# Health Benefits Eligibility & Enrollment System Guide for Administrators

# September 2018

Prepared by Office of Health Benefits Department of Human Resource Management

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## **General Introduction**

The Department of Human Resource Management (DHRM), Office of Health Benefits (OHB) provides and administers health benefits programs to agencies and political subdivisions of Virginia to assist them in recruiting and retaining employees. OHB is responsible for collecting, validating, and distributing eligibility and enrollment data to various data partners that complies with State and Federal regulations. This data exchange provides access to health benefits, authorizes claims payments, and files Affordable Care Act (ACA) reports on the behalf of employers, subscribers and covered family members in four programs. These programs include:

- 1. State Employee Program
- 2. State Retiree Program
- 3. Line of Duty Act (LODA) Program
- 4. Local Choice (TLC) Program.

The Benefits Eligibility System (BES) is the central, sole-source of all eligibility and enrollment information for all programs managed by OHB. There are four major components:

- 1. BES, a secure, transaction-based eligibility and enrollment database
- 2. Health Benefits Direct which is a secure, web-based self-service tool for participating employers
- 3. HIPAA-compliant reporting for data partners including employers and third-party plan administrators
- 4. ACA 1094 and 1095 employer reporting with IRS for participating employers and their subscribers

Records in BES are displayed using a transaction code with a participant's identification number, SSN, or name. Approved records are created and stacked by effective date making them old, current, or in suspense. The newest record is at the top of the stack and the oldest is at the bottom. Suspense records take effect at a future date and must be removed to create an earlier record.

Records are created or changed using a transaction and reason code with a participant's identification number or SSN. These transactions require an event date and a receive date and should be keyed within 5-7 business days of the receive date and before the effective date to avoid coverage issues. Successful transactions automatically create BES Turnaround documents and get placed on the vendor's file.

BES creates eligibility files for the health care plan vendors daily. Successful transactions are sent to the vendor based on their effective date. Transactions for the first of the following month are sent beginning on the 4th of the current month. Retroactive effective dates are available to the vendor the next business date after entered in BES. For example, transactions effective June 1 begin to release to the vendor on May 4 and daily thereafter. A transaction for June 1, keyed on June 10<sup>th</sup> will be released to the vendor on the following business day.

BES creates the flex accounts file for the plan vendor weekly on Friday. Successful transactions are sent on the next scheduled file following their key date. For example, a transaction keyed on May 11 and effective June 1 will be sent on the Friday following May 11.

BES also creates various group reports and posts them to the group's HuRMan folder. HuRMan is the secure Web Portal provided to groups by DHRM-ITech. Designated group contacts have access to these reports. A description of the most frequently-used reports is included in the guide. It is important that groups always:

- 1. Review and reconcile BES reports.
- 2. Set-up accurate payroll deductions.
- 3. Issue mandatory notices.
- 4. Keep good records. Supporting documentation for all BES actions is subject to audit by OHB.

Health Benefits Direct (HBD) is used by State and TLC participating employers for the ACA Certification, the Group Data Sheet used for group set-up and renewals, and the on-line Open Enrollments. HBD interfaces with BES for each of these applications. HBD's security is provided by SecurePass for participating employers and by EmployeeDirect for their participants.

The Health Benefits Systems Guide is intended to help benefits administrators manage BES records. It is updated annually with mid-year changes distributed by E-News. Send the <u>Request for Assistance Form</u> with a copy of the screen to OHB when an error cannot be corrected.

Contacts for Help	Email	Phone	Fax
DHRM – ITECH – EmployeeDirect	Support@dhrm.virginia.gov		
DHRM – ITECH HuRMaN	IHelp@dhrm.virginia.gov		
DHRM – ITECH – SecurePass	Support@dhrm.virginia.gov		
DHRM – Office of Health Benefits	OHB@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-371-0231
DHRM LODA	LODA@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-371-0231
DHRM TLC	TLC@dhrm.virginia.gov	804-225-3642 or 888-642-4414	804-786-1708
VITA Service Desk	vccc@vita.virginia.gov	Phone: 866-637-8482	

# Programs, Record Managers and Group IDs

State Employee Program	Group ID	Status (Classification)							Premium Method		
Managed by State Agencies											
State Employees	(090-999)-(001-999)-000	PQ	PF	PP	PE			06			
	Pay Codes	NQ 12	NF 18	NP 19	NE 20	24		06			
Oferte Detine e Dre men	Oracura ID	01-1		: 6: 4	:>			Dusing		- th l	
State Retiree Program	Group ID	Stat	us (Cla	issificat	ion)	_		Prem	ium M	ethod	
Managed by Office of Health Benefits											
COBRA - Regular	006-005-000	Х						09*	02		
COBRA - Disability	006-008-000	XD		90	22	EY		09*	02		
OHB Approved Participants	006-003-000	D	R	LC	LS	SC	SS	02*	03	04	
		_								•	
Managed by VRS											
VRS Service Retirees											
& Annuitant Survivors	005-001-000	R	LC	LS	SC	SS	ΕX	03*	02		
VRS Disability Retirees	005-002-000	к	LC	LS	ΕX			03^	02		
Employees	005-004-000	D	LC	LS	EX			02*	08		
Managed by Last Employer											
ORP Retirees	007-008-000	R	LC	LS	EX			02			
ORP Long-Term Disability (LTD)	007-004-000	П		19	EY			02*	08		
Grandfathered Local Retirees	007-007-000	R	LC	LS	EX			02	00		
VCCS Early Retirees	007-005-000	R	LC	LS				08			
Line of Duty Act (LODA) Program	Group ID	Stat	us (Cla	ssificat	ion)			Prem	ium M	ethod	
		Oldi		loomout				TION		ouriou	
Managed by Office of Health Benefits											
Line of Duty Act (LODA) Beneficiaries	006-004-000	AI	BI	CL	DL	ΕL	FL	10*	11		
		AG	BG	ĊĠ	DG	EG	FG	10*	11		
Local Choice (TLC) Program	Group ID	Stat	us (Cla	ssificat	ion)			Prem	ium M	ethod	
		Clar									
Managed by Office of Health Benefits											
TLC Government Groups	047-(001-999)-(000-999)	TF	TP	EX				06			
		Х	XD					06*	02		
TLC School Groups	048-(001-999)-(000-999)	R TF	LC TP	LS FY	SC	SS		06*	02		
	0-0-0001-000-000)	X	XD					06*	02		
		R	LC	LS	SC	SS		06*	02		
		1						1			

\* Indicates the default premium method

# State Employee Program – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group I	D		Status	s (Cla	ssific	ation)	Premium Method															
Managed by State Agencies	(Agy-Gr	o-Sub)																					
State Employees	(090-999	9)-(001	-999)-000	PQ	PF	PP	PE	06															
				NQ	NF	NP	NE	06															
	1	1																					
Participant Codes	BES	DB	Description																				
Status – Non-PMIS Employees	NE	45	Excluded from health care - penalty												Excluded from health care - penalty								
(Classification)	NF	01	Full-time 40 hours																				
	NP	43	Part-time	20-29 h	nours																		
	NQ	41	Full-time	30-39 h	ours																		
Status – PMIS Employees	PE	44	Excluded	from he	ealth c	are - p	penalty																
(Classification)	PF	00	Full-time	40 hour	s																		
	PP	42	Part-time	20-29 h	nours																		
	PQ	40	Full-time	30-39 h	ours																		
Health Care Medicare Indicator	Ν	0	Not Appli	cable																			
Health Care Memberships	DM	3	Self + Ch	ild																			
	DS	4	Self + Sp	ouse																			
	F	1	Self + Fai	mily																			
	S	0	Self Only																				
	W	5	Waived c	overage	Э																		
Health Care Plans	ACC0	42	COVA Ca	are + pre	eventi	ve der	tal																
	ACC1	43	COVA Ca	are + pre	eventi	ve der	tal + out-of-networl	κ															
	ACC2	44	COVA Ca	are + exp	pande	d den	tal																
	ACC3	45	COVA Ca	are + exp	pande	d den	tal + out-of-network	C															
	ACC4	46	COVA Ca	are + exp	pande	d den	tal + vision & heari	ng															
	ACC5	47	COVA Ca	are + ex	pande	d den	tal + out-of-network	+ vision & hearing															
	CHA	101	COVA He	ealthAwa	are +	prever	ntive dental																
	CHA1	102	COVA He	ealthAwa	are +	expan	ded dental & vision																
	CHA2	103	COVA He	ealthAwa	are +	expan	ded dental																
	CHD	50	COVA Hi	gh Dedu	uctible	Plan	+ preventive dental																
	CHD1	105	COVA Hi	gh Dedu	uctible	Plan	+ expanded dental																
	KP	06	Kaiser HM	ŇO																			
	TRC	110	TRICARE																				
	W	00	Waived c	overage	Э																		
Pay Codes	12	12	12 pay pe	eriods be	eginni	ng in J	luly																
	18	18	18 pay pe	eriods be	eginni	ng in A	August																
	19	19	18 pay pe	eriods be	eginni	ng in S	September																
	20	20	20 pay pe	eriods be	eginni	ng in S	September																
	24	24	24 pay pe	eriods be	eginni	ng in .	luly																
Premium Methods	06	06	Group Bil	ll – Ager	ncy																		

Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	Ν	00	Not Disabled
	0	04	Odd Year Certification
	Р	02	Certification Not Required
Medicare Indicator	E	Not Eligible for Medicare by Exemption	
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
	SS	11	Step-son

# State Employee Program – Frequently-used BES Codes – Page 2 of 2

Lea	Leave Codes & Rules										
Lay	off and Temporary Work Force Red	uction									
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
20	Placement Only	12 months	LV Begin Date; LWP supersedes								
21	Severance & Placement	12 months	LV Begin Date + 12 months								
22	Severance & Retirement	12 months	LV Begin Date + 12 months								
23	Severance Only	12 months	LV Begin Date + 12 months								
24	TWFRReduced Hours	12 months	LV Begin Date + 12 months								
25	TWFRUnpaid	12 months	LV Begin Date + 12 months								
Lea	ve with Full Pay										
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
40	Bone Marrow	1 month	NA								
02	Educational	24 months	NA								
42	Medical	24 months; 480 hours /FMLA	NA								
43	Military	4 months	NA								
06	Mobility Leave	12 months	NA								
44	Personal	4 months; 12 weeks/FMLA	NA								
45	Pre-Disciplinary	80 hours	NA								
46	Pre-Layoff Leave	80 hours	NA								
47	Suspension	NA									
48	Workers Compensation	12 months	NA								
Lea	ve with Partial Pay										
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
30	Educational	24 months	LV End Date not to exceed 24 months								
31	Medical	Medical 24 months; 12 weeks/FMLA									
32	Personal with FMLA	12 weeks	LV End Date								
33	Workers Compensation	12 months	LV End Date								
Lea	ve Without Pay										
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
17	Educational	24 months	LV End Date not to exceed 24 months								
18	Medical	12 months*; 12 weeks/FMLA	LV End Date not to exceed 12 months								
05	Military	60 months	LV Begin Date + 24 months; Layoff								
	-		supersedes;								
09	Personal	12 months*; 12 weeks/FMLA	LV Begin Date + 6 months								
16	Suspension: Pending Investigation	12 months	LV End Date								
03	Suspension: Standards of Conduct	12 months	LV End Date								
	Violation										
19	Workers Compensation	12 months	LV End Date								
Lon	g-Term Disability (LTD)										
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
11	No Workers Compensation	Indefinite, 18-month increments	LV Begin Date; Layoff supersedes								
		12 weeks/FMLA	LV End Date								
13	Workers Compensation	Indefinite, 18-month increments	LV Begin Date; Layoff supersedes								
		12 weeks/FMLA	LV End Date								
Sho	ort-Term Disability (STD)										
LV	Description	LV End Date Not to Exceed:	BES Term Date Is End of Month After:								
10	No Workers Compensation	125 work days, 180-182 calendar days; 12 weeks/FMLA	STD Begin Date + 6 months STD Begin Date + 6 months								
12	Workers Compensation	125 work days, 180-182 calendar days; 12 weeks/FMLA	STD Begin Date + 6 months STD Begin Date + 6 months								
Wo	rking Long-Term Disability (LTD)										
IV	Description	LV End Date Not to Exceed	BES Term Date Is End of Month After								
14	No Workers Compensation	Indefinite, 12-month increments	NA								
15	Workers Compensation	Indefinite 12-month increments	NA								

\*24 months on exception

# State Retiree Program – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group ID Status (Classification)						<b>Premium Method</b>			
Managed by Office of Health Benefits	(Agy-Grp-Sub)									
Extended Coverage /COBRA Regular	006-005-000	Х						09*	02	
Extended Coverage /COBRA Disability	006-008-000	XD						09*	02	
Non-Annuitant Survivors	006-006-000			SC	SS	ΕX		02		
OHB Approved Participants	006-003-000	D	R	LC	LS	SC	SS	02*	03	04
Managed by Virginia Retirement System-VRS										
VRS Service Retirees & Annuitant Survivors	005-001-000	R	LC	LS	SC	SS	ΕX	03*	02	
VRS Disability Retirees	005-002-000	R	LC	LS	ΕX			03*	02	
VSDP Long-Term Disability (LTD) Employees	005-004-000	D	LC	LS	ΕX			02*	08	
Managed by Last Employer										
ORP Retirees	007-008-000	R	LC	LS	ΕX			02		
ORP Long-Term Disability (LTD) Employees	007-004-000	D	LC	LS	ΕX			02*	08	
Grandfathered Local Retirees	007-007-000	R	LC	LS	ΕX			02		
VCCS Early Retirees	007-005-000	R	LC	LS				08		

\* Indicates the default premium method

Participant Codes	BES	DB	Description
Status (Classification)	D	27	LTD Employee
	EX	25	Excluded from health care - penalty
	LC	32	Split Contract – Linked Child
	LS	31	Split Contract –Linked Spouse
	R	02	Retiree
	SC	33	Surviving Child
	SS	34	Surviving Spouse
	Х	04	Extended Coverage (COBRA) - Regular
	XD	56	Extended Coverage (COBRA) - Disability
Health Care Medicare Indicator	E	7	Exempt from Medicare-Not Eligible
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
	W	5	Waived coverage
Health Care Plans	ACC0	42	COVA Care + preventive dental
for those NOT eligible for Medicare	ACC1	43	COVA Care + preventive dental + out-of-network
	ACC2	44	COVA Care + expanded dental
	ACC3	45	COVA Care + expanded dental + out-of-network
	ACC4	46	COVA Care + expanded dental + vision & hearing
	ACC5	47	COVA Care + expanded dental + out-of-network + vision & hearing
	CHA	101	COVA HealthAware + preventive dental
	CHA1	102	COVA HealthAware + expanded dental & vision
	CHA2	103	COVA HealthAware + expanded dental
	CHD	50	COVA High Deductible Plan + preventive dental
	CHD1	105	COVA High Deductible Plan + expanded dental
	KP	06	Kaiser HMO
	TRC	110	TRICARE
	W	00	Waived coverage
Health Care Plans	65DV	37	Advantage 65 + RX + dental & vision
for those eligible for Medicare	65MO	48	Advantage 65 – no RX
(no low-income subsidy)	A65	27	Advantage 65 + RX
	B2	03	Option II – no dental & vision
	B2DV	36	Option II + dental & vision
	MODV	49	Advantage 65 – no RX + dental vision
	W	00	Waived coverage

# State Retiree Program – Frequently-used BES Codes – Page 2 of 2

Participant Codes continued	BES	DB	Description
Health Care Plans	65D1	91	Advantage 65 + RX + dental & vision – low-income subsidy 1
for those eligible for Medicare	65D2	92	Advantage 65 + RX + dental & vision – low-income subsidy 2
(with low-income subsidy)	65D3	93	Advantage 65 + RX + dental & vision – low-income subsidy 3
	65D4	94	Advantage 65 + RX + dental & vision – low-income subsidy 4
	65D5	95	Advantage 65 + RX + dental & vision – low-income subsidy 5
	65D6	96	Advantage 65 + RX + dental & vision – low-income subsidy 6
	65D7	97	Advantage 65 + RX + dental & vision – low-income subsidy 7
	65D8	98	Advantage 65 + RX + dental & vision – low-income subsidy 8
	65D9	99	Advantage 65 + RX + dental & vision – low-income subsidy 9
	A651	51	Advantage 65 + RX – low-income subsidy 1
	A652	52	Advantage 65 + RX – low-income subsidy 2
	A653	53	Advantage 65 + $RX$ – low-income subsidy 3
	A654	54	Advantage 65 + $RX$ – low-income subsidy 4
	A655	55	Advantage 65 + $RX = low-income subsidy 5$
	A656	56	Advantage 65 + $RX$ – low-income subsidy 6
	A657	57	Advantage 65 + $RX = low-income subsidy 7$
	A658	58	Advantage 65 + $RX$ – low-income subsidy 8
	A659	59	Advantage 65 + $RX = low-income subsidy 9$
	R21	71	Option II – no dental & vision – low-income subsidy 1
	B22	72	Option II – no dental & vision – low-income subsidy ?
	B23	73	Option II – no dental & vision – low-income subsidy 2
	B24	74	Option II – no dental & vision – low-income subsidy 3
	B25	75	Option II – no dental & vision – low-income subsidy 5
	B26	76	Option II – no dental & vision – low-income subsidy 6
	B27	77	Option II – no dental & vision – low-income subsidy 0
	B28	78	Option II – no dental & vision – low-income subsidy 8
	B20	79	Option II – no dental & vision – low-income subsidy 9
	B2D1	81	Option II + dental & vision - low-income subsidy 3
	B2D2	82	Option II + dental & vision – low-income subsidy 2
	B2D2	83	Option II + dental & vision $-$ low-income subsidy 2
	B2D4	84	Option II $\pm$ dental & vision $=$ low-income subsidy 3
	B2D4	95	Option II + dental & vision – low income subsidy 4
	B2D6	86	Option II $\pm$ dental & vision $-$ low-income subsidy 5
	B2D7	87	Option II $\pm$ dental & vision $=$ low-income subsidy 0
	B2D8	88	Option II $\pm$ dental & vision $-$ low-income subsidy 8
	B2D0	20	Option II + dental & vision – low-income subsidy 0
Dramium Mathada	0203	03	Direct Pill Subscriber
Fremium methods	02	02	
	03	03	Agroomont with OHP
	04	04	Agreement with Leet Croup
	00	00	Agreement with Last Group Dending Daymont
	09	09	
Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
,	Ν	00	Not Disabled
	1	1 -	

Disability Indicator	E	03	Even Year Certification
	Ν	00	Not Disabled
	0	04	Odd Year Certification
	Р	02	Certification Not Required
Medicare Indicator	E	7	Not Eligible for Medicare by Exemption
	Ν	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
	SS	11	Step-son

# Line of Duty Act (LODA) – Frequently-used BES Codes – Page 1 of 1

Group Codes	Group ID	Stat	Status (Classification)						ium Meth	bd
Managed by DHRM-OHB	(Agy-Grp-Sub)									
Line of Duty Act (LODA) Beneficiaries	006-004-000	AL	BL	CL	DL	EL	FL	10*	11	
		AG	BG	CG	DG	EG	FG	10*	11	

\* Indicates the default premium method

**Relationship Indicator** 

Participant Codes	BES	DB	Description
Status (Classification)	AG	63	Grandfathered Original Subscriber
	BG	64	Grandfathered Original Subscriber with Workers Compensation
	CG	65	Grandfathered Surviving Spouse
	DG	66	Grandfathered Surviving Child
	EG	67	Grandfathered Spouse
	FG	68	Grandfathered Child
	AL	57	Original Subscriber
	BL	58	Original Subscriber with Workers Compensation
	CL	59	Surviving Spouse
	DL	60	Surviving Child
	EL	61	Spouse
	FL	62	Child
Health Care Medicare Indicator	E	7	Exempt from Medicare-Not Eligible
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
Health Care Plans	LOD1	127	LOD1 – Former Employment
for those NOT eligible for Medicare	LOD2	128	LOD2 – Current Employment
Health Care Plans	LOD3	129	LOD3 – Medicare Primary
for those eligible for Medicare			
Premium Methods	10	10	VRS Participating Employer
	11	11	Non-Participating Employer
Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	Ν	00	Not Disabled
	0	04	Odd Year Certification
	Р	02	Certification Not Required
Medicare Indicator	E	7	NOT Eligible for Medicare by Exemption
	Ν	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare

