

**Postdoc Benefits Modifications
Service Request 16935**

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Table of Contents

1.0	<u>PPS MODIFICATIONS IN SUPPORT OF BENEFITS FOR POSTDOCS</u>	1
1.1	<u>SUMMARY OF PPS MODIFICATIONS FOR BENEFITS</u>	1
1.2	<u>CONTROL TABLES</u>	1
1.2.1	<u>EDB Data Elements</u>	1
1.2.2	<u>Gross-to-Net Numbers</u>	2
1.2.3	<u>Benefits Rates Table</u>	2
1.2.4	<u>Code Translation Table</u>	2
1.3	<u>EDB MAINTENANCE</u>	3
1.3.1	<u>Derivation of BELI</u>	3
1.3.2	<u>Derivation of Period of Initial Eligibility (PIE)</u>	3
1.3.3	<u>Derivation of Default Plan Codes</u>	3
1.3.4	<u>Edit to ensure BELI 'P' with eligible postdoc titles</u>	4
1.3.5	<u>Edits on BELI 'P' and Medical, Dental, Vision</u>	4
1.3.6	<u>Postdoc Medical and MCB</u>	6
1.3.7	<u>Edits on BELI 'P' and Other Benefits</u>	6
1.3.8	<u>Prevent DepCare and HCRA enrollment</u>	7
1.3.9	<u>Set End Date When BELI Changes</u>	8
1.3.10	<u>Set End Dates on Separation</u>	8
1.3.11	<u>Set BELI Conflict Date</u>	8
1.3.12	<u>Edit on Coverage Effective Date</u>	8
1.4	<u>EDB PERIODIC MAINTENANCE</u>	9
1.4.1	<u>Daily Periodic Maintenance</u>	9
1.4.2	<u>Transactions from UCOP</u>	9
1.4.3	<u>Monthly Periodic Maintenance</u>	9
1.4.4	<u>Temporary modification to monthly maintenance</u>	10
1.5	<u>DOCUMENTS TO EMPLOYEES (IDOC)</u>	10
1.6	<u>BELI OUT OF COMPLIANCE REPORTS</u>	10
1.7	<u>COMPUTE</u>	10
1.8	<u>CONSOLIDATED BILLING</u>	10
1.9	<u>CARRIER FILE PROCESSING</u>	10
1.10	<u>BENEFITS PREMIUM AUDIT</u>	11
1.11	<u>ONE TIME TO SET ASSIGNED BELI</u>	11

1.0 PPS Modifications in support of Benefits for Postdocs

This Service Request specifies the modifications to the Payroll/Personnel System (PPS) required to provide health and welfare benefits to postdoctoral scholars. These requirements are a complement to Service Request 16933, which provides the requirements for all other aspects of the Postdoc project.

Postdocs will be eligible for the following benefits:

- Medical
- Dental
- Vision
- Supplemental Disability
- UC-paid Postdoc Life Insurance (which includes AD&D)
- UC-paid Postdoc Disability

Note that Service Request 16933 refers to the benefits being offered to postdoc employees as the Postdoctoral Scholar Benefits Plan (PSBP). Since this document was prepared before that name was determined, it should be noted that references in this document to "postdoc benefits" should be considered equivalent to "PSBP benefits" in Service Request 16933.

1.1 Summary of PPS Modifications for benefits

Some assumptions have been made regarding the implementation in PPS of postdoc benefits:

1. The existing Assigned BELI and Derived BELI data elements will be used to control and monitor eligibility level. A new value will be added to indicate eligibility for postdoc benefits.
2. The same categories of dependents that are eligible for regular University medical, dental, and vision coverage are eligible to be enrolled in postdoc coverage. The same Coverage Level values will be used for postdoc medical, dental, and vision plans.
3. Default enrollments will not be supported for postdoc scholars.
4. Postdocs may not 'opt out' of the postdoc plans, but they may end coverage at any time.
5. The system will not check 'average hours per week' when determining continuing eligibility for postdoc coverage.
6. UC paid Postdoc life (which includes an AD&D component) and UC paid postdoc disability will be assessed in the expense distribution process, so no EDB data elements will be required to indicate enrollment in these plans.

Summary of changes

1. New values for the Assigned BELI, Derived BELI, and the Medical, Dental, and Vision Plan Codes will be defined.
2. New GTN numbers will be assigned for the postdoc plans.
3. The Benefits Rates Table will carry the rates for the medical, dental, and vision postdoc plans.
4. The Supplemental Disability plan will be carried as a GTN deduction. The premium will be determined by the vendor. No salary base be stored on the EDB.
5. The BELI Derivation process will be modified to derive a new value of 'P' to indicate eligibility for postdoc plans.
6. The PIE derivation process will be modified to derive a PIE when a BELI of 'P' is assigned.
7. The process which provides default coverage when the employee does not make an enrollment within the PIE will be modified to not perform default enrollments when the BELI is 'P'.
8. Edits will be developed in the EDB Maintenance process to prohibit postdocs from enrolling in non-postdoc medical, dental, and vision plans, and to prevent non-postdoc employees from enrolling in postdoc medical, dental, and vision plans.
9. Edits will be developed in the EDB Maintenance process to prohibit postdocs from enrolling in the Legal Plan, Supplemental Life, Supplemental Disability, individual AD&D, HCRA, and DepCare.
10. Logic will be developed in the EDB Maintenance process to appropriately end date postdoc medical, dental, and vision plans upon separation or change of Assigned BELI from 'P' to another value.

1.2 Control Tables

1.2.1 *EDB Data Elements*

Existing data elements will be used for benefits eligibility levels, plan codes, coverage levels, effective dates, and end dates for the postdoc plans. New values will need to be supported to record these plans, as follows:

DE #	Data Element Name	Additional values
0360	Benefits Eligibility Level Indicator – Assigned (Assigned BELI)	P
0375	Benefits Eligibility Level Indicator – Derived (Derived BELI)	P
0292	Medical Plan Code	P1 P2
0272	Dental Plan Code	P3 P4
0347	Vision Plan Code	P5
0680	Future Medical Plan Code	P1 P2
0683	Future Dental Plan Code	P3 P4
0686	Future Vision Plan Code	P5

The Data Element Table will need to have these new values added so that appropriate range value edits can be done.

