R1 Record Primary Enrollee Information

K1 Ketti u	Primary Enronee informat					
Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
		Alpha		2	"R1"	
Transaction Code	Transaction Code		Y			
						Identifies this is Primary Enrollee Information.
		Numeric		9	NNNNNNNNN format. Social Security	
					Number of the PSPRS member (retiree,	
	SSN		Y		newret) or Survivor, if they are primary	
CONT					policy holder	
SSN						Social Security Number of the Primary Enrolled.
Filler	N/A	Alpha	N		Space Fill	
Data CA atta	Event Date	Numeric	Y	8	MMDDYYYY	Pile and the late
Date of Action	27.44	43.3			0 700	File generation date
Filler	N/A	Alpha	N		Space Fill	
		Alpha	**	30		This is the last name of the naimous annulled individual and
T N	Last Name		Y			This is the last name of the primary enrolled individual and
Last Name						used to validate the last name in the database for data integrity.
						This is the first name of the primary enrolled individual and is
	First Name		Y			used to validate against the database record when loading and
First Name		Alpha		20		validating data
	Middle Name		N			The middle name/initial of the primary enrolled. Only the
Middle Name	Middle Name	Alpha	IN .	20		middle initial is validated for data integrity.
			**			
	Gender		Y		F = Female	This signifies the gender of the person and is used for checking
Gender Code		Alpha		1	M = Male	data integrity to match the database
		Î				
						This is the full date (month day and year) the covered member
	Date of Birth		Y			is born. Used as check of data integrity with the database record
Dinth Data					MMDDYYYY format	
Birth Date		Numeric		8	MMDDYYYYTormat	and also for Medicare eligibility.
	N/A		N			
Ell	' '					
Filler		Numeric		8		
Filler	N/A	Alpha	N	30		filler for future use if needed
Filler	N/A	Alpha	N	30		filler for future use if needed

R1 Record Page 1 of 6

03 Record	Health Plan Information

03 Record	Health Plan Information	Tour	Do suring d	Loueth	Format Francisco and Field Values	Plauatian
Field Description Transaction Code	GUI Field Name Transaction Code	Type	Required	Length	Format Examples and Field Values "03"	Explanation
Transaction Code	Transaction Code	Alpha	Y	2	["03"	Identifies record type. Health plan Information SSN of covered primary enrollee. Coverage record is tied to
Retiree SSN	SSN	Numeric	Y	9	Copy from "R1" transaction	this SSN
Filler	N/A	A 1 1	N	1	Space Fill	IIIS 22N
rillei	N/A	Alpha Alpha	IN		S = Single	
		Аірпа		1	F = Family	
	Coverage Group		N		i - runniy	Used to determine medical insurance plan the member opted
	Coverage Group		IN .		Space Fill if either no medical coverage or terminating	for, and in turn helps determine the premium amount to be
Medical Election					existing coverage.	paid for the insurance.
Ficurear Election		Numeric	+	2	01 = Single no medicare	para for the insurance.
		rumerie			02= Family no medicare	
			Conditional, If 'Medical Election' is		03=Single with medicare	
	Coverage Tier		NOT NULL, then Medical Tier is		04= Family medicare (2 or more all medicare)	
			required		05=Family one with medicare	Map the level of coverage to the medical tier group provided.
Medical Tier						Used in determining subsidy eligibility amount.
		Numeric		9	06=Family two or more with medicare e.g. 1234.56 = 000123456	
					9876543.00 = 987654300	
	Medical Premium		Conditional, If 'Medical Election' is			This is the money amount that is tied to a medical plan and is
			NOT NULL, then Medical Premium		Space Fill if either no medical coverage or terminating	plan specific offered by employer, charged to the member for
Medical Premium Amount			Amount is required		existing coverage.	the specific plan election.
		Alpha		1		
			Conditional, If 'Medical Election' is			
	No Deduct		NOT NULL, then Medical Premium			
			Amount is required			Directs PSPRS on whether premiums will be deducted from
Medical Pension Deduct			imount is required		"Y" Yes, "N" No	the members pension.
Medical Felision Deduct	+	Alpha	N	1	S = Single	the members pension.
		Аірпа	IN IN	1	F = Family	
	Coverage Group				1	Used to determine the dental insurance plan member opted
	Goverage Group				Space Fill if either no dental coverage or terminating	for, and in turn helps determine the premium amount to be
Dental Election					existing coverage.	paid for the insurance.
					e.g. 34.56 = 000003456	
					43.10 = 000004310	
	Dental Premium		Conditional, If 'Dental Election' is			This is the money amount that is tied to a dental plan and is
			NOT NULL, then Dental Premium		Space Fill if either no dental coverage or terminating	plan specific, charged to the member for the specific plan
Dental Premium Amount		Numeric	Amount is required	9	existing coverage.	election.
			Conditional, If 'Dental Election' is			
	No Deduct		NOT NULL, then Dental Pension			Directs PSPRS on whether premiums will be deducted from
Dental Pension Deduct		Alpha	Deduct is required	1	"Y" Yes, "N" No	the members pension.
		1			S = Single	-
		1			F = Family	
	Coverage Group					Used to determine the vision insurance plan member opted
	_	1			Space Fill if either no dental coverage or terminating	for, and in turn helps determine the premium amount to be
Vision Election		Alpha	N	1	existing coverage.	paid for the insurance.
					e.g. 34.56 = 000003456	
		1			43.10 = 000004310	
	Vision Premium	1	Conditional, If 'Vision Election' is			This is the money amount that is tied to a vision plan and is
		1	NOT NULL, then Vision Premium		Space Fill if either no vision coverage or terminating	plan specific, charged to the member for the specific plan
Vision Premium Amount		Numeric	Amount is required.	9	existing coverage.	election.
	L	1	Conditional, If 'Vision Election' is			Di pappa lui il illi il
W. D.	No Deduct	l., ,	NOT NULL, then Vision Pension		HAZII AZ HAZII AZ	Directs PSPRS on whether premiums will be deducted from
Vision Pension Deduct		Alpha	Deduct is required	1	"Y" Yes, "N" No	the members pension.
					S = Single	
					F = Family	Used to determine the pharmacy insurance plan member
	Coverage Group	1			Space Fill if either no dental coverage or terminating	opted for, and in turn helps determine the premium amount to
Dhawmagy Elastiss		A11	N			1 1
Pharmacy Election	1	Alpha	IN	1	existing coverage.	be paid for the insurance. If blank no coverage.

