Objective:
There are two objectives to this project:
1) De-enroll employees from plans in which they have enrolled dependents ineligible for
University plan coverage in an automated fashion
2) Provide end dates in payroll for the ineligible family members so that they will be
removed from the PPS.

Project Type:
This is an enhancement to the Payroll/Personnel System (PPS). It will modify the nightly
process to allow processing of benefits de-enrollment transactions as well as provide a means
to use existing de-enrollment processes to automate the activity along monthly boundaries.
Minor modifications will also be required to the existing de-enrollment processes that terminate
coverage on monthly boundaries.

Requested by:
Lily Pang, Health & Welfare Administration

Analyst:
Alice Plebuch

Due Date(s):
The project must be completed by mid-July, 2005.

Background
For many years in the past UC conducted a Tax Verification Audit for those employees who
enrolled tax dependents (stepchildren, legal wards, etc.) into their health and welfare plan(s).
Last year this audit was expanded to include all dependents of employees who are enrolled in
health and welfare plans.

The purpose of the audit is to verify dependents enrolled in UC health and welfare plans meet
the eligibility rules as set forth in the Group Insurance Regulations Supplement 6. This is
accomplished by asking randomly selected employees to submit appropriate documentation
(birth certificates, marriage certificates, tax records, etc.) to substantiate the relationship
between the employee and the dependent.

Current Process:
Traditionally, ineligible family members are identified through the “Family Member Verification
Process”. The process, carried out in HR&B at UCOP, uses an Access database to track the
status of potentially ineligible family members. At the conclusion of the process, as ineligible
family members are identified, a report is sent to campus and laboratory locations where the
ineligible dependents are manually de-enrolled.

Proposed Process:
After identifying ineligible family members, the Research Unit will use a web application to
initiate the de-enrollment activity. The daily web process will create transactions that are sent
nightly to the locations for processing. The employee (and thus all family members) will be de-
enrolled from the plan through the regular PPS monthly maintenance process. The ineligible
family member will be terminated from all enrolled plans. The monthly payroll process will eventually remove family members when all plans are end dated.
Requirements:

1. Control Table Updates

1.1. Modify Code Translation (CTT) as follows:

```
<table>
<thead>
<tr>
<th>FILE ID</th>
<th>ELEMENT</th>
<th>VALUE</th>
<th>LENGTH</th>
<th>TRANSLATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDB</td>
<td>0682</td>
<td>AD</td>
<td>25</td>
<td>Administrative De-enroll</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>BE</td>
<td>25</td>
<td>BELI Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>CV</td>
<td>25</td>
<td>Coverage Level Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>DE</td>
<td>25</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>DR</td>
<td>25</td>
<td>HMO Provider Disruption</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>ER</td>
<td>25</td>
<td>Error Correction</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>HI</td>
<td>25</td>
<td>HIPAA Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>IE</td>
<td>25</td>
<td>New Hire Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>LV</td>
<td>25</td>
<td>Return from Leave</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>OE</td>
<td>25</td>
<td>Open Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>OR</td>
<td>25</td>
<td>Other Reason</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>OT</td>
<td>25</td>
<td>One-time Process</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>PI</td>
<td>25</td>
<td>New PIE</td>
</tr>
<tr>
<td>EDB</td>
<td>0682</td>
<td>UN</td>
<td>25</td>
<td>Unknown Reason</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>AD</td>
<td>25</td>
<td>Administrative De-enroll</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>BE</td>
<td>25</td>
<td>BELI Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>CV</td>
<td>25</td>
<td>Coverage Level Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>DE</td>
<td>25</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>ER</td>
<td>25</td>
<td>Error Correction</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>IE</td>
<td>25</td>
<td>New Hire Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>LV</td>
<td>25</td>
<td>Return from Leave</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>OE</td>
<td>25</td>
<td>Open Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>OR</td>
<td>25</td>
<td>Other Reason</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>OT</td>
<td>25</td>
<td>One-time Process</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>PI</td>
<td>25</td>
<td>New PIE</td>
</tr>
<tr>
<td>EDB</td>
<td>0685</td>
<td>UN</td>
<td>25</td>
<td>Unknown Reason</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>AD</td>
<td>25</td>
<td>Administrative De-enroll</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>BE</td>
<td>25</td>
<td>BELI Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>CV</td>
<td>25</td>
<td>Coverage Level Change</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>DE</td>
<td>25</td>
<td>De-enrolled</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>ER</td>
<td>25</td>
<td>Error Correction</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>IE</td>
<td>25</td>
<td>New Hire Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>LV</td>
<td>25</td>
<td>Return from Leave</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>OE</td>
<td>25</td>
<td>Open Enrollment</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>OR</td>
<td>25</td>
<td>Other Reason</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>OT</td>
<td>25</td>
<td>One-time Process</td>
</tr>
<tr>
<td>EDB</td>
<td>0688</td>
<td>PI</td>
<td>25</td>
<td>New PIE</td>
</tr>
</tbody>
</table>
```
2. Data Elements

