

# 834 Benefit Enrollment and Maintenance Companion Guide



## Public Employees Benefits Board (PEBB)

March 1, 2013

**Modification History:**

Version 1 - 02/21/2014

Version 1.1 - 05/21/2014

Version 1.2 - 06/11/2014

Version 1.3 - 07/23/2014

Version 1.4 - 09/02/2014

Version 1.5 - 10/02/2014

Version 1.6 - 04/01/2015

Version 2 - 01/01/2016 (updated with new plans information)

**PURPOSE:** This Companion Guide provides information about the 834 Enrollment file that is specific to HCA's Public Employees Benefits Board System and HCA trading partners. It will include both the 834 Audit and 834 Update. This guide is intended to supplement rather than replace the standard Implementation Guide.

The monthly audit file is a full positive enrollment; therefore, the effective date of coverage is always the 1st of the upcoming month. For example, the monthly audit file on 6/30/2014 will contain all enrolled members for July, 2014.

The daily change file is a changes only file.

Item	Subject	Topics	Additional Information or Examples
1	File Creation	Schedule	Monday - Friday (except holidays) at 11 PM.
		Naming Convention	HIPAA.PEBB.AUDIT.834.<PlanID>.OUT.D<Date Stamp>.T< Time Stamp> <b>Example:</b> HIPAA.PEBB.AUDIT.834.ABC.OUT.D130623.T183216  HIPAA.PEBB.CHANGE.834.<PlanID>.OUT.D<Date Stamp>.T< Time Stamp> <b>Example:</b> HIPAA.PEBB.CHANGE.834.ABC.OUT.D130623.T183216
		Plan IDs	See Ref. table
		Date Stamp	YYMMDD
		Time Stamp	HHMMSS in military time format
		Data Retrieval	Secure File Transfer Protocol (SFT) through the State of Washington Consolidated Technical Services - <a href="https://sft.wa.gov/">https://sft.wa.gov/</a>
2	Data Format	Delimiters	
		Element separator	Asterisk (*)
		Sub-element separator	Colon (:)
		Segment Terminator	Tilde (~)
		Repetition Separator	Caret (^)
		Dates	All dates within the file are in CCYYMMDD except the Interchange Date (ISA09) which is in YYMMDD
		Time	HHMM
Phone Numbers	AAAPPPNNNN (8005551212) <= 800-555-1212		
3	Contact	Level 1 (primary)	HCA Help Desk, 360-725-1111, servicedesk@hca.wa.gov
		Level 2 (secondary)	Romeo Solis, 360-725-9827, romeo.solis@hca.wa.gov

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
<b>Header Segments</b>					
<b>Loop: None Segment: ISA Interchange Control Header (Required)</b>					
Authorization Information Qualifier	ISA01	R	00	No Authorization Information Present Qualifier	
Authorization Information	ISA02	R	<Blank>	10 spaces	
Security Information Qualifier	ISA03	R	00	No Security Information Present Qualifier	
Security Information	ISA04	R	<Blank>	10 spaces	
Interchange ID Qualifier	ISA05	R	30	Qualifier for U.S. Federal Tax Identification Number	
Interchange Sender ID	ISA06	R	<HCA Fed TIN>	WA HCA Federal Tax ID (911412780) followed by 6	
Interchange ID Qualifier	ISA07	R	30	Qualifier for U.S. Federal Tax Identification Number	
Interchange Receiver ID	ISA08	R	<HLT Plan Fed TIN>	Health Plan Federal Tax ID (9-digit) followed by 6 spaces	
Interchange Date	ISA09	R	<YYMMDD>	Date the Interchange is created	
Interchange Time	ISA10	R	<HHMM>	Time the Interchange is created	
Repetition Separator	ISA11	R	^	Carret	
Interchange Control Version Number	ISA12	R	00501	Standards Approved by ACS X12 Review Board	
Interchange Control Number	ISA13	R	<Unique Number>	Unique Sequential Number Assigned for each Interchange (Same as IEA02)	
Acknowledgment Requested	ISA14	R	0	Interchange Acknowledgment Request; 0 = No, 1 = Yes acknowledgement	
Usage Identifier	ISA15	R	P or T	Production or Test	
Component Element Separator	ISA16	R	:	Colon	
<b>Loop: None Segment: GS Functional Group Header (Required)</b>					
Functional Identifier Code	GS01	R	BE	Benefit Enrollment And Maintenance (834)	
Application Sender's Code	GS02	R	<HCA Fed TIN>	Federal Tax ID of the Sender (HCA = 911412780)	
Application Receiver's Code	GS03	R	<HLT Plan Fed TIN>	Federal Tax ID of the Receiver (Health Plan)	
Date	GS04	R	<CCYYMMDD>	Date the Group Header is created	
Time	GS05	R	<HHMM>	Time the Group Header is created	
Group Control Number	GS06	R	<Unique Number>	Unique Sequential Number Assigned for each Group	
Responsible Agency Code	GS07	R	X	Accredited Standards Committee X12	
Version/Release/Industry Identifier Code	GS08	R	005010X220A1	Standards Approved by ACS X12 Review Board	
<b>Loop: None Segment: ST Transaction Set Header (Required)</b>					
Transaction Set Identifier Code	ST01	R	834	Benefit Enrollment and Maintenance	
Transaction Set Control Number	ST02	R	<0001>	1 Segment only, ever	
Implementation Convention Reference	ST03	R	005010X220A1	Same as GS08	
<b>Loop: None Segment: BGN Beginning (Required)</b>					
Transaction Set Purpose Code	BGN01	R	00	Original Submission	
Reference Identification	BGN02	R	<Reference Number>	Reference number to uniquely identify the transaction for future reference	
Date	BGN03	R	<CCYYMMDD>	Date the Transaction Set is created	
Time	BGN04	R	<HHMM>	Time the Transaction Set is created	
Time Code	BGN05	S	PT	Time Zone Code	
Reference Identification	BGN06	Not Used	<Blank>	Not Used	
Transaction Type Code	BGN07	Not Used	<Blank>	Not Used	