03 Record Page 2 of 6

03 Record	Health Plan Information					
Field Description	GUI Field Name	Туре	Required	Length	Format Examples and Field Values	Explanation
					e.g. 34.56 = 000003456	
					43.10 = 000004310	
	Pharmacy Premium		Conditional, If 'Pharmacy Election'			This is the money amount that is tied to a pharmacy plan and
			is NOT NULL, then Pharmacy	_	Space Fill if either no vision coverage or terminating	is plan specific, charged to the member for the specific plan
Pharmacy Premium Amount		Numeric	Premium Amount is required	9	existing coverage.	election.
			Conditional, If 'Pharmacy Election'			
	No Deduct		NOT NULL, then Pharmacy			Directs PSPRS on whether premiums will be deducted from
Pharmacy Pension Deduct		Alpha	Pension Deduct is required	1	"Y" Yes, "N" No	the members pension.
I har macy i ension beduct		Аірпа	Conditional, If 'Medical Election' is	1	example: UNER + 01 = UNER01	the members pension.
			NOT NULL, OR 'Medical		champles of the officer of the offic	
			Termiation Date' is NOT NULL,		Space Fill when there is no Medical coverage.	This is an employer identified medical plan code for the
			then Medical Plan Code is		If terminating existing coverage, this info needs to be	insurance plan offered and opted by member. The example
Medical Plan Code		Alpha	required	12	populated.	UNER01 is a UHC Singe insurance plan. Used as reference only.
		F	Conditional, If 'Medical Election' is		"C" COBRA plan, "R" Retiree plan, "A" RTW active	g
			NOT NULL, then Medical Plan		employee plan	used to identify which coverage group the member is with the
Medical Plan Group		Alpha	Group is required.	1	r F. A. F.	employer.
			Conditional, If 'Dental Election' is		Example: DLDR+02 = DLDR02	
			NOT NULL OR If 'Dental			This is an employer derived dental plan code for the insurance
			Termination Date' is NOT NULL,		Space Fill when there is no Dental coverage.	plan offered by employer and opted by member. The example
			then Dental Plan Code is required		If terminating existing coverage, this info needs to be	DLDR01 is a Delta Dental Single insurance plan. Used as
Dental Plan Code		Alpha		12	populated.	reference only
			Conditional, If 'Dental Election'		"C" COBRA plan, "R" Retiree plan, "A" RTW active	
			NOT NULL, then Dental Plan		employee plan	used to identify which coverage group the member is with the
Dental Plan Group		Alpha	Group is required	1		employer.
			Conditional, If 'Vision Election' is		example: VSN+01 = VSN01	
			NOT NULL, OR If 'Vision		Space Fill when there is no Medical coverage.	This is an employer derived vision plan code for the insurance
			Termination Date' is NOT NULL,		If terminating existing coverage, this info needs to be	plan offered by employer and opted by member. Used as
Vision Plan Code		Alpha	then Vision Plan Code is required	12	populated.	reference only.
Vision Fian code		Прпа	Conditional, If 'Vision Election' is	12	"C" COBRA plan, "R" Retiree plan, "A" RTW active	reference only.
			NOT NULL, then Vision Plan Group		employee plan	used to identify which coverage group the member is with the
Vision Plan Group		Alpha	is required	1	employee plan	employer.
			Conditional, If 'Pharmacy Election'		Example: RX+01 = RX01	. r . J .
			is NOT NULL OR If 'Pharmacy			
			Termination Date' is NOT NULL,		Space Fill when there is no Medical coverage.	This is an employer derived pharmacy plan code for the