D

OF

ОМ

S

SD

SF

SM

SS

20

98

97

10

21

02

01

11

Daughter

Son

Other female child

Other male child

Step-daughter Spouse-female

Spouse-male Step-son

# Local Choice (TLC) – Frequently-used BES Codes – Page 1 of 2

Group Codes	Group ID	Stat	tus (Cl	assific	ation)		Prem	ium Method
Managed by DHRM-OHB	(Agy-Grp-Sub)							
TLC Government Groups	047-(001-999)-(000-999)	TF	TP	ΕX			06	
		Х	XD				06*	02
		R	LC	LS	SC	SS	06*	02
TLC School Groups	048-(001-999)-(000-999)	TF	TP	ΕX			06	
		Х	XD				06*	02
		R	LC	LS	SC	SS	06*	02

\* Indicates the default premium method

Participant Codes	BES	DB	Description
Status (Classification)	EX	25	Excluded from health care - penalty
	LC	32	Split Contract – Linked Child
	LS	31	Split Contract –Linked Spouse
	R	02	Retiree
	SC	33	Surviving Child
	SS	34	Surviving Spouse
	TF	50	Full-time Employees
	TP	52	Part-time Employees
	Х	04	COBRA - Regular
	XD	56	COBRA - Disability
Health Care Medicare Indicator	Е	7	Exempt from Medicare-Not Eligible
	N	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Health Care Memberships	DM	3	Self + Child
	DS	4	Self + Spouse
	F	1	Self + Family
	S	0	Self Only
	W	5	Waived coverage
Health Care Plans	HD2	106	HDP without HSA/HRA funding + comprehensive dental
for those NOT eligible for Medicare	HD2D	126	HDP without HSA/HRA funding + preventive dental
	HD3	124	HDP with HSA/HRA funding + comprehensive dental
	HD3D	125	HDP with HSA/HRA funding + preventive dental
	KA1	117	Key Advantage 250 + comprehensive dental
	KA1D	121	Key Advantage 250 + preventive dental
	KA2	118	Key Advantage 500 + comprehensive dental
	KA2D	122	Key Advantage 500 + preventive dental
	KA3	119	Key Advantage 1000 + comprehensive dental
	KA3D	123	Key Advantage 1000 + preventive dental
	KAX	40	Key Advantage Expanded + comprehensive dental
	KAXD	120	Key Advantage Expanded + preventive dental
	KP1	107	Kaiser
	W	00	Waived coverage
Health Care Plans	1A65	108	Advantage 65
for those eligible for Medicare	2A65	109	Advantage 65 + Dental & Vision
-	OPT1	111	Option I
	W	00	Waived coverage
Premium Methods	02	02	Direct Bill Subscriber
	06	06	Group Bill (and TPA)

# Local Choice (TLC) – Frequently-used BES Codes – Page 2 of 2

Dependent Codes	BES	DB	Description
Disability Indicator	E	03	Even Year Certification
	Ν	00	Not Disabled
	0	04	Odd Year Certification
	Р	02	Certification Not Required
Medicare Indicator	E	7	Not Eligible for Medicare by Exemption
	Ν	0	NOT Eligible for Medicare
	Y	6	Eligible for Medicare
Relationship Indicator	D	20	Daughter
	OF	98	Other female child
	OM	97	Other male child
	S	10	Son
	SD	21	Step-daughter
	SF	02	Spouse-female
	SM	01	Spouse-male
	SS	11	Step-son

