Service Request 80134
Four-Tier Benefit Plan Coverage
Service Request 80194
Default Remaining Aetna Enrollments into Blue Cross Plans
Service Request 80191
Medical Premium Contribution Base
Service Request 80091
UC Paid Life Insurance Salary Base Derivation
Service Request 80238
Health Care Reimbursement Account
Service Request 80251
Dependent Care Assistance Program (DEPCARE)

Test Plan

Document Number Benefits Test Plan
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Information Systems & Computing
Office of the President
University of California
Introduction

The **Pre-DDL Change Processing** section at the beginning of this test document must be executed prior to making DDL changes required in the release **Installation Instructions** document. See the Preliminary Installation section in that document.

The **Post-DDL Change Processing** must be executed after making the DDL changes required in the Installation Instructions document, and before beginning batch and online testing.

**Test Cases**
Several test documents have been issued with this release and are referenced in this document. They discuss the conditions that were tested at UCOP. Not all the test conditions mentioned in the documents are included in the jobs run as part of this Test Plan, as this Test Plan leans towards confirmation of installation rather than full re-testing of all functionality. In cases where specific Employee ID’s are referred to in the documents, hopefully we have included those test cases. However, since the creation of this test plan involved the consolidation of several different test data bases from different programmers, and mapping to the test cases developed by a separate team, a few specific cases may have been inadvertently lost. I apologize for this in advance. In such cases the generic test conditions should be used to identify available Employee ID’s which can be used for verification.

The following release documents are referred to in this Test Plan. Note: the following titles reflect what is on the document, not necessarily the pdf name.

**2003 Benefits Changes One-Time Conversion Testing Document**

**Test Cases One-Time 4-Tier Benefit Plan Coverage Code Derivation**

**Test Cases One-Time Aetna to Blue Cross Conversion**

**Test Cases One-Time Medical Contribution Base Conversion**

**2003 Benefits Changes – Batch Testing Document**

**Benefits Changes – Compute Run for December 2002 Earnings**

**2003 Benefits Changes On-line Testing Document.**
Pre-DDL Change Processing

1. Load initial CTL Data from UDB2CTL (LOADCTL). This CTL does not contain the release DDL changes to the PPPBRH, PPPBRD, PPPBRO and PPPBRJ tables. They are in the Base format prior to this release.

2. Run PPP004 to create a listing of existing rates (RUN854A). Retain the listing for comparison with the reformatted rates later.

3. Run one-time program (PPO14402) to produce year 2002 and prior year records in the new format for the PPPBRH, PPPBRD, PPPBRO, and PPPBRJ tables.

Four output files produced by PPO14402 will be reloaded into those tables in the Post-DDL Change Processing. Confirm the four files were written and contain data.

Complete the Installation Instructions, including the DDL changes, prior to completing the steps in the Post-DDL Change Processing section.

Post-DDL Change Processing

After dropping the tables PPPBRH, PPPBRD, PPPBRO, and PPPBRJ and recreating them per Installation Instructions document, the four tables should be empty.

4. Load (LOADNBRT) the converted rows produced from PPO14402 into the new format. Ensure that the four tables have been successfully loaded into the database.

5. Load the Table of Tables (LOADTOT). The sort fields for Table 14 have been modified to reflect the new PPPBRH, PPPBRD, PPPBRO and PPPBRJ transactions. Confirm the table loaded successfully. This table reflects current Base. If some CTL tables have not been converted locally to direct DB2 update, then you need to edit the data prior to loading. If you do not, the PPP854 split and PPP851 and PPP004 updates will not act as expected.

6. Execute PPP854 (RUN854B) in update mode with transactions provided in CARDLIB (BRTTEST) to update the 2003 Medical, Dental, Vision and Legal rates. Verify via the PPP0400 report that the transactions processed successfully, i.e. they were all accepted.

Use the PPP0414 report to verify that the previous years’ data for tables PPPBRH, PPPBRD, PPPBRO, and PPPBRJ has been correctly reformatted by PPO14402. Taking Dental Insurance 2002 D1 rates as an example, in the previous format there was a row for each plan coverage level containing a premium rate (BRD_RATE) followed by the three possible UC Contribution levels. All three coverage levels are displayed on a single report line with both the premium and contribution amounts.

In the new format, there is also a row for each plan coverage level, but each row now contains the premium (BRD_PREMIUM), the UC Contribution for that level only (BRD_CONTRIBUTION), and the cost to the employee for the coverage (BRD_COST). The
first two columns should reflect the prior rate data. The cost is calculated by the one-time program, and should be non-zero when the UC Contribution is less than the premium. In the new report format there is a line for each coverage level.

