

Health Insurance Field Values

R1 Record		Primary Enrollee Information				
Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
Transaction Code	Transaction Code	Alpha	Y	2	"R1"	Identifies this is Primary Enrollee Information.
SSN	SSN	Numeric	Y	9	NNNNNNNNN format. Social Security Number of the PSPRS member (retiree, newret) or Survivor, if they are primary policy holder	Social Security Number of the Primary Enrolled.
Filler	N/A	Alpha	N	1	Space Fill	
Date of Action	Event Date	Numeric	Y	8	MMDDYYYY	File generation date
Filler	N/A	Alpha	N	3	Space Fill	
Last Name	Last Name	Alpha	Y	30		This is the last name of the primary enrolled individual and used to validate the last name in the database for data integrity.
First Name	First Name	Alpha	Y	20		This is the first name of the primary enrolled individual and is used to validate against the database record when loading and validating data
Middle Name	Middle Name	Alpha	N	20		The middle name/ initial of the primary enrolled. Only the middle initial is validated for data integrity.
Gender Code	Gender	Alpha	Y	1	F = Female M = Male	This signifies the gender of the person and is used for checking data integrity to match the database
Birth Date	Date of Birth	Numeric	Y	8	MMDDYYYY format	This is the full date (month day and year) the covered member is born. Used as check of data integrity with the database record and also for Medicare eligibility.
Filler	N/A	Numeric	N	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

Health Insurance Field Values

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

Health Insurance Field Values

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

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

Health Insurance Field Values

06 Record		Dependent Information				
Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
Transaction Code	Transaction Code	Alpha	Y	2	"06"	The transaction code for the dependents record information
Retiree SSN	Member SSN	Numeric	Y	9	Copy from "01" transaction	Same as the primary participant ssn, is the members' ssn and is used to determine the relationships of primary enrolled with the dependents and spouse. The dependents and spouse having any coverage must have a valid relation with this member
Filler	N/A	Alpha	N	1	Space Fill	
Dependent SSN	Dependent SSN	Numeric	Conditional, If Transaction Code = 06, then required	9	"NNNNNNNNN" format.	SSN of the person covered as a dependent by the member.
Dependent Last Name	Dependent Last Name	Alpha	Conditional, If Transaction Code = 06, then required	30		This is the last name /family name of the covered dependent.
Dependent First Name	Dependent First Name	Alpha	Conditional, If Transaction Code = 06, then required	20		This is the first name of the covered dependent
Dependent Middle Name	Dependent Middle Name	Alpha	N	20		This is the middle name /middle initial of the dependent
Dependent Birth Date	Dependent Date of Birth	Numeric	Conditional, If Transaction Code = 06, then required	8	MMDDYYYY format	This is the full date (month day and year) the covered dependent is born. Used to check for data integrity and Medicare eligibility
Relationship Code	Relation	Alpha	Conditional, If Transaction Code = 06, then required	1	S = Spouse C = Child O = Other R = Retiree	This identifies the relation of the covered dependent to the member and this allows to allocate the correct insurance premium
Gender Code	Gender	Alpha	Conditional, If Transaction Code = 06, then required	1	F = Female M = Male	This code identifies the person as a male or a female. Used for data integrity with the data in the database.
Medical Covered		Alpha	Conditional, If Transaction Code = 06, then required	1	Y = Yes N = No	This flag identifies if this dependent is covered in the medical plan identified on the 03 Record.
Dental Covered		Alpha	Conditional, If Transaction Code = 06, then required	1	Y = Yes N = No	This flag identifies if this dependent is covered in the dental plan identified on the 03 Record.
Vision Covered		Alpha	Conditional, If Transaction Code = 06, then required	1	Y = Yes N = No	This flag identifies if this dependent is covered in the vision plan identified on the 03 Record.
Pharmacy Covered		Alpha	Conditional, If Transaction Code = 06, then required	1	Y = Yes N = No	This flag identifies if this dependent is covered in the vision plan identified on the 03 Record.
Dep Medical Effective	Coverage Effective Date	Numeric	Conditional, Required if 'Medical Covered' = Y	8	MMDDYYYY format	
Dep Dental Effective	Coverage Effective Date	Numeric	Conditional, Required if 'Dental Covered' = Y	8	MMDDYYYY format	

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06 Record		Dependent Information				
Field Description	GUI Field Name	Type	Required	Length	Format Examples and Field Values	Explanation
Dep Vision Effective	Coverage Effective Date	Numeric	Conditional, Required if 'Vision Covered' = Y.	8	MMDDYYYY format	
Dep Pharmacy Effective	Coverage Effective Date	Numeric	Conditional, Required if 'Pharmacy Covered' = Y.	8	MMDDYYYY format	
Medicare Indicator	Medicare Status	Alpha	Conditional, If Transaction Code = 06, then required.	1	A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare- Part Unknown E = No Medicare	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	