# Transactions & Reason Codes – Page 1 of 2

Fiex Accounts - Plan Year Snapshot     NA     PSB308     NA       Help Screens     PSB1HLP     NA     NA       Leave Expire Report     PSB102     NA     NA       Participant Data As of [Date]     PSB305     NA     NA       Participant Dependent Name Scroll     PSB306     NA     NA       Participant Dependent Name Scroll     PSB306     NA     NA       Participant Dependent Name Scroll     PSB308     NA     NA       Participant Octat As of [Date]     PSB306     NA     NA       Participant Neadcast Screen     PMIS     NA     NA       Transactions & Reason Codes That Update Data     Health Care     Fize Acct     Reason Code       Transactions As using Family Coverage     PSB301     NA     NA       Deptet Suspense Record     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Depe	Transactions That Display Data	Health Care	Flex Acct	Reason Code
Health Care Coverage - Calendar Year Snapshot     PS8306     NA     NA       Help Screens     PSBHLP     NA     NA       Leave Expire Report     PSL002     NA     NA       Participant J Dependent Name Scroll     PSB305     NA     NA       Participant J Dependent Name Scroll     PSB015     NA     NA       Participant J Dependent Name Scroll     PSB015     NA     NA       Participant Screen     PMIS     NA     NA       Premium Reward History     PSB000     NA     NA       Transactions & Reason Codes That Update Data     Health Care     Fex Acct     Reason Code       Create Newly-Eligibk Non-PMIS Record*     PSB000     PSB000     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     56       Post Open Enrollment     PSB301     PSB200     15       Child Covered under your Plan Lost Eligibility     PSB301     PSB200     16       Death of Child     PSB301     PSB200     16       Death of Child     PSB301     PSB200     17       Death of Child     PSB301     PSB200     16       Divorce     PSB301     PSB200     17       Deat	Flex Accounts – Plan Year Snapshot	NA	PSB306	NA
Help Screens         PSBHLP         NA         NA           Participart Data As of [Date]         PSB305         NA         NA           Participart Dependent Name Scroll         PSB015         NA         NA           Participart Dependent Name Scroll         PSB015         NA         NA           Participart Dependent Name Scroll         PSB015         NA         NA           Participart Dependent Name Scroll         PSB17         NA         NA           Transactions & Reason Codes That Update Data         Health Care         Flex Acct         Reason Code           Persense Record         PSB17         Encoll         Flex Acct         Reason Code           Chelets Suspense Record         PSB301         PSB200         56           Poet Open Enrollment         PSB301         PSB200         61           Open Enrollment         PSB301         PSB200         61           Open Enrollment         PSB301         PSB200         61           Open Enrollment         PSB301         PSB200         16           Open Enrollment         PSB200         16         01           Open Enrollment         PSB200         16         01           Open Enrollment Orage: Enrollment PSB301         PSB200         <	Health Care Coverage – Calendar Year Snapshot	PSB308	NA	NA
Leave Expire ReportPSL002NANAParticipant Jak So [Date]PSB305NANAParticipant I Mane ScrollPSB015NANAParticipant I HistoryPSB309NANAPMISBES Broadcast ScreenPMISNANATransactions Available To BESBENEFITNANATransactions Available To BESBENEFITNANATransactions Available To BESBENEFITNANATransactions Available To BESBENEFITNANADalete Suspense RecordPSB301PSB200See belowAdd Dependent to Existing Family CoveragePSB301PSB20056Post Dopen EnrollmentPSB301PSB20056Open EnrollmentPSB301PSB20015Child Covered under your Plan Lost EligibilityPSB301PSB20016Death of ChildPSB301PSB20016Death of ChildPSB301PSB20017Death of ChildPSB301PSB20010Dermolyment Change: Part-time to Fall-timePSB301PSB20017Death of ChildPSB301PSB20010Dermolyment Change: Part-time to Part-timePSB301PSB20010Dependent Change: Unpaid Leave BeginsPSB301PSB20010Dependent Change: Unpaid Leave BeginsPSB301PSB20016DivorcePSB201PSB2001716Didyment Deares or Order to Add ChildPSB301PSB20016<	Help Screens	PSBHLP	NA	NA
Participant Data As of [Date] PSB305 NA NA Participant Dependent Name Scroll PSB015 NA NA Participant History PSB309 NA NA Participant History PSB309 NA NA NA Premium Reward History PSB309 NA NA NA Premium Reward History PSB5117 NA NA Transactions & Reason Codes That Update Data Health Care Flex Acct. Reason Code Create Newly-Eligble Non-PMIS Record* PSB301 PSB301 PSB200 See below Add Dependent to Existing Family Coverage PSB301 PSB301 PSB200 of Delete Suspense Record PSB301 PSB300 See below Add Dependent to Existing Family Coverage PSB301 PSB200 of Cover Enrollment PSB301 PSB200 of Delete Suspense Netword PSB301 PSB200 of Delete Suspense Netword PSB301 PSB200 of Cover Enrollment PSB301 PSB200 of Cover Enrollment PSB301 PSB200 of Child Covered under your Plan Lost Eligibility PSB301 PSB200 of Deleth of Suppendent to Existing Family Coverage Change NA Deleth of Suppendent Care Cost or Coverage Change NA Death of Child PSB301 PSB200 of Dependent Care Cost or Coverage Change NA Dependent Care Cost or Coverage PSB301 PSB200 of Dependent Care Cost or Coverage PSB301 PSB200 of Dependent Change: Full-time to PSB301 PSB200 of Dependent Change: Full-time to PSB301 PSB200 of Dependent Change: Full-time PSB301 PSB200 of Dependent Change: Full-time PSB301 NA 73 Employment Change: Unpaid Leave Engins PSB301 NA 74 Employment Change: Unpaid	Leave Expire Report	PSL002	NA	NA
Participant Islory PSB015 NA NA PMIS/BES Broadcast Screen PMIS NA NA PMIS/BES Broadcast Screen PMIS NA NA PTernamer Marken Mistory PSB000 NA NA Transactions Available To BES BB000 PSB000 NA NA Transactions Available To BES BB000 PSB000 PSB0	Participant Data As of [Date]	PSB305	NA	NA
Participant History         PSB309         NA         NA           Premium Reward History         PSBREW         NA         NA           Transactions Available To BES         BENETT         NA         NA           Transactions & Reason Codes That Update Data         Health Care         Flex Acct         Reason Code           Create Newly-Eligible Non-PMIS Record**         PSB000         PSB200         See below           Datesto Suspense Record         PSB301         PSB200         See below           Add Dependent to Existing Family Coverage         PSB301         PSB200         56           Add Dependent to Existing Family Coverage         PSB301         PSB200         56           Open Enrollment         PSB301         PSB200         56           Open Enrollment         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         16           Dependent Change: Full-time to Full-time         PSB301         PSB200         17           Death of Child         PSB301         PSB200         16           Divore         PSB301         PSB200         10	Participant / Dependent Name Scroll	PSB015	NA	NA
PMIS/BES Broadcast Sureen         PMIS         NA         NA           Transactions Available To BES         BENEFIT         NA         NA           Transactions Available To BES         BENEFIT         NA         NA           Transactions A Reason Codes That Update Data         Health Care         Fiex Acct         Reason Code           Create Newly-Eligble Non-PMIS Record**         PSB301         PSB200         See below           Create Newly-Eligble Non-PMIS Record**         PSB301         PSB200         See below           Add Dependent to Existing Family Coverage         PSB301         PSB200         See below           Add Dependent to Existing Family Coverage         PSB301         PSB200         66           Open Enrollment         PSB301         PSB200         67           Qualifying Md-Year Event (OME)         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         16           Death of Spouse         PSB301         PSB200         16           Divorce         PSB301         PSB200         17           Employment Change: Unplait Lave Begins         PSB301         PSB	Participant History	PSB309	NA	NA
Premium Reward History         PSBREW         NA         NA           Transactions Available To BES         BENEFIT         NA         NA           Transactions & Reason Codes That Update Data         Health Care         Flex Acct         Reason Code           Create Newly-Eligible Non-PMIS Record**         PSB000         PSB117         Emol.         Change, or Waive Elections         PSB301         PSB200         See below           Add Dependent to Existing Family Coverage         PSB301         PSB200         66         Delete Supense Record         PSB301         PSB200         66           Open Enrollment         PSB301         PSB200         66         Destropen Enrollment         PSB301         PSB200         61           Qualifying Mid-Year Event (QME)         PSB301         PSB200         15         Child Covered under your Plan Lost Eligibility         PSB301         PSB200         16           Death of Spouse         PSB301         PSB200         16         Destropment Change: Full-time to Part-time         PSB301         PSB200         17           Destropment Change: Full-time to Part-time         PSB301         PSB200         10         Destropment Change: Full-time to Full-time         PSB301         PSB200         60           Employment Change: Full-time to Fart-time         PSB301 </td <td>PMIS/BES Broadcast Screen</td> <td>PMIS</td> <td>NA</td> <td>NA</td>	PMIS/BES Broadcast Screen	PMIS	NA	NA
Transactions Available To BES     BENEFIT     NA     NA       Transactions & Reason Codes That Update Data     Health Care     Flex Acct     Reason Code       Create Newly-Eligible Non-PMIS Record**     PS8001     PS8001     PS8000       Delete Suspense Record     PS8117     PS8001     PS8200     See below       Add Dependent to Existing Family Coverage     PS8301     PS8200     01       Open Enrollment     PS8301     PS8200     66       Post Open Enrollment     PS8301     PS8200     77       Birth or Adoption     PS8301     PS8200     15       Orbid Covered under your Plan Lost Eligibility     PS8201     PS8200     16       Death of Spouse     PS8301     PS8200     16       Death of Spouse     PS8301     PS8200     10       Employment Change: Full-time to Part-time     PS8301     PS8200     10       Employment Change: Unpaid Leave Edgins     PS8301     PS8200     17       Employment Change: Unpaid Leave Edgins     PS8301     PS8200     40       Gained Eligibility under Medicare or Medicaid     PS8301     PS8200     40       Employment Change: Unpaid Leave Edgins     PS8301     PS8200     66       Hard Aspecial Enrollment-Loss of Coverage     PS8301     PS8200     67	Premium Reward History	PSBREW	NA	NA
Transactions & Reason Codes That Update Data         Health Care         Flex Acct         Reason Code           Create Newly-Eligble Non-PMIS Record**         P\$8000         P         P           Delete Suspense Record         P\$8117         P         P           Erroll, Change, or Waive Elections         P\$8301         NA         19           Initial Errollment         P\$8301         P\$8200         56           Open Enrollment         P\$8301         P\$8200         67           Qualifying Mid-Year Event (QME)         P         P         P           Birth or Adoption         P\$8301         P\$8200         15           Child Covered under your Plan Lost Eligibility         P\$8301         P\$8200         17           Death of Spuse         P\$8301         P\$8200         18           Dependent Care Cost or Coverage Change         NA         P\$8200         17           Death of Spuse         P\$8301         P\$8200         18           Divorce         Partime to Full-time to Part-time to Full-time         P\$8301         P\$8200         17           Employment Change: Unpaid Leave Begins         P\$8301         P\$8200         18         19           Employment Change: Unpaid Leave Ends         P\$8301         P\$8200         66 <td>Transactions Available To BES</td> <td>BENEFIT</td> <td>NA</td> <td>NA</td>	Transactions Available To BES	BENEFIT	NA	NA
Transactions & Reason Codes That Update Data         Health Care         Flex Acct         Reason Code           Create Newly-Eligible Non-PMIS Record*         PSB000         PSB017         PSB010         PSB000           Delete Suspense Record         PSB011         PSB001         PSB020         See below           Add Dependent to Existing Family Coverage         PSB011         PSB200         See below           Add Dependent to Existing Family Coverage         PSB011         PSB200         See below           Open Enrollment         PSB301         PSB200         See           Open Enrollment         PSB301         PSB200         See           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         See           Death of Spouse         PSB301         PSB200         See         See           Death of Spouse         PSB301         PSB200         See         See           Divorce         PSB301         PSB200         See         See         See           Employment Change: Linglia Leave Ends         PSB301         PSB200         See         See           Employment Change: Unpaid Leave Ends         PSB301         PSB200         See         See           Gained Eligibility under Medicare or Medicaid <td< td=""><td></td><td></td><td></td><td></td></td<>				
Create Newly-Eligible Non-PMIS Record**         PS8000           Delete Supense Record         PS817           Enroll, Change, or Waive Elections         PS8301         NA           Add Dependent to Existing Family Coverage         PS8301         PS8200         01           Open Enrollment         PS8301         PS8200         01           Open Enrollment         PS8301         PS8200         56           Outlifying Mid-Year Event (CME)         PS8301         PS8200         15           Child Covered under your Plan Lost Eligibility         PS8301         PS8200         16           Death of Child         PS8301         PS8200         16           Death of Child         PS8301         PS8200         16           Drorce         PS8301         PS8200         16           Drorce         PS8301         PS8200         17           Death of Spouse         PS8301         PS8200         10           Employment Change: Full-time to Part-time         PS8301         PS8200         10           Employment Change: Unpaid Leave Begins         PS8301         PS8200         50           Gained Eligbility under Medicare or Medicaid         PS8301         PS8200         50           Gained Eligbility under Medicare or	Transactions & Reason Codes That Update Data	Health Care	Flex Acct	Reason Code
Detets Suspense Record         PS8117         Pse           Enroll, Change, or Waive Elections         PS8301         PS8200         See below           Add Dependent to Existing Family Coverage         PS8301         PS8200         01           Open Enrollment         PS8301         PS8200         56           Post Open Enrollment         PS8301         PS8200         47           Qualifying Mid-Year Event (QME)         PS8301         PS8200         15           Child Covered under your Plan Lost Eligibility         PS8301         PS8200         16           Death of Child         PS8301         PS8200         17           Death of Spuse         PS8301         PS8200         16           Droorce         PS8301         PS8200         17           Death of Spuse         PS8301         PS8200         16           Droorce         PS8301         PS8200         17           Employment Change: Full-time to Full-time         PS8301         PS8200         10           Employment Change: Unpaid Leave Begins         PS8301         PS8200         60           HIPAA Special Enrollment-Loss of Coverage         PS8301         PS8200         66           HIPAA Special Enrollment-Loss of Coverage         PS8301	Create Newly-Eligible Non-PMIS Record**	PSB000		
Enroll, Change, or Waive Elections     PSB301     PSB200     See below       Add Dependent to Existing Family Coverage     PSB301     PSB200     01       Open Enrollment     PSB301     PSB200     56       Post Open Enrollment     PSB301     PSB200     47       Qualifying Mid-Year Event (QME)     PSB301     PSB200     15       Birth or Adoption     PSB301     PSB200     15       Child Covered under your Plan Lost Eligibility     PSB301     PSB200     17       Death of Child     PSB301     PSB200     16       Divorce     PSB301     PSB200     10       Divorce     PSB301     PSB200     10       Employment Change: Full-time to Part-time     PSB301     PSB200     10       Employment Change: Unpaid Leave Begins     PSB301     PSB200     50       Employment Change: Unpaid Leave Ends     PSB301     PSB200     66       HIPAA Special Enrollment-Loss of Coverage     PSB301     PSB200     67       Judgment, Decree, or Order to Add Child     PSB301     PSB200     67       Lost Eligibility under Medicare or Medicaid     PSB301     PSB200     67       Judgment, Decree, or Order to Add Child     PSB301     PSB200     67       Lost Eligibility under Medicare or Medicaid     PSB301	Delete Suspense Record	PSB117		
Add Dependent to Existing Family CoveragePS8301PS820019Initial EnrollmentPS8301PS820066Open EnrollmentPS8301PS820047Oualifying Mid-Year Event (QME)PS8301PS820015Birth or AdoptionPS8301PS820015Child Covered under your Plan Lost EligibilityPS8301PS820016Death of ChildPS8301PS820016Death of SpousePS8301PS820061Dorote SpousePS8301PS820061DivorcePS8301PS820010Employment Change: Full-time to Part-timePS8301PS8200PS8201PS8201PS820077Employment Change: Linpaid Leave BeginsPS8301PS8200Gaine Eligibility under Medicare or MedicaidPS8301PS8200Gaine Eligibility under Medicare or MedicaidPS8301PS8200Judgment, Decree, or Order to Add ChildPS8301PS8200Judgment, Decree, or Order to Add ChildPS8301PS8200Judgment, Decree, or Order to Remove ChildPS8301PS8200 <t< td=""><td>Enroll, Change, or Waive Elections</td><td>PSB301</td><td>PSB200</td><td>See below</td></t<>	Enroll, Change, or Waive Elections	PSB301	PSB200	See below
Initial Enrollment         PSB201         PSB200         01           Open Enrollment         PSB301         PSB200         47           Qualifying Md-Year Event (QME)         PSB301         PSB200         15           Birth or Adoption         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         18           Death of Child         PSB301         PSB200         16           Death of Child         PSB301         PSB200         16           Dependent Care Cost or Coverage Change         NA         PSB200         16           Divorce         PSB301         PSB200         10         17           Employment Change: Full-time to Part-time         PSB301         PSB200         10           Employment Change: Unpaid Leave Begins         PSB301         PSB200         77           Employment Change: Unpaid Leave Begins         PSB301         PSB200         50           Garanet Eingibility under Medicare or Medicaid         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         NA         76           Judgment, Decree, or Order to Add Child         PSB301         NA         76 <t< td=""><td>Add Dependent to Existing Family Coverage</td><td>PSB301</td><td>NA</td><td>19</td></t<>	Add Dependent to Existing Family Coverage	PSB301	NA	19
Open Enrollment         PSB301         PSB200         56           Post Open Enrollment         PSB301         PSB200         47           Qualifying Mid-Year Event (QME)         PSB301         PSB200         15           Birth or Adoption         PSB301         PSB200         15           Child Covered under your Plan Lost Eligibility         PSB301         PSB200         17           Death of Spouse         PSB301         PSB200         61           Divorce         PSB301         PSB200         10           Employment Change: Full-time to Part-time         PSB301         PSB200         10           Employment Change: Part-time to Full-time         PSB301         PSB200         10           Employment Change: Unpaid Leave Ends         PSB301         PSB200         50           Gained Eligibility under Medicare or Medicaid         PSB301         NA         70           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Governmental Plan         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         NA         76           Other Employer's Open Enrollment or Plan Change         PSB301         NA         62 <td>Initial Enrollment</td> <td>PSB301</td> <td>PSB200</td> <td>01</td>	Initial Enrollment	PSB301	PSB200	01
Post Open EnrollmentPSB301PSB20047Qualifying Mid-Year Event (QME)PSB301PSB20015Birth or AdoptionPSB301PSB20015Child Covered under your Plan Lost EligibilityPSB301PSB20038Death of ChildPSB301PSB20017Death of SpousePSB301PSB20061DivorcePSB301PSB20010Employment Change: Full-time to Part-time to PSB301PSB20077Employment Change: Unpaid Leave BeginsPSB301PSB20049Employment Change: Unpaid Leave RedinsPSB301PSB20050Gained Eligibility under Medicare or MedicaidPSB301PSB20066HPAA Special Enrollment-Loss of CoveragePSB301PSB20067Judgment, Decree, or Order to Add ChildPSB301PSB20067Judgment, Decree, or Order to Add ChildPSB301PSB20077Loss Eligibility under Medicare or MedicaidPSB301NA76Loss Eligibility under Medicare or MedicaidPSB301NA65MarriagePSB301NA6565Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Lost Eligibility or Health PlanPSB301NA62Spouse or Child Lost Eligibility under Their EmployerPSB301NA62Spouse or Child Lost Eligibility under Their EmployerPSB301NA63Split Contract: (Initial transfer of coverage)TT75 <td>Open Enrollment</td> <td>PSB301</td> <td>PSB200</td> <td>56</td>	Open Enrollment	PSB301	PSB200	56
Qualifying Mid-Year Event (QME)         PSB301         PSB200         15           Birth or Adoption         PSB301         PSB200         38           Death of Child         PSB301         PSB200         17           Death of Spouse         PSB301         PSB200         61           Divorce         PSB301         PSB200         61           Divorce         PSB301         PSB200         61           Divorce         PSB301         PSB200         77           Employment Change: Part-time to Part-time         PSB301         PSB200         77           Employment Change: Unpaid Leave Endis         PSB301         PSB200         49           Employment Change: Unpaid Leave Endis         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         PSB200         71           Judgment, Decree, or Order to Add Child         PSB301         NA         76           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         67           Marriage         PORE Enr	Post Open Enrollment	PSB301	PSB200	47
Birth or AdoptionPSB201PSB20015Child Covered under your Plan Lost EligibilityPSB301PSB20038Death of ChildPSB301PSB20017Death of SpousePSB301PSB20061Dependent Care Cost or Coverage ChangeNAPSB20061DivorcePSB301PSB20077Employment Change: Full-time to Part-timePSB301PSB20077Employment Change: Unpaid Leave BeginsPSB301PSB20049Employment Change: Unpaid Leave BeginsPSB301PSB20066Gained Eligibility under Medicare or MedicaidPSB301PSB20066HIPAA Special Enrollment-Loss of CoveragePSB301NA70Judgment, Decree, or Order to Ad ChildPSB301PSB20071Judgment, Decree, or Order to Ad ChildPSB301PSB20076Lost Eligibility under Medicare or MedicaidPSB301NA76Lost Eligibility under Gwernmental PlanPSB301NA76Move Affecting Eligibility for Health PlanPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA63Spitt Contract: (initial transfer of coverage)1Original ParticipantPSB301NA63Spitt Contract: (initial transfer of coverage)1Original ParticipantPS	Qualifying Mid-Year Event (QME)			
Child Covered under your Plan Lost EligibilityPSB301PSB20038Death of ChildPSB301PSB20017Death of SpousePSB301PSB20061DivorcePSB301PSB20010Employment Change: Full-time to Part-timePSB301PSB20077Employment Change: Inplaid Leave BeginsPSB301PSB20049Employment Change: Unpaid Leave BeginsPSB301PSB20066Gained Eligibility under Medicare or MedicaidPSB301PSB20066HIPAA Special Enrollment-Loss of CoveragePSB301PSB20066Judgment, Decree, or Order to Add ChildPSB301PSB20067Judgment, Decree, or Order to Remove ChildPSB301PSB20067Lost Eligibility under Governmental PlanPSB301PSB20067MarriagePSB301PSB2007070Move Affecting Eligibility onder Their EmployerPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Lost Eligibility under Their EmployerPSB301NA63Split Contract: (initial transfer of coverage)	Birth or Adoption	PSB301	PSB200	15
Death of Child         PSB301         PSB300         17           Death of Spouse         PSB301         PSB300         08           Dependent Care Cost or Coverage Change         NA         PSB200         61           Divorce         PSB301         PSB200         10           Employment Change: Full-time to Part-time         PSB301         PSB200         77           Employment Change: Unpaid Leave Ends         PSB301         PSB200         49           Employment Change: Unpaid Leave Ends         PSB301         PSB200         50           Gained Eligibility under Medicare or Medicaid         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         PSB200         71           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         07           Meriage         Opesion         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         NA         65           Other Employer's Open Enrollment or Plan Change         PSB301 <td< td=""><td>Child Covered under your Plan Lost Eligibility</td><td>PSB301</td><td>PSB200</td><td>38</td></td<>	Child Covered under your Plan Lost Eligibility	PSB301	PSB200	38
Death of Spouse         PSB301         PSB200         06           Dependent Care Cost or Coverage Change         NA         PSB200         61           Divorce         PSB301         PSB200         10           Employment Change: Full-time to Part-time         PSB301         PSB200         77           Employment Change: Unpaid Leave Begins         PSB301         PSB200         49           Employment Change: Unpaid Leave Begins         PSB301         PSB200         50           Gained Eligibility under Medicare or Medicaid         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         PSB200         71           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         PSB200         09           Marriage         PSB301         PSB200         07           Move Affecting Eligibility under Medicare or Medicaid         PSB301         NA         62           Spouse or Child Gained Eligibility under Their Employer         PSB301         NA         62           Spouse or Child Gained Eligibility under Their Employer	Death of Child	PSB301	PSB200	17
Dependent Care Cost or Coverage Change         NA         PSB200         61           Divorce         PSB301         PSB200         10           Employment Change: Full-time to Part-time         PSB301         PSB200         77           Employment Change: Unpaid Leave Begins         PSB301         NA         78           Employment Change: Unpaid Leave Begins         PSB301         PSB200         49           Employment Change: Unpaid Leave Begins         PSB301         PSB200         50           Gained Eligibility under Medicare or Medicaid         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         NA         70           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Medicare or Medicaid         PSB301         NA         76           Lost Eligibility under Medicare or Medicaid         PSB301         NA         62           Marriage         PSB301         PSB200         07           Move Affecting Eligibility under Their Employer         PSB301         NA         62           Spouse or Child Casined Eligibility under Their Employer         PSB301         NA         18           Split Contract: (initial transfer of coverage)	Death of Spouse	PSB301	PSB200	08
Divorce         PSB301         PSB200         10           Employment Change: Full-time to Part-time         PSB301         PSB200         77           Employment Change: Unpaid Leave Begins         PSB301         NA         78           Employment Change: Unpaid Leave Begins         PSB301         PSB200         49           Employment Change: Unpaid Leave Begins         PSB301         PSB200         50           Gained Eligibility under Medicare or Medicaid         PSB301         PSB200         66           HIPAA Special Enrollment-Loss of Coverage         PSB301         NA         70           Judgment, Decree, or Order to Add Child         PSB301         PSB200         67           Lost Eligibility under Governmental Plan         PSB301         NA         76           Lost Eligibility under Medicare or Medicaid         PSB301         NA         62           Move Affecting Eligibility for Health Plan         PSB301         NA         62           Spouse or Child Gained Eligibility under Their Employer         PSB301         NA         62           Spouse or Child Gained Eligibility under Their Employer         PSB301         NA         62           Spouse or Child Cast Eligibility under Their Employer         PSB301         NA         63           Split Cont	Dependent Care Cost or Coverage Change	NA	PSB200	61
Employment Change: Full-time to Part-timePSB301PSB20077Employment Change: Unpaid Leave BeginsPSB301PSB20049Employment Change: Unpaid Leave EndsPSB301PSB20050Gained Eligibility under Medicare or MedicaidPSB301PSB20066HIPAA Special Enrollment-Loss of CoveragePSB301NA70Judgment, Decree, or Order to Add ChildPSB301PSB20067Lost Eligibility under Governmental PlanPSB301PSB20067Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20009MarriagePSB301PSB20009Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20013Remove Dependent – Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)PSB301NA631. Original ParticipantPSB301NA63Switch Medicare PIA*PSB301NA64Split Contract: (after initial transfer of coverage)PSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA66 <td>Divorce</td> <td>PSB301</td> <td>PSB200</td> <td>10</td>	Divorce	PSB301	PSB200	10
Employment Change:Part-time to Full-timePSB301NA78Employment Change:Unpaid Leave BeginsPSB301PSB20049Employment Change:Unpaid Leave EndsPSB301PSB20050Gained Eligibility under Medicare or MedicaidPSB301PSB20066HIPAA Special Enrollment-Loss of CoveragePSB301NA70Judgment, Decree, or Order to Add ChildPSB301PSB20067Lost Eligibility under Governmental PlanPSB301PSB20067Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20007Move Affecting Eligibility for Health PlanPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301NA62Spouse or Child Lost Eligibility under Their EmployerPSB301NA18Split Contract: (initial transfer of coverage)1.Original ParticipantPSB109NA45, 54, 48, or 732.Dependent (Link)PSB109NA5353545353Switch Medicare Plan*PSB301NA665353Switch Medicare Plan*PSB301NA6653Switch Medicare Plan*PSB301NA6653Switch Medicare Plan*PSB301NA6653Switch Medicare Plan*PSB301NA6666 <td< td=""><td>Employment Change: Full-time to Part-time</td><td>PSB301</td><td>PSB200</td><td>77</td></td<>	Employment Change: Full-time to Part-time	PSB301	PSB200	77
Employment Change: Unpaid Leave Begins       PSB301       PSB200       49         Employment Change: Unpaid Leave Ends       PSB301       PSB200       50         Gained Eligibility under Medicare or Medicaid       PSB301       PSB200       66         HIPAA Special Enrollment-Loss of Coverage       PSB301       NA       70         Judgment, Decree, or Order to Add Child       PSB301       PSB200       67         Lost Eligibility under Governmental Plan       PSB301       NA       76         Marriage       PSB301       NA       76         Marriage       PSB301       NA       62         Spouse or Child Gained Eligibility onder Their Employer       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       18         Split Contract: (Initial transfer of coverage)       1       0.7 (jinal Participant       PSB109       NA       45, 54, 48, or 73         Split Contract: (after initial transfer of coverage)       1       0.7 (Signal Participant       PSB109       NA       53         Swit	Employment Change: Part-time to Full-time	PSB301	NA	78
Employment Change: Unpaid Leave Ends       PSB301       PSB200       50         Gained Eligibility under Medicare or Medicaid       PSB301       PSB200       66         HIPAA Special Enrollment-Loss of Coverage       PSB301       NA       70         Judgment, Decree, or Order to Add Child       PSB301       PSB200       71         Judgment, Decree, or Order to Remove Child       PSB301       PSB200       67         Lost Eligibility under Governmental Plan       PSB301       PSB200       09         Marriage       PSB301       PSB200       09         Marriage       PSB301       NA       76         Other Employer's Open Enrollment or Plan Change       PSB301       NA       62         Spouse or Child Gained Eligibility under Their Employer       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       18         Split Contract: (after initial transfer of coverage)       1.       Original Participant       PSB109       NA       45, 54, 48, or 73         2. Dependent (Link)       PSB109       NA       53       54       48, or 73         3. Dependent (Link)       PSB301       NA       66       53         Switch Medicare Plan*       PSB301	Employment Change: Unpaid Leave Begins	PSB301	PSB200	49
Gained Eligibility under Medicare or Medicaid       PSB301       PSB200       66         HIPAA Special Enrollment-Loss of Coverage       PSB301       NA       70         Judgment, Decree, or Order to Add Child       PSB301       PSB200       71         Lost Eligibility under Governmental Plan       PSB301       NA       76         Lost Eligibility under Medicare or Medicaid       PSB301       NA       76         Marriage       PSB301       NA       76         Marriage       PSB301       NA       62         Other Employer's Open Enrollment or Plan Change       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       62         Spouse or Child Lost Eligibility under Their Employer       PSB301       NA       13         Remove Dependent – Unspecified Reason*       PSB109       NA       45, 54, 48, or 73         2. Dependent (Link)       PSB109       NA       53         Split Contract: (after initial transfer of coverage)       1       Original Participant       PSB301       NA       66         2. Dependent (Link)       PSB109       NA       53       53       Switch Medicare Plan*       PSB301       NA       66         Quidate Medicare NB	Employment Change: Unpaid Leave Ends	PSB301	PSB200	50
HIPAA Special Enrollment-Loss of Coverage       PSB301       NA       70         Judgment, Decree, or Order to Add Child       PSB301       PSB200       71         Judgment, Decree, or Order to Remove Child       PSB301       PSB200       67         Lost Eligibility under Governmental Plan       PSB301       NA       76         Lost Eligibility under Medicare or Medicaid       PSB301       PSB200       09         Marriage       PSB301       PSB200       07         Move Affecting Eligibility for Health Plan       PSB301       NA       62         Spouse or Child Gained Eligibility under Their Employer       PSB301       PSB200       28         Spouse or Child Lost Eligibility under Their Employer       PSB301       PSB200       13         Remove Dependent – Unspecified Reason*       PSB301       NA       18         Split Contract: (initial transfer of coverage)       1. Original Participant       PSB301       NA       53         Split Contract: (after initial transfer of coverage)       1. Original Participant       PSB301       NA       66         2. Dependent (Link)       PSB109       NA       53       53       53       53         Switch Medicare Plan*       PSB301       NA       66       67       67       6	Gained Eligibility under Medicare or Medicaid	PSB301	PSB200	66
Judgment, Decree, or Order to Add ChildPSB301PSB20071Judgment, Decree, or Order to Remove ChildPSB301PSB20067Lost Eligibility under Governmental PlanPSB301NA76Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20007Move Affecting Eligibility for Health PlanPSB301NA05Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20028Spouse or Child Lost Eligibility under Their EmployerPSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA5353Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB301NA662. Dependent (Link)PSB109NA5353Switch Medicare Plan*PSB301NA6653Update Premium Method*PSB301NA0606Update Premium Method*PSB301NA692. Participant and Enroll as Dependent on State PlanNA13Waive as Participant adding dependentPSB301NA131313Waive as Participant adding dependentPSB301NA1313Waive for Failure to Pay Premium While on LWOPPSB301NA1313Waive for Failure to Pay	HIPAA Special Enrollment-Loss of Coverage	PSB301	NA	70
Judgment, Decree, or Order to Remove ChildPSB301PSB20067Lost Eligibility under Governmental PlanPSB301NA76Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20007Move Affecting Eligibility for Health PlanPSB301NA05Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20028Spouse or Child Lost Eligibility under Their EmployerPSB301PSB20013Remove Dependent – Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB301NA662. Dependent (Link)PSB301NA6653Switch Medicare Plan*PSB301NA6653Switch Medicare MBI NumberPSB301NA03Update Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB301NA692. Participant and Enroll as Dependent on State PlanNA13Maive as Participant and Enroll as DependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA692. Participant adding dependentPSB301NA13<	Judgment, Decree, or Order to Add Child	PSB301	PSB200	71
Lost Eligibility under Governmental PlanPSB301NA76Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20007Move Affecting Eligibility for Health PlanPSB301NA05Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20028Spouse or Child Lost Eligibility under Their EmployerPSB301PSB20013Remove Dependent – Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB301NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB301NA03Update Qualified Medical Child Support Order - Use child's SSNPSB301NA692. Participant and Enroll as Dependent on State PlanNA13Waive for Failure to Pay Premium While on LWOPPSB301NA1313Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSB003NA79Handle Pending RecordPSB003NA79Handle Pending RecordPSB003NA79Handle Pending Record <td>Judament, Decree, or Order to Remove Child</td> <td>PSB301</td> <td>PSB200</td> <td>67</td>	Judament, Decree, or Order to Remove Child	PSB301	PSB200	67
Lost Eligibility under Medicare or MedicaidPSB301PSB20009MarriagePSB301PSB20007Move Affecting Eligibility for Health PlanPSB301NA05Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20028Spouse or Child Lost Eligibility under Their EmployerPSB301PSB20013Remove Dependent - Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA5353Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB109NA53Split Contract: (after initial transfer of coverage)PSB109NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB111NANAUpdate Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State PlanPSB301NA692. Participant and ding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA13Manage Non-PMIS Employee's Leave Status**PSB003NA79Handle Pending Re	Lost Eligibility under Governmental Plan	PSB301	NA	76
Marriage     PSB301     PSB200     07       Move Affecting Eligibility for Health Plan     PSB301     NA     05       Other Employer's Open Enrollment or Plan Change     PSB301     NA     62       Spouse or Child Gained Eligibility under Their Employer     PSB301     PSB200     28       Spouse or Child Lost Eligibility under Their Employer     PSB301     PSB200     13       Remove Dependent – Unspecified Reason*     PSB301     NA     18       Split Contract: (initial transfer of coverage)     1     Yes     Yes       1. Original Participant     PSB109     NA     45, 54, 48, or 73       2. Dependent (Link)     PSB109     NA     53       Split Contract: (after initial transfer of coverage)     1     Yes     Yes       1. Original Participant     PSB301     NA     66       2. Dependent (Link)     PSB109     NA     53       Switch Medicare Plan*     PSB301     NA     03       Update Medicare MBI Number     PSB111     NA     NA       Update Medicare MBI Number     PSB301     NA     06       Update Qualified Medical Child Support Order - Use child's SSN     PSB301     NA     69       2. Participant and Enroll as Dependent on State Plan     1     Yes     Yes       1. Participant adding	Lost Eligibility under Medicare or Medicaid	PSB301	PSB200	09
Move Affecting Eligibility for Health PlanPSB301NA05Other Employer's Open Enrollment or Plan ChangePSB301NA62Spouse or Child Gained Eligibility under Their EmployerPSB301PSB20028Spouse or Child Lost Eligibility under Their EmployerPSB301PSB20013Remove Dependent – Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA5353Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB301NA662. Dependent (Link)PSB109NA5353Split Contract: (after initial transfer of coverage)NA5353Switch Medicare Plan*PSB301NA662.Update Medicare MBI NumberPSB301NA0303Update Premium Method*PSB301NA0603Update Qualified Medical Child Support Order - Use child's SSNPSB301NA692. Participant and Enroll as Dependent on State PlanNA1313Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSB9ENNANANAManage Non-PMIS Employee's Leave Status**PSB003NA79Remove A BES Term Date / Reinstate Coverage**PSB116NA79	Marriage	PSB301	PSB200	07
Other Employer's Open Enrollment or Plan Change       PSB301       NA       62         Spouse or Child Gained Eligibility under Their Employer       PSB301       PSB200       28         Spouse or Child Lost Eligibility under Their Employer       PSB301       PSB200       13         Remove Dependent – Unspecified Reason*       PSB301       NA       18         Split Contract: (initial transfer of coverage)       1. Original Participant       PSB109       NA       45, 54, 48, or 73         2. Dependent (Link)       PSB109       NA       53       53         Split Contract: (after initial transfer of coverage)       1. Original Participant       PSB301       NA       66         2. Dependent (Link)       PSB109       NA       53       53         Split Contract: (after initial transfer of coverage)       1. Original Participant       PSB301       NA       66         2. Dependent (Link)       PSB109       NA       53       53         Switch Medicare Plan*       PSB301       NA       03       03         Update Medicare MBI Number       PSB301       NA       06         Update Qualified Medical Child Support Order - Use child's SSN       PSB301       NA       69         2. Participant and Enroll as Dependent on State Plan       1. Participant ad	Move Affecting Eligibility for Health Plan	PSB301	NA	05
Spouse or Child Gained Eligibility under Their Employer       PSB301       PSB200       28         Spouse or Child Lost Eligibility under Their Employer       PSB301       PSB200       13         Remove Dependent – Unspecified Reason*       PSB301       NA       18         Split Contract: (initial transfer of coverage)       NA       45, 54, 48, or 73         2. Dependent (Link)       PSB109       NA       53         Split Contract: (after initial transfer of coverage)       NA       53         1. Original Participant       PSB109       NA       53         Split Contract: (after initial transfer of coverage)       NA       66         2. Dependent (Link)       PSB109       NA       53         Switch Medicare Plan*       PSB301       NA       66         2. Dependent (Link)       PSB111       NA       03         Update Medicare Plan*       PSB301       NA       06         Update Qualified Medical Child Support Order - Use child's SSN       PSB301       NA       69         2. Participant and Enroll as Dependent on State Plan       1       PSB301       NA       69         2. Participant adding dependent       PSB301       NA       13       13         Waive for Failure to Pay Premium While on LWOP       PSB	Other Employer's Open Enrollment or Plan Change	PSB301	NA	62
Spouse or Child Lost Eligibility under Their EmployerPSB301PSB20013Remove Dependent – Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB109NA53Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB109NA53Suitc Medicare Plan*PSB109NA5353Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB301NA03Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as DependentPSB301NA692. Participant adding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA13Handle Pending RecordPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NA79Remove A BES Term Date / Reinstate Coverage**PSB116NANA	Spouse or Child Gained Eligibility under Their Employer	PSB301	PSB200	28
Remove Dependent - Unspecified Reason*PSB301NA18Split Contract: (initial transfer of coverage)1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)1. Original ParticipantPSB301NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB301NA663. Split Contract: (after initial transfer of coverage)NA531. Original ParticipantPSB301NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB301NA04Update Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan1.NA131. Participant waiving coveragePSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NARemove A BES Term Date / Reinstate Coverage**PSB116NA	Spouse or Child Lost Eligibility under Their Employer	PSB301	PSB200	13
Split Contract: (initial transfer of coverage)NA45, 54, 48, or 731. Original ParticipantPSB109NA45, 532. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA662. Dependent (Link)PSB301NA03Update Medicare MBI NumberPSB301NA03Update Qualified Medical Child Support Order - Use child's SSNPSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB301NA692. Participant and Enroll as Dependent on State PlanPSB301NA692. Participant adding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSB003NARemove A BES Term Date / Reinstate Coverage**PSB116NA	Remove Dependent – Unspecified Reason*	PSB301	NA	18
1. Original ParticipantPSB109NA45, 54, 48, or 732. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)NA662. Dependent (Link)PSB301NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB301NA03Update Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State PlanNA69131. Participant waiving coveragePSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NA79Remove A BES Term Date / Reinstate Coverage**PSB116NA14	Split Contract: (initial transfer of coverage)			
2. Dependent (Link)PSB109NA53Split Contract: (after initial transfer of coverage)	1. Original Participant	PSB109	NA	45, 54, 48, or 73
Split Contract: (after initial transfer of coverage)NA661. Original ParticipantPSB301NA662. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB111NANAUpdate Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan	2. Dependent (Link)	PSB109	NA	53
1. Original Participant 2. Dependent (Link)PSB301NA663. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB111NANAUpdate Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan 1. Participant waiving coverage 2. Participant adding dependentPSB301NA69Waive for Failure to Pay Premium While on LWOPPSB301NA1313Waive for Failure to Pay Premium While on LWOPPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NANARemove A BES Term Date / Reinstate Coverage**PSB116NANA	Split Contract: (after initial transfer of coverage)			
2. Dependent (Link)PSB109NA53Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB111NANAUpdate Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan1. Participant waiving coveragePSB301NA692. Participant adding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSB003NAAManage Non-PMIS Employee's Leave Status**PSB003NA-Remove A BES Term Date / Reinstate Coverage**PSB116NA-	1. Original Participant	PSB301	NA	66
Switch Medicare Plan*PSB301NA03Update Medicare MBI NumberPSB111NANAUpdate Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan1. Participant waiving coveragePSB301NA692. Participant adding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NA-Remove A BES Term Date / Reinstate Coverage**PSB116NA-	2. Dependent (Link)	PSB109	NA	53
Update Medicare MBI NumberPSB111NANAUpdate Premium Method*PSB301NA06Update Qualified Medical Child Support Order - Use child's SSNPSB355NANAWaive as Participant and Enroll as Dependent on State Plan1. Participant waiving coveragePSB301NA692. Participant adding dependentPSB301NA13Waive for Failure to Pay Premium While on LWOPPSB301NA79Handle Pending RecordPSBPENNANAManage Non-PMIS Employee's Leave Status**PSB003NA-Remove A BES Term Date / Reinstate Coverage**PSB116NA-	Switch Medicare Plan*	PSB301	NA	03
Update Premium Method*       PSB301       NA       06         Update Qualified Medical Child Support Order - Use child's SSN       PSB355       NA       NA         Waive as Participant and Enroll as Dependent on State Plan       -       -       -         1. Participant waiving coverage       PSB301       NA       69         2. Participant adding dependent       PSB301       NA       13         Waive for Failure to Pay Premium While on LWOP       PSB301       NA       79         Handle Pending Record       PSBPEN       NA       NA         Manage Non-PMIS Employee's Leave Status**       PSB003       NA         Remove A BES Term Date / Reinstate Coverage**       PSB116       NA	Update Medicare MBI Number	PSB111	NA	NA
Update Qualified Medical Child Support Order - Use child's SSN       PSB355       NA       NA         Waive as Participant and Enroll as Dependent on State Plan       -       -       -         1. Participant waiving coverage       PSB301       NA       69         2. Participant adding dependent       PSB301       NA       13         Waive for Failure to Pay Premium While on LWOP       PSB301       NA       79         Handle Pending Record       PSBPEN       NA       NA         Manage Non-PMIS Employee's Leave Status**       PSB003       NA         Remove A BES Term Date / Reinstate Coverage**       PSB116       NA	Update Premium Method*	PSB301	NA	06
Waive as Participant and Enroll as Dependent on State Plan       NA       69         1. Participant waiving coverage       PSB301       NA       69         2. Participant adding dependent       PSB301       NA       13         Waive for Failure to Pay Premium While on LWOP       PSB301       NA       79         Handle Pending Record       PSBPEN       NA       NA         Manage Non-PMIS Employee's Leave Status**       PSB003       NA         Remove A BES Term Date / Reinstate Coverage**       PSB116       NA	Update Qualified Medical Child Support Order - Use child's SSN	PSB355	NA	NA
1. Participant waiving coverage       PSB301       NA       69         2. Participant adding dependent       PSB301       NA       13         Waive for Failure to Pay Premium While on LWOP       PSB301       NA       79         Handle Pending Record       PSBPEN       NA       NA         Manage Non-PMIS Employee's Leave Status**       PSB003       NA         Remove A BES Term Date / Reinstate Coverage**       PSB116       NA	Waive as Participant and Enroll as Dependent on State Plan			
2. Participant adding dependent     PSB301     NA     13       Waive for Failure to Pay Premium While on LWOP     PSB301     NA     79       Handle Pending Record     PSBPEN     NA     NA       Manage Non-PMIS Employee's Leave Status**     PSB003     NA       Remove A BES Term Date / Reinstate Coverage**     PSB116     NA	1. Participant waiving coverage	PSB301	NA	69
Waive for Failure to Pay Premium While on LWOP     PSB301     NA     79       Handle Pending Record     PSBPEN     NA     NA       Manage Non-PMIS Employee's Leave Status**     PSB003     NA       Remove A BES Term Date / Reinstate Coverage**     PSB116     NA	2. Participant adding dependent	PSB301	NA	13
Handle Pending Record     PSBPEN     NA     NA       Manage Non-PMIS Employee's Leave Status**     PSB003     NA       Remove A BES Term Date / Reinstate Coverage**     PSB116     NA	Waive for Failure to Pay Premium While on I WOP	PSB301	NA	79
Manage Non-PMIS Employee's Leave Status**     PSB003     NA       Remove A BES Term Date / Reinstate Coverage**     PSB116     NA	Handle Pending Record	PSBPEN	NA	NA
Remove A BES Term Date / Reinstate Coverage** PSB116 NA	Manage Non-PMIS Employee's Leave Status**	PSB003	NA	
	Remove A BES Term Date / Reinstate Coverage**	PSB116	NA	