In this case D1 is fully covered, and the cost is zero. However, if a plan that is not fully covered is checked, e.g. Health Insurance 2002 KU Kaiser Umbrella rates, non-zero employee cost values should be displayed.

In setting up new rates, the premium and UC Contribution amount are entered on the transaction, and the employee cost is calculated by PPP004 process. Confirm that the 2003 rates correctly reflect the transaction data, and that the employee cost has been correctly calculated.

Also note that Medical rates for prior to 2003 show a single Salary Limit of 999, i.e. the same rates apply for any salary base. The 2003 rates reflect two Salary Limits, 40 and 999. UC Contributions for a given employee will be based on his/her new Medical Premium Contribution Base (MCB), and how it compares to the Salary Limit.

CDB History Processing

7. Load PPPSYS table data (LOADPCDX) from UDB2PCDX. The PPPSYS table defines which CTL tables are processed for update in the CDB. This version of the PPPSYS table no longer includes the PPPBRJ table. With Effective Date added to the PPPBRJ entries, the CTL table can now contain the history previous stored in the PPPBRJH table. This previously occurred for the PPPBRH, PPPBRO and PPPBRO tables.

8. Load the CDB (LOADCDB).

9. Execute PPP741 (RUN741) to update the CDB. Confirm in the PPP7411 report that the PPPBRJ was not included in the updates.

One-time Processing

10. Load EDB Data for one-time processing from UDB2EB2 (LOADEDDB2). This EDB contains the release DDL changes to the PPPBEN table.

11. Run one-time to calculate 4-tier Coverage Codes (PPO14401).

    Refer to the 2003 Benefits Changes One-Time Conversion Testing Document and Test Cases One-Time 4-Tier Benefit Plan Coverage Code Derivation documents for test cases and expected results.

    PPO14401 can run in REPORT only mode, or in UPDATE mode, per the SPEC card.

12. Run one-time to defaults Aetna plans to Blue Cross (PPO14403).
Refer to the 2003 Benefits Changes One-Time Conversion Testing Document and Test Cases One-Time Aetna to Blue Cross Conversion documents for test cases and expected results.

PPO14403 can run in REPORT only mode, or in UPDATE mode, per the SPEC card.

13. Run one-time to calculate initial Medical Premium Contribution Base for BELI 1,2,3,4 employees. (PPO14404).

Refer to the 2003 Benefits Changes One-Time Conversion Testing Document and Test Cases One-Time Medical Contribution Base Conversion documents for test cases and expected results.

PPO14404 can run in REPORT only mode, or in UPDATE mode, per the SPEC card.

HDB History Processing

14. Load the HDB (LOADHDB). This HDB contains the release DDL changes to the PPPBN table.

15. Load PPPHDE table data (LOADHDE) with the RESUME option from UDB2HDE. The PPPHDE table defines which EDB data elements are processed for update in the HDB. This job adds the new MCB data element (DE 0289) to the PPPBEN table. Updates to the new column MED_CONT_BASE_CUR on the EDB PPPBEN table should be reflected on the PPPBN table.

16. Execute PPP742 (RUN742) to process the one-time EDB Change Files produced by PPO14401, PPO14403 and PPO14404.

Verify that the PPP7421 report shows that the MED_CONT_BASE_CUR updates occurred. The number of updates should match the number of Benefit Records Updated as shown on the O144041 Warnings and Messages report. Use the Derived MCB values from the PPO14404 test cases to verify the results displayed on the SPUFI list of PPPBEN rows with MED_CONT_BASE_CUR greater than zero.

PPP742 already processed plan codes and plan coverage codes, but confirm that the PPP7421 report shows that those changes were successfully processed as well. The presence of the new data can be confirmed by accessing the IBN2 screen online during online testing.

Initial Load Data

17. Load Initial EDB Data for batch processing from UDB2EDB6 (LOADEDB6). This EDB contains the release DDL changes to the PPPBEN table.

18. Load Initial PPPHPA Data for Consolidated Billings Process from UDB2HPA. (LOADHPA). Adjustments can modify data on PPPHPA rows so a listing should be made of the original table data for later verification of PPP561 and PPP562.
Prior to performing the following batch testing, read release 2003 Benefits Changes Batch Testing Document in order to better understand the types of issues involved in the testing and verification.