			then Pharmacy Plan Code is		If terminating existing coverage, this info needs to be	insurance plan offered by employer and opted by member.
Pharmacy Plan Code		Alpha	required.	12	populated.	Used as reference only
			Conditional, If 'Pharmacy Election'		"C" COBRA plan, "R" Retiree plan, "A" RTW active	
			NOT NULL, then Pharmacy Plan		employee plan	
nı nı c		1	Group is required.			used to identify which coverage group the member is with the
Pharmacy Plan Group		Alpha	• •	1	MMDDWWW f	employer.
	C FCC D .		Conditional, If 'Medical Election'		MMDDYYYY format	This is the date from which the medical insurance is active.
Modical Effective Date	Coverage Effective Date	N	NOT NULL, then Medical Effective		Space Fill when there is no Medical severage	For any change of insurance, effective this date the coverage is changed for the covered person.
Medical Effective Date		Numeric	Date is required. Conditional, If 'Dental Election' is	8	Space Fill when there is no Medical coverage. MMDDYYYY format	Changed for the covered person. This is the date from which the dental insurance is active. For
	Coverage Effective Date		NOT NULL, then Dental Effective		In De la la lormat	any change in coverage, effective this date the coverage is
Dental Effective Date	Goverage Effective Date	Numeric	Date is required.	Ω	Space Fill when there is no Dental coverage.	changed for the covered person.
a. Encoure Dute		- Trumerie	Conditional, If 'Vision Election' is		MMDDYYYY format	This is the date from which the vision insurance is active. For
	Coverage Effective Date		NOT NULL, then Vision Effective			any change of insurance, effective this date the coverage is
Vision Effective Date	coverage Effective Date	Numeric	Date is required.	8	Space Fill when there is no Vision coverage.	changed for the covered person.
				Ĭ	,	
			Conditional, If 'Pharmacy Election'		MMDDYYYY format	This is the date from which the pharmacy insurance is active.
	Coverage Effective Date		NOT NULL, then Pharmacy			For any change of insurance, effective this date the coverage is
Pharmacy Effective Date	1	Numeric	Effective Date is required.		Space Fill when there is no Pharmacy coverage.	changed for the covered person.

03 Record Page 3 of 6

03 Record	Health Plan Information
из кесога	Health Plan Information

Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
					MMDDYYYY format	
	Coverage Stop Date					
	Coverage Stop Date				Populate only for terminating existing coverage. Space	This is the date from which the medical insurance is
Medical Termination Date		Numeric	N	8		terminated.
					MMDDYYYY format	
	Coverage Stop Date					
	Coverage Stop Date			l	Populate only for terminating existing coverage. Space	
Dental Termination Date		Numeric	N	8	Fill if not a Termination	This is the date from which the dental insurance terminated.
					MMDDYYYY format	
	Coverage Stop Date					
	doverage stop bate				Populate only for terminating existing coverage. Space	
VisionTermination Date		Numeric	N	8	Fill if not a Termination	This is the date from which the vision insurance is terminated.
					MMDDYYYY format	
	Coverage Stop Date					
	doverage stop bate				Populate only for terminating existing coverage. Space	This is the date from which the pharmacy insurance is
PharmacyTermination Date		Numeric	N			terminated.
Filler	N/A	Alpha	N		filler	
Filler	N/A	Alpha	N	12	filler	