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
Action Code	BGN08	R	2 or 4	2 = Change and 4 = Verify (Monthly Full Enrollment file)	
<b>Loop: None Segment: REF - Transaction Set Policy Number (Situational)</b>					
Reference Identification	REF01	R	38	Master Policy Number	
Reference Identification	REF02	R	<Master Policy Nbr>	Group ID (only for DeltaCare, UDP Dental, and Regence. See Ref. table)	
Description	REF03	Not Used	<Blank>	Not Used	
Reference Identifier	REF04	Not Used	<Blank>	Not Used	
<b>Loop: None Segment: DTP - FILE EFFECTIVE DATE (Required)</b>					
Date/Time Qualifier	DTP01	R	007	File Effective date	
Date Time Period Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMMDD	
Date Time Period	DTP03	R	<CCYYMMDD>	Date the 834 outbound interchange file is created	PROCESS DATE
<b>Loop: 1000A Segment: N1 Sponsor Name (Required)</b>					
Entity Identifier Code	N101	R	P5	P5 = HCA	
Name	N102	S	<Sender Name>	WASHINGTON STATE HCA PEBB	
Identification Code Qualifier	N103	R	FI	Qualifier for U.S. Federal Taxpayer Identification Number	
Identification Code	N104	R	<HCA Fed TIN>	WA HCA Federal Tax ID (911412780)	
<b>Loop: 1000B Segment: N1 Payer (Required)</b>					
Entity Identifier Code	N101	R	IN	Health Plan	
Name	N102	S	<Health Plan Name>	Name of Health Plan Carrier	
Identification Code Qualifier	N103	R	FI	Qualifier for U.S. Federal Taxpayer Identification Number	
Identification Code	N104	R	<HLT Plan Fed TIN>	Federal Tax ID of the Payer (Health Plan carrier)	
<b>Member Level Detail segments</b>					
<b>Loop: 2000 Segment: INS Member Detail (Required)</b>					
Yes/No Condition Response Code	INS01	R	Y/N	Y=subscriber; N=else	
Individual Relationship Code	INS02	R	18, 01, 19, 10, 53	Y*18=Subscriber; N*01=Sps;N*19=Dep;N*10=Foster; N*53=Dom. Partner; INS*N*19*030*XN*A*E****N*D8*20130215	SUB-RETIRED-DT;MBR-COVERAGE-EFF-DT; MBR-MEDICARE-EFF-DT; MBR-COVERAGE-TERM-DT;
Maintenance Type Code	INS03	R	001;021; 024; 030	001-Change;021-Addition;024-Termination;030-Audit	Monthly Audit file uses only 030. Change file uses other values.
Maintenance Reason Code	INS04	R	01, 02, 22, ..., or XN	See Ref. table for codes list (01=Divorce; 20=Enrolled; 22=Plan Change,..., or XN=Notificantion Only)	Monthly Audit file uses only XN. Change file uses all values.
Benefit Status Code	INS05	R	A	A=Active for all records	
Medicare Plan Code	INS06	R	A, B, C, or Blank	Medicare Part A, Part B, Part A+B (C=Both), or Blank	
Cobra Qualifying Event Code	INS07	S	<Blank>	Not Used	