2.1. Add a new value of “AD” To each of five data elements (Attachment A)
   2.1.1. EDB0682-6 Future Medical Enrollment Reason Code
   2.1.2. EDB0685-9 Future Dental Enrollment Reason Code
   2.1.3. EDB0688-2 Future Vision Enrollment Reason Code
   2.1.4. EDB0691-2 Future Legal Enrollment Code
   2.1.5. EDB0696-7 Enrollment Reason Code

2.2. Add a new value “Y” to each of four data elements (Attachment B)
   2.2.1. EDB0158-6 Medical Insurance De-enrollment Indicator
   2.2.2. EDB0159-7 Dental Insurance De-enrollment Indicator
   2.2.3. EDB0187-6 Vision Insurance De-enrollment Indicator
   2.2.4. EDB0165-0 Legal Insurance De-enrollment Indicator

2.3. Redefine the definition of code “XD” in each of eight data elements to read “De-enrolled - suspension of premiums or ineligible dependent” (Attachment C)
   2.3.1. EDB0292-1 Medical Plan Code
   2.3.2. EDB0680-4 Future Medical Plan Code
   2.3.3. EDB0272-7 Dental Plan Code
   2.4. EDB0683-7 Future Dental Plan Code
      2.4.1. EDB0347-4 Vision Plan Code
      2.4.2. EDB0686-0 Future Vision Plan Code
      2.4.3. EDB0353-7 Legal Plan Code
      2.4.4. EDB0689-3 Future Legal Plan Code

3. EDB Maintenance

3.1. Daily Maintenance
   3.1.1. To support applying the employee de-enrollment to the EDB, the PPS daily process that accepts transactions from UCOP must be modified to recognize the De-enrollment Indicator and post it to the EDB.

3.2. Monthly Maintenance
   3.2.1. Modify the monthly de-enrollment process so “Y” is an accepted value in the medical, dental, vision and legal de-enrollment indicator fields.
   3.2.2. The value “Y” will function identically to the value of “X” except that the Enrollment Reason Code for the plan will be “AD”
System Number: EDB0682

User Access Name: 0682-6

Programming Name: FCB_HLTH_ENRL_REAS_IN PPPFCB

Revision Date: 7/1/05

Comments

Location(s)  N/A

Name: FUTURE MEDICAL ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the reason for establishing a future medical enrollment.

Code Interpretation

User Enterable Reason Codes:
ER    -   Error correction
DR    -   HMO Provider Disruption
HI    -   HIPAA enrollment (medical only)
LV    -   Reinstatement on return from leave of absence
OE    -   Open Enrollment
OR    -   Other Reason
PI    -   Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:
AD    -   Administrative De-enrollment due to ineligible dependent
BE    -   Enrollment due to BELI change
CV    -   Coverage level change because of adding/deleting dependent
DE    -   De-enrolled due to suspension of premiums
IE    -   New hire initial enrollment
OT    -   One-time process
RH    -   Rehire enrollment
UN    -   Unknown/unspecified reason
System Number: EDB0685

User Access Name: 0685-9

Programming Name: FCB_DEN_ENRL_REAS IN PPPFCB

Revision Date: 7/1/05

Comments

Location(s): N/A

Name: FUTURE DENTAL ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the reason for establishing a future dental enrollment.

