Service Request 80134

Service Request 80134 (Release 1440) asked for the conversion of benefit coverage levels, excluding legal plan, from a 3-tier structure (Single, Two-Party, and Family) to a 4-tier structure (Single, Two Adults, Adult plus Child(ren), and Family) effective with premiums paid for January 2003 coverage. The new plan coverage coding structure applies to Medical, Dental and Vision plans. For year 2003, the Legal Coverage Code remained a two-tiered structure (‘U’ or ‘UAC’).

A three-character code is used to describe the plan coverage. The plan coverage code is constructed through a combination of four values:
- U = Employee (Adult)
- A = Adult
- C = Child(ren)
- M = Medicare

Temporary codes were placed in certain programs to handle the changeover of old coverage codes in 2002 to the new coverage codes beginning in January of 2003 for the Medical, Dental, and Vision plans.

Service Request 80194
Service Request 80194 (Release 1440) requested a one-time conversion of any residual Aetna enrollments active for January 2003 to appropriate Blue Cross plans. In addition to the one-time conversion, PPEI199 has been modified to add GTN subscript values for the four new plans. The four new plan codes are included in the logic which zeros out the suspended balances.

The previous obsolete medical plan codes were not deleted at that time. This project removes the obsolete medical plan codes.

Service Request 80551

Service Request 80551 (Release 1531) addressed the requirements for modifications to adopt the full four-tier Legal Plan Coverage Codes. For Open Enrollment 2003, Benefits changed Plan Coverage Codes from three-tiers to four tiers for medical, dental, and vision. Legal continued to be a two tiered plan, but replaced the old “Family” level code (UUU) with the new “Self + Family” code of (UAC). This service request asked that legal adopt the full four tiers. The revised four-tier legal plan coverage codes are ‘U’ (Self), ‘UA’ (Self and adult), ‘UC’ (Self and Children), and ‘UAC’ (Self and Family), similar to medical, dental, and vision plan coverage codes.

Temporary codes were placed in certain programs to handle the changeover of the two-tier legal coverage codes (U and UAC) in 2003 to the full four tier legal coverage codes (U, UA, UC, UAC) beginning in January of 2004.

Thus, this project addresses the temporary codes placed in certain programs, and removes the temporary codes where appropriate.

Error Report 1904

Currently, PPEI199 zeroes out the employee’s appropriate suspended balance depending upon the benefits de-enrollment indicator set by the Compute. The deduction numbers used to reference the appropriate suspended balance entries are defined in the program’s Working Storage section.

At UCOP it has been found that the specific deduction numbers defined in Working Storage are not correct.

The following deduction numbers should be changed:

- DNTL-D1-GTN-NO, from 065 to 117
- DEPCARE-GTN-NO, from 225 TO 335
- LEGL-JD-GTN-NO, from 250 TO 340
- EPD-GTN-NO, from 297 TO 325

The following deduction numbers should be removed from Working Storage together with the related codes that set the suspended balances to zero:

- DNTL-D2-GTN-NO, 067
- HLTH-HF-GTN-NO, 142
- HLTH-HG-GTN-NO, 144
- HLTH-AETNA-CM-GTN-NO, 206
- HLTH-UC-GTN-NO, 208

Programs

PPBENXJD

Temporary codes related to legal plan data that sets the effective date to ‘2003-01-01’ and sets coverage code to ‘UAC’ when the input legal plan code is ‘J1’ have been removed.
Temporary code related to legal plan data that sets the coverage code to ‘UAC’ when the input effective date is prior to ‘2004-01-01’ is removed.

Temporary code related to legal plan data that sets the legal coverage code to ‘UAC’ when the legal plan code is ‘J1’ is removed.

In addition, temporary code related to legal plan data that sets the pay cycle end date to ‘040101’ when the legal plan code is ‘J2’ is removed.

Currently, PPEI199 performs benefits de-enrollment of the appropriate benefit(s). The appropriate suspended balance is cleared from the employee’s deduction array (EDSA-BALAMT).