# Transactions & Reason Codes – Page 1 of 2

Terminate a BES Record			
Employee Death	PSB301	NA	65
No Longer Eligible	PSB301	NA	27
Participant Death*	PSB301	NA	29
Participant Request*	PSB301	NA	41
Premium Not Paid*	PSB301	NA	68
Transfer Between State Agencies			
Transfer Full-Time to Part-Time			
Transfer Part-Time to Full-Time			
Transfer to COBRA Coverage	PSB109,PSB301	NA	45
Transfer to LTD Coverage	PSB109,PSB301	NA	54
Transfer to Retiree Coverage	PSB109,PSB301		48
Transfer to Survivor Coverage	PSB109,PSB301	NA	73
Update A Group's Contact Information – required for each Group ID	PSB100	NA	NA
Update Enrolled Dependent's Personal Information	PSB301	NA	57
Update Participant's Personal Information - Address, Phone or Email	PSB301	NA	37
Update Participant's Personal Information - Address on Termed Record	PSB302	NA	NA
Update Participant's Personal Information - Name, Date of Birth, Gender	PSB000	NA	NA

\*Not use for employees. \*\*Used for Non-PMIS employees only; PMIS employees are updated by the PMIS transaction.

## **Reason Code Rules for Flex Accounts**

			De	pend	ent C	are		Hea	Ith Car	е	
Reason Code Description	RC	Event Date	Enroll	ncrease	seduce	cancel	Enroll	ncrease	Seduce	Cancel	Effective Date
Add Dependent to Existing Family	19	Date Received	-	-	-	-	-	-	-	-	-
Coverage Dirth or Adoption	15	Dirth/Adaption Data	-	1			*⊏				Dula 2
Birth of Adoption	15	Birth/Adoption Date	E	I	-	- 0	Ë	1	OHB	OHB	Rule 3
Lost Eligibility	38	Last Date Covered	-	-	ĸ	C	-	I	ĸ	-	Rule 3
Death of Child	17	Date of Death	-	-	R	С	-	-	R	С	Rule 3
Death of Spouse	08	Date of Death	Е	I	R	С	*E	Ι	R	С	Rule 3
Dependent Care Cost or Coverage Change	61	Date Change Effective	E	I	R	С	-	-	-	-	Rule 3
Divorce	10	Date Judge Signed	Е	I	R	С	*E	Ι	R	С	Rule 3
Employment Change: Full-time to Part-time	77	Last Date as FT	-	-	R	С	-	-	-	-	Rule 2
Employment Change: Part-time to Full-time	78	Last Date as PT	-	-	-	-	-	-	-	-	-
Employment Change: Unpaid Leave Begins	49	First Date of Leave	-	-	R	С	-	-	R	С	Rule 3
Employment Change: Unpaid Leave Ends	50	First Date of RTW	Е	I	-	-	*E	I	-	-	Rule 3
Gained Eligibility under Medicare or Medicaid	66	First Date Covered	-	-	-	-	-	Ι	R	С	Rule 3
HIPAA Special Enrollment Loss of	70	Last Date Covered	-	-	-	-	-	-	-	-	-
Initial Enrollment	01	Hire Date	E	-	-	-	*E	-	-	-	Rule 2
Judgment, Decree, or Order to Add Child	71	Date Received	-	-	-	-	*E	I	-	-	Rule 3
Judgment, Decree, or Order to Remove Child	67	Date Received	-	-	-	-	-	-	R	-	Rule 3
Lost Eligibility under Governmental Plan	76	Last Date Covered	-	-	-	-	-	-	-	-	-
Lost Eligibility under Medicare or Medicaid	09	Last Date Covered	-	-	-	-	*E	I	R	С	Rule 3
Marriage	07	Date of Marriage	Е	I	R	С	*E	I	R	-	Rule 3
Move Affecting Eligibility for Health	05	Date Change	-	-	-	-	-	-	-	-	Rule 3
Open Enrollment	56	Date Received	F	-	-	-	*F	-	-	-	Rule 4
Other Employer's Open	62	Date Change	-	-	-	-	-	-	-	-	Rule 3
Enrollment or Plan Change		Effective									
Post Open Enrollment	47	Date Received	Е	-	-	-	*E	-	-	-	Rule 4
Spouse or Child Gained Eligibility under Their Employer's Plan	28	First Date Covered	E	I	R	С	-	-	R	С	Rule 3
Spouse or Child Lost Eligibility under Their Employer's Plan	13	Last Date Covered	E	I	R	С	*E	I	-	-	Rule 3
Waive: LWOP & Non-Pay	79	Paid to Date	-	-	R	С	-	-	R	С	Rule 2

\*Issue Notice of Extended Coverage Rights and Employee/Retiree Privacy Notice of Creditable Coverage Codes: E=Enroll in FSA, I=Increase FSA Amount, R=Reduce FSA Amount (Amount >0), C=Cancel (Amount =0)

Effective	e Date Rules
Rule 2	Changes are effective the first of the month following the event. When the event date for Initial Enrollment (reason
	code 01) is the first of the month, changes are effective that day.
Rule 3	Changes are effective the first of the month following receipt of the request or following the event, whichever is later.
	When the later date is the first of the month, changes are effective that day.
Rule 4	Elections are effective July 1 following the Open Enrollment period.

			ו Health Plan	Health Plan	lealth Plan	ild	ouse	e Child	e Spouse	ate BES Record		
Reason Code Title	RC	Event Date	inroll i	Change	Vaive F	Add Ch	Add Sp	Remove	Remove	ermina	Effective	Notices Etc
Add Dependent to Existing	19	Date Received	-	-	-	Y	Y	-	-	-	Rule 3	2
Family Coverage Birth or Adoption	15	Date of Birth	М	М	-	Y	Y	0	0	-	Rule 1	1,2,3
Child Covered under your Dian	20	or Adoption						V			Dula 2	1.2.4
Lost Eligibility	38	Covered	-	-	-	-	-	ř	-	-	Rule 2	1,3,4
Death of Child	17	Date of Death	-	М	-	-	-	Υ	-	-	Rule 2	1
Death of Spouse	08	Date of Death	М	М	-	Y	-	-	Y	-	Rule 2	1
Dependent Care Cost or	61	Date Change	-	-	-	-	-	-	-	-	-	-
Divorce	10	Date Judge Signed	-	М	-	-	-	Y1	Y1	-	Rule 2	1,3,4
Employment Change: Full-time to Part-time	77	Last Date as FT	Y	-	Y	Y2	Y2	-	-	-	Rule 2	1,2,3
Employment Change: Part-time to Full-time	78	Last Date as PT	Y	Y	-	Y	Y	-	-	-	Rule 3	1,2
Employment Change: Unpaid Leave Begins	49	First Date of Leave	-	-	Y	-	-	Y	Y	-	Rule 3	3,4
Employment Change: Unpaid Leave Ends	50	First Date of RTW	Y	Y	-	Y	Y	-	-	-	Rule 3	1,2
Gained Eligibility under Medicare or Medicaid	66	First Date Covered	-	М	0	-	-	Y	Y	-	Rule 3	1,3
HIPAA Special Enrollment Loss of Coverage	70	Last Date Covered	М	М	-	Y	Y	-	-	-	Rule 3	1,2
Initial Enrollment	01	Hire Date	Υ	-	Y	Υ	Y	-	-	-	Rule 2	1,2
Judgment, Decree, or Order to Add Child	71	Date Received	М	М	-	Y	-	-	-	-	Rule 3	1
Judgment, Decree, or Order to Remove Child	67	Date Received	-	М	-	-	-	Y	-	-	Rule 3	1,3
Lost Eligibility under Governmental Plan	76	Last Date Covered	М	М	-	Y	Y	-	-	-	Rule 3	1,2
Lost Eligibility under Medicare or Medicaid	09	Last Date Covered	М	М	-	Y	Y	-	-	-	Rule 3	1,2
Marriage	07	Date of Marriage	Μ	Μ	0	Y	Υ	-	-	-	Rule 3	1,2,3
Move Affecting Eligibility for Health Plan	05	Date Change Effective	Y	Y	-	Y	Y	0	0	-	Rule 3	1,2,3
Open Enrollment	56	Date Received	Y	Y	Y	Y	Y	Y	Y	-	Rule 4	1.2.3
Other Employer's Open Enroll /	62	Date Change	Y	Y	Y	Y	Y	Ŷ	Y	-	Rule 3	1,2,3
Plair Change Root Open Enrollment	47	Doto Received	v	v	v	v	v	v	v		Bulo 4	100
Remove Dependent –	18	Date Received	-	-	-	-	-	Y	Y	-	Rule 3	3,4
Unspecified Reason*												
Spouse or Child Gained Eligibility under Their Employer's Plan	28	First Date Covered	-	М	Y	-	-	Y	Y	-	Rule 3	1,2,3
Spouse or Child Lost Eligibility under Their Employer's Plan	13	Last Date Covered	М	М	-	Y	Y	-	-	-	Rule 3	1,2
Switch Medicare Plan	03	Date Received	-	Y	-	-	-	-	-	-	Rule 3	-

