: Select an employee. On the EDEM screen, enter 225 in the ‘GTN No.’ field, enter a valid date in the ‘Effective Date’ field, enter the employee number in the ‘Employee ID’ field and enter 100.00 in the ‘Deduction Amount’ field and update. Verify that the update is not successful and message, “G-T-N Table Element Flagged as Inactive’ was issued.

Test 10: Select an employee. On the EGTN screen, enter 225 in the ‘GTN No.’ field, enter 100.00 in the ‘Deduction Amount’ field and enter a valid date in the ‘Effective Date’ field and update. Verify that the update is not successful and message, ‘G-T-N Table Element Flagged as Inactive’ was issued.

6.0 Post Authorization Notification (PAN)

Various changes were made to the PAN process as part of the changes specified in SR 80134, 80191, 80238 and 80251. Verify that the modifications are correct as outlined below.

6.1 PAN Trigger

A change to the HCRA Annual Amount, Deduction Amount, Effective Date or Termination Date should trigger the Benefits (BENE) PAN as specified in SR 80238. A change to the DepCare Amount should trigger the Benefits (BENE) PAN as specified in SR 80251. Verify that the modifications are correct as outlined below.

6.1.1 Health Care Reimbursement Account

Test 1: Select an employee who is not enrolled in HCRA and enroll him.

Verify that the PAN event, BENE, is triggered.

Test 2: Using the employee in test 1, change the HCRA Annual Amount.

Verify that the PAN event, BENE, is triggered.

Test 3: Using the employee in test 1, change the HCRA Deduction Amount.

Verify that the PAN event, BENE, is triggered.

Test 4: Using the employee in test 1, change the HCRA Effective Date.

Verify that the PAN event, BENE, is triggered.

Test 5: Using the employee in test 1, change the HCRA Termination Date.

Verify that the PAN event, BENE, is triggered.

6.1.2 DepCare Changes

Test 1: Select an employee who is not enrolled in DepCare and enroll him.

Verify that the PAN event, BENE, is triggered.

Test 2: Using the employee in test 1, change the DepCare Amount.
Verify that the PAN event, BENE, is triggered.

6.2 CICS PAN Format

6.2.1 Medical Premium Contribution Base

Verify that the field label, “Contribution Base” correctly appears on the Benefits section of the CICS PAN just above the field labels, “Medical Plan Opt Out”, “Dental Plan Opt Out” and “Vision Plan Opt Out”. Verify that the value of the Medical Premium Contribution Base is displayed to the right of the label as a 3 character field.

The PAN layout should match the mockup shown in attachment F of SR 80191.

6.2.2 Health Care Reimbursement Account

Verify that the field labels, “Health Care Reimbursement Account-”, “Annual Amt:” and “Monthly Amt:” correctly appear on the Benefits section of the Web PAN just below the field label, “Dependent Care Deduction”. Verify that the contents of those fields are correctly displayed.

The PAN layout should match the mockup shown in attachment D of SR 80238.

6.2.3 DepCare Changes

Select an employee (BELI 1, 2, 3 or 4). Enroll the employee into DepCare and update. Verify on the Benefits section of PAN notice that the DepCare Amount entered is the amount of EDB 6335G.

6.3 Web PAN Format

6.3.1 Medical Premium Contribution Base

Verify that the field label, “Contribution Base” correctly appears on the Benefits section of the Web PAN just above the field labels, “Medical Opt Out”, “Dental Opt Out” and “Vision Opt Out”. Verify that the MCB value is displayed to the right of the label as a 3 character field.

The Web page layout should match the mockup shown in attachment G of SR 80191.

6.3.2 Health Care Reimbursement Account

Verify that the field labels, “Health Care Reimbursement Account”, “Annual Amt:”, “Monthly Am:”, “Eff Date:” and “Term Date” are correctly displayed just below the field label, “Dependent Care Deduction”. Verify that the values of those data elements are correctly displayed.

The Web page layout should match the mockup shown in attachment E of SR 80238.

6.3.3 DepCare Changes

Select an employee (BELI 1, 2, 3 or 4). Enroll the employee into DepCare and update. Verify on Benefits section of EDB Web Inquiry that the “DepCare Amount” and “Effective Date” entered on the ERET screen is the same amount being displayed on the PAN.