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
Employment Status Code	INS08	S	AC	AC=Active on all records	
Yes/No Condition for Handicap Indicator	INS10	S	Y/N	Handicap Indicator	MBR-DISABLED-IND
Date Time Period Format Qualifier	INS11	S	D8	Date Expressed in Format CCYYMMDD Qualifier	
Member Individual Death Date	INS12	S	<CCYYMMDD>	The Date of Death	DECEASED DATE
<b>Loop: 2000 Segment: REF Subscriber Number (Required)</b>					
Reference ID Qualifier	REF01	R	0F	Subscriber Number Qualifier	This segment will be repeated on Subscriber, Spouse and all Deps
Reference Identification	REF02	R	<Subscriber SSN>	Subscriber SSN	
<b>Loop: 2000 Segment: REF Member Policy Number (Situational)</b>					
Reference ID Qualifier	REF01	R	1L	Qualifier for Group Number	This segment will be repeated on Subscriber, Spouse and all Deps
Reference Identification	REF02	R		Variable length up to 7 bytes, codes as follows:	
<b>1st bytes</b> (Alpha-Numeric)	REF02-1	S	See Ref. tables	REF*1L*Y107~	ELIGIBILITY-TYPE (1 byte)
<b>2nd-4th bytes</b> (Alpha-Numeric)	REF02-2	S		REF*1L*Y107CK~	AGENCY-CODE (3 bytes)
<b>5th - 7th bytes</b> (Alpha-Numeric)	REF02-3	S		REF*1L*Y107A~	SUBAGENCY-CODE ( <b>variable length; may be blank, 1, 2, or 3 bytes</b> )
<b>Loop: 2000 Segment: REF Member Supplemental Identifier (Situational)</b>					
Reference ID Qualifier	REF01	R	F6	Health Insurance Claim (HIC) Number Qualifier	
Reference Identification	REF02	R	<HIC Number>	Health Insurance Claim Number	
<b>Loop: 2000 Segment: REF Member Supplemental Identifier (Situational)</b>					
Reference ID Qualifier	REF01	R	QQ		This segment will be repeated on Subscriber, Spouse and all Deps
Reference Identification	REF02	R		<b>Fixed length of 50 bytes, codes as follows:</b>	
<b>position 01-10th</b> (Alpha-Numeric)	REF02-1	S		PCP clinic ID	CLINIC-ID (10 bytes)
<b>position 11-18th</b> (CCYYMMDD)	REF02-2	S		Home Address Effective Date	HOME-ADDR-EFF-DT(8 bytes)
<b>position 19-24th</b> (Alpha-Numeric)	REF02-3	S		Originating Agency/Sub-Agency	ORIGINATE-AGENCY-SUBAGY (6 bytes)
<b>position 25-25th</b> (Alpha-Numeric)	REF02-4	S		Truly New Account	TRULY-NEW-ACCT (1 bytes)
<b>position 26-26th</b> (Alpha-Numeric)	REF02-5	S		Subscriber Qualifying Event	SUBS-QUALIFY-EVENT (1 bytes)
<b>position 27-34th</b> (CCYYMMDD)	REF02-6	S		Medicare Part A Effective Date	MCARE-PART-A-EFF-DT (8 bytes)
<b>position 35-42th</b> (CCYYMMDD)	REF02-7	S		Medicare Part B Effective Date	MCARE-PART-B-EFF-DT (8 bytes)
<b>position 43-50th</b> (CCYYMMDD)	REF02-8	S		Eligibility Effective Date	INS-ELIGIBILITY-EFF-DT (8 bytes)
<b>Loop: 2000 Segment: DTP Member Level Date (Situational)</b>					
Date Time Qualifier	DTP01	R	286, 338, 356, 357	286 = Subscriber Retirement Date; 338 = Effective Date - Medicare Part A and/or Part B; 356 = Coverage Begin Date; 357 = Coverage End Date	
Date Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMMDD Qualifier	