Code Interpretation

User Enterable Reason Codes:
ER    –   Error correction
LV    –   Reinstatement on return from
          leave of absence
OE    –   Open Enrollment
OR    –   Other Reason
PI    - Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Administrative De-enrollment due to ineligible dependent</td>
</tr>
<tr>
<td>BE</td>
<td>Enrollment due to BELI change</td>
</tr>
<tr>
<td>CV</td>
<td>Coverage level change</td>
</tr>
<tr>
<td></td>
<td>because of adding/deleting dependent</td>
</tr>
<tr>
<td>DE</td>
<td>De-enrolled due to suspension of premiums</td>
</tr>
<tr>
<td>IE</td>
<td>New hire initial enrollment</td>
</tr>
<tr>
<td>OT</td>
<td>One-time process</td>
</tr>
<tr>
<td>RT</td>
<td>Rehire enrollment</td>
</tr>
<tr>
<td>UN</td>
<td>Unknown/unspecifed reason</td>
</tr>
</tbody>
</table>
**System Number:** EDB0688

**User Access Name:** 0688-2

**Programming Name:** FCB_VIS_ENRL_REAS IN PPPFCB

**Revision Date:** 7/1/05

**Comments**

Location(s): N/A

**Name:** FUTURE VISION ENROLLMENT REASON CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the reason for establishing a future vision enrollment.

**Code Interpretation**

<table>
<thead>
<tr>
<th>Code</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ER</td>
<td>Error correction</td>
</tr>
<tr>
<td>LV</td>
<td>Reinstatement on return from leave of absence</td>
</tr>
<tr>
<td>OE</td>
<td>Open Enrollment</td>
</tr>
</tbody>
</table>
OR    -   Other Reason
PI    -   Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Administrative De-enrollment due to ineligible dependent</td>
</tr>
<tr>
<td>BE</td>
<td>Enrollment due to BELI change</td>
</tr>
<tr>
<td>CV</td>
<td>Coverage level change</td>
</tr>
<tr>
<td></td>
<td>because of adding/deleting dependent</td>
</tr>
<tr>
<td>DE</td>
<td>De-enrolled due to suspension of premiums</td>
</tr>
<tr>
<td>IE</td>
<td>New hire initial enrollment</td>
</tr>
<tr>
<td>OT</td>
<td>One-time process</td>
</tr>
<tr>
<td>RT</td>
<td>Rehire enrollment</td>
</tr>
<tr>
<td>UN</td>
<td>Unknown/unspecified reason</td>
</tr>
</tbody>
</table>
**System Number:** EDB0691

**User Access Name:** 0691-2

**Programming Name:** FCB_LEGL_ENRL_REAS IN PPFPCB

**Revision Date:** 7/1/05

**Comments**

**Location(s):**

**Name:** FUTURE LEGAL ENROLLMENT REASON CODE

**Type:** ALPHANUMERIC

**Length:** 2

**Format**

N/A

**General Description**

Code indicating the reason for changing legal enrollment.

**Code Interpretation**

**User Enterable Reason Codes:**

- **ER** - Error correction
- **LV** - Reinstatement on return from leave of absence
- **OE** - Open Enrollment
OR    -   Other Reason
PI    -   Enrollment because of a PIE (other than new hire)

System Derived Reason Codes:

<table>
<thead>
<tr>
<th>Code</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>AD</td>
<td>Administrative De-enrollment due to ineligible dependent</td>
</tr>
<tr>
<td>BE</td>
<td>Enrollment due to BELI change</td>
</tr>
<tr>
<td>CV</td>
<td>Coverage level change because of adding/deleting dependent</td>
</tr>
<tr>
<td>DE</td>
<td>De-enrolled due to suspension of premiums</td>
</tr>
<tr>
<td>IE</td>
<td>New hire initial enrollment</td>
</tr>
<tr>
<td>OT</td>
<td>One-time process</td>
</tr>
<tr>
<td>RT</td>
<td>Rehire enrollment</td>
</tr>
<tr>
<td>UN</td>
<td>Unknown/unspecified reason</td>
</tr>
</tbody>
</table>
System Number: EDB0696

User Access Name: 0696-7

Programming Name: FCB_ENRL_REAS_CODE IN PPPFCB

Revision Date: 7/1/05

Comments

Location(s):

Name: ENROLLMENT REASON CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the reason for changing the benefits coverage data.