7.0 Employee Documents (IDOC)

Various changes were made to the IDOC display as part of the changes specified in SR 80191, 80238 and 80251. Verify that the modifications are correct as outlined below.
7.1 Medical Premium Contribution Base

Verify that the wording, “Your contribution base is:” is correctly displayed on the Health and Welfare Benefit Enrollment section of the IDOC just below the wording for medical information, “Your monthly cost for this coverage is:”. Verify that the value of the data element is displayed.

Verify that the wording, “Your contribution base is:” is not displayed when an employee does not have a MCB (i.e., BELI 5).

The IDOC layout should match the mockup shown in attachment H of SR 80191.

7.2 Health Care Reimbursement Account

Verify that the label, “Health Care Reimbursement Account” and the following wording “You have signed up for a $_____ annual amount” and “Your monthly pre-tax contribution is: $_____” are displayed as the last items in the section marked “Additionally, you have enrolled in the following:”. Verify that the contents of the fields are displayed correctly.

The IDOC layout should match the mockup shown in attachment F of SR 80238.

7.3 DepCare Changes

Verify that the DepCare amount displayed on the Health and Welfare Benefit Enrollment section of the IDOC is the amount associated with EDB 6335G (the G-balance for the new DepCare GTN).

8.0 On-line Rush Checks

Various changes were made to the IDOC process as part of the changes specified in SR 80191, 80238, 80134 and 80251. Verify that the modifications are correct as outlined below.

8.1 4-Tier Benefit Plan Coverage

Test 1: On the OPT2 screen, select an employee is enrolled in medical, dental, vision and legal with single coverage and hit enter. On the RC200 screen, ‘Rush Check OPT2 Employee Data’, change the coverage level for medical, dental, vision and legal to ‘UA’ and hit enter. Verify that the values entered, are accepted.

Test 2: Continuing with the employee in test 1 (still on the OPT2 screen), repeat the test by entering ‘UAC’, ‘UC’, ‘M’, ‘MA’, ‘MM’, ‘MC’, ‘MAC’, ‘MMM’ and MMC in the coverage field and hit enter. Verify that the values entered, are accepted.

Test 3: Continuing with the same employee change the coverage level for medical, dental, vision and legal to ‘UAC’ and hit F11. On the RC210 screen, ‘Rush Check OPT2 Earns & Deds’, enter data and update. Verify on the RCO20 screen, ‘Rush Check Prospective Advice’ under the header, ‘Projected Deductions’ and ‘Projected Contributions’ that the coverage level entered on the RC200 screen is correctly translated for medical, dental, vision and legal.

Using the same employee in test 3, print the Pay Advice by entering a ‘Y’ in the ‘Print Advice: _’ field and hit F5. A report will be generated and sent to your designated printer. Verify on the printed Pay Advice that the coverage levels are correctly displayed and translated.

8.2 Health Care Reimbursement Account
Test 1: On the OPT1 screen, enter an employee ID and hit enter. On the RC100 screen, accept the values without changes and hit F11. On the RC110 screen, ‘Rush Check OPT1 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the ‘DS’ row, enter GTN 338 and an amount and hit F5. Verify that on report that was sent to the printer, deductions were taken for GTN 338.

Test 2: On the OPT2 screen, enter an employee ID and hit enter. On the RC200 screen, accept the values without changes and hit enter. On the RC210 screen, ‘Rush Check OPT2 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the GTN field, enter GTN 338 and an amount as a one-time deduction and update. Verify on the RCO20 screen, ‘Rush Check Prospective Advice’ under the header, ‘Projected Deductions’ and ‘Projected Contributions’ that the coverage level entered on the RC200 screen is taken.

8.3 DepCare Changes

Test 1: On the OPT1 screen, enter an employee ID and hit enter. On the RC100 screen, accept the values without changes and hit F11. On the RC110 screen, ‘Rush Check OPT1 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the ‘DS’ row, enter GTN 335 and an amount and hit F5. Verify that on report that was sent to the printer, deductions were taken for GTN 335.