Online field-level help and the data dictionary should reflect the additional values. Sample Data Dictionary entries are in Attachment A.

1.2.2 Gross-to-Net Numbers

New Gross to Net Numbers have been assigned for the medical, dental, vision and disability plans. These are shown here for reference only; Service Request 16933 will provide the detailed GTN Table update information.

GTN #	Description
625	PSBP Medical HMO
626	PSBP Medical HMO - contribution
627	PSBP Medical PPO
628	PSBP Medical PPO – contribution
631	PSBP Dental HMO
632	PSBP Dental HMO – contribution
633	PSBP Dental PPO
634	PSBP Dental PPO – contribution
629	PSBP Vision
630	PSBP Vision - contribution
635	PSBP supplemental disability

Payroll Coordination will provide GTN Table updates for the new plans. Note that the university paid life, disability, and AD&D insurances for postdocs will be charged as an assessment in the expense distribution process; therefore, no GTNs are required for those plans.

1.2.3 Benefits Rates Table

It is suggested that the Benefits Rates Table (BRT) be used to store and retrieve the rates for the new postdoc plans, either in the same table as the regular employee benefits or in separate tables. The premium rates for postdoc medical will not be based on the Medical Contribution Base.

1.2.4 Code Translation Table

Entries for the new Plans should be added to the Code Translation Table as follows:

Data Element	Value	Length	Translation
0292	P1	18	PSBP Med HMO
0292	P2	18	PSBP Med PPO
0272	P3	18	PSBP Dental HMO
0272	P4	18	PSBP Dental PPO

0347	P5	18	PSBP Vision
0360	P	18	PSBP Benefits
0360	P	23	PSBP Benefits Eligible
0375	P	18	PSBP Benefits

Entries for the new GTN numbers should be added to the Code Translation Table as follows:

Data Element	Value	Length	Translation
GTNLBL	625	24	PSBP Medical HMO
GTNLBL	626	24	PSBP Medical HMO-Cont
GTNLBL	627	24	PSBP Medical PPO
GTNLBL	628	24	PSBP Medical PPO-Cont
GTNLBL	629	24	PSBP Vision
GTNLBL	630	24	PSBP Vision-Cont
GTNLBL	631	24	PSBP Dental HMO
GTNLBL	632	24	PSBP Dental HMO-Cont
GTNLBL	633	24	PSBP Dental PPO
GTNLBL	634	24	PSBP Dental PPO-Cont
GTNLBL	635	24	PSBP Suppl Disability

1.3 EDB Maintenance

1.3.1 Derivation of BELI

The BELI derivation process should be modified to support the new value of 'P'.

If there are one or more active appointments with a Title Code (EDB 2006) value of 3252, 3253, or 3254, and the duration and percent of those appointments total 50% or more for a year or more, or 100% for three months or more, the Derived BELI (EDB 0375) should be set to 'P', regardless of the value of the Hours Per Week (EDB 5132).

In other words, falling below 17.5 hours per week should not cause the Derived BELI to be set to '5' as long as there is a qualifying postdoc appointment.

Note that the process that selects appointments for the determination of duration and percent should use the same selection criteria used to determine duration and percent for the regular BELI derivation process, with the additional requirement that the appointments must have a postdoc title code.

Additionally, if the individual has another benefits eligible appointment, such as a 50% appointment with a Lecturer title, the Derived BELI should be 'P' as long as the active postdoc appointments meet the duration and percent requirements.

For example, the Derived BELI should be 'P' for an individual with a 50% one year appointment with a postdoc title and a concurrent 50% one year appointment with a lecturer title.

1.3.2 Derivation of Period of Initial Eligibility (PIE)

Currently the system derives a Period of Initial Eligibility (PIE) End Date in three situations:

- a new hire when the Assigned BELI is 1, 2, 3, or 4
- a rehire when the Assigned BELI is 1, 2, 3, or 4
- a change of the Assigned BELI from one value to another value that confers greater benefits eligibility

The PIE End Date derivation should be modified so that it also derives a PIE End Date when the Assigned BELI is set to 'P', regardless of the previous value of the BELI.

1.3.3 Derivation of Default Plan Codes

Currently the system assigns medical, dental, and vision plan codes of 'DM', 'DD', and 'DV' as placeholders until the individual makes selections during his PIE. If he does not make a selection during his PIE, the system will assign him to single coverage in 'CM', 'D1' and 'VI' during Daily Periodic Maintenance when the PIE End Date is achieved.

Postdoc scholars are not enrolled in default plans if they do not make a choice during their PIE. It is suggested that the system assign the placeholder values of 'DM', 'DD', and 'DV' when the BELI is set to 'P' and the PIE is established, just as with regular employees. However, if no choice is made at the end of the PIE, the medical, dental, and vision plan codes,

coverage codes, plan effective dates (PCEDs) and employee effective dates (ECEDs) should be set to initial values in the daily process.

Any PPA rows generated should also be flagged to be cleared in the next monthly maintenance process.

1.3.4 Edit to ensure BELI 'P' with eligible postdoc titles

An edit should be created to alert the user when the Assigned BELI (EDB 0360) is set to any value other than 'P' when the Derived BELI (EDB 0375) is 'P'. This edit should be done after BELI Derivation is done, and should be triggered by a change to the Assigned BELI. If the Assigned BELI is changed to a value other than 'P', a message should be issued from USER08 and USER12 with the text "ASSIGNED BELI SHOULD BE 'P' WITH POSTDOC APPOINTMENTS". The message severity should be WARNING in on-line and in batch.

An edit should be created to check the Assigned BELI when the Derived BELI is set to 'P'. This can occur in explicit maintenance when appointment data is changed, or in monthly maintenance when an appointment begin or end date is achieved. This edit should be triggered by a change to the Derived BELI (EDB 0375). If the Derived BELI is 'P' and the Assigned BELI is not 'P', a message should be issued from USER08 and USER12 with the text "DERIVED BELI SET TO 'P' – ASSIGNED BELI SHOULD BE 'P'". The message should have a severity of WARNING in on-line and batch.