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
Date Time Period	DTP03	R	<CCYYMMDD>		
<b>Loop: 2100A Segment: NM1 MEMBER Name (Required)</b>					
Entity Identifier Code	NM101	R	IL, 74	Code 74 when LP2100B is sent, else it will be code IL	
Entity Type Qualifier	NM102	R	1	Person	
Last Name	NM103	R	Smith	Last Name of Insured or Subscriber	MBR LAST NAME
First Name	NM104	S	John	First Name of Insured or Subscriber	MBR FIRST NAME
Middle Initial	NM105	S	H	Middle Initial of Insured or Subscriber	MBR MIDDLE INITIAL
Name Prefix	NM106	S	<Blank>	Not Used	
Name Suffix	NM107	S	JR	Name Suffix of Insured or Subscriber	MBR SUFFIX
ID Code Qualifier	NM108	S	34	Qualifier for Social Security Number	
Member ID (SSN)	NM109	S	<Member SSN>	NM1*IL*1*SMITH*JOHN*H**JR*34*555667777	MBR SSN
<b>Loop: 2100A Segment: PER Member Communication Numbers (Situational)</b>					
Contact Function Code	PER01	R	IP	Insured Party	This segment will be on Subscriber only
Communication Number Qualifier	PER03	R	TE	Home Phone Qualifier	
Communication Number	PER04	R	<Area Code; Phone>	3 Digit Area Code+7 Digit Phone in AAABBBCCCC	HOME PHONE
Communication Number Qualifier	PER05	S	WP	Work Phone Qualifier	
Communication Number	PER06	S	<Area Code; Phone>	3 Digit Area Code+7 Digit Phone in AAABBBCCCC	WORK PHONE
<b>Loop: 2100A Segment: N3 Member Residence Street Address (Required)</b>					
Residential Street address	N301	S		N3*676 CHERRY STREET	ADDRESS LINE 1
Residential Street address	N302	S		N3*676 CHERRY STREET*SUITE 123	ADDRESS LINE 2
<b>Loop: 2100A Segment: N4 Member Residence City, State, Zip (Required)</b>					
Residential City	N401	R		N4*Olympia	CITY
Residential State	N402	R		N4*Olympia*WA	STATE
Residential Zipcode	N403	R		N4*Olympia*WA*985040001	ZIP
Residential Country Code	N404	S		N4*Olympia*WA*985040001*US	COUNTRY CODE
Location Qualifier	N405	not used			
County	N406	not used			
<b>Loop: 2100A Segment: DMG Member Demographics (Required)</b>					
Date Format Qualifier	DMG01	R	D8	Date Expressed in Format CCYYMMDD Qualifier	
Birthdate	DMG02	R	<CCYYMMDD>	Birth Date of Member	MBR BIRTH DATE
Gender Code	DMG03	R	F, M or U	Female, Male, or Unknown Member Gender Code	MBR GENDER CODE
Marital Status Code	DMG04	S	I, M	Marital Status of Subscriber (I=Single, M=Married)	FAM-MARITAL-STATUS (for Subscriber only, else blank)
<b>Loop: 2100B Segment: NM1 Incorrect MEMBER Name (Situational)</b>					