Test 2: On the OPT1 screen, enter an employee ID and hit enter. On the RC100 screen, accept the values without changes and hit F11. On the RC110 screen, ‘Rush Check OPT1 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the ‘DS’ row, enter GTN 225 and an amount and hit F5. Verify that the update is not successful and that message, ‘G-T-N Table Element Flagged as Inactive’ is issued.

Test 3: On the OPT2 screen, enter an employee ID and hit enter. On the RC200 screen, accept the values without changes and hit enter. On the RC210 screen, ‘Rush Check OPT2 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the GTN field, enter GTN 335 and an amount as a one-time deduction and update. Verify on the RCO20 screen, ‘Rush Check Prospective Advice’ under the header, ‘Projected Deductions’ and ‘Projected Contributions’ that the coverage level entered on the RC200 screen is taken.

Test 4: On the OPT2 screen, enter an employee ID and hit enter. On the RC200 screen, accept the values without changes and hit enter. On the RC210 screen, ‘Rush Check OPT2 Earns & Deds’, enter data (pay cycle, DOS code, time, pay rate). In the GTN field, enter GTN 225 and an amount as a one-time deduction and update. Verify that the update is not successful and that message, “G-T-N Table Element Flagged as Inactive” is issued.

9.0 Error Reports

9.1 Error Report 1811

The on-line field level help for the GTN effective date field was overlaid when help was added for the W4 email address field on the IHTX screen. Currently, PPP0018 help has the title ‘W4 Email Address’, and the description: ‘The email address in which the W-4 facsimile is sent to.’ This means that when a user clicks on help for a GTN effective date he sees help for the W4 email address.

Test 1: On the EGTN screen, place the cursor on each position of the column header, ‘Effective Date’ and hit F1. Verify that the help text that is displayed refers to GTN Effective Date.
Test 2: On the EGTN screen, place the cursor on each position of the effective date field under the column header, ‘Effective Date’ and hit F1. Verify that the help text that is displayed refers to GTN Effective Date.

Test 3: On the IHTX screen, place the cursor on each position of the ‘Email Address:’ field and hit F1. Verify that the help text that is displayed refers to W4 Email Address.

Test 4: On the IHTX screen, place the cursor on each position of the ‘Email Address’ entry field and hit F1. Verify that the help text that is displayed refers to W4 Email Address.
10.0 Attachments

Attachment A  4-Tier Coverage Level Code Test Cases
Attachment B  4-Tier Coverage Level Code Test Cases for Medicare Employees
Attachment C  MCB Calculation Test cases
Attachment D  MCB Derivation Trigger Test Cases
Attachment E  MCB Edit Test Cases
<table>
<thead>
<tr>
<th>#</th>
<th>Enrolled Dependents</th>
<th>Test Cases</th>
<th>Expected Results</th>
</tr>
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<tbody>
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<td>1.</td>
<td>None</td>
<td>Med, Den, Vis Cov Code</td>
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</tr>
<tr>
<td>2.</td>
<td>Spouse</td>
<td>Med, Den, Vis Cov Code W/O Dom Partner</td>
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</tr>
<tr>
<td>3.</td>
<td>Domestic Partner</td>
<td>Legal Cov Code</td>
<td>UA</td>
</tr>
<tr>
<td>4.</td>
<td>Adult Dependent Relative (no legal coverage)</td>
<td>Med, Den, Vis Cov Code</td>
<td>UA</td>
</tr>
<tr>
<td>5.</td>
<td>Child</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>6.</td>
<td>Stepchild</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>7.</td>
<td>Legal Ward</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>8.</td>
<td>Grandchild</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>9.</td>
<td>Other Child</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>10.</td>
<td>Child/Grandchild of Domestic Partner</td>
<td>Legal Cov Code</td>
<td>UC</td>
</tr>
<tr>
<td>11.</td>
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<td>UAC</td>
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<td>12.</td>
<td>Child/Grandchild of Domestic Partner</td>
<td>Legal Cov Code</td>
<td>UAC</td>
</tr>
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<td>Legal Cov Code</td>
<td>UAC</td>
</tr>
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<td>Child/Grandchild of Domestic Partner</td>
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<td>Derived</td>
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<td>-------------------------------------------</td>
<td>------------------------</td>
<td>---------</td>
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<td>9</td>
<td>none</td>
<td>M</td>
<td>U</td>
</tr>
<tr>
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<td>MA, MM, MC, MAC, MMM, MMC</td>
<td>U</td>
</tr>
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<td>UA</td>
</tr>
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<td>M, MC, MAC, MMM, MMC</td>
<td>UA</td>
</tr>
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<td>One or more of the following:</td>
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<td></td>
</tr>
<tr>
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<td>Child or Stepchild or Legal Ward or Grandchild or Other Child or Child/grandchild of Domestic Partner</td>
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<td>UC</td>
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<td>One or more of the following:</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Child or Stepchild or Legal Ward or Grandchild or Other Child or Child/grandchild of Domestic Partner</td>
<td>M, MA, MM, MAC, MMM, MMC</td>
<td>UC</td>
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<td>and</td>
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<td></td>
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<td>One or more of the following: Child, Stepchild, Legal Ward, Grandchild, Other Child, Child/grandchild of Domestic Partner</td>
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<td>M, MA, MM, MC</td>
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<td>and</td>
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<td></td>
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<tr>
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<td>One or more of the following: Child, Stepchild, Legal Ward, Grandchild, Other Child, Child/grandchild of Domestic Partner</td>
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## Medical Premium Contribution Base Test Cases