1.3.5 Edits on BELI 'P' and Medical, Dental, Vision

Separate Medical, Dental, and Vision plans are provided for postdocs. Edits are required to ensure that postdocs do not enroll in regular university medical, dental, and vision plans, and that non-postdoc employees do not enroll in postdoc plans. When the Assigned BELI changes from 'P' to any other value, any current enrollments in postdoc plans must be end dated as of the end of the current month. When the Assigned BELI changes to 'P' from any other value, any current enrollments in employee plans must be end dated as of the end of the current month.

Currently edits are in place that prevent enrollment in various plans based on the value of the Assigned BELI. Rather than modifying these edits to also check for an Assigned BELI of 'P' it is suggested that new edits be added that are tailored specifically to the postdoc benefits.

1.3.5.1 Medical

If Assigned BELI (EDB 0360) is 'P', the only values that are allowed for the Medical Plan Code (EDB 0292) and the Future Medical Plan Code are 'P1' and 'P2'.

If the Assigned BELI is 'P', and the Medical Plan Code is **not** 'P1', 'P2', 'DM' or blank, and the previous value of the Assigned BELI is also 'P' (meaning that the BELI **is not** being changed from another value to 'P'), issue one of the following messages:

If XX (opt out) is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "MAY NOT OPT OUT OF POSTDOC PLANS – USE END DATE". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Medical Plan Code is changed.

If XC (cancel) is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "DO NOT USE 'XC' TO CANCEL POSTDOC PLAN – USE END DATE". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Medical Plan Code is changed.

If any other valid medical plan value is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "BELI 'P' – MEDICAL PLAN MUST BE A POSTDOC PLAN". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Medical Plan Code is changed.

Note that a value of 'XD' is derived upon non-payment of premiums, and this value should still be supported.

If the Assigned BELI is 'P', and the Medical Plan Code is **not** 'P1', 'P2', 'DM' or blank, and the previous value of the Assigned BELI is **not** 'P' (meaning that the BELI **is** being changed from another value to 'P'), then coverage in the existing medical plan should be end dated as specified later in this document.

Conversely, if the Assigned BELI is not 'P', enrollment in 'P1' or 'P2' should not be allowed.

If the Assigned BELI is **not** 'P', and the Medical Plan Code is 'P1' or 'P2', and the previous value of the Assigned BELI is also **not** 'P' (meaning that the BELI **is not** being changed from 'P' to another value): new messages should be issued from USER08 and USER12 with the text "BELI NOT 'P' – NOT ELIGIBLE FOR POSTDOC MEDICAL." The messages should

have a severity of "Employee Reject" in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Medical Plan Code is changed.

If the Assigned BELI is **not** 'P', and the Medical Plan Code is 'P1' or 'P2', and the previous value of the Assigned BELI is 'P' (meaning that the BELI **is** being changed from 'P' to another value), then coverage in the existing medical plan should be end dated as specified later in this document.

The following table contains examples of the expected behavior when the Assigned BELI changes.

Assigned BELI	Previous Assigned BELI	Medical Plan	Action
P	P	XX	Block med plan update and issue msg "MAY NOT OPT OUT OF POSTDOC PLANS – USE END DATE"
P	P	XC	Block med plan update and issue msg "DO NOT USE 'XC' TO CANCEL POSTDOC PLAN – USE END DATE"
P	P	KN, HN, etc.	Block med plan update and issue msg "BELI 'P' – MEDICAL PLAN MUST BE A POSTDOC PLAN"
P	1, 2, 3, or 4	KN, HN, CM, XX, etc.	End date med plan coverage as of end of month
1	1	P1, P2	Block med plan update and issue msg "BELI NOT 'P' – NOT ELIGIBLE FOR POSTDOC MEDICAL"
1	P	P1, P2	End date postdoc medical coverage as of end of month
1	P	Blank	Follow existing logic to assign default plan code (either 'DM' or 'CM' depending on PIE End Date.
1,2, 3, 4, 5	1, 2, 3, 4, 5	any	Follow existing logic to end date or do default enrollment.

1.3.5.2 Dental

If Assigned BELI (EDB 0360) is 'P', the only values allowed in the Dental Plan Code (EDB 0272) and the Future Dental Plan Code are 'P3' and 'P4'.

If the Assigned BELI is 'P', and the Dental Plan Code is **not** 'P3', 'P4', 'DD' or blank, and the previous value of the Assigned BELI is also 'P' (meaning that the BELI **is not** being changed from another value to 'P'), issue one of the following messages:

If XX (opt out) is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "MAY NOT OPT OUT OF POSTDOC PLANS – USE END DATE". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Dental Plan Code is changed.

If XC (cancel) is entered, update should be rejected and messages should be issued from USER08 and USER12 with the text "DO NOT USE 'XC' TO CANCEL POSTDOC PLAN – USE END DATE". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Dental Plan Code is changed.

If any other valid dental plan value is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "BELI 'P' – DENTAL PLAN MUST BE A POSTDOC PLAN". The messages should have a severity of "Employee Reject" in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Dental Plan Code is changed.

Note that a value of 'XD' is derived upon non-payment of premiums, and this value should still be supported.

If the Assigned BELI is 'P', and the Dental Plan Code is **not** 'P3', 'P4' or blank, and the previous value of the Assigned BELI is **not** 'P' (meaning that the BELI **is** being changed from another value to 'P'), then coverage in the existing dental plan should be end dated as specified later in this document.

Conversely, if the Assigned BELI is not 'P', enrollment in 'P3' or 'P4' should not be allowed.

If the Assigned BELI is **not** 'P', and the Dental Plan Code is 'P3' or 'P4', and the previous value of the Assigned is also **not** 'P' (meaning that the BELI **is not** being changed from 'P' to another value):

new messages should be issued from USER08 and USER12 with the text "BELI NOT 'P' – NOT ELIGIBLE FOR POSTDOC DENTAL." The messages should have a severity of "Employee Reject" in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Dental Plan Code is changed.