Code Interpretation

User Enterable Reason Codes:
ER    –   Error correction
DR    –   HMO Provider Disruption
HI    –   HIPAA enrollment (medical only)
LV    –   Reinstatement on return from
leave of absence

OE    -   Open Enrollment
OR    -   Other Reason
PI    -   Enrollment because of a PIE
         (other than new hire)

System Derived Reason Codes:

AD    -   Administrative de-enrollment due to ineligible dependent
BE    -   Enrollment due to BELI change
CV    -   Coverage level change because of adding/deleting dependent
DE    -   De-enrolled due to suspension of premiums
IE    -   New hire initial enrollment
OT    -   One-time process
RT    -   Rehire enrollment
UN    -   Unknown/unspecified reason
System Number: EDB0158

User Access Name: 0158-6

Programming Name: HLTH_DEENROLL IN PPPBEN

Revision Date: PUBL. 7/1/05

Comments

Location(s): N/A

Name: MEDICAL INSURANCE DE-ENROLLMENT INDICATOR

Type: ALPHANUMERIC

Length: 1

Format

N/A

General Description

Code indicating that data base maintenance is required to reflect the individual's de-enrollment from medical insurance.

Code Interpretation

X - Data base maintenance required
Y - Data base maintenance required
blank - No action required
**User Access Name:** 0159-7

**Programming Name:** DENTAL_DEENROLL IN PPPBEN

**Revision Date:** PUBL. 7/1/05

**Comments**

**Location(s):** N/A

**Name:** DENTAL INSURANCE DE-ENROLLMENT INDICATOR

**Type:** ALPHANUMERIC

**Length:** 1

**Format**

N/A

**General Description**

Code indicating that data base maintenance is required to reflect the individual's de-enrollment from dental insurance.

**Code Interpretation**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>Data base maintenance required</td>
</tr>
<tr>
<td>Y</td>
<td>Data base maintenance required</td>
</tr>
<tr>
<td>blank</td>
<td>no action required</td>
</tr>
</tbody>
</table>
System Number: EDB0187

User Access Name: 0187-6

Programming Name: VIS_DEENROLL IN PPPBEN

Revision Date: 7/1/05

Comments

Location(s): N/A

Name: VISION INSURANCE DE-ENROLLMENT INDICATOR

Type: ALPHANUMERIC

Length: 1

General Description

Code indicating that data base maintenance is required to reflect the individual's de-enrollment from vision insurance.

Code Interpretation

X - Data base maintenance required
Y - Data base maintenance required
Blank - No action required
System Number: EDB0165

User Access Name: 0165-0

Programming Name: LEGAL_DEENROLL IN PPPBEN

Revision Date: PUBL. 7/1/05

Comments

Location(s): N/A

Name: LEGAL INSURANCE DE-ENROLLMENT INDICATOR

Type: ALPHANUMERIC

Length: 1

Format

N/A

General Description

Code indicating that data base maintenance is required to reflect the individual's de-enrollment from legal insurance.

Code Interpretation

X - Data base maintenance required
Y - Data base maintenance required
Blank - No action required
System Number: EDB0292

User Access Name: 0292-1

Programming Name: HLTH_PLAN IN PPPBEN

Revision Date: 07/01/05

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
<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>BC</td>
<td>Blue Cross Plus</td>
</tr>
<tr>
<td>BH</td>
<td>High Option (Blue Cross)</td>
</tr>
<tr>
<td>BP</td>
<td>Blue Cross PPO</td>
</tr>
<tr>
<td>CM</td>
<td>Core Major Medical (Blue Cross)</td>
</tr>
<tr>
<td>DH</td>
<td>Definity Health (UCSF and UCSB only)</td>
</tr>
<tr>
<td>FP</td>
<td>PacifiCare</td>
</tr>
<tr>
<td>HN</td>
<td>Health Net</td>
</tr>
<tr>
<td>KN</td>
<td>Kaiser North</td>
</tr>
<tr>
<td>KS</td>
<td>Kaiser South</td>
</tr>
<tr>
<td>KU</td>
<td>Kaiser Umbrella</td>
</tr>
<tr>
<td>KW</td>
<td>Kaiser MidAtlantic</td>
</tr>
<tr>
<td>PN</td>
<td>PacifiCare Nevada</td>
</tr>
<tr>
<td>P1</td>
<td>PSBP Medical HMO</td>
</tr>
<tr>
<td>P2</td>
<td>PSBP Medical PPO</td>
</tr>
<tr>
<td>SE</td>
<td>UnitedHealthcare Select EPO</td>
</tr>
<tr>
<td>WH</td>
<td>Western Health Advantage</td>
</tr>
<tr>
<td>DM</td>
<td>Medical plan not yet selected by the employee</td>
</tr>
<tr>
<td>XX</td>
<td>Opted out of medical</td>
</tr>
<tr>
<td>XC</td>
<td>Cancelled medical</td>
</tr>
<tr>
<td>XD</td>
<td>De-enrolled - suspension of premiums or ineligible dependent</td>
</tr>
</tbody>
</table>