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<th>#</th>
<th>Assign BELI</th>
<th>Emp Stat</th>
<th>DOS Regular Pay Category</th>
<th>DOS Additional Pay Category</th>
<th>DOS Differential Pay Category</th>
<th>Dist Begin Date</th>
<th>Dist End Date</th>
<th>Derived MCB</th>
<th>Additional Results/Comments</th>
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<td>99/99/99</td>
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<td>99/99/99</td>
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<td>MCB not derived.</td>
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<td>1 P</td>
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<td></td>
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<td>99/99/99</td>
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<td>Employee is on leave with pay.</td>
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<td>7.</td>
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<td>Employee is on leave without pay.</td>
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<td>REG (3000.00 MO)</td>
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<td>99/99/99</td>
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<td>DOS is HOS (Housing Operating Support) which does not belong to any of the 3 pay categories above.</td>
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<td>99/99/99</td>
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<td>MCB not derived. Message, “Unable to Derive Medical Contribution Base” is issued. HOS distribution is not evaluated at all because it does not belong to any of the 3 pay categories that are defined for MCB calculation.</td>
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<tr>
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<td>#</td>
<td>Assign BELI</td>
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<td>DOS Regular Pay Category</td>
<td>DOS Additional Pay Category</td>
<td>DOS Differential Pay Category</td>
<td>Dist Begin Date</td>
<td>Dist End Date</td>
<td>Derived MCB</td>
<td>Additional Results/Comments</td>
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<td>07/01/02</td>
<td>99/99/99</td>
</tr>
</tbody>
</table>

22. Future staggered distributions. Derivation should only use the earliest future distribution. REG distribution is at 80% time only but the derivation process does not prorate the salary amount, instead it calculates the salary base at a 100% time.

26. All distributions are current. Derivation should only get the highest annual distribution pay for Regular and Differential Pay Categories while for Additional Pay Categories, the sum of all Additional Pay Category distributions are calculated.
### Medical Premium Contribution Base Trigger Test Cases

<table>
<thead>
<tr>
<th>Test #</th>
<th>BELI</th>
<th>Dist Begin Date</th>
<th>Dist End Date</th>
<th>Pay Rate</th>
<th>DOS Code</th>
<th>MCB</th>
<th>BELI</th>
<th>Dist End Date</th>
<th>DOS Code</th>
<th>Derive MCB (yes/no)</th>
<th>MCB Employee ID</th>
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¹ DOS Code not eligible for Benefits. MCB not derived.
## Medical Premium Contribution Base

### Edit Test Cases

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<th>Dist End Date</th>
<th>Pay Rate/DOS</th>
<th>MCB Action</th>
<th>Update (Yes/No)</th>
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