If the Assigned BELI is **not** 'P', and the Dental Plan Code is 'P3' or 'P4', and the previous value of the Assigned BELI is 'P' (meaning that the BELI **is** being changed from 'P' to another value), then coverage in the existing dental plan should be end dated as specified later in this document.

1.3.5.3 Vision

If the Assigned BELI (EDB 0360) is 'P', the only value allowed in the Vision Plan Code (EDB 0347) and the Future Vision Plan Code is 'P5'.

If the Assigned BELI is 'P', and the Vision Plan Code is **not** 'P5', 'DV' or blank, and the previous value of the Assigned BELI is also 'P' (meaning that the BELI **is not** being changed from another value to 'P'), issue one of the following messages:

If XX (opt out) is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "MAY NOT OPT OUT OF POSTDOC PLANS – USE END DATE". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Vision Plan Code is changed.

XC is not a valid value for the vision plan code, so existing range/value edits can be used to prevent this value.

If any other valid vision plan value is entered, the update should be rejected and messages should be issued from USER08 and USER12 with the text "BELI 'P' – VISION PLAN MUST BE A POSTDOC PLAN". The messages should have a severity of 'Employee Reject' in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Vision Plan Code is changed.

Note that a value of 'XD' is derived upon non-payment of premiums, and this value should still be supported.

If the Assigned BELI is 'P', and the Vision Plan Code is **not** 'P5' or blank, and the previous value of the Assigned BELI is **not** 'P' (meaning that the BELI **is** being changed from another value to 'P'), then coverage in the existing vision plan should be end dated as specified later in this document.

Conversely, if the Assigned BELI is not 'P', enrollment in 'P5' should not be allowed.

If the Assigned BELI is **not** 'P', and the Vision Plan Code is 'P5', and the previous value of the Assigned BELI is also **not** 'P' (meaning that the BELI **is not** being changed from 'P' to another value): new messages should be issued from USER08 and USER12 with the text "BELI NOT 'P' – NOT ELIGIBLE FOR POSTDOC VISION." The message should have a severity of "Employee Reject" in on-line and batch. This edit should be triggered whenever the Assigned BELI or the Vision Plan Code is changed.

If the Assigned BELI is **not** 'P', and the Vision Plan Code is 'P5', and the previous value of the Assigned BELI is 'P' (meaning that the BELI **is** being changed from 'P' to another value), then coverage in the existing vision plan should be end dated as specified later in this document.

1.3.6 Postdoc Medical and MCB

Premiums for postdoc medical plans are not dependent on the value of the Medical Contribution Base (MCB). Currently the system derives a current and future MCB value if the Assigned BELI is '1', '2', '3', or '4'. Since the MCB does not need to be derived when the Assigned BELI is 'P', it is expected that no modifications will be required in the MCB derivation process. Testing should verify that an MCB is not derived when the Assigned BELI is 'P'.

Currently an edit checks the value of the MCB and blocks enrollment in medical plans if the MCB is zero. Message 08-095, "CONTRIBUTION BASE REQUIRED FOR MEDICAL ENROLLMENT-UPDATE BLOCKED" is issued. This edit should be modified so that this message is not issued when the MCB (EDB 0289) is zero if the Assigned BELI (EDB 0360) is 'P'.

1.3.7 Edits on BELI 'P' and Other Benefits

University-paid life insurance and university-paid disability insurance are provided to postdocs through the expense distribution process. Postdocs are not eligible for the employee-paid Legal Plan, Supplemental Disability Insurance, Supplemental Life Insurance, Dependent Life Insurance, or Accidental Death and Dismemberment insurance. Edits must be provided to prevent enrollment in Legal, Life, Disability, and AD&D.

1.3.7.1 Legal

Currently the update is blocked and message 08-263, "LEGAL PLAN DATA IS INCONSISTENT WITH ASSIGNED BELI" is issued when the Assigned BELI (EDB 0360) is not '1' or '2' or '3' or '4' and an attempt is made to enroll in the Legal Plan (EDB 0353).

This same message should be issued if the Assigned BELI is 'P' and a current or future enrollment into the Legal plan is attempted. Because the edit checks for specific BELI values of '1', '2', '3', and '4', it is not expected that programming changes will be required. However, tests should verify that enrollment into Legal is blocked when the Assigned BELI is 'P'.

1.3.7.2 Supplemental Disability

Currently the update is blocked and message 08-189, 'INELIGIBLE FOR SUPPL DISABILITY DUE TO BELI-WILL BE BLOCKED', and corresponding message 12-021 are issued when the Assigned BELI (EDB 0360) is not '1' and an attempt is made to enroll in Supplemental Disability Insurance (EDB 0231).

When the BELI is 'P', enrollment into Supplemental Disability should be blocked in the same way, but a different message should be issued. The message text should be "BELI 'P' ELIG FOR POSTDOC DISABILITY ONLY-USE GTN DEDUCTN". The message should have a severity of Employee Reject in on-line and Data Override in batch.

Conversely, an enrollment into PSBP Supplemental Disability should not be allowed unless the Assigned BELI is 'P'. If the Assigned BELI is not 'P' and an attempt is made to establish a g-balance for GTN 635, the update to the GTN should be blocked, and a message should be issued. The message text should be "PBSP Suppl Disability Not Valid Unless BELI is 'P'". The message should have a severity of Employee Reject in on-line and Data Override in batch.

When the Assigned BELI is changed from 'P' to any other value, the g-balance and effective date for GTN 635 should be initialized.

1.3.7.3 Supplemental Life

Currently the update is blocked and messages 08-088, "SUPPLEMENTAL LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI" and corresponding message 12-319 are issued when the Assigned BELI is greater than '3' and an attempt is made to enroll in Supplemental Life Insurance (EDB 0276).

The edits associated with these messages should be modified so that the messages are also issued and the update blocked when the BELI is 'P'.