Reason Code Title	RC	Event Date	Enroll in Health Plan	Change Health Plan	Waive Health Plan	Add Child	Add Spouse	Remove Child	Remove Spouse	Terminate BES Record	Effective Date	Notices Etc.
Term: Employee Death	65	Date of Death	1	-	-	•	1	-	-	Υ	Rule 6	3,4
Term: No Longer Eligible	27	Term Date	I	•	-	-	I	1	-	Υ	Rule 7	3,4
Term: Participant Death*	29	Date of Death	1	-	-	-	I	-	-	Υ	Rule 2	3,4
Term: Participant Request*	41	Last Date Covered	-	-	-	-	-	-	-	Υ	Rule 2	3,4
Term: Premium Not Paid*	68	Paid to Date	-	-	-	-	-	-	-	Υ	Rule 2	3,4
Transfer to (COBRA)	45	Term Date	1	-	-	-	I	Υ	Υ	-	Rule 2	-
Transfer to LTD Coverage	54	Term Date	Υ	Υ	Υ	-	-	Υ	Υ	-	Rule 2	1
Transfer to Retiree Coverage	48	Term Date	Υ	Υ	-	-	-	Y	Υ	-	Rule 2	1
Transfer to Split Contract	53	Term Date	Υ	-	-	Υ	Υ	-	-	-	Rule 2	1,2
Transfer to Survivor Coverage	73	Term Date	-	Υ	-	-	-	Υ	Υ	-	Rule 2	-
Update Dependent's Data	57	Date Received	-	-	-	-	-	-	-	-	Rule 5	-
Update Non-PMIS Employee Leave	75	Date Effective	-	-	-	-	-	-	-	-	Rule 2	-
Update Participant's Personal Data	37	Date Received	-	-	-	-	-	-	-	-	Rule 5	-
Update Premium Code*	06	Last Day of old one	-	-	-	-	-	-	-	-	Rule 2	-
Waive: Dep. on State Plan	69	Last Date Covered	-	-	Y	-	-	-	-	-	Rule 2	-
Waive: LWOP & Non-Pay	79	Paid to Date	-	-	Y	-	-	-	-	-	Rule 2	3,4

\*Not used for employees. Y=Yes; M=Maybe-dependent rules apply; O=OHB, Y1= must remove spouse and stepchildren; Y2=add only prior dependents

Effective	e Date Rules
Rule 1	Changes are retroactively effective the first of the month in which the child is born, adopted, or placed for adoption.
	When the event date is the first of the month, changes are effective that day.
Rule 2	Changes are effective the first of the month following the event. When the event date for Initial Enrollment (reason
	code 01) is the first of the month, changes are effective that day.
Rule 3	Changes are effective the first of the month following receipt of the request or following the event, whichever is later.
	When the later date is the first of the month, changes are effective that day.
Rule 4	Elections are effective July 1 following the Open Enrollment period.
Rule 5	Changes are effective the first of the current month. When a suspense record exists, changes are effective on that
	record's effective date.
Rule 6	Coverage ends at the end of the second month following the event.
Rule 7	Coverage ends at the end of the month following the event. When the event is the first of the month, coverage ends
	at the end of that month.

# Notices, etc to be Issued

11011000	,	
1	To participants who	Member Handbook (changing option within the same plan does not require a new one)
	enroll:	General Notice of Extended Coverage Rights (within 90 days of effective date)
		Employee/Retiree Privacy Notice of Creditable Coverage
		Medicare Part D General Notice of Creditable Coverage
2	To spouses added:	General Notice of Extended Coverage Rights (within 90 days of effective date)
		Employee/Retiree Privacy Notice
		Medicare Part D General Notice of Creditable Coverage (optional if provided to participant)
3	To participants and	Certificate of Group Health Plan Coverage
	dependents removed:	
4	To all that qualify for	Extended Coverage Election Notice
	(COBRA):	

## Group Reports Posted to HuRMan

File Name	Report Name	Description
BES-ACA-Reconciliation-Rpt	BES ACA Reconciliation Report	This report is created in October, December, and January of each year. It identifies participants and dependents for calendar year ACA reporting by Employer FEIN. It must be reconciled and certified before DHRM prepares ACA employer reports for IRS on behalf of employers. This report also includes the W-2 Value of Healthcare.
BES-Dependent-Age-26- Approaching-Termination (csv & text formats)	BES Dependents Approaching Eligibility Thresholds	This report is created in <i>August and October</i> of each year. It identifies participants who have children reaching Age 26 sometime during the current year. Note that this report does not include children added to BES after the report's run date.
BES-Dependent-Age-26- Terminations (csv & text formats)	Dependent Age 26 Termination Report	This report is created each year in the <i>first part of</i> <i>December.</i> It lists dependent children being removed from BES effective the last day of the year because they will have reached the age that makes them ineligible for coverage in the upcoming year.
BES-Enrollment-Rpt	BES Enrollment Report- Participants	This report is available on the 3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> and 24 <sup>th</sup> of each month. It lists eligible participants as of the first of a month. It includes personal information, health care coverage and FSA elections. The 3 <sup>rd</sup> , 10 <sup>th</sup> , and 17 <sup>th</sup> look back to the first of the current month. The 24 <sup>th</sup> looks forward to the first of the following month. See PM9103-BOM-Enrollment for corresponding flat file.
BES-Enrollment-Rpt- Dependents	BES Enrollment Report- Dependents	This report is available on the 3 <sup>rd</sup> , 10 <sup>th</sup> , 17 <sup>th</sup> and 24 <sup>th</sup> of each month. It lists dependents of eligible participants as of the first of a month. It includes personal information about dependents covered under the participant's health care coverage. The 3 <sup>rd</sup> , 10 <sup>th</sup> , and 17 <sup>th</sup> look back to the first of the current month. The 24 <sup>th</sup> looks forward to the first of the following month.
BES-EOM-Enrollment-Rpt	BES EOM Enrollment Report	This report is created at the <i>end of each month</i> . It identifies all the eligible participants as of the end of last month. It includes personal information, health care coverage and FSA elections. See PM9103-EOM-PARS for corresponding flat file.
BES-Exception-Rpt	BES Exception Report	This <i>monthly</i> report lists a variety of discrepancies found in BES records that need attention and reconciliation.
BES-Persons-Eligible-For- Medicare	Persons Eligible for Medicare in [month]	This <i>monthly</i> report identifies individuals approaching age 65 in the Retiree Program that will be automatically switched to Advantage 65 + Dental & Vision unless a different option is requested. This is a three month notice report.
BES-Premium-Reward- Discrepancies	BES Premium Reward Discrepancies	This <i>monthly</i> report lists discrepancies between CIPPS and BES where either the premium or reward differs.
BES-Termination-Rpt (csv & text formats)	BES Termination Report	This <i>monthly</i> report identifies participants and dependents recently terminated.
BES-Turnaround-Rpt	BES Turnaround Document	This <i>daily</i> report is the official record of changes made in BES before 5:30 PM.
BES-Turnaround-Empty	BES Turnaround Empty Document	This report is created when there are no turnarounds to report for the agency.
BES-Turnaround-Summary	Summary of BES Turnaround Documents	This <i>daily</i> report is a summary of changes made on the day's BES Turnaround documents.

Contact DHRM-ITECH about accessing your group's HuRMan folder. Contact DHRM - OHB about specific reports.

## Group Data Extracts Posted to HuRMan

Data Extract Name	File Name	Description
BES Begin of Month Participants Extract	PM9103-BOM-Enrollment	This flat file contains data for eligible participants as of the first of the month. The file is available on the 3rd, 10th, 17th and 24th of each month. See BES- Enrollment-Rot for corresponding report
BES End of Month Dependents Extract	PM9104-EOM-DEPS	This flat file is created at the end of each month. It contains all the eligible dependents as of the end of last month.
BES End of Month Participants Extract	PM9103-EOM-PARS	This flat file is created at the end of each month. It contains all the eligible participants as of the end of last month. See BES-EOM-Enrollment-Rpt for corresponding report.

Contact DHRM-ITECH about accessing your group's HuRMan folder. Contact DHRM - OHB about specific files.

# Transactions That Display Data – Page 1 of 3

## Flex Accounts – Plan Year Snapshot

This transaction is used to display a snapshot of a participant's flexible reimbursements accounts (FRAs). It requires the participant's identification number or social security number. When called, it displays the current plan year.

**Step 1:** Key PSB306, the ID or SSN and transmit. An error means the transaction failed; try again. PSB306 returns when the transaction is successful.

Change the date in the command line for a different plan year.

## Health Care Coverage – Calendar Year Snapshot PSB308

This transaction is used to display a snapshot of a participant's health care coverage. It requires the participant's identification number, social security number or name. When called it displays the current calendar year.

**Step 1:** Key PSB308, the ID, SSN, or name and transmit. An error means the transaction failed; try again. PSB308 returns when the transaction succeeds.

Click on a month to see the PSB309 detail screen for that month.

Change the date in the command line for a different plan year.

This transaction is used to display help with PSB benefits transactions. When called it displays BES screen help using several data-specific screens.

**Step 1:** Key PSBHLP and transmit. An error means the transaction failed; try again. PSBHLP retrns when the transaction succeeds.

		-
Leave	Expire	Report

**Help Screens** 

This transaction is used to display records with a leave end date that has expired or will expire within the next 45 days. It is important to review this report regularly and key follow-up leave transactions timely. When called this transaction displays participants with a leave code that requires a follow-up leave transaction.

Key leave transactions for Non-PMIS employees with PSB003. Key the PMIS transaction PSE003 for PMIS employees and PMIS will update BES.

Step 1: Key PSL002 with the agency number and transmit to see records for all groups in the agency. Or, key PSL002 with the agency number and the group number and transmit to see specific group records. An error means the transaction failed; try again.
 PSL002 returns when the transaction succeeds.

Click on a particpant to view the PSB305 detail screen.

**PSB306** 

**PSBHLP** 

PSL002

#### Participant Data As Of [Date]

This transaction is used to display a participant's current BES data as of today. It requires the participant's identification number, social security number or name. You may also see a dependent's record from the participant's current record.

When called it displays BES data using several data-specific screens. The primary screen contains the most important BES data. The most recent changes are highlighted in red. Links on the primary screen allow quick access to additional BES data. If a link does not appear, the data is not on file.

To bypass the participant's record and go directly to the dependent's record, key PSB305, the dependent's social security number or name and transmit.

Step 1: Key PSB305, the ID, SSN or name and transmit. An error means the transaction failed; try again. PSB305 Participant Data As of [Date] returns when the transaction succeeds. Links on the top of the screen allow movement back and forth between records.

Tab to 1<sup>st</sup>Dep> and transmit to see the first dependent's record. PSB305 Dependent Data As of [Date] returns.

Tab to NxD> and transmit to see the next dependent's record. PSB305 Dependent Data As of [Date] returns.

Tab to Pt> and transmit to return to the participant's record.

Tab to DSc (#)> and transmit to see a list of covered dependents. PSB305 Dependent Scroll As Of [Date] returns.

Click on a dependent to see the dependent's record. PSB305 Dependent Data As of [Date] returns.

#### Participant / Dependent Name Scroll

PSB015

**PSB309** 

This transaction is used to display a listing of participant and dependent's by name. When you click on a particular name, the detail screen for that person will be displayed...

Step 1: Key PSB015, the Last Name, the First Name and transmit. Or, key PSB015 and a letter and transmit. An error means the transaction failed; try again.
 PSB015 returns when the transaction succeeds. The closest record to what was entered will be at the top of the screen.

Click on a particular ID from the list to see a detail screen. PSB305 screen returns.

## **Participant History**

This transaction is used to display the history of all BES transactions for a participant. It requires the participant's identification number, social security number or name.

When called it displays with a list of all transactions by Key-date. The newest record is at the top of the list and the oldest one at the bottom. Records highlighted in red are terminated; those highlighted in green have a future term date. Pink and yellow highlights indicate cancelled records.

When you click on a particular transaction from the list, a detail PSB309 screen that looks much like the PSB305 is displayed for that transaction at that point in history. Links on the screen allow movement back and forth between records.

**Step 1:** Key PSB309, the ID, SSN, or name and transmit. An error means the transaction failed; try again. PSB309 returns when the transaction succeeds.

Click on a particular transaction from the list to see a detail screen. PSB309 detail screen returns. Navigate this screen as you do the PSB305.

## Transactions That Display Data – Page 3 of 3

#### PMIS / BES Broadcast Message Screen

This transaction is used to display bulletin board messages to users. It automatically displays when a user first logs into BES but may be called on demand as well.

When called it displays the current bulletin board message. Long messages may require tabbing through several screens.

**Step 1:** Key PMIS and transmit. An error means the transaction failed; try again. PMIS returns when the transaction succeeds.

#### **Premium Reward History**

PSBREW

This transaction is used to display premium reward history.

When called it displays the most recent premium reward history for the participant and participant's spouse.

**Step 1:** Key PSBREW, the ID, or SSN and transmit. An error means the transaction failed; try again. PSBREW returns when the transaction succeeds.

## **Transactions Available To BES**

This transaction is used to display a list of transactions used for BES.

When called it displays the most frequently-used BES transactions.

**Step 1:** Key BENEFIT and transmit. An error means the transaction failed; try again. BENEFIT returns when the transaction is successful.

BENEFIT

PMIS

## Create A Newly Eligible Non-PMIS Participant Record PSB000

This transaction is used to create a BES record for a newly eligible Non-PMIS participant. Typically, a newly eligible participant is one never in BES or one rehired more than 30 days after termination. Non-PMIS participants include all BES participants except PMIS employees. The PMIS transaction creates a BES record for a newly eligible PMIS employee.

It is best to key this transaction as soon as the participant is eligible for the Program. It will be used for Program mailings and for ACA Employer reporting. A valid social security number (SSN) is required. When a SSN is not available, send a request for assistance form to OHB. If approved, OHB will assign a system-generated SSN.

When called a series of BES screens that require data-entry are presented to complete the participant record. Most newly eligible participants are created with a Waived health care election. State employees rehired within 30 days after termination, are reinstated with the same elections.

- Step 1: Key PSB309, SSN and transmit. Verify that the SSN is termed, listed as a dependent, or not on file.
- Step 2: Key PSB000, SSN and transmit. An error means the transaction failed; try again.\* PSB000 returns when the transaction succeeds.
- Step 3: Key the SSN, tab to Xmit and transmit. An error means the transaction failed; try again.\* PSB101 returns when the transaction succeeds.
- **Step 4:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* PSB352 returns when the transaction succeeds.
- Step 5: Visit <u>https://tools.usps.com/go/ZipLookupAction!input.action</u> for the USPS format of the address. Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- Step 6: Verify the data. Repeat Steps 2-6 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Delete A Suspense Record

This transaction is used to delete a future-dated transaction. It is used most often when an earlier record needs to be inserted in history.

Do not use this transaction when a mistake is found on the future-dated transaction and the correction is effective on the same date, re-key it with the correction.

- Step 1: Key PSB117, the ID or SSN and transmit. An error means the transaction failed; try again.\* PSB117 returns when the transaction succeeds.
- Step 2: Tab to 'Xmit' and transmit. 'Transaction Complete' displays when the transaction is successful.
- Step 3: Key PSB309, the ID or SSN, and transmit. An error means the transaction failed; try again.\* PSB309 returns when the transaction succeeds.
- **Step 4:** Verify the data. The deleted transaction will marked with an asterisk and move down in the list. The asterisk indicates the transaction is void.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

**PSB117** 

## Enroll, Change or Cancel Flex Account Election PSB200

This transaction is used to manage a flex account election. It requires a BES reason code, an event date, and a receive date. Refer to the Reason Code Rules for Flex Accounts for details. It is best to key this transaction within 5-7 business days of the receive date and before the effective date to avoid a delay in coverage.

It is important to review the entire enrollment form and compare it to the data in BES. Key personal information and the health care coverage election before keying a flex account election to avoid a conflict with effective dates.

When called a series of BES screens that require data-entry are presented to complete the flex account election.

BES creates the flex accounts file for the plan vendor weekly on Friday. Successful transactions are sent on the next scheduled file following their key date. For example, a transaction keyed on May 11 and effective June 1 will be sent on the Friday following May 11. The vendor sends a confirmation statement to the participant within 7-10 business days after the file is received.

- Step 1: Key PSB200, the ID or SSN, and transmit. An error means the transaction failed; try again.\* PSB200 (screen 1/2) returns when the transaction succeeds.
- Step 2: Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.\* PSB200 (screen 2/2) returns when the transaction succeeds.
- **Step 3:** Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.\* 'Transaction Complete' displays when the transaction succeeds.
- **Step 4:** Key PSB305, the ID or SSN, and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction succeeds.
- **Step 5:** Verify the data. Repeat Steps 1-5 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Enroll, Change, or Waive Health Care Coverage

This transaction is used to manage health care coverage data for a current BES participant. A BES reason code, an event date, and a receive date are required. Refer to the Reason Code Rules for Health Care for details. It is best to key this transaction within 5-7 business days of the receive date and before the effective date to avoid a delay in coverage.

Always review the entire enrollment form and compare it to the data in BES. Key personal information before the health care election.

When called a series of BES screens that require data-entry are presented to complete the health care coverage election.

BES creates eligibility files for the health care plan vendors daily. Successful transactions are sent to the vendor based on their effective date. Transactions for the first of the following month are sent beginning on the 4th of the current month. Retroactive effective dates are available to the vendor the next business date after entered in BES. For example, transactions effective June 1 begin to release to the vendor on May 4 and daily thereafter. A transaction for June 1, keyed on June 10<sup>th</sup> will be released to the vendor on the following business day.

The vendor sends ID cards to the participant within 7-10 business days after the file is received and only when information on an existing card changes. A combined (medical, dental, and RX) ID card is issued to participants enrolled in plans for those NOT eligible for Medicare. Separate ID cards (medical, dental, and RX) are issued to participants enrolled in plans for those eligible for Medicare.

Special Handling:

- 1: When a SSN for a dependent child is temporarily unavailable, enter all 999s and a system-generated number will be assigned and reported monthly for follow-up.
- 2: When a SSN for a spouse is unavailable, or a dependent child will not have a SSN, send a request for assistance form to OHB. If approved, a system-generated SSN will be assigned and reported monthly.
- 3: When a participant chooses to enroll as a dependent, waive the participant record first. Then, the participant can be added as a dependent.
- 4: A dependent child covered under a Qualified Medical Child Support Order (QMCSO) cannot be removed until the QMCSO indicator is removed. Refer to 'Update Qualified Medical Child Support Order (QMCSO)'.
- 5. When the participant remains eligible but is not enrolled, the health care coverage is waived. When the participant is no longer an eligible employee, the BES record is terminated.
  - **Step 1:** Key PSB301, the ID or SSN and transmit. An error means the transaction failed; try again.\* PSB351 returns when the transaction is successful.
  - Step 2: Verify the address, phone and email address. Xmit as indicated to make corrections. PSB352 returns when the transaction is successful.
  - **Step 3:** Visit <u>https://tools.usps.com/go/ZipLookupAction!input.action</u> for the USPS format of the address. Key the appropriate data items, tab to End and transmit. An error means the transaction failed, try again.\* PSB351 returns when the transaction succeeds.
  - **Step 4:** Key the appropriate data items, tab to End and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction is successful.
  - Step 5: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* To remove a dependent, enter the day before the effective date as the delete date. To remove a dependent's delete date, enter 000000 or blanks.
     If a Medicare plan is selected, PSB111 returns for the Medicare MBI. PSB305 returns when the transaction is successful.
  - **Step 6:** Verify the data. Repeat Steps 1-6 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

# Medicare MBI This transaction is used to update the MBI for a participant enrolled in a Medicare plan. The PSB111 automatically displays

after the PSB301 when a participant enrolls in a Medicare plan. It may be called at any time to update the MBI. The MBI is stored on the current record but is not logged when it changes. It is included on the vendor file with the next successful PSB301 transaction. It is best to key these transactions within 5-7 business days of the receive date.