December 1, 2002 Processing

19. Monthly Periodic Maintenance to Begin December (EDB12DEC)

Execute Monthly Periodic Maintenance to begin December. Review the results. Refer to the 2003 Benefits Changes – Batch Testing Document section 3.4.2 for a discussion of the expected results.

In addition, modifications to the I4 Separation process to terminate HCRA enrollment is also tested in this job. The HCRA Termination Date should be set to the last day of the Separation month for any employee with an I4 Separation. Search the PPP1800 report for any I4 Separations, and confirm that data element 0314 HCRA Termination Date was set to 11/30/2002. One example is ID 000050036, which is shown in the before and after PPP2501 reports.

20. EDB Explicit File Maintenance (EDBMAINT).


21. Run one-time to delete prior DepCare GTN 225 entries on EDB (PPO14405).

PPO14405 should delete all former DepCare GTN 225 entries on the PPPDBL table, and any related entries on the PPPBRS table. In addition, it should report any Employee ID’s that have a former DepCare entry deleted without a new DepCare GTN 335 entry in place.

SPUFI lists are provided of the PPPDBL and PPPBRS tables before and after the run. Confirm that ID’s 000050004 and 000050026 are reported since they do now have a GTN 335 entry; ID 000050065 is not reported due to its 335 entry. However, as shown on the PPP1800 report, the 225 entries for all three ID’s should be deleted. Confirm the GTN 225 deletions in the “after” SPUFI listings.

This one-time job must run prior to any compute with December earnings paid in January.

PPO14405 can run in REPORT only mode, or in UPDATE mode, per the SPEC card.
Execute the following computes for December earnings. The deductions should reflect HCRA and the new DepCare GTN deductions. Medical, Dental, Vision and Legal deductions and contributions should reflect the new 4-tier 2003 rates.

22. MO Compute (COMPDEMO).

23. B2 Compute (COMPDEB2)

24. B1 Compute (COMPDEB1)

Review the results. Refer to the 2003 Benefits Changes – Batch Testing Document section 4.0 and 2003 Benefits Changes – Compute Run for December 2002 Earnings document for the test cases used and the expected results.

Confirm that the Medical, Dental, Vision and Legal coverage level translations on the Pay Advice statement reflects the new coverage code translations added to the Code Translation Table. For example, employee 000050052 shows the following under Contributions:

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Translation</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH NET</td>
<td>W/CHILDRN</td>
<td>397.90</td>
</tr>
<tr>
<td>PMI CONTRIB</td>
<td>SELF</td>
<td>17.90</td>
</tr>
<tr>
<td>VISION PLAN</td>
<td>SELF</td>
<td>12.11</td>
</tr>
</tbody>
</table>

Confirm that Without Domestic Partner coverage codes are being displayed for codes containing the new Y value on the PPP4401 report. One example in the MO Compute is ID 333333023.

25. Merge the December PAR’s (RUN460).

Confirm that the merged PAR file was successfully created. No modifications were made to PPP460.


Confirm that Without Domestic Partner coverage codes are being displayed for codes containing the new Y value on the PPP4701 report. One example is ID 333333023.

27. Run the PAR historical Record of Earnings Report (RUN480).

Confirm that Without Domestic Partner coverage codes are being displayed for codes containing the new Y value on the PPP4801 report. One example is ID 333333023.


Confirm the initial carrier Enrollment file and Actual Premium Activity file were produced. Verification of the PPP560 results will be done in job RUN562.

29. Process the carrier Enrollment file and Actual Premium Activity file produced from PPP560 (RUN561). Create the final carrier Enrollment file with adjustments.
Confirm the final carrier Enrollment file with adjustments was produced.
Verification of the PPP561 results will be done in job RUN562.

30. Process the final carrier Enrollment file produced from PPP561 and create the Self Billing Statement files (RUN562).

Use the PPP5622 report to confirm the new coverage codes and 2003 premiums are correct for coverage month January 2003.

Confirm that false adjustments were not triggered by the comparison of 4-tier and previous coverage codes. The following new and old coverage codes will be considered to be the same, and thus should not trigger an adjustment solely for this difference.

<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></td>
</tr>
<tr>
<td>UAC</td>
<td>UUU</td>
<td></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 has been 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>

For example:

ID 000050002 had an 11/01/2002 and 12/01/2002 D1 row with UU coverage. The 01/02/2003 entry for D1 has UA coverage. No adjustment was produced.

ID 000050006 had an 11/01/2002 and 12/01/2002 D1 row with UU coverage. The 01/02/2003 entry for D1 has UC coverage. No adjustment was produced.