1.3.7.4 Dependent Life

Currently the update is blocked and messages 08-169, "DEPENDENT LIFE INS DATA IS INCONSISTENT WITH ASSIGNED BELI" and corresponding message 12-332 are issued when the Assigned BELI is greater than '3' and an attempt is made to enroll in Dependent Life Insurance (EDB 0278).

The edits associated with these messages should be modified so that the messages are also issued and the update blocked when the BELI is 'P'.

1.3.7.5 AD&D

Currently the update is blocked and message 08-003, "AD&D DATA IS INCONSISTENT WITH ASSIGNED BELI" and corresponding message 12-316 are issued when the Assigned BELI is greater than 4 and an attempt is made to enroll in AD&D (EDB 0280).

The edits associated with these messages should be modified so that the messages are also issued and the update blocked when the BELI is 'P'.

1.3.8 Prevent DepCare and HCRA enrollment

Postdocs are not eligible to participate in the Dependent Care Reimbursement Account (DepCare) or the Health Care Reimbursement (HCRA) programs. Edits must be provided to prevent enrollment in these plans.

1.3.8.1 DepCare

Currently enrollment in Depcare is blocked when an attempt is made to enroll in Depcare and the Assigned BELI is '5'. Messages 08-308 and 12-330, "DEPCARE ENROLLMENT BLOCKED DUE TO BELI INELIGIBILITY" are issued from the edit and update processes.

This edit should be modified to also block the Depcare update and issue these messages when the Assigned BELI is 'P'.

1.3.8.2 HCRA

Currently enrollment in HCRA is blocked when an attempt is made to enroll in Depcare and the Assigned BELI is '5'. Messages 08-339 and 12-339, "BELI INELIGIBLE FOR HCRA ENROLLMENT" are issued from the edit and update processes.

This edit should be modified to also block the HCRA update and issue these messages when the Assigned BELI is 'P'.

1.3.9 Set End Date When BELI Changes

Currently the system derives coverage end dates for the medical, dental, and vision plans when the Assigned BELI is changed to a value that makes the employee ineligible for that benefit. Logic needs to be added to properly derive coverage end dates when the Assigned BELI changes to a 'P' from another value, or from a 'P' to any other value.

The existing coverage end date derivation process should be modified so that a change from a '1', '2', '3', or '4' to a 'P' should be treated the same as if the 'P' were a '5'; in other words, any enrollments in the non-postdoc medical, dental, or vision plans should be end dated as of the end of the current month.

Any future enrollments in non-postdoc medical, dental, or vision plans should be initialized.

Additionally, logic should be developed so that if the Assigned BELI is changed from a 'P' to any other value, coverage end dates should be set as follows:

- If the Medical Plan Code (EDB 0292) is 'P1' or 'P2', the Medical Coverage End Date (EDB 0300) should be set to the last day of the current month, **except** if there is an existing Medical Coverage End Date that is prior to the last day of the current month. In that case, the existing Medical Coverage End Date should be retained.
- If the Dental Plan Code (EDB 0272) is 'P3' or 'P4', the Dental Coverage End Date (EDB 0271) should be set to the last day of the current month, **except** if there is an existing Dental Coverage End Date that is prior to the last day of the current month. In that case, the existing Dental Coverage End Date should be retained.
- If the Vision Plan Code (EDB 0347) is 'P5', the Vision Coverage End Date (EDB 0346) should be set to the last day of the current month, **except** if there is an existing Vision Coverage End Date that is prior to the last day of the current month. In that case, the existing Vision Coverage End Date should be retained.
- Any future enrollments in postdoc medical, dental, or vision plans should be initialized.

1.3.10 Set End Dates on Separation

Currently the system sets the coverage end date for medical, dental, and vision to the last day of the month following the month of separation at the time the separation date is entered.

It is not expected that any changes will need to be made to end date postdoc enrollments on separation, but tests should be done to make sure postdoc enrollments are end dated correctly.

1.3.11 Set BELI Conflict Date

Edits have been specified to enforce an Assigned BELI of 'P' when the Derived BELI is 'P', and to prevent setting an Assigned BELI of 'P' when the Derived BELI is not 'P'. However, it is possible that the Derived BELI could change from 'P' to another value because of changes to appointment data, resulting in a situation where the Assigned BELI is 'P' and the Derived BELI is not. Therefore, the BELI Conflict Date (EDB 0376) should be set whenever the Assigned BELI is 'P' and the Derived BELI is any other value, and whenever the Derived BELI is 'P' and the Assigned BELI is any other value.

1.3.12 Edit on Coverage Effective Date

Edits should be provided to ensure that the coverage effective dates for postdoc medical, dental, and vision enrollments are not prior to January 1, 2005.

If the Medical Plan Code or Future Medical Plan Code is 'P1' or 'P2', or the Dental Plan Code or Future Dental Plan Code is 'P3' or 'P4', or the Vision Plan Code or Future Vision Plan Code is 'P5', and the corresponding Plan Coverage Effective Date is prior to 01/01/2005, the update should be blocked and a message should be issued from USER08 and USER12. The message text should be "Enrollment in Postdoc Plan May Not Be Prior to January 1, 2005. The message should have a severity of Employee Reject in on-line and in batch.

1.4 EDB Periodic Maintenance

1.4.1 *Daily Periodic Maintenance*

The daily periodic maintenance performs date-sensitive maintenance on benefits data.