- The following existing GTN numbers (obsolete) defined in Working Storage section are removed:

  045 (Prudential High Option)  
  053 (Heals)  
  061 (PruNet)  
  067 (Dental – D2)  
  142 (Medical – HF)  
  144 (FHP Health Care)

- The following existing GTN numbers defined in Working Storage section are changed:

  065 changed to 117 (Delta Dental)  
  250 changed to 340 (ARAG Legal)  
  297 changed to 325 (Supplemental Disability)

- The following GTN numbers are defined in Working Storage section:

  315 (Western Health Advantage)  
  317 (United Health Select EPO)  
  320 (Kaiser Umbrella)  
  329 (Kaiser Mid-Atlantic)  
  331 (Pacificare Nevada)  
  333 (Definity Health)

- Logic similar to the existing logic that sets the suspended balance to zero when the de-enrollment Indicator is on are included for the following GTN Numbers:

  315 (Western Health Advantage)  
  317 (United Health Select EPO)  
  320 (Kaiser Umbrella)  
  329 (Kaiser Mid-Atlantic)  
  331 (Pacificare Nevada)  
  333 (Definity Health)
Currently, to temporarily handle the changeover from Aetna’s medical plan of ‘CM’ to Blue Cross’s medical plan of ‘CM’, the triggering of the ECED and DCED rederivations occurs when the medical plan is ‘CM’ and the Future Benefits Action Date is ‘01-01-2003’.

The temporary conditions that trigger the setting of the ECED and DCED when the medical plan code is ‘CM’ (Core Medical) and the Future Benefits Action Date of ‘01-01-2003’ are removed.

PPP400
Temporary codes referencing medical plan codes of ‘UC’ and ‘PH’ are removed. In addition temporary codes referencing pre-2003 coverage codes are removed.

PPP560
Temporary codes related to setting the medical coverage code to pre-2003 coverage codes and the setting the effective date to 2002-01-01 when the medical plan code is ‘UC’ or ‘PH’ have been removed.

In addition, temporary code related to letting the legal coverage code to pre-2004 coverage codes and setting the effective date to 2003-01-01 when the legal plan code is ‘J1’ have been removed.

PPP561
Temporary codes referencing pre-2003 coverage codes are removed.

PPP562
Temporary codes that initially set the WS-PLAN-TOTALS entries with pre-2003 plan coverage codes are removed.

PPP563
Temporary codes that initially set the WS-PLAN-TOTALS entries with pre-2003 plan coverage codes are removed.

Copyymembers
CPLNKXDI
This copymember is changed such that obsolete coverage code values of ‘UU’ and ‘UUU’ (defined in the 88 level KXDI-VALID-COVERAGE-CODE field) are removed.

CPLNKXHI
This copymember is changed such that obsolete coverage code values of ‘UU’, ‘UUU’, ‘MU’, ‘UM’, MUU’, UMU’, ‘UUM’, ‘MMU’ and ‘MUM’ (defined in the 88 level KXHI-VALID-COVERAGE-CODE field) are removed.

CPLNKXVI
This copymember is changed such that obsolete coverage code values of ‘UU’ and ‘UUU’ (defined in the 88 level KXVI-VALID-COVERAGE-CODE field) are removed.

CPWSXTRC
Currently, this copymember is referenced in the W-2 and 1042S reporting processes. One specific internal health array contains a list of Gross-to-Net Numbers that identifies reductions to the employees’ reportable UI wages.
The internal health array named TIP-HEALTH has been modified as follows:

- Obsolete or inactive GTN Numbers 041, 044, 053, 059, 061, 104, 142, and 146 have been removed.
- GTN Numbers 220, 315, 317, 320, 329, 331, and 333 have been added.
- The maximum number of health entries has been changed from 17 to 14.

**Table Updates**

**Data Element Table**

Obsolete medical plan codes of ‘PH’ and ‘UC’ have been removed from the list of valid medical plan codes. In addition, obsolete legal plan code of ‘J1’ has been removed from the list of valid legal plan codes.

**CICS Help**

CICS Field Help Texts for EDB 0292 (Medical Plan), 0680 (Future Benefits Medical Plan), 0682 (Future Benefits Medical Enrollment Reason Code), 0685 (Future Benefits Dental Enrollment Reason Code), 0688 (Future Benefits Vision Enrollment Reason Code), 0691 (Future Benefits Legal Enrollment Reason Code), and 0696 (Future Benefits Enrollment Reason Code) have been modified.

**Test Plan**

An installation Test Plan is provided with this release.

**Installation Instructions**

An Installation Instructions document is provided with this release.

**Timing of Installation**

The installation of this release is not urgent.

However, it is suggested that this release should be installed sometime after the March month end processes have already run so that any existing adjustments related to the obsolete plan codes in the Consolidated Billings Process have already been processed for coverage months between December, 2003 and January, 2004.

As usual, campuses are encouraged to install this release in as timely a fashion as possible and in the normal numeric sequence.

If there are any questions, please send electronic mail to Jackson.Quan@ucop.edu, or call at (510) 987-0464.

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