**EDB 0292 -- MEDICAL INSURANCE PLAN CODE Previously Valid Codes**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>FN</td>
<td>Foundation</td>
</tr>
<tr>
<td>HA</td>
<td>Heals</td>
</tr>
<tr>
<td>HG</td>
<td>FHP Health Care</td>
</tr>
<tr>
<td>NA</td>
<td>PruNet</td>
</tr>
<tr>
<td>NH</td>
<td>Blue Premier HMO New Mexico</td>
</tr>
<tr>
<td>PH</td>
<td>Prudential High Option</td>
</tr>
</tbody>
</table>
System Number: EDB0680

User Access Name: 0680-4

Programming Name: FCB_HEALTH_PLAN IN PPPFCB

Revision Date: 07/01/05

Comments

Location(s):

Name: FUTURE MEDICAL PLAN CODE

Type: ALPHANUMERIC

Length: 2

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
Attachment C

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    - De-enrolled - suspension of Premiums or ineligible dependent

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: EDB0272

User Access Name: 0272-7

Programming Name: DENTAL_PLAN IN PPPBEN

Revision Date: 07/01/05

Comments

Locations(s):  HBN 4520  - Dental Plan Code-HBN in HDB
              APS 0125  - Dental Plan Code
              BCS 0125  - Dental Plan Code
              CPS 0125  - Dental Plan Code
              IPS 0125  - Dental Plan Code
              OPP 0125  - 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
Attachment C

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    - De-enrolled - suspension of Premiums or ineligible dependent

Previous codes may be attached

EDB 0272 - Dental Plan Code-EDB Codes deleted January 1995

D2    - Safeguard
System Number: EDB0683

User Access Name: 0683-7

Programming Name: FCB_DENTAL_PLAN IN PPPFCB

Revision Date: 07/01/05

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    -   De-enrolled - suspension of
Premiums or ineligible dependent
System Number: EDB0347

User Access Name: 0347-4

Programming Name: VIS_PLAN IN PPPBEN

Revision Date: 07/01/05

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
XC    - Cancelled vision (valid for Postdoc individuals only)
XD    - De-enrolled - suspension of Premiums or ineligible dependent
System Number: EDB0686
User Access Name: 0686-0
Programming Name: FCB_VISION_PLAN IN PPPFCB
Revision Date: 07/01/05

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>VI</td>
<td>Vision Care</td>
</tr>
<tr>
<td>P5</td>
<td>PSBP Vision Plan</td>
</tr>
<tr>
<td>XX</td>
<td>Opted out of vision</td>
</tr>
<tr>
<td>XC</td>
<td>Cancelled vision (valid for Postdoc individuals only)</td>
</tr>
<tr>
<td>XD</td>
<td>De-enrolled - suspension of</td>
</tr>
</tbody>
</table>
Premiums or ineligible dependent

System Number: EDB0353

User Access Name: 0353-7

Programming Name: LEGAL_PLAN IN PPPBEN

Revision Date: 07/01/05

Comments

Location(s):  
- HBN 4536  - Legal Plan Code-HBN in HDB  
- APS 2795  - Legal Plan Code  
- BCS 2795  - Legal Plan Code  
- CPS 2795  - Legal Plan Code  
- IPS 2795  - Legal Plan Code  
- OPP 2795  - Legal Plan Code

Name: LEGAL PLAN CODE-EDB

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

Code indicating the legal plan selected by the individual.

Code Interpretation

J2  - ARAG Legal Plan
Attchment C

XC  - Cancelled legal
XD  - De-enrolled - suspension of Premiums or ineligible dependent

EDB 0353 -- LEGAL PLAN CODE Previously Valid Codes

J1  - Signature Legal Care
System Number: EDB0689

User Access Name: 0689-3

Programming Name: FCB_LEGAL_PLAN IN PPPFCB

Revision Date: 07/01/05

Comments

Location(s):

Name: FUTURE LEGAL PLAN CODE

Type: ALPHANUMERIC

Length: 2

Format

N/A

General Description

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

Code Interpretation

J2    - ARAG Legal Plan
XC    - Cancelled legal
XD    - De-enrolled - suspension of
Premiums or ineligible dependent

EDB 0689 -- FUTURE LEGAL INSURANCE PLAN CODE
Previously Valid Codes

J1    - Signature Legal Care