The daily process (PPEI320) that sets the Medical, Dental, and Vision Plan Codes (EDB 0292, 0272, 0347) from 'DM' to 'CM', 'DD' to 'D1' and 'DV' to 'VI' when the PIE End Date (EDB 0751) is achieved should be enhanced so that when the Assigned BELI (EDB 0360) is 'P', the medical, dental, and vision 'placeholder' information is initialized, as follows:

- If the Medical Plan Code (EDB 0292) is 'DM', initialize the following fields:
 - Medical Plan Code (EDB 0292)
 - Medical Coverage Level Code (EDB 0293)
 - Medical Plan Coverage Effective Date (EDB 0294)
 - Medical Employee Coverage Effective Date (EDB 0454)
- If the Dental Plan Code (EDB 0272) is 'DD', initialize the following fields:
 - Dental Plan Code (EDB 0272)
 - Dental Coverage Level Code (EDB 0273)
 - Dental Plan Coverage Effective Date (EDB 0274)
 - Dental Employee Coverage Effective Date (EDB 0455)
- If the Vision Plan Code (EDB 0347) is 'DV', initialize the following fields:
 - Vision Plan Code (EDB 0347)
 - Vision Coverage Level Code (EDB 0348)
 - Vision Plan Coverage Effective Date (EDB 0349)
 - Vision Employee Coverage Effective Date (EDB 0456)

Any PPA rows generated should also be initialized.

1.4.2 *Transactions from UCOP*

Employee Self Service applications at UCOP (the Your Benefits Online and UC For Yourself applications) create EDB update transactions that are processed at each location by a nightly EDB update process.

UCOP's web based enrollment process (Your Benefits Online) will not be available to postdoc employees at this time. Therefore, no changes are required in the daily PPP130 process that receives benefits enrollment transactions from UCOP.

1.4.3 *Monthly Periodic Maintenance*

1.4.3.1 *BELI Derivation based on appointments*

The BELI derivation process that occurs in monthly maintenance based on appointment begin and end dates should follow the same rules for BELI derivation as in explicit maintenance (see previous section on BELI derivation).

1.4.3.2 *BELI Derivation based on hours*

If the current Assigned BELI value is 'P', the system should not change the employee's Assigned BELI code in monthly maintenance when the employee achieves 1000 hours (or 750 hours if the employee also has a lecturer title).

The process that checks for 1000/750 hours in monthly maintenance should be modified so that employees who have only postdoc appointments should be treated the same as other employees who have ineligible appointments (such as per diem and floater). In other words, they should not be set to retirement code 'U' and BELI '1'. If the employee DOES have a non-postdoc appointment, the derivation into retirement 'U' should happen. However, the employee should not be given an Assigned or Derived BELI value of '1'.

No changes are required to the "Approaching Eligibility" and "Achieved Eligibility reports.

1.4.4 Temporary modification to monthly maintenance

A mechanism needs to be supplied to set the Derived BELI to a 'P' in monthly maintenance to begin December 2004 when there are qualifying postdoctoral scholar appointments on the EDB. Some campuses have already established postdoc appointments with 2004 appointment begin dates, and BELI derivation will not be triggered for any postdocs established before the BELI derivation logic outlined in these requirements is implemented at the campus. Similarly, the campuses cannot establish an Assigned BELI of 'P' for postdocs until the release providing that capability is implemented. It has been determined that a one-time program to set the Assigned BELI is required, and one suggestion is that the most reliable way to do this is for the one-time to set the Assigned BELI to 'P' when the Derived BELI is 'P'. See the later section outlining the requirements for the one-time.

Two temporary changes should be made in modules called by monthly maintenance so that the Derived BELI is appropriately set to 'P' when monthly maintenance to begin December is run:

1. Change the module which set the flag indicating BELI derivation is required so that it is set in any case where there is one or more appointment with a postdoc title (3252, 3253, or 3254). This will force all postdoctoral scholar record to be considered for BELI derivation.
2. Change the BELI Derivation module so that it looks for appointments with titles 3252, 3253, or 3254 that are active on January 1, 2005 (Appointment Begin Date on or before 1/1/05 and Appointment End Date later than 12/31/04). Normally, the BELI Derivation module would consider appointments active in the month begin started.

1.5 Documents to Employees (IDOC)

Currently the Documents to Employee (IDOC) provide information on retirement and health and welfare eligibility based on the values in the Assigned BELI and the Retirement Code. The information displayed is retrieved from the Code Translation Table (CTT).

When the Assigned BELI is 'P', the IDOC information should be:

Your appointment has qualified you for Postdoc Benefits.

Since a translation for a value of 'P' will be added to the CTT, it is not expected that programming changes are required, but this should be tested to verify that the correct information is provided.

A modification is required to avoid providing misleading retirement eligibility information. Postdoc employees will usually have a Retirement Code value of 'H' (Safe Harbor). However, not all postdocs are subject to Safe Harbor DCP deductions. The IDOC should be modified so that when the Assigned BELI is 'P', the retirement eligibility information should not be displayed at all.

1.6 BELI Out of Compliance Reports

No changes are required to the Out of Compliance Reports. If the BELI Conflict Date has been set, the employee record should be selected for inclusion on this report, and the Assigned and Derived BELIs should be displayed, as with any other case where the conflict date has been set.

1.7 Compute

The compute changes necessary to support postdoc benefits will be specified in the requirements in Service Request 16933.

1.8 Consolidated Billing

The consolidated billing changes necessary to support postdoc benefits will be specified in the requirements in Service Request 16933.

1.9 Carrier File Processing

Postdoc medical, dental, and vision enrollments should use the same carrier file process used for employee plans. Medical, dental, and vision enrollments should be reported in a file for the plan corresponding to the postdoctoral scholar's enrollment. Modifications should be made to distinguish enrollment in employee Supplemental Disability from enrollment in PBSP disability, and to create separate files for the different disability carriers.

1.10 Benefits Premium Audit

Currently the Benefits Premium Audit calculates an MCB if the Assigned BELI is '1', '2', '3', or '4'. When the assigned BELI is 'P', no MCB derivation is required. Therefore, no modifications are needed to this code.

Currently the Benefits Premium Audit calculates a Supplemental Disability Salary Base for employees currently enrolled in Supplemental Disability (as determined by checking the Supplemental Disability Effective Date). Therefore it is not expected that any modifications are required to prevent calculation of the Supplemental Disability Salary Base for postdoc employees.

Currently the Benefit Premium Audit calculates a Supplemental Life Insurance Salary Base for employees currently enrolled in Supplemental Life (as determined by checking the Supplemental Life Effective Date). Therefore it is not expected that any modifications are required to prevent calculation of the Supplemental Life Insurance Salary Base for postdoc employees.