ID 000050011 had an 11/01/2002 and 12/01/2002 D1 row with UUU coverage. The 01/02/2003 entry for D1 has UC coverage. Negative adjustments were created for the original UUU premiums, and positive adjustments at 2002 rates were created for the UC, translated to UUU.
Confirm that correct 2002 premiums were calculated for adjustments, both negative and positive.

Confirm that the plan totals on both the PPP5622 and PPP5623 reports show totals for the new four coverage codes, and that the code translation correctly reflects the new translations added to the Code Translation Table for coverage codes. For example:

<table>
<thead>
<tr>
<th>PLAN CODE: D1 Delta Dental</th>
<th>COVERAGE</th>
<th>EMPLOYEES</th>
<th>PREMIUM RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>249</td>
<td>31.00</td>
<td></td>
</tr>
<tr>
<td>W/Adult</td>
<td>29</td>
<td>57.80</td>
<td></td>
</tr>
<tr>
<td>W/Childrn</td>
<td>26</td>
<td>62.78</td>
<td></td>
</tr>
<tr>
<td>Family</td>
<td>37</td>
<td>102.50</td>
<td></td>
</tr>
</tbody>
</table>

Confirm that the transactions on the carrier Enrollment file marked with the B1 sort code in columns 272-273 are all the new Blue Cross plan codes and are Type 01 or Type 02 records.

Confirm that the transactions on the carrier Enrollment file marked with the P1 sort code in columns 272-273 are all the former Prudential plan codes. If they are Type 01 they should not have an amount, i.e. they indicate ended coverage. Type 03 adjustments can have amounts.

31. Produce reports of un-reconciled HPA data (RUN563).

Confirm that the plan totals on the various PPP563 reports show totals for the new four coverage codes, and that the code translation correctly reflects the new translations added to the Code Translation Table for coverage codes.

<table>
<thead>
<tr>
<th>PLAN CODE: D1 Delta Dental</th>
<th>General Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees with benefits data on EDB, no PAR record</td>
<td></td>
</tr>
<tr>
<td>COVERAGE</td>
<td>EMPLOYEES</td>
</tr>
<tr>
<td>Self</td>
<td>U</td>
</tr>
<tr>
<td>W/Adult</td>
<td>UA</td>
</tr>
<tr>
<td>W/Childrn</td>
<td>UC</td>
</tr>
<tr>
<td>Family</td>
<td>UAC</td>
</tr>
</tbody>
</table>

32. Batch EDB extract to IVR (RUNIIVRA).

Execute EDB IVR extract. Review the results. Refer to the 2003 Benefits Changes – Batch Testing Document section 7.1 for a discussion of the expected results. This job runs with no previous history so complete history and update files are produced. Confirm that the new data is present on the records. Note that the record layout referred to in the testing document applies to the Update file, not the History file.

33. EDB Daily Transactions from Web/IVR (EDBWBIIVR)


34. Batch EDB extract to IVR (RUNIIVRB).
Execute EDB IVR extract again. Review the results. Refer to the *2003 Benefits Changes – Batch Testing Document* section 3.3 and 7.1 for a discussion of the expected results. This job runs with the previous history so updates should be produced for the successful updates in job EDBWBIVR. HCRA 338 U Balances should trigger an Employee change record. HCRA and DepCare G Balances should trigger GTN change records. This job does not specifically test an MCB change triggering an update record.

35. CPS/BCS Interface File (RUN711).

Execute Web IVR to EDB update. Review the results. Refer to the *2003 Benefits Changes – Batch Testing Document* section 7.2 for a discussion of the expected results.

A good example is Employee ID 444000069, which has no 225 G Balance, but does have a 335 G Balance. The DepCare flag is set to ‘Y’, based on the new 335 G Balance. And though there is both a 225 and 335 Y Balance, it is the 335 Y Balance that is reported on the file.

36. Monthly UCRS Reporting (RUNI730S).

Run PPI730 requesting standard monthly reports. Review the results. *Benefits Changes – Batch Testing Document* section 7.3 for a discussion of the expected results. There should be totals for new Plans 51 and 60 on the PPI7303 report. See the unmodified copymember CPWSUCRS for the location of the Contribution Segment within the overall UCRS record.

**January 1, 2003 Processing**

37. Calendar Year End and First Quarter Maintenance (EDBCALYR)

Execute Periodic Maintenance to begin the New Year and First Quarter of a new calendar year. HCRA and DepCare full de-enrollment should occur. Review the results. Refer to the *2003 Benefits Changes – Batch Testing Document* section 3.5 for a discussion of the expected results. The PPP1800 report can be used to identify DepCare 335G, 335Y, 335Q, 335E values and HCRA 338G, 338D, 338Y, 338U and 338E values, and DE 0314 HCRA Termination Dates that have been initialized.