- Key PSB111, the ID and transmit. An error means the transaction failed, try again.\* Step 1: PSB111 returns when the transaction succeeds.
- Step 2: Key the appropriate data items and transmit. If a MBI is unknown, key H-SSN-A without the hyphens An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- **Step 3:** Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### **Premium Method PSB301**

This transaction is used to change a participant's premium method. It is not used for employees. It is best to key these transactions within 5-7 business days of the receive date.

Refer to the Program's Frequently-used BES codes for valid premium methods. Direct bill premiums are billed on the 10<sup>th</sup> of the month. Payment is due by the first of the following month.

- Step 1: Key PSB301, the ID, 06 and transmit. An error means the transaction failed; try again.\* PSB351 returns when the transaction is successful.
- Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* Step 2: Use the last date for the old premium method as the Event Date. The new premium method will be effective the following date. PSB352 returns when the transaction is successful.
- Step 3: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Qualified Medical Child Support Order (QMSCO) for a Participant's Child

This transaction is used to add or remove a Qualified Medical Child Support Order indicator to a participant's dependent child. The child may not be removed from the participant's record until the order is removed. The order will provide the data that needs to be stored in BES. It is best to key these transactions within 5-7 business days of the receive date.

- Step 1: Key PSB355, the dependent's SSN and transmit. An error means the transaction failed; try again.\* PSB355 returns when the transaction succeeds.
- Step 2: Key the appropriate data, tab to Xmit and transmit. An error means the transaction failed; try again.\* 'Transaction Complete' displays when the transaction succeeds.
- Step 3: Verify the data. Repeat Steps 1-2 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

**PSB111** 

**PSB355** 

#### Split Contact – Page 1 of 2

This transaction is used to when a retiree or survivor chooses to cover a dependent and one or both of them are eligible for Medicare. Because Medicare plans are self-only memberships, it is necessary to create a split contract. A split contract may have more than one Medicare plan but only one non-Medicare plan. Each plan will have a participant – the original participant and the original participant's linked spouse or linked child. Each participant is enrolled in a plan based on their Medicare eligibility.

At initial enrollment into retiree or survivor coverage, plan changes are permitted for both the original participant and the linked participant. When a participant already enrolled as a retiree or survivor requires a split contract, only the Medicare-eligible participant is permitted to change plans.

Two or more Medicare-eligible persons may choose different Medicare plans. Two or more persons not eligible for Medicare are enrolled in the same non-Medicare plan with the oldest person as the participant, and in a membership that corresponds with the number of persons covered by that plan.

The total cost of the split contract combines the premium amounts of each plan selected. However, when the split contract includes a non-Medicare plan, the total cost is limited to the premium amount for a family membership in that non-Medicare plan. Send a request for assistance form to OHB for this special premium limit.

#### Splitting a Contract at Initial Enrollment into LTD, Retiree or Survivor Coverage:

- Step 1: Key PSB309, the original participant's ID and transmit. An error means the transaction failed, try again.\* PSB309 returns when the transaction succeeds. Confirm former coverage is termed.
- Step 2: Key PSB109, the original participant's ID and transmit. An error means the transaction failed; try again.\* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 3: Verify the participant. If a mistake is found, repeat Steps 1-2.
   Key the required data items, tab to the appropriate group ID and transmit.
   An error means the transaction failed; try again.\*
   PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 4: Verify the new group ID. If a mistake is found, repeat Steps 1-3.
   Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.\*
   PSB301 returns when the transaction succeeds.
- Step 5: Key the appropriate data items. Keep the dependent's delete date when enrolling in a Medicare plan. When enrolling in a Non-Medicare plan with dependents, replace a dependent's delete date with zeros. Tab to End and transmit. Coverage remains termed until you transmit on the PSB301 (even if no changes are made). An error means the transaction failed; try again.\*
   If a Medicare plan is selected, PSB111 returns for the Medicare MBI. PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- **Step 6:** Verify the data. Repeat the PSB109and PSB301to correct a mistake.
- Step 7: Key PSB109, the linked participant's ID and transmit. An error means the transaction failed; try again.\* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 8: Verify the participant. If a mistake is found, repeat Steps 6-7.
   Key the required data items, tab to the appropriate group ID and transmit.
   An error means the transaction failed; try again.\*
   PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 9: Verify the new group ID. If a mistake is found, repeat Steps 6-8.
   Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.\*
   PSB352 returns when the transaction succeeds.

Continued on next page

Split Contact – Page 2 of 2

#### Splitting a Contract at Initial Enrollment into Retiree or Survivor Coverage - Continued:

- Step 10: Key the appropriate data items, tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.\*
   If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
   PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- **Step 11:** Verify the data. Repeat the PSB109 and PSB301to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Splitting a Contract When Participant Is Already Enrolled in LTD, Retiree or Survivor coverage:

- Step 1: Key PSB301, the original participant's ID, 66 and transmit. An error means the transaction failed; try again.\* PSB351 returns when the transaction is successful.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction is successful.
- Step 3: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* To remove a dependent, enter the day before the effective date as the delete date.
   If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
   PSB305 returns when the transaction is successful.
- **Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.
- **Step 5:** Key PSB109, the linked participant's ID and transmit. An error means the transaction failed; try again.\* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 6: Verify the participant. If a mistake is found, repeat Steps 6-7.
   Key the required data items, tab to the appropriate group ID and transmit.
   An error means the transaction failed; try again.\*
   PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 7: Verify the new group ID. If a mistake is found, repeat Steps 6-8.
   Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.\*
   PSB352 returns when the transaction succeeds.
- Step 8: Key the appropriate data items, tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.\* If a Medicare plan is selected, PSB111 returns for the Medicare MBI.
   PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- Step 9: Verify the data. Repeat Steps 5-9 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Waive as Participant and Enroll as Dependent

This transaction is used when a participant chooses to waive health care coverage as a participant and enroll as a dependent in a State or TLC Program. Be sure to key the record for the participant waiving coverage first. Then, key the record for the participant adding the dependent and paying for the coverage.

Step 1: Key PSB301, the ID of the participant waiving coverage, 69 and transmit. An error means the transaction failed; try again\*

PSB351 returns when the transaction succeeds.

- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* Use the last day covered as a participant as the Event Date. PSB352 returns when the transaction is successful.
- **Step 3:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- **Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.
- Step 5: Key PSB301, the ID of the participant adding the dependent, 13 and transmit. An error means the transaction failed; try again\* PSB351 returns when the transaction succeeds.
- Step 6: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* Use the last day covered as a participant as the Event Date.
   PSB352 returns when the transaction is successful.
- **Step 7:** Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- Step 8: Verify the data. Repeat Steps 5-8 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Waive for Failure to Pay Premium While on LWOP

This transaction is used to waive health care coverage when an employee fails to pay a required premium while on LWOP.

- **Step 1:** Key PSB301, the ID, 79 and transmit. An error means the transaction failed; try again\* PSB351 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* Use the paid to date as the Event Date. PSB352 returns when the transaction is successful.
- Step 3: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- **Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

PSB301

#### Handle a Pending Record

This transaction is used to accept or reject a pending record created when a participant uses the self-service web tool to submit a change that requires supporting documentation. Only changes that require supporting documentation create pending records. It is best to review a pending transaction as soon as you receive notice that it has been created to determine what supporting documentation is needed. Then, accept the transaction within 5-7 business days of receiving the supporting documentation and before the effective date to avoid a delay in coverage. Or, reject the transaction because it does not satisfy Program guidelines.

Remember, a pending record may include multiple requests for changes. When you accept or reject it, you accept or reject all the changes. Additional keying is required when some of the requests are valid and others are not. First, print a copy of the pending record for documentation. Next, reject the pending record; this removes it from BES. Then, key PSB301 or PSB200 for the valid changes using the same date received that was on the original pending record.

For example, during Open Enrollment, a pending record may request to add a dependent to health care coverage and set-up a new medical FRA. Not receiving the dependent documentation makes the health care coverage request invalid, but does not change the request to set-up the medical FRA. After you print the pending record for documentation, reject it. Then, key the medical FRA using PSB200 and the same date received on the original pending record.

- **Step 1:** Key PSBPEN, the ID and transmit. An error means the transaction failed; try again.\* PSBPEN returns when the transaction succeeds.
- Step 2: Tab to Accept / Reject, key R to reject or A to accept and transmit. A rejected record is removed from BES; notify the participant. PSB305 returns when the transaction succeeds.
- **Step 3:** Verify the data. Key a PSB301 or PSB200 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

## Manage Non-PMIS Employee's Leave Status (including Layoff, TWFR, LWOP, and STD)

This transaction is used to manage leave actions for non-PMIS employees. Non-PMIS employees are employees not in PMIS. PMIS transactions are used to manage leave actions for PMIS employees. It is best to key this transaction as soon as you know about the leave actions and within 5-7 business days of the effective date when possible. Use the VSDP action report to key disability transactions.

BES calculates a term date when a transaction is keyed to begin or extend a leave that affects health care coverage or flex accounts. The term date is removed when the employee is returned to work. The "Leave Code Rules" chart describes the types of leave and how the BES term date is handled.

Leave of absence generally runs concurrently with Extended Coverage (COBRA) eligibility.

Special Handling:

- 1: Certain changes are permitted when a leave without pay begins or ends. See Reason Code Rules chart for specifics.
- 2. Failure to pay a required amount while on layoff or temporary workforce reduction (leave code 20, 21, 22, 23, 24 or 25) terminates coverage and must be keyed by OHB. Failure to pay a required amount while on any other type of leave of absence requires that the coverage be waived using reason code 79. The event date is the paid-to-date.
- 3. The Leave Expire Report displays records with a leave end date that has expired or will expire within the next 45 days. It is important to review this report regularly and key follow-up leave transactions timely.
  - PSL002 with the agency number displays all groups in the Agency.
  - PSL002 with the agency number and the group number displays specific group records.
  - **Step 1:** Key PSB003, the ID or SSN, and transmit. An error message means the transaction failed; try again.\* PSB003 returns when the transaction succeeds.
  - Step 2: Follow the screen prompts carefully. There will be a series of PSB003 screens to complete. PSB031 (for STD) or PSB353 returns when the transaction is successful.
  - Step 3: Key the appropriate data, tab to End and transmit. An error message means the transaction failed; try again.\* PSB305 returns when the transaction is successful
  - **Step 4:** Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

### Remove A BES Term Date / Reinstate Coverage

This transaction is used to remove the term date on the BES record and reinstate the elections for a Non-PMIS participant within the same agency. PMIS transactions update BES for PMIS participants. It is best to key this transaction within 5-7 business days of the receive date and before the effective date if possible to avoid a delay in coverage.

- Step 1: Key PSB116, the ID and transmit. An error means the transaction failed; try again.\* PSB116 returns when the transaction is successful.
- Step 2: Key a note, tab to Xmit and transmit. An error means the transaction failed, try again.\* 'Transaction Complete' displays when the transaction succeeds. PSB305 returns when the transaction succeeds.
- Step 3: Verify the term date is removed.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

## PSB003

#### **PSB116**

**Terminate a BES Record** 

life at separation.
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This transaction is used to terminate a BES record and end health care coverage and flex accounts. PMIS transactions update BES for PMIS participants. It is best to key this transaction as soon as you know about it.

A term date is always the end of a month following the event with one exception. Health care coverage for dependents enrolled under a deceased employee is automatically continued in the employee program for an extra month unless it is declined.

Refer to the Reason Codes Rules for Health Care coverage for the appropriate reason code and event date to be used.

Those eligible to transfer to COBRA, LTD, Retiree, or Survivor coverage must make an election by the deadline to enroll in continued coverage. See Transfer to COBRA, LTD, Retiree or Survivor coverage to key the continued enrollment.

- Step 1: Key PSB301, the ID, the appropriate reason code and transmit. An error means the transaction failed; try again.\* PSB351 returns when the transaction is successful.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction is successful.
- Step 3: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- Step 4: Verify the term date is correct.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

## **Transfer Between State Agencies**

When an employee separates employment with one agency and is rehired by another agency within 30 days of the separation, it is considered a transfer between State Agencies and BES must be updated. PMIS transactions update BES for PMIS participants. It is best to key these transactions as soon as you know about them and before the effective date to avoid a delay in coverage.

Coverage in the old agency ends at the end of the month following the separation and is reinstated in the new agency with the same elections on the first of the month following the hire date in the new agency. The old agency is responsible for coverage through the end of the month following the last day worked or on paid leave. When the hire date is the first of a month, coverage in the new agency begins that day.

When a break in coverage occurs, COBRA is offered by the old agency. If COBRA is elected, the new agency contacts OHB to have the COBRA coverage terminated and then reinstates coverage in the new agency.

#### Non-PMIS to Non-PMIS transfer:

Old Agency: Follow instructions to Terminate a BES record. The event date is the last day worked or on paid leave New Agency: Follow instructions to Create a Newly Eligible Non-PMIS Participant Record.

#### Non-PMIS to PMIS transfer:

Old Agency: Follow instructions to Terminate a BES record. The event date is the last day worked or on paid leave New Agency: Key the PMIS transfer transaction and BES automatically reinstates the same elections on file at separation.

Key the PMIS transfer transaction and BES automatically reinstates coverage with the same elections on

#### PMIS to Non-PMIS transfer:

Old Agency: Key the PMIS transfer transaction and BES automatically terminates the coverage. New Agency: Follow instructions to Create a Newly Eligible Non-PMIS Participant Record.

#### **PMIS to PMIS transfer:** Old Agency: Do nothing. BES automatically updates when the new agency keys the PMIS transfer transaction.

New Agency:

Health Benefits Eligibility Enrollment System Guide 2018-FINAL 09-07.Docx

## PSB301, PSB000

**Transfer Full-time to Part-time** 

the total premium.

Step 1:

Step 2:

Non-PMIS:

PMIS:

automatically updates BES for a PMIS participant.

#### **Transfer Part-time to Full-time**

When an employee changes from pat-time to full-time employment within the same agency, the participant's status must be changed. It is best to key this transaction as soon as you know about it and before the effective date.

When an employee changes from full-time to part-time employment within the same agency, the participant's status must be changed. It is best to key this transaction as soon as you know about it and before the effective date. The PMIS transaction

Flex Account elections remain the same and health care coverage is automatically waived at the end of the month following the change to part-time. Participants who wish to continue health care coverage must re-enroll within 60 days of the change to part-time status. The State does not contribute to the premium for part-time employees, so the participant who re-enrolls pays

Key PSB000, the ID and transmit. As error means the transaction failed; try again.\*

Key the appropriate data items, tab to Smit and transmit. An error means the transaction failed: try again.\*

Flex Account elections remain the same and health care coverage remains the same. The health care premium is automatically adjusted to reflect the State's contribution.

#### Non-PMIS:

- Step 1: Key PSB000, the ID and transmit. As error means the transaction failed; try again.\* PSB104 returns when the transaction succeeds.
- **Step 2:** Key the appropriate data items, tab to Smit and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction succeeds.
- Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

PSB104 returns when the transaction succeeds.

PSB305 returns when the transaction succeeds.

Step 1: Key the PMIS transaction and BES automatically updates the record.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

Step 2: Verify the data. Repeat Step 1 to correct a mistake.

#### PMIS:

- Step 1: Key the PMIS transaction and BES automatically updates the record.
- Step 2: Verify the data. Repeat Step 1 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

33/57

# PSB000

PSB000

## Transfer To COBRA, LTD, Retiree, or Survivor Coverage

## Transfer Extended Coverage / COBRA:

Election Notices are issued within 14 days of the loss of coverage, and qualified beneficiaries have a 60-day election period to enroll. No action is needed in BES when COBRA coverage is declined. By design, COBRA coverage is generally started retroactively. COBRA is a continuation of coverage – carrier-to-carrier plan changes are not allowed unless there is also a qualifying mid-year event. Changing an option in the same plan is permitted. Follow the steps below to enroll in COBRA.

#### Transfer to Long-Term-Disability (LTD):

Participants approved for LTD must submit an enrollment form within 31 days of the loss of the employee coverage. When coverage is declined, follow the steps below to create a waive record in the LTD group. The participant remains eligible for LTD coverage and may enroll at a future date.

## Transfer to Retiree Coverage:

Participants eligible for retiree coverage must submit an enrollment form within 31 days of the retirement. No action is needed in BES when retiree coverage is declined.

### Transfer to Survivor Coverage:

Dependents eligible for survivor coverage must enroll within 60 days of the original participant's death.

## Special handling:

When a participant eligible for LTD, Retiree, or Survivor coverage chooses to cover a dependent and one or both of them are eligible for Medicare, it is necessary to create a split contract. Skip the steps below and see 'Splitting a Contract at Initial Enrollment'.

When a participant eligible for LTD or Retiree coverage chooses to enroll as a dependent on their spouse's State plan, it is necessary to add them as a dependent on the spouse's plan first. Then, follow the steps below to create a waive record in the LTD or Retiree group. The participant remains eligible for continued coverage and may enroll at a future date. Contact the spouse's agency if the dependent coverage has not been keyed.

- Step 1: Key PSB309, the ID and transmit. An error means the transaction failed, try again.\* PSB309 returns when the transaction succeeds. Confirm former coverage is termed.
- **Step 2:** Key PSB109, the ID and transmit. An error means the transaction failed; try again.\* PSB109 (New group ID screen) returns when the transaction succeeds.
- Step 3: Verify the participant. If a mistake is found, repeat Steps 1-2.
   Key the required data items, tab to the appropriate group ID and transmit.
   An error means the transaction failed; try again.\*
   PSB109 (Transfer reason screen) returns when the transaction succeeds.
- Step 4: Verify the new group ID. If a mistake is found, repeat Steps 1-3.
   Tab to the appropriate enrollment reason and transmit. An error means the transaction failed; try again.\*
   PSB352 returns when the transaction succeeds.
- Step 5: Key the appropriate data items. Keep the dependent's delete date when enrolling in a Medicare plan. When enrolling in a Non-Medicare plan with dependents, replace a dependent's delete date with zeros. Tab to End and transmit. Coverage remains termed until you transmit on the PSB352 (even if no changes are made). An error means the transaction failed; try again.\*
   If a Medicare plan is selected, PSB111 returns for the Medicare MBI. PSB305 returns when the transaction is successful. Coverage remains terminated until PSB305 displays.
- **Step 6:** Verify the data. Repeat Steps 2-6 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### **Update A Group's Contact Information**

This transaction is used to display or update group contacts.

When a group has more than one Group ID, it is important to remember that each Group ID must be updated. Updates entered by the end of the month are generally effective the first week of the following month.

Benefits Contact 1 receives: communications from OHB, emails from the self-service tool, materials to be distributed to members, and may request access to HuRMan and SecurePass.

Benefits Contact 2, Payroll Contact 1 and Payroll Contact 2 receive: communications from OHB and may request access to HuRMan and SecurePass.

- Step 1: Key PSB100, the Group ID (Agy, Grp, Sub) and transmit. An error means the transaction failed, try again.\* PSB100 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* 'Transaction Complete' displays when the transaction succeeds.
- **Step 3:** Verify the data. Repeat Steps 1-3 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Update Enrolled Dependent's Personal Information

This transaction is used to update the personal information for an enrolled dependent. It is best to key this transaction within 5-7 business days of the receive date.

- **Step 1:** Key PSB301, the ID, 57 and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction is successful.
- Step 2: Key the appropriate data, tab to End and transmit. An error means the transaction failed; try again.\* PSB305 returns when the transaction is successful.
- **Step 3:** Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Update Participant's Personal Information

These transactions are used to update a participant's address, phone, email and other personal information. Always verify the address format on the USPS Website before keying it. Always key personal information changes before health care coverage or flex accounts elections. It is best to key these transactions within 5-7 business days of the receive date.