1.11 One Time to set Assigned BELI

When the Assigned BELI is set to 'P', any enrollments in existing employee plans will be end dated and "placeholder" medical, dental, and vision plan codes will be established. Because the postdoc plans are available January 1, 2005, the Assigned BELI may not be set to 'P' prior to taking premiums from November pay for December coverage, but it must be set to 'P' prior to taking premiums from December pay for January coverage.

Because some campuses have already added postdoctoral scholar appointments to the EDB and other locations will begin adding them before December, a one-time program is requested to set the Assigned BELI to 'P' for employees eligible for postdoc benefits.

It has been suggested that one way to make this happen is to put temporary code into the monthly maintenance process to force derivation of the Derived BELI based on so that the Derived BELI

The one-time program should be run after monthly maintenance to begin December has set the Derived BELI to 'P' for all eligible postdocs. For each of these employees, the one-time should create an X1 transaction to set the Assigned BELI to 'P' and the BELI Effective Date to 01/05/05. These transactions should be run into a regular EDB maintenance process so that appropriate derivations of BELI Change Date, BELI Conflict Date, etc. will be performed. This process will also apply end dates as required to any existing non-postdoc coverage in which the postdoc is enrolled.

System Number: EDB 0292

User Access Name: 0292-1

Programming Name: HLTH_PLAN IN PPPBEN

Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4532 - Medical Plan Code-HBN in HDB
 APS 0953 - Primary Health Plan Code
 BCS 0953 - Primary Health Plan Code
 CPS 0953 - Primary Health Plan Code
 IPS 0953 - Primary Health Plan Code
 OPP 0953 - Primary Health Plan Code

Name: MEDICAL PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the medical insurance plan in which the individual is enrolled.

Code Interpretation:

BC - Blue Cross Plus
 BH - High Option (Blue Cross)
 BP - Blue Cross PPO
 CM - Core Major Medical (Blue Cross)
 DH - Definity Health (UCSF and UCSB only)
 FP - PacifiCare
 HN - Health Net
 KN - Kaiser North
 KS - Kaiser South
 KU - Kaiser Umbrella
 KW - Kaiser MidAtlantic
 PN - PacifiCare Nevada
 P1 - PSBP Medical HMO
 P2 - PSBP Medical PPO
 SE - UnitedHealthcare Select EPO
 WH - Western Health Advantage
 DM - Medical plan not yet selected by the employee
 XX - Opted out of medical
 XC - Cancelled medical
 XD - Deenrolled due to suspension of premiums

EDB 0292 -- MEDICAL INSURANCE PLAN CODE Previously Valid Codes

FN - Foundation
 HA - Heals
 HG - FHP Health Care
 NA - PruNet
 NH - Blue Premier HMO New Mexico
 PH - Prudential High Option
 UC - UC Care

System Number: EDB 0272

User Access Name: 0272-2

Programming Name: DENTAL_PLAN IN PPPBEN

Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4520 – Dental Plan Code-HBN in HDB
BCS 125 – Dental Plan Code
CPS 125 – Dental Plan Code
IPS 125 – Dental Plan Code
OPP 125 – Dental Plan Code

Name: DENTAL PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the dental plan selected by the individual.

Code Interpretation:

- D1 - Delta Dental Service
- D3 - PMI
- P3 - PSBP Dental HMO
- P4 - PSBP Dental PPO
- DD - Dental plan not yet selected by the employee
- XX - Opted out of dental
- XC - Cancelled dental
- XD - Deenrolled due to suspension of premiums

Previous codes may be attached
EDB 0272 - Dental Plan Code-EDB Codes deleted January 1995

D2 - Safeguard

System Number: EDB 0347

User Access Name: 0347-4

Programming Name: VIS_PLAN IN PPPBEN

Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4545 - Optical Plan Code-HBN in HDB
APS 2495 - Optical Plan Code
BCS 2495 - Optical Plan Code
CPS 2495 - Optical Plan Code
IPS 2495 - Optical Plan Code
OPP 2495 - Optical Plan Code

Name: VISION PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the vision insurance plan selected by the individual.

Code Interpretation:

DV - Vision plan not yet selected by the employee
VI - Vision Care
P5 - PSBP Vision Plan
XX - Opted out of vision
XD - Deenrolled due to suspension of premiums

System Number: EDB 0360

User Access Name: 0260-1

Programming Name: BELI_IND IN PPPBEL

Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4511 - Benefits Eligibility Level-Assigned-HBN in HDB
 APS 3332 - Benefits Eligibility Level-Assigned
 BCS 3332 - Benefits Eligibility Level-Assigned
 CPS 3332 - Benefits Eligibility Level-Assigned
 IPS 3332 - Benefits Eligibility Level-Assigned
 OPP 3332 - Benefits Eligibility Level-Assigned

Name: BENEFITS ELIGIBILITY LEVEL INDICATOR-ASSIGNED-EDB

Type: ALPHANUMERIC

Length: 1

Format:

N/A

General Description:

Code indicating the set of benefits for which the individual is eligible.

Code Interpretation:

- 1 - Full benefits eligibility.
- 2 - Mid-level benefits eligibility - not a member of a retirement system and appointment is for 12 months or more.
- 3 - Mid-level benefits eligibility - not a member of a retirement system and appointment is for less than 12 months.
- 4 - Core benefits eligibility only - Average Hours Worked per Week (EDB 5132) meets minimum eligibility requirement.
- 5 - No benefits eligibility for any of the following reasons:
 - Average Hours Worked per Week (EDB 5132) does not meet minimum eligibility requirement
 - Appointments are either Casual/Restricted or are in Titles restricted to students
 - Appointments are Per Diem in nature
 - "By agreement" appointments
 - Appointment without salary
- P - Postdoctoral scholar benefits eligibility
- ? - No value assigned or separated employee