38. Monthly Maintenance to Begin January (EDB01JAN)

Execute Periodic Maintenance to begin the month of January. Movement of Medical Premium Contribution Base – Next Year to Current Year should occur. Review the Medical Contribution Base – Current (DE 0289) and Next (0290) on the before and after PPP2501 reports. In the before PPP2501 the values differ. In the After PPP2501 the Current should equal the Next.

One exception is ID is 444000057. The Medical Premium Contribution – Next Year is zero, so the Current value is retained. Message 13-062 is issued to the PPP100 report.

39. Run EDB Daily Maintenance (EDBDAILY)
The EDB Daily process runs in “real time” so it is necessary to intervene in order to produce results based on a January 1, 2003 run. At UCOP TSO Expeditor was used to test the Daily Process in PPP130 by manipulating the current date to 01-01-2003. (NOTE: Another possible approach is to manipulate the code in CPPDXDTS and its results).

Proceed with the following steps for testing:

- a) Compile PPP130 to provide a listing for use by Xpediter, or other interactive tool.
- b) Select option XP on the main TSO menu.
- c) Select option 3 bATCH
- d) Enter EDBDAILY as the JCL to execute and define PPP130 as the program you wish to test interactively.
- e) In the PPP130 source put the STOP ‘B’ in the following line located in section 0100-INITIALIZE:
  
  *************************************************************
  ** CALCULATE THE CURRENT DAILY PIE RUN AND RANGE DATE AS TWO**
  ** DAYS EARLIER THAN THE DAILY RUN AND RANGE DATES**
  ** RESPECTIVE**
  *************************************************************
  B SUBTRACT +2 FROM XDC3-LILIAN-DATE
  PERFORM XDC3-CONVERT-LILIAN-TO-ISO
  MOVE XDC3-ISO-DATE TO XDTS-ISO-DLY-RUN-PIE-DATE

- f) Type GO, and hit ENTER
- g) Type KEEP XDTS-ISO-DLY-RUN-DATE on the command line, and change the current date to 2003-01-01.
- h) Type GO, and hit ENTER
- i) TYPE EXIT when execution has stopped.

Review the test results. Refer to 2003 Benefits Changes – Batch Testing Document section 3.2 for the test cases and expected results.

An example of a CM to CM plan “change” can be found in ID 333333019. The PPP1800 report confirms that the PCED (DE 0294) and ECED (DE 0454) were both changed to reflect the 2003-01-01 enrollment in the “new” CM plan code.

ID 000000001 displays a change from obsolete plan code PH into new plan code BH. Again, the PCED and ECED are properly reset.

ID 777555025 is an example of re-derived coverage codes due to a Spouse dependent becoming active as of 2003-01-01. An existing Child dependent had resulted in UC coverage as of one-time PPO14401 for Medical, Dental and Vision. Legal coverage was U. The Spouse is now covered for all four benefits, and the resultant coverage codes are UAC for all four.

40. Update Medical Contribution Salary Base Next Year (RUN570)
PPP570 produces an output file containing IE, DE, and X1 transactions for processing in EDB File Maintenance. X1 transactions should be created for Medical Contribution Base – Next Year, DE 0290-9.

41. Run batch EDB Maintenance with the transaction file out of PPP570 to confirm the MCB X1 transactions properly update the EDB (EDBMAIN2).

Identify examples of the appropriate X1 transactions on the PPP570 file and confirm the EDB was updated with the data value. The PPP1800 report can be used to identify changes values for Medical Contribution Base – Next Year (DE 0290).

**End of Batch Testing**

**Online Testing**

42. Load EDB Data from UDB2EDB3 (LOADEDB3). This EDB contains the release DDL changes to the PPPBEN table.

43. Load PAR data from UDB2PAR (LOADPAR).

44. Perform online testing.

For a description of the test cases used to verify the many benefit changes for online processes, refer to the [2003 Benefits Changes On-line Testing Document](#).

Note: Rush Check testing uses “real time” and requires intervention as was done for EDBDAILY if they are to be tested prior to December. For example, when the new 4-tier coverage codes (other than U) are used in the OPT2 function, and passed to the benefits rates modules, a 2002 rate will be searched for and not found. A message such the following will be issued: 40990 PPBENXVI ABNORMALLY TERMINATED, OR DEFAULT RATE NOT FOUND