#### Change Participant's address, personal phone numbers, and personal email:

- Step 1: Visit <u>https://tools.usps.com/go/ZipLookupAction!input.action</u> for the USPS format of the address. Key PSB301, the ID, 37 and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- Step 3: Verify the data. Repeat Steps 1-3 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

## Continued on next page

**PSB301** 

## PSB301, PSB000, PSB302

#### Update Participant's Personal Information - Continued

#### PSB301, PSB000, PSB302

## Change Non-PMIS participant's SSN, date of birth or gender:

- Step 1: Key PSB000, the ID and transmit. An error means the transaction failed; try again.\* PSB104 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- **Step 3:** Verify the data. Repeat Steps 1-3 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

#### Change Non-PMIS participant's name:

- **Step 1:** Key PSB301, the ID, 57 and transmit. An error means the transaction failed; try again.\* PSB352 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- **Step 3:** Verify the data. Repeat Steps 1-3 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

## Change PMIS employee's name, SSN, date of birth or gender:

- **Step 1:** Key PSE091, the ID and transmit. An error means the transaction failed; try again.\* PSE091 returns when the transaction succeeds.
- Step 2: Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* 'Transaction Complete' displays when the transaction succeeds. PMIS will update BES.
- **Step 3:** Key PSB305, the ID and transmit. An error means the transaction failed, try again. \* PSB305 returns when the transaction succeeds.
- **Step 4:** Verify the data. Repeat Steps 1-3 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Change PMIS participant's State phone number or State email:

- **Step 1:** Key PSE098, the ID and transmit. An error means the transaction failed; try again.\* PSE098 returns when the transaction succeeds.
- **Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* 'Transaction Complete' displays when the transaction succeeds. PMIS will update BES.
- **Step 3:** Key PSB305, the ID and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

Continued on next page

## Update Participant's Personal Information - Continued PSB301, PSB000, PSB302

#### Change termed participant's address:

- Step 1: Visit <u>https://tools.usps.com/go/ZipLookupAction!input.action</u> for the USPS format of the address. Key PSB302, the ID and transmit. An error means the transaction failed, try again.\* PSB302 returns when the transaction succeeds.
- **Step 2:** Key the appropriate data items, tab to Xmit and transmit. An error means the transaction failed, try again.\* 'Transaction Complete' displays when the transaction succeeds.
- **Step 3:** Key PSB305, the ID and transmit. An error means the transaction failed, try again.\* PSB305 returns when the transaction succeeds.
- Step 4: Verify the data. Repeat Steps 1-4 to correct a mistake.

\*Send a request for assistance form to OHB with a copy of the screen when an error cannot be corrected.

BENEFIT

BENEFIT	PMIS BENEFITS TRANSACTIONS
	Perifite Wale Control 47 PER129CMG 08/13/2018 11:21:55
PSBHLP	Benefits Help Screens
PSB000	Participant Create/Change/Delete
PSB003	Non-PMIS Leave / STD / LTD Selection
PSB015	Participant/Dependent Name Scroll
PSB109	Transfer Participant To Retiree Group
PSB111	Medicare HIC Number Update
PSB116	Participant Reactivate
PSB117	Benefits Suspense Delete
PSB200	Flexible Spending Accounts
PSB351	BES Change
PSB302	Terminated Participant Address Change
PSB305	Participant/Dependent Display/Scroll
PSB306	Participant/Dependent FSA Display
PSB309	Participant/Dependent History Display
PSB355	Create Private Dependent Address or QMCSO - PSB355,SSN
PSBPEN	Benefits Pending Display / Accept / Reject
PSL002	Leave Expire Report
000001 >>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>
PM2782 47	Copyright © Commonwealth of Virginia

PMIS

PMIS Dept of Human Resource Mana	Next> Igement Personnel	PER129CMG management	08/13/2018 Information	11:47:33 System
PMIS/BES is genera and from	lly available from 7:00 PM to 5:00 A	n 5:30 AM to AM daily.	5:30 PM	
From time to time but this is typica	PMIS/BES may be o ly done after hour	lown for mair 's and for a	tenance, brief time.	
Scheduled maintena the 16th of the	nce occurs on the f month, and on the from 5:30 PM to 11	last day of last day of 1:00 PM.	the month, the month	
Contact iHelp@dh	rm.virginia.gov for	further ass	istance.	
000001 This Is Screen 1 of 2	2 - Transmit From N	lext> To View	v Next Scree	n

PSB000

PSB000	230 PER129CMG 08/13/2018 11:52:00
PARTICIPANT	CREATE/CHANGE/DELETE
	Enter Social Security Number: *** - ** - **** Xmit:
	IMPORTANT!
	Please be very careful when entering a new social security number and check for accuracy. It can be extremely difficult, time-consuming, and expensive to change a SSN, especially if the SSN you want to change to was previously used on the system. The employee may occur a delay in paycheck delivery or benefits coverage if the wrong SSN is entered.
	PLEASE PLEASE take a moment and verify your entry.
	If you are not 100% certain of its accuracy, STOP!
000022 Socia	l Security Number or ID Input Required
	Copyright © Commonwealth of Virginia

PSB003 1/8:

DO0002 Screen Call-Up Complete -- Proceed

PSB003 2/8:

```
PSB003,7487204
     ----- 207 PER129CMG 08/16/2018 12:21:31
         Agency/Group 129 - 001 Dept of Human Resource Mgmt
                   ID 748-72-04 TESTER, ANDREW
       Current Status
                                  Not On Leave
NON-PMIS LEAVE / STD / LTD SELECTION
          <-- Move Employee To Leave Without Pay
          <-- Move Employee To Leave With Partial Pay
          <-- Move Employee To Leave With Full Pay or Working LTD
          <-- Move Employee To Layoff / TWFR
          <-- Move Employee To Short Term Disability - New STD Claim Number
          <-- Move Employee To Long Term Disability (NOT Working)
                  Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed
PH 2761 207
                                                         Copyright © Connonwealth of Virginia
```

PSB003 3/8:

```
PSB003,7487204 NON-PMIS LEAVE WITHOUT PAY OPTION MENU
    ------ 216 PER129CMG 08/16/2018 12:27:53
               Agency 129 - 001 Dept of Human Resource Mgmt
                  ID 748-72-04 TESTER, ANDREW
       Current Status
                                 Not On Leave
            <- 16 LWOP: Suspension: Pending Investigation
            <- 17 LWOP: Educational
             <- 18 LWOP: Medical
             <- 05 LWOP: Military
             <- 09 LWOP: Personal
             <- 03 LWOP: Suspension: Violation of Standards/Conduct
             <- 19 LWOP: Workers Compensation
                  Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed
PM 2761 216
                                                        Copyright © Common wealth of Virginia
```

PSB003 4/8:

```
PSB003,7487204 NON-PMIS LEAVE WITH PARTIAL PAY OPTION MENU

------ 216 PER129CMG 08/16/2018 12:32:56

Agency 129 - 001 Dept of Human Resource Mgmt

ID 748-72-04 TESTER, ANDREW

Current Status Not On Leave

<- 30 LWPP: Educational

<- 31 LWPP: Medical

<- 32 LWPP: Personal

<- 33 LWPP: Workers Compensation

Move Cursor To Desired Option and Transmit

000002 Screen Call-Up Complete -- Proceed
```

PSB003 5/8:

```
PSB003,7487204 NON-PMIS LEAVE WITH FULL PAY / WORKING LTD OPTION MENU
 _____ 216 PER129CMG
                                                         08/16/2018 12:37:16
               Agency 129 - 001 Dept of Human Resource Mgmt
                  ID 748-72-04 TESTER, ANDREW
       Current Status
                                  Not On Leave
             <- 02 LWFP: Educational
             <- 42 LWFP: Medical
             <- 43 LWFP: Military
             <- 44 LWFP: Personal
             <- 45 LWFP: Pre-Disciplinary
             <- 46 LWFP: Pre-Layoff Leave
             <- 47 LWFP: Suspension
             <- 48 LWFP: Workers Compensation
             <- 40 LWFP: Bone Marrow
             <- 06 LWFP: Mobility Leave
             <- 14 Working LTD: No Workers Compensation
             <- 15 Working LTD: Workers Compensation
                  Move Cursor To Desired Option and Transmit
000002 Screen Call-Up Complete -- Proceed
PM 2761 216
                                                         Copyright @ Connonsealth of Virginia
```

PSB003 6/8:

NON-PMIS LAYOFF / TWFR OPTION MENU PSB003,7487204 ----- 216 PER129CMG 08/16/2018 12:42:07 Agency 129 - 001 Dept of Human Resource Mgmt ID 748-72-04 TESTER, ANDREW Current Status Not On Leave <- 20 Layoff: Placement Only <- 29 Layoff: Wage Placement Only <- 21 Layoff: Severance and Placement <- 22 Layoff: Severance and Retirement <- 23 Layoff: Severance Only <- 24 TWFR: Reduced Hours <- 25 TWFR: Unpaid Move Cursor To Desired Option and Transmit 000002 Screen Call-Up Complete -- Proceed PH 2761 216 Copyright © Connonwealth of Virginia

PSB003 7/8:

PSB003,7487204 SHORT TERM DISABILITY OPTION MENU Agency 129 - 001 Dept of Human Resource Mgmt ID 748-72-04 TESTER, ANDREW Current Status Not On Leave <- 10 STD: No Workers Compensation <- 12 STD: Workers Compensation Move Cursor To Desired Option and Transmit 000002 Screen Call-Up Complete -- Proceed MOVE Component of Virginia PSB003 8/8:

PSB015:

PSB015,TEST	TER, ABBIE	ACTIVE PARTICIPA	NT/DEPENDE	NT SCROL	L Next->
Participa	ant/Dependent	Name	If Depende	ent, Par	ticipant Name
	TESTER, ABBIE	Т			
	TESTER, ABBIE	S			
	TESTER, ABBY				
Daughter	TESTER, ABIGA	IL	748-72-41	TESTER,	ABLE
253	TESTER, ABRAH	AM		TESTER,	ABBY
	TESTER, ADA			TESTER,	ALEX
748-72-16	TESTER, ADAM	A			
Daughter	TESTER, ADDIE		748-72-41	TESTER,	ABLE
Son	TESTER, ADDIS	ON	748-72-41	TESTER,	ABLE
748-72-41	TESTER, ABLE				
Sp Female	TESTER, ADEL		748-72-41	TESTER,	ABLE
I'I' Ministra	TESTER, ALAN	В			
	TESTER, ALBER	TA		TESTER,	ALEX
	TESTER, ALECI	A		TESTER,	ABBIE S
	TESTER, ALEX				
	TESTER, ALEX			TESTER,	ABBIE S
10	TESTER JR, AL	E <mark>X</mark> S		TESTER,	ALEX
Sp Female	TESTER, ALICI	AC	748-72-16	TESTER,	ADAM A
000001 >>>>	·>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>> Transact	ion Comple	te <mark>&lt;&lt;&lt;&lt;</mark>	~~~~~
PM 2763 50					Copyright © Commonwealth of Virginia

PSB100

PSB100,129,001	CONTACTS CH	ANGE	180820210946
	240	PER129CMG	08/20/2018 21:09:48
Agy 129 DHRM Group 001		Dept of	Human Resource Mgmt
Benefits Contact 1 ID 7487332	Phone 80422511	11 Ext:	FAX 8043712222
(Non-PMIS) E-Mail sally.ber SALLY, BE	nnie@dhrm.virgin ENNIE	ia.gov	Agy 12
Benefits Contact 2 ID 7487344	Phone 80422533	33 Ext:	FAX 8043714444
(Non-PMIS) E-Mail alda.benr BENNY. AL	ıy@dhrm.virginia _DA	.gov	Agy 12
Payroll Contact 1 ID 7487356	Phone 80422555	55 Ext: 5	FAX 8043716666
(Non-PMIS) E-Mail lori.paye	er@dhrm.virginia	.gov	Agy 12
Pavroll Contact 2 ID 7487368	Phone 80422577	77 Ext:	FAX 8043718888
(Non-PMIS) E-Mail richard.r	pavlor@dhrm.virg	inia.gov	Agy 12
Mailing Unverified PAYLOR, R Bldg JAMES MONROE BLDG	RICHARD	1.11.1.17.17.19 Property	
Addr 101 N 14TH ST		Loc 51760	Richmond (City)
City RICHMOND	State VA	ZIP 23219	ZIP+4 3684
Shipping Unverified			
Bldg JAMES MONROE BLDG			
Addr 101 N 14TH ST		Loc 51760	Richmond (City)
City RICHMOND	State VA	ZIP 23219	ZIP+4 3684 Xmit
000001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	> Transaction Co	mplete <<<<	

# PSB101

PSB101,321012345	PARTICIP	ANT CREATE	76 PER129CMG	08/13/2018	12:05:06
Orig 000002 Screen Call	Reason Event Date Receive Date Soc-Sec-Num Last Name First Name Middle Initial Second Initial Name Suffix Birthdate Agency Group Pay Code Sex Last Agency Num inal Participant Employee Status Xmit	01 Initia ***** 321012345 ******* *** **** *** SubG 00 * 000 000000000 *	/6 PER129CMG l Enroll ****** MMDDCCYY rp (Local	O8/13/2018 Choice Only)	12:05:06
PN 2765 76				Copyright © Common we	alth of Virginia

- 1

PSB104

PSB104,321012345	PARTICIPA	ANT CHANGE			
		76	5 PER129CMG	08/16/2018	14:50:56
	Reason Event Date Receive Date Soc-Sec-Num Last Name First Name Middle Initial Second Initial	57 Par Per 081618 ***** 321012345 TESTER ANDREW	Update		
	Name Suffix Birthdate Agency	09241962 129	MMDDCCYY		
Or	Group Pay Code Sex Last Agency Num iginal Participant Employee Status	001 SubGrg 24 M 000 000000000 NF	o (Local	Choice Only)	
	Xmit				
000002 Screen Ca	11-Up Complete F	Proceed			
PH2765 76				Copyright © Commonwea	lth of Virginia

PSB109 1/4:

PSB109,7487204 TRANSFER INACTIVE RECORD ----- 105 PER129CMG 08/20/2018 08:32:18 Participant SSN...... 321-01-2345 TESTER, ANDREW Receive Date..... \*\*\*\*\*\* Event Date..... 083118 Effective Date..... 090118 Note..... E-Mail.....a.tester@testmail.com IMPORTANT! a. A successful record transfer requires multiple screens. b. Successfully transmit on each one until a PSB305 display appears. Transmit Next To The New Agency/Group 007/007 Local Retiree 006/005 COBRA Regular 007/008 ORP Retiree 007/004 ORP LTD Participant 005/001 VRS Service Retiree/Survivor 006/006 Non-Annuitant Survivor 005/002 VRS Disability Retiree/Survr 006/003 OHB Approved Participant 005/004 VSDP LTD Participant 000002 Screen Call-Up Complete -- Proceed PM0311 105 Copyright © Common wealth of Virginia

PSB109 2/4:

PSB109,321012345	TRANSFER INACTIVE RECORD	9CMG 08/20/2018 08:45:19
You are about to tra to Agency/Group 005,	ansfer: 321-01-2345 TESTER, ANDRE /001 - VRS Service Retiree/Surviv	EW vor
Please	transmit next to the reason for	this transfer
<- [	Decline Coverage - Cannot Return	Later
<- E	enroll as Dependent on Spouse's S	State Plan
<- E	enroll as Retiree	
<- E	enroll as Survivor	
<- E	Enroll as Linked Spouse or Linked	d Child
000002 Screen Call-Up	o Complete Proceed	
PN0311 106		Copyright © Common wealth of Virginia

PSB109 3/4: XFER PAR

PSB109,321012345 ----- 54 PER129CMG 08/20/2018 08:49:44 You are about to move ANDREW TESTER to COBRA - Regular Please transmit next to the reason why this move is occuring. <- Employment ended (other than gross misconduct) <- Hours of employment reduced causing loss of coverage / employer contribution 000002 Screen Call-Up Complete -- Proceed PM0001 54

#### PSB109 4/4: XFER MINOR DEP

PN0311 54			Copyright © Commonwealth of Virginia
000002 5	Screen Call-Up Complete Proceed		
	(unlikely if survivor benefits ar	e offered)	
	<- Retiree providing coverage died		
	<- Child ceased to be eligible for co	overage	
Р	lease transmit next to the reason why	this move is	occuring.
	You are about to move CHRIS to COBRA - Regu	TOPHER L. TES <sup>.</sup> lar	TER
PSB109,9	900501202	PER129CMG	08/20/2018 09:13:02

PSB111:

#### PSB116: t

PSB116,7487216
131 PER129CMG 08/20/2018 09:35:55
REACTIVATE TERMINATED PARTICIPANT
Participant ID: 7487216
Participant SSN: 123440001 TESTER, ADAM A
Effective Date: 090118
Agency: 129
Group: 001
Employee Status: NF
Note:
Xmit:
000002 Screen Call-Up Complete Proceed
PH0562 131 Copyright & Commonwealth of Virginia

# PSB117:

PSB117,123440001								
415 PER129CMG 08/20/2018 10:09:18	8							
DELETE BENEFIT SUSPENSE RECORDS								
Participant Social Security Number: 123440001 Xmit:								
WARNING!								
This transaction will delete all benefit suspense records for the participant indicated above and for all dependents associated with this participant. All records will then reflect data that is effective as of today.								
We strongly recommend you make hard copies of all suspense action prior to executing this transaction as this data will no longer be available.								
000002 Screen Call-Up Complete Proceed								
PM0567 415 Copyright © Common wealth of Virgini	a							

-1

PSB200 1/2:

000000			
PSB200,7487290			
		231 PER129CMG	08/20/2018 11:06:21
FSA UPDATE	SSN or ID:	123440009	
	Reason Code:	**	
	Event Date:	****	
	Receive Date:	* * * * * *	
	Xmit:		
Reason	Codes Valid For A 08.	/20/2018 Effective	Date
01 Initial Enroll	61 Dep Care Chnges		
07 Marriage	66 Elig MCare/Caid		
08 Death of Spouse	67 J/D/Odr-Rmve Ch		
09 Lost MCare/Caid	71 J/D/Ord-Add Ch		
10 Divorce	77 Cha FT to PT-FF		
13 S/C-Lost ER Plan	79 LWOP Non-Pay		
15 Birth/Adoption	· · · · · · · · · · · · · · · · · · ·		
17 Death of Child			
28 S/C-Elig ER Pln			
38 Ch Ceases Elig.			
49 Unpd LV Bgn-EE			
50 Return LWOP			
56 Open Enrollment			
000002 Screen Call-U	p Complete Proceed		
CALLUP 231			Copyright © Commonwealth of Virginia

# PSB200 2/2:

PSB200,7	487290	D				165 DE	D1200	MG 0	0 / 20 / 20	010 11.0	0.04
			FIF	XTRIE S					8/20/20	018 11:0	9:04
			1		748-77	0 ACCOUNT.	11000				
				Namo:	TESTE		44000	19			
				Name.		tial Enno	11	Davisa	da. 24		
			E.u.	keason:	001010	LIAI ENTO		Payco	de: 24	2010	
			Even	t Date:	081018	5 D C	кес	erve Da	te: 08	2018	
	P	leaicai	Per P	ay Amt:	50	Dep Ca	re Pe	r Pay A	mt: 10	0	
							Effec	tive Da	te: 09	0118	
		Medi	cal				D	ependen	t Care		
PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt
091618	50	011619	50	051619	50	091618	100	011619	100	051619	100
093018	50	013119	50	053119	50	093018	100	013119	100	053119	100
101618	50	021619	50	061619	50	101618	100	021619	100	061619	100
103118	50	022819	50	063019	50	103118	100	022819	100	063019	100
111618	50	031619	50			111618	100	031619	100		
113018	50	033119	50			113018	100	033119	100		
121618	50	041619	50			121618	100	041619	100		
123118	50	043019	50			123118	100	043019	100		
Estima	ted Me	edical	<mark>Annua</mark> l	Amount	1000	Estimate	d Dep	endent	Annual	Amount	2000
Note:									Xmit:		
000001 >	>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>	>>>> T	ransact	tion Compl	ete <		<<<<<	<<<<<<	<<<<
PM 05 75 16 5								Cop	yright © Com	nmonwealth of	Virginia

