

HCA Invoice History
Record Layout for SEBB
Created: July, 2013
Updated: 12/19/2019

Field Number	Field Name	Length	Starting Location	Ending Location	Description	Values	MSTR-INV HISTORY Field
1	SSN	9	1	9	The employee's social security number		INV-SSN
2	Coverage Period	6	10	15	Coverage period	Format is CCYYMM	INVH-COVERAGE-DT
3	Medical Plan Code	4	16	19	The HCA assigned 4 character code for the medical carrier		INV-HLTH-CARRIER-CODE
4	Medical Amount	7	20	26	Cost of employer-sponsored medical care NOTEs: 1) Include in box 12; 2) If employee is waiving medical, then this field will contain all zeros	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	"Look-up" using Field #3 and INV-HLTH-PREMIUM-AMT
5	Dental Plan Code	4	27	30	The HCA assigned 4 character code for the dental carrier		INV-DNTL-CARRIER-CODE
6	Dental Amount	7	31	37	Cost of employer-sponsored dental care NOTE: Include in box 12	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	"Look-up" using Field #5 and INV-DNTL-PREMIUM-AMT
7	Employee Contribution	7	38	44	Employee Contribution for medical	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	INV-HLTH-OPT-AMT
8	Agency code	3	45	47	The OFM assigned 3 character code for the agency		INV-AGENCY
9	HSA Employer Contribution	7	48	54	Employer Contribution for employees who are in a CDHP/HSA plan	Employer Contribution for employees who are in a CDHP/HSA plan	
10	Employer State Share Amount	7	55	61	Employer's state share amount	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	INV-ER-AMOUNT - INV-HLTH-OPT-AMT - INV-TSA-AMT - INV-SSA-AMT
11	Tobacco-use Surcharge Amount	7	62	68	Surcharge for tobacco-use	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	INV-TSA-AMT

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12	Spousal Surcharge Amount	7	69	75	Surcharge for spousal coverage	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	INV-SSA-AMT
13	Vision Plan Code	4	76	79	The HCA assigned 4 character code for the vision carrier		INV-VISN-CARRIER-CODE
14	Vision Amount	7	80	86	Cost of employer-sponsored vision care NOTE: Include in box 12	Format: DDDDDvCC where DDDDD is dollars, v is implied decimal and CC is cents	"Look-up" using Field #13 and INV-VISN-PREMIUM-AMT
15	Filler	4	87	90			