03 Record Page 4 of 6

06 Record	Dependent Information	
	CTIT THE 1 I I I I	

06 Record	Dependent Information					
Field Description	GUI Field Name	Type	Required	Length		Explanation
Transaction Code	Transaction Code	Alpha	Y	2	"06"	The transaction code for the dependents record information
	1 001					Same as the primary participant ssn, is the members' ssn and is
	Member SSN		Y			used to determine the relationships of primary enrolled with
						the dependents and spouse. The dependents and spouse having
Retiree SSN		Numeric		9	Copy from "01" transaction	any coverage must have a valid relation with this member
Filler	N/A	Alpha	N	1	Space Fill	
	11/11		Conditional, If Transaction Code = 06,		P	
D 1 CON	Dependent SSN		then required		(ANIANANANANANANA)	CON CIL 1 1 1 1 1
Dependent SSN		Numeric	then required	9	"NNNNNNNN" format.	SSN of the person covered as a dependent by the member.
	B 1		Conditional, If Transaction Code = 06,			
Daniel dank I aak Nama	Dependent Last Name	41.1	then required	20		This is the last own (Consiler own of the consult down down
Dependent Last Name		Alpha	1	30		This is the last name /family name of the covered dependent.
			Conditional, If Transaction Code = 06,			
	Dependent First Name	1	then required			
Dependent First Name		Alpha	- 1.	20		This is the first name of the covered dependent
	Dependent Middle Name		N			
Dependent Middle Name		Alpha		20		This is the middle name /middle initial of the dependent
			C IV. LICT. V. C. L. OC			This is the full date (month day and year) the covered
	Dependent Date of Birth		Conditional, If Transaction Code = 06,			dependent is born. Used to check for data integrity and
Dependent Birth Date	•	Numeric	then required	8	MMDDYYYY format	Medicare eligibility
Bependent Birtii Bute		rumene			- Interpolation mat	Predicate engionity
					S = Spouse	
	Relation		Conditional, If Transaction Code = 06,		C = Child	This identifies the relation of the covered dependent to the
	Kelation		then required		0 = Other	member and this allows to allocate the correct insurance
Relationship Code		Alpha		1	R = Retiree	premium
Treatment of the		Inpila		<u> </u>	A Roules	promain
	Gender		Conditional, If Transaction Code = 06,		F = Female	This code identifies the person as a male or a female. Used for
Gender Code	dender	Alpha	then required	1	M = Male	data integrity with the data in the database.
delider code		Aipiia		1	IVI – Maie	data integrity with the data in the database.
			Conditional, If Transaction Code = 06,			
			then required		Y = Yes	This flag identifies if this dependent is covered in the medical
Medical Covered		Alpha	then required	1	N = No	plan identified on the 03 Record.
		T ·	Conditional IEThorness How Co. 1	1		
			Conditional, If Transaction Code = 06,		Y = Yes	This flag identifies if this dependent is covered in the dental
Dental Covered		Alpha	then required	1	N = No	plan identified on the 03 Record.
			Conditional, If Transaction Code = 06,			
					Y = Yes	This flag identifies if this dependent is covered in the vision plan
Vision Covered		Alpha	then required	1	N = No	identified on the 03 Record.
			Conditional, If Transaction Code = 06,			This flag identifies if this dependent is covered in the vision plan
			then required		Y = Yes	identified on the 03 Record.
Pharmacy Covered		Alpha	men required	1	N = No	
	Coverage Effective Date		Conditional, Required if 'Medical			
	Soverage Effective Date		Covered' = Y	_		
Dep Medical Effective		Numeric		8	MMDDYYYY format	
	Coverage Effective Date		Conditional, Required if 'Dental			
D D t -1 E65			Covered' = Y		MMDDVAAA 6	
Dep Dental Effective		Numeric		8	MMDDYYYY format	

06 Record Page 5 of 6

Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
Day Water Difference	Coverage Effective Date		Conditional, Required if 'Vision Covered' = Y.		MMDDWW G	
Dep Vision Effective		Numeric		8	MMDDYYYY format	
Dep Pharmacy Effective	Coverage Effective Date	Numeric	Conditional, Required if 'Pharmacy Covered' = Y.	8	MMDDYYYY format	
Medicare Indicator	Medicare Status		Conditional, If Transaction Code = 06, then required.		A = Medicare Part A B = Medicare Part B	This identifies if a member or dependent is already on Medicare/or is Medicare eligible. This helps to determine the correct coverage and premium amount of insurance coverage charged for the plan selected
Filler	N/A	Numeric	N/A	24	Space Fill	

06 Record Page 6 of 6