PSB302

```
PSB302,7487320

TERMINATED PARTICIPANT ADDRESS UPDATE

08/20/2018 17:34:48

ID 748-73-20 TESTER, DAVID R

Address Line 1 123 1ST ST

- or - PO BOX (enter as "PO BOX nnn")

City RICHMOND

State VA

ZIP 23219 - 3665

Xmit

000002 Screen Call-Up Complete -- Proceed

PM0750 148
```

PSB305 - PARTICIPANT

PSB305,74	48720	04																
PA	ARTIC	CIPA	NT D	ATA A	As of	08/0	1/20	018	95	PERI	129	CMG	08	/13	/2018	3 13:	48:	47
Prtcpt	TEST	TER,	AND	REW				SSN	cli	CKIOV	10	N			ID	748-	72-	04
Plan	W	W	aive	d				Age	55	Yrs	10	Month	IS	В	irth	09/2	4/1	962
Addr 1	101	SOM	E ST					1992500					P	lan	Beg	08/0	1/2	018
Addr 2							Agy	y/Grp	129	DHRM	(	001		Grp	Beg	08/0	1/2	018
City	RIC	HMON	D				224	Mbr	W	Waive	d		1	Mbr	Beg	08/0	1/2	018
St/ZIP	VA	232	19-3	665			St	tatus	NF	NPMIS	-4(	OhrEE	S	tat	Beg	08/0	1/2	018
Country	US	Uni	ted	State	25			Sex	М				1	BES	Beg	08/0	1/2	018
Localty	760	Ric	hmon	d (Ci	ity)	F	Pay	Code	24	02			Med	St	atus	N		Section of the sectio
MedReim	\$0					1	Last	t Agy										
DepCare	\$0					Da	ay F	Phone	804	-225-	364	42						
						Hor	me F	Phone	804	-786-	170	08		Ex	tend			
OrigPar																		
Name																		
Submit	01 3	Init	Eli	gibil	lty	Bill	Pre	emium	06	Agen	cy	Payro	11	BP	Beg	08/0	1/2	018
POA																		
Reward	Not	Eli	gibl	e														
E-Mail	a.te	este	r@te	stmai	il.com	m												
PMIS							1	PreTx	Y			Trans	Ef	ft	Date	08/0	1/2	018
Lst Tr	PSB:	352	0813	18-13	34842		1	2 Opr	PER	R129CM	١G		Те	rmi	nate			
Pr Rate								12						E	vent	07/1	5/2	018
Note													1	Rec	eive	07/2	4/2	018
000001 >>	>>>>	>>>>	>>>>	>>>>>	·>>>>	>> Tra	ansi	actio	n Co	omplet	e	<<<<<	<<<<	<<<	<<<<	<<<<	<<<<	<
PM2764 95											_		Copyr	ight d	Connon i	ealth of	Virgi	inia

-1

PSB305 - DEPENDENT

PSB305, XXXXX3456	Susp>	NxD>	DSc>	Pt>
DEPENDENT DATA Participnt: Dependent:	As of 08/20/2018 2 ClickToView TESTER ClickToView TESTER	253 PER129CMG R, ANDREW R. BETSY L	08/20/20	18 17:29:01
Relationship:	Spouse Female	, beibi e	Disabled:	No
Event Date: Age:	07/15/2018 52 Yrs 1 Month	BES	Begin Date: Birthdate:	08/01/2018 07/09/1966
Submit Reason:	01 Initial Enroll		Submit Date:	08/01/2018
Reward:	No Reward		Medicare:	No
COBRA EXTENSION LETTER Number Of Months:		Ter	minate Date:	
Last Trans: PSB301 Lst PMIS Trans: 000001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	000012 (	( 08/14/2018 1 n Complete <<<	1:34:48 ) PE	R129CMG
		1ffle		

PSB306:

PSB306,	7487290	0, <mark>090118</mark>				167 D	ED120C	0.0	120/20	10 11.1	2.40
			FLE)	TBLE SP	ENDING A	CCOUNT	S DISPL	AY US	20/20	10 11:1	2:40
			S	oc-Sec:	ClickTo	/iew 12	344000	9 TI	: 748	3-72-90	
				Name:	TESTER.	ADDISO	N				
			P	avcode:	24						
	- Medio	cal Reim	ourse	ment			De	ependent	Care		
PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt	PayDte	Amt
091618	50	011619	50	051619	50	091618	100	011619	100	051619	100
093018	50	013119	50	053119	50	093018	100	013119	100	053119	100
101618	50	021619	50	061619	50	101618	100	021619	100	061619	100
103118	50	022819	50	063019	50	103118	100	022819	100	063019	100
111618	50	031619	50			111618	100	031619	100		
113018	50	033119	50			113018	100	033119	100		
121618	50	041619	50			121618	100	041619	100		
123118	50	043019	50			123118	100	043019	100		
As of	090118	EstYTD	0	EstAnn	1000	As of	090118	EstYTD	0	<mark>EstAnn</mark>	2000
000002	Screen	Call-Up	Comp	lete	Proceed						
PM 05 75 16 7								Copyri	ght © Com	monwealth of	Vir <mark>gini</mark> a

PSB308:

PSB308,748	37290	,2018	ANNUA	L/YTD	COST	OF HEAL - 266	LTH COV PER129C	ERAGE MG 08	/20/2	018 11	:58:33
ID 748-7 SSN Click	2-90 ToVi	ew Cal	endar Y	ame T ear 20	ES <mark>TER</mark> , D18	ADDIS	0 <mark>N</mark>				
S	tat	Pln Mbr	Total	EE	ER	Subsdy	Reward	Agy/Grp	BP	CIPPS	Other
January	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
February	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
March	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
April	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
May	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
June	NF	ACC5 F	2137	404	1699		34	158-001	6	2137	
July	NF	ACC5 F	2265	429	1802		34	158-001	6	2265	
August	NF	ACC5 F	2265	429	1802		34	158-001	6	2265	
September											
October	22										
November											
December											
Annual			17352	3282	13798	0	272			17352	0
000001 >>>	·>>>>	>>>>>>>>>	>>>>>>	>> Tra	ansact	ion Co	mplete	<<<< <mark>&lt;</mark> <<<<	<<< <mark>&lt;</mark> <	<<<<<	<<<<
PM0354 266								Copyr	ight © Con	monwealth o	f Virginia

# PSB309

PSB309,7487290	ANT HISTORY SCROLL	8 PER129CMG	08/20/2018 17:22:19
SSN: ClickToView H	listory Records For: 748-7	2-90 TESTER, A	DISON
Trans Key-Date R	Rn Eff-Date Agy/Grp Lst	BP St Cv Plan	PMIS Term Date
DSP201 08/20/2018 1	12 09/01/2018 129/001	6 NE DS ACCS	
PSB301 08/20/2018 1	1 09/01/2018 129/001	6 NE S ACCS	
PSB200 08/20/2018 0	1 09/01/2018 129/001	6 NE S ACCS	
PSB101+08/20/2018 8	80 08/01/2018 129/001	6 NE WP WP	PSB908
130101+00/20/2010 0	00/01/2010 129/001		56500
	PS For Detail Dicplay	Move Cursor To	Desired Line & Ymit
000001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	omplete sssess	
		omprece (((()))	
PN 05 55 38			Copyright © Common wealth of Virginia

PSB351

PSB351,321012345		BES UPDAT		32	21012345 00	7487204
			D8 PER129CMG	08	3/14/2018 1	0:01:13
Name: TESTER, ANDRE	W	27		ID:	748-72-04	A106
Transmit here if th	ne address, ho	ne phone,	or			
email of the partic	ipant is not	correct:	Reason	Code:	* *	
101 SOME ST			Event	Date:	* * * * *	
RICHMOND, VA 23219-	-3665		Receive	Date:	* * * * * *	
(804) 786-1708				Xmit:		
a.tester@testmail.c	om					
Reason	Codes Valid F	or A 08/14/	2018 Effect	tive Da	ate	
01 Initial Enroll	37 Upd Prsnl :	Info 71	D/Ord-Add	Ch		
05 Mve Afect Elig	38 Ch Ceases I	lig. 75 (	Chg Leave St	tat		
06 Chg Bill Premium	49 Unpd LV Bg	1-EE 76 I	ost GovSpr	Pln		
07 Marriage	50 Return LWO	<b>b</b> 77 (	hg FT to PT	T-EE		
08 Death of Spouse	54 Transfer to	LTD 78	hg PT to FT	T-EE		
09 Lost MCare/Caid	56 Open Enrol	lment 791	WOP Non-Pay	/		
10 Divorce	57 Upd Dep In	Fo				
13 S/C-Lost ER Plan	62 Other ER O	Cha				
15 Birth/Adoption	65 Trm-EE Dea	th				
17 Death of Child	66 Elig MCare	/Caid				
19 Add-Exst Family	67 J/D/Odr-Rm	/e Ch				
27 Trm-Not Elig	68 Trm-Prem N	ot Pd				
28 S/C-Elig ER Pln	70 HIPAA Sp E	roll				
000693 Warning: Field	Must Be Fill	ed				
PN0665 68				Copy	right © Commonwealt	h of Virginia

PSB352:

PSB352,7487204,37	BES (	HANGE	PER129C	MG 08/16/	2018	12.05.38
ID 7487204 Ser	x M Agy/Grp 129 - 0	001	Birth (	09241962 BE	S Beg	080118
City RICHMOND Rsn 37 Upd Prsn] Ir	State VA ZI nfo Receive 081618	IP 23219 37 Even	- 3665 t Date	Co 081618 Efft	Date	US 090118
Plan ACC5 Emp NF Mbr Last TESTER	r F PreTax Y First ANDREW		MI	Bill 6 SI	Suf	
Day Phn 8042253642 E-Mail a.tester@te:	Home Phone 8047861 stmail.com	1708		Med	licare I	N Delete
Rel Last Name SF TESTER	First Name BETSY	MI Suf L	Birth 070966	SSN QB 321023456	D M N N	Date
D TESTER S TESTER	DANA CHRISTOPHER	S L	013000 080118	321047654 900501202	N N N N	
000002 Screen Call-U	p Complete Proce	ed				End
PM 06 00 103				Copyright ©	Connonueal	th of Virginia

PSB355:

```
PSB355,321047654
              ----- 250 PER129CMG 08/16/2018 12:10:21
      CREATE NATIONAL MEDICAL SUPPORT NOTICE TO WITHHOLD FOR HEALTH CARE
                     Dependent: 321-04-7654 TESTER, DANA S
            Birth/Relationship: 01/30/2000 Daughter
                   Participant: 748-72-04 TESTER, ANDREW
                        Reason: QMCSO
       Address
                                            - or - PO Box
          City
         State
           ZIP 00000 - 0000
       Country US
Date of Notice 000000
   Case Number
     Telephone 0000000000 FAX 000000000
Issuing Agency
          Xmit
000002 Screen Call-Up Complete -- Proceed
                                                         Copyright © Commonwealth of Virginia
PH 0615 250
```

PSBHLP 1/4:

PSBHLP	,082018	BENEFITS HELP SCREEN 1 OF	4 Next Prior
	PLANS	RELATIONSHIPS	MEMBERSHIP/COVERAGE TYPE
65D6	A65 DV LIS 6	SM: Spouse Male	S : Single Coverage
65DV	A65+DV	SF: Spouse Female	F : Family Coverage
65MO	A65 MO	S : Son	DM: Dual Participant +
A65	A65	D : Daughter	Minor Child
ACC0	CCare	SS: Stepson	DS: Dual Participant +
ACC1	CCare+00N	SD: Stepdaughter	Spouse
ACC2	CCare+XD	OM: Male (Other)	W : Waived Membership
ACC3	CCare+XD+00N	OF: Female (Other)	
ACC4	CCare+XD+VH	P : Participant	
ACC5	CCare+XD+00N+VH		BILL PREMIUMS
B1	Opt1		2: Carrier Bill
B2	Opt2		3: VRS Withholding
B2DV	Opt2+DV		6: Agency Payroll
CHA	CHAware		7: LOD/DOA Pays
CHA1	CHAware+XD+V		9: Premium Not
CHA2	CHAware+XD		Collected
CHD	COVA HDP		
CHD1	COVA HDP+XD		See Benefits Manual
HD2D	HD no/HSA+PD		For More Complete
HD 3	HD w/HSA+CD		Descriptions
More	Plans On Screen 4		
000001	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>> Transaction Complet	e <<<<<<<<
PM 2767 463			Copyright © Common wealth of Virginia

PSBHLP 2/4:

PSB	HLP,082018	BENEFITS HELP SCREEN 2 OF 4 SUBMIT REASON CODES	Next Prior
01	Initial Enrollment	38 Child Ceases Eligiblty	73 Transfer to Survivor
02	Switch Modicare Blan	41 Transfor to COPPA	76 Lost Elig Oth Cov Blan
05	Move Affects Fligibili	4) Transfer to Detinement	70 LOST EITY OTH GOV Plan
05	Move Arrects Erigibili	48 Transfer to Retirement	77 Change FT to FT Employ
00	Change Bill Premium	49 UNDATO LV/FMLA BEG EE	78 Change PI to FI Employ
07	Marriage	50 Return From LWOP	79 LWOP Non-Pay
08	Death of Spouse	53 Trans to Split Contrac	
09	Lost Elg Medicare/Caid	d 54 Transfer To LTD	
10	Divorce	56 Open Enrollment	
13	S/C-Lost ER Plan	57 Update Dependent Info	
15	Birth/Adoption	61 Dep Care Cst/Covrg Chg	
17	Death of Child	62 Other ER OE/Chg	
18	Unspecified:Remove Dep	p 65 Trm-EE Death	
19	Add Newly Elig Member	66 Elig Medicare/Medicaid	
20	Batch Update	67 J/D/Order-Remove Child	
27	Term BES-Not Eligible	68 Term BES-Prem Not Paid	
28	S/C-Elig ER Pln	69 Waive Cov: On Sp Plan	
29	Trm-RE Death	70 HIPAA Special Enroll	
37	Upd Prsnl Info	71 J/D/Ord To Cover Child	See Benefits Manual
6552			For More Complete
			Descriptions
0000	001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>> Transaction Complete <-	~~~~~~
PM 276	7 464		Copyright © Common wealth of Virginia

PSBHLP 3/4:

PSBHLP,082018 BENEFITS HELP	SCREEN 3 OF	4 Nex	ct Prior
PELINIC Employee 40 Hours	Thu acal ch	aica WITD No Way	kans Comp
PF:PMIS Employee 40 Hours	IN:LOCAL Ch	IOICE WLID NO WOI	rkers Comp
NF:Non-PMIS Employee 40 Hours	TY:Local Ch	noice WLID Worker	rs Comp
R :Retiree	TE:Local Ch	noice Excluded Er	np loyee
X :Extended Coverage COBRA	XD:Local Ch	noice Ext Cov Dis	sability
EX:Participant Excluded From BES			
D :VSDP Disability			
LS:Linked Spouse			
LC:Linked Child			
SC:Survivor Child			
SS:Survivor Spouse			
PQ:PMIS Employee 30 Hours			
NQ:Non-PMIS Active Employee 30 Hours			
PP:PMIS Employee 20 Hours			
NP:Non-PMIS Employee 20 Hours			
PE:PMIS Participant Excluded From BES			
NE:Non-PMIS Partcpnt Excluded From BES			
FM:Local Choice Full-Time Military			
PF:Local Choice Part-Time Military			
TF:Local Choice Full Time 40 Hours	Se	e Benefits Manua	al
TQ:Local Choice Quasi FT 30-39 Hours	Fo	or More Complete	
TP:Local Choice Part Time <30 Hours	De	scriptions	
000001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	tion Complete	e <<<<<<<<	<<<<<<
PM2767 462		Copyright © Com	monwealth of Virginia

PSBHLP 4/4:

PSBHLP,082018	BENEFITS HELP SCREEN 4 OF 4	Next Prior
1465 465		
TAUS - AUS		B2D0 - 0FT 2 DV LIS 0
2A03 - A03+DV		BZD/ - OPT Z DV LIS /
65D1 - A65 DV LIS 1	BIS - OPT I LIS S	BZD8 - OPT Z DV LIS 8
65D2 - A65 DV LIS 2	BIG - OPT I LIS 6	BZD9 - OPT Z DV LIS 9
65D3 - A65 DV LIS 3	B17 - OPT 1 LIS 7	HD2 - HD no HSA+CD
65D4 - A65 DV LIS 4	B18 - OPT 1 LIS 8	KA1 - KA 250+CD
65D5 - A65 DV LIS 5	B19 - OPT 1 LIS 9	KA2 - KA 500+CD
65D7 - A65 DV LIS 7	B21 - OPT 2 LIS 1	KA3 - KA 1000+CD
65D8 - A65 DV LIS 8	B22 - OPT 2 LIS 2	KAX - KA Exp+CD
65D9 - A65 DV LIS 9	B23 - OPT 2 LIS 3	KP - COVA Kaiser HMO
A651 - ADV 65 LIS 1	B24 - OPT 2 LIS 4	KP1 - Kaiser HMO
A652 - ADV 65 LIS 2	B25 - OPT 2 LIS 5	LOD3 - Line of Duty 3
A653 - ADV 65 LIS 3	B26 - OPT 2 LIS 6	OPT1 - Option 1
A654 - ADV 65 LIS 3	B27 - OPT 2 LIS 7	
A655 - ADV 65 LTS 5	B28 - OPT 2 LTS 8	
A656 - ADV 65 LTS 6	B29 - OPT 2 LTS 9	
A657 - ADV 65 LTS 7	B2D1 - OPT 2 DV LTS 1	
A658 - ADV 65 LTS 8	B2D2 = OPT 2 DV LTS 2	
A659 - ADV 65 LTS 9	B2D3 = OPT 2 DV LTS 3	
$R_{11} = 0PT 1   TS 1$	B2D4 = OPT 2 DV LTS 4	See Renefits Manual For
		Complete Descriptions
000001 SSSSSSSSSSSSSSSS	Transaction Complete	comprete Descriptions
000001 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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PSBPEN

PSBREW:

·^				- 72 PER129C	MG 08/20/	2018 12:22:	
	R	eward Eligibi	lity D	ata As Of 08/	20/2018		
* <mark>Partici</mark>	pant* ID/SS	N 748-72-16	Name	TESTER, ADAM	A		
	Beg Date	End Date	Amt	Activity1	Activity2	Rsn	
	09/01/2017 07/01/2016	06/30/2018 06/30/2017	17 17	06/23/2017 05/23/2016	06/14/2016	98 98	
Spouse	ID/SSN ClickToView Name TESTER, ADEL						
	Beg Date	End Date	Amt	Activity1	Activity2	Rsn	
	04/01/2017	06/30/2017	17	03/16/2017	03/13/2017	98	
00001 >>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	•>>>>> Tra	ansact	ion Complete	<<<<<<		

PSL002:

PSL002	129,001	10/16/2018 L	EAVE EXPI	RE REPORT	- Agency 1	29 DHRM Group 001	.03
Aqy/Gr 129/00 129/00	p Postn 01 002929 01 002329	ID 748-73-07 748-73-19	LV End STD 09/0 STD 07/2	d-Date 07/2018 29/2018 >>	Status • Overdue <	Name TESTER, BARRY < TESTER, CHARLES	.03
000001	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	·····	>>> Transa	action Com	nplete <<<<	~~~~~	<<<
PH2210 49						Copyright © Connonsealth of Vis	rginia