NOTE - Previous code values are attached

EDB 0360 BENEFITS ELIGIBILITY LEVEL INDICATOR - ASSIGNED

CODE VALUES PRIOR TO JANUARY 1, 1995

- 5 - No benefits eligibility - Average Hours Worked per Week (EDB 5132) does not meet minimum eligibility requirement
- 6 - No benefits eligibility - appointments are either Casual/Restricted or are in Titles restricted to students
- 7 - No benefits eligibility - appointments are Per Diem in nature
- 8 - No benefits eligibility - "by agreement" appointments
- 9 - No benefits eligibility - appointment without salary

System Number: EDB 0375

User Access Name: 0375-3

Programming Name: BELI_DERIVED_IND IN PPPBEL

Revision Date: xx/xx/xx

Comments:

Location(s): HBN 4514 - Benefits Eligibility Level Indicator-Derived-HBN in HDB
 APS 3333 - Benefits Eligibility Level Indicator-Derived
 BCS 3333 - Benefits Eligibility Level Indicator-Derived
 CPS 3333 - Benefits Eligibility Level Indicator-Derived
 IPS 3333 - Benefits Eligibility Level Indicator-Derived
 OPP 3333 - Benefits Eligibility Level Indicator-Derived

Name: BENEFITS ELIGIBILITY LEVEL INDICATOR-DERIVED-EDB

Type: ALPHANUMERIC

Length: 1

Format:

N/A

General Description:

Code indicating the system derived estimate of the set of benefits for which the individual is eligible.

Code Interpretation:

EDB 0375 BENEFITS ELIGIBILITY LEVEL INDICATOR - DERIVED

- 1 - Average Hours Worked Per Week (EDB 5132) meets the minimum eligibility requirement; Retirement System Code is not blank or 'N'; employee record reflects non-excludable, non-expired appointment(s) with duration of at least twelve months at least 50 percent.
- 2 - Average Hours Worked Per Week (EDB 5132) meets the minimum eligibility requirement; Retirement System Code is blank or 'N'; employee record reflects non-excludable, non-expired appointment(s) with duration of at least twelve months at least 50 percent.
- 3 - Average Hours Worked Per Week (EDB 5132) meets the minimum eligibility requirement; Retirement System Code is blank or 'N'; employee record reflects non-excludable, non-expired appointment(s) with duration of at least 3 months at 100 percent.
- 4 - Average Hours Worked Per Week (EDB 5132) meets the minimum eligibility requirement; employee record reflects non-excludable, non-expired appointment(s).
- 5 - Average Hours Worked Per Week (EDB 5132) does not meet minimum eligibility requirement; employee record reflects non-excludable, non-expired appointment(s).
- 6 - Employee record reflects no non-excludable, non-expired appointments but does reflect at least one appointment which either:
 - Has an Appointment Type Code of '4' (Casual/Restricted), or
 - Has a Title Code which is restricted to students (Class Title Outline between 400 and 499).
- 7 - Employee record reflects no non-excludable, non-expired appointments but does reflect at least one appointment which has an Appointment Type Code of '6' (Per Diem).
- 8 - Employee record reflects no non-excludable, non-expired appointments but does reflect at least one appointment which has an Appointment Rate Code of 'B' ('by agreement' pay).
- 9 - Employee record reflects no non-excludable, non-expired appointments but does reflect at least one appointment which has a Without Salary Indicator of 'Y'.
- P** - Employee record reflects at least one appointment with a postdoctoral scholar title with a duration of at least twelve months at 50 percent time or more or at least three months at 100%
- U - Average Hours Per Week are equal to zero (invalid average); employee record reflects non-excludable, non-expired appointment(s).
- X - Average Hours Per Week are equal to zero (invalid average); employee record reflects no appointments.

System Number: EDB 0680

User Access Name: 0680-4

Programming Name: FCB_HEALTH_PLAN IN PPPFCB

Revision Date: xx/xx/xx

Comments:

Location(s):

Name: FUTURE MEDICAL PLAN CODE

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the future medical insurance plan in which the individual will be enrolled.

Code Interpretation:

BC - Blue Cross Plus
 BH - High Option (Blue Cross)
 BP - Blue Cross PPO
 CM - Core Major Medical (Blue Cross)
 DH - Definity Health (UCSF and UCSB only)
 FP - PacifiCare
 HN - Health Net
 KN - Kaiser North
 KS - Kaiser South
 KU - Kaiser Umbrella
 KW - Kaiser MidAtlantic
 PN - PacifiCare Nevada
 P1 - PSBP Medical HMO
 P2 - PSBP Medical PPO
 SE - UnitedHealthcare Select EPO
 WH - Western Health Advantage
 DM - Medical plan not yet selected by the employee
 XX - Opted out of medical
 XC - Cancelled medical
 XD - Deenrolled due to suspension of premiums

EDB 0680 -- FUTURE MEDICAL INSURANCE PLAN CODE Previously Valid Codes

FN - Foundation
 HA - Heals
 HG - FHP Health Care
 NA - PruNet
 NH - Blue Premier HMO New Mexico
 PH - Prudential High Option
 UC - UC Care

System Number: EDB 0683

User Access Name: 0683-7

Programming Name: FCB_DENTAL_PLAN IN PPPFCB

Revision Date: xx/xx/xx

Comments:

Location(s):

Name: FUTURE DENTAL PLAN CODE

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the future dental plan in which the individual will be enrolled.

Code Interpretation:

- D1 - Delta Dental Service
- D3 - PMI
- P3 - PSBP Dental HMO
- P4 - PSBP Dental PPO
- XX - Opted out of dental
- XC - Cancelled dental
- XD - Deenrolled due to suspension of premiums

System Number: EDB 0686

User Access Name: 0686-0

Programming Name: FCB_VISION_PLAN IN PPPFCB

Revision Date: xx/xx/xx

Comments:

Location(s):

Name: FUTURE VISION PLAN CODE

Type: ALPHANUMERIC

Length: 2

Format:

N/A

General Description:

Code indicating the future vision plan in which the individual will be enrolled.

Code Interpretation:

VI - Vision Care

P5 - PSBP Vision Plan

XX - Opted out of vision

XD - Deenrolled due to suspension of premiums