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
Entity Identifier Code	NM101	R	70	When LP2100B is sent, code in 2100A.NM101 will be 74	
Entity Type Qualifier	NM102	R	1	Person	
Last Name	NM103	R	Smyth	NM1*70*1*SMYTH*JEFF*H***34*555667777	OLD-LASTNAME
First Name	NM104	S	Jeff	NM1*70*1*SMYTH*JEFF*H***34*555667777	OLD-FIRSTNAME
Middle Initial	NM105	S	H	NM1*70*1*SMYTH*JEFF*H***34*555667777	OLD-MI
Name Prefix	NM106	S	<Blank>	Not Used	
Name Suffix	NM107	S	JR	NM1*70*1*SMYTH*JEFF*H**JR*34*555667777	OLD-SUFFIX
ID Code Qualifier	NM108	S	34	Qualifier for Social Security Number	
Member ID (SSN)	NM109	S	<Member SSN>	NM1*70*1*SMYTH*JEFF*H**JR*34*555667777	OLD-MEMBER-SSN
<b>Loop: 2100B Segment: DMG Incorrect Member Demographics (Situational)</b>					
Date Format Qualifier	DMG01	R	D8	Date Expressed in Format CCYYMMDD Qualifier	
Birthdate	DMG02	R	<CCYYMMDD>	Member Birth Date	OLD-BIRTH-DATE
Gender Code	DMG03	R	F, M or U	Female, Male, or Unknown Member Gender Code	OLD-GENDER-CODE
Marital Status Code	DMG04	S	S, M	Marital Status of Subscriber	OLD-MARITAL-STATUS
<b>Loop: 2100C Segment: NM1 Member Mail Street Address (Situational) indicator</b>					
Entity Identifier Code	NM101	R	31	Postal Mailing Address	
Entity Type Qualifier	NM102	R	1	NM1*31*1	
<b>Loop: 2100C Segment: N3 Member Mail Street Address (Situational)</b>					
Mailing Street Address	N301	S		N3*676 WOODLAND SQ. LOOP	MAILING ADDRESS LINE 1
Mailing Street Address	N302	S		N3*676 WOODLAND SQ. LOOP*SUITE 123	MAILING ADDRESS LINE 2
<b>Loop: 2100C Segment: N4 Member Mail City, State, Zip (Situational)</b>					
Mailing City	N401	R		N4*Lacey	MAILING ADDRESS CITY
Mailing State	N402	S		N4*Lacey*WA	MAILING ADDRESS STATE
Mailing Zipcode	N403	S		N4*Lacey*WA*985060001	MAILING ADDRESS ZIP
Mailing Country Code	N404	S		N4*Lacey*WA*985060001*US	MAILING ADDRESS COUNTRY CODE
<b>Loop: 2200 Segment: DSB Disability Information (Situational)</b>					
Disability Type Code	DSB01	R	1, 3	1=Short-Term; 3=Permanent	
Quantity	DSB02	Not used	<Blank>	Not Used	
<b>Loop: 2200 Segment: DTP Disability Eligibility Dates (Situational)</b>					
Date Time Qualifier	DTP01	R	360, 361	360 = Disability Begin Date; 361 = Disability End Date;	
Date Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMMDD Qualifier	
Date Time Period	DTP03	R	<CCYYMMDD>		
<b>Loop: 2300 Segment: HD Health Coverage (Required)</b>					
Maintenance Type Code	HD01	R	001; 021; 024; 030	001-Change;021-Addition;024-Termination;030-Audit	Monthly Audit file uses only 030. Change file uses other values.

Transaction Specifications

HIPAA Field Name	HIPAA Ref. Des.	HIPAA Usage	HIPAA Element	HIPAA Element Description	Transformation Needed / Note
Maintenance Reason Code	HD02	S	<Blank>	Not Used	
Insurance Line Code	HD03	R	HLT, DEN	HLT=Medical Plan; DEN=Dental Plan	
Plan Coverage Description	HD04	S	See Ref. tables	HD*030**HLT*CV*FAM	CARRIER-CODE (upto 4 bytes)
Coverage Level Code	HD05	S	EMP;ESP;ECH;FAM; DEP;SPC;SPO	See Implementation Guide for codes description (FAM=Family; Dep=Dep only; SPC=Spouse-dep; SPO=Spouse only;ECH=Employee-Dep)	FAM-COMPOSITION
<b>Loop: 2300 Segment: DTP Health Coverage Date (Required)</b>					
Date Time Qualifier	DTP01	R	348 or 349	348=Benefits Begin Date; 349=Benefits End Date	Audit may have 349 on subscriber of dep only acct. Change file uses both
Date Format Qualifier	DTP02	R	D8	Date Expressed in Format CCYYMMDD Qualifier	
Date Time Period	DTP03	R	<CCYYMMDD>		MBR-COVERAGE-EFF-DT, MBR-COVERAGE-TERM-DT
<b>Loop: 2300 Segment: REF Health Coverage Policy Number (Situational)</b>					
Reference ID Qualifier	REF01	R	17	Client Reporting Category	This segment will be for dental plans and is sent only on Subscriber record
Reference Identification	REF02	R		<b>Fixed length, codes as follows:</b>	
<b>position 01-05th</b> (Alpha-Numeric)	REF02-1	S	<Blank>	Not Used	
<b>position 06-06th</b> (Alpha-Numeric)	REF02-2	S	Y/N	Flag indicate family enrolled in HSA/CDHP health plan	FAM-HSA-FLAG (1 byte)
<b>Trailer segments</b>					
<b>Loop: None Segment: SE Transaction Set Trailer (Required)</b>					
Number of Included Segments	SE01	R	<Number>	Count of All Segments in a Transaction Set	
Transaction Set Control Number	SE02	R	<Number>	Same Number as in ST segment, element ST02	
<b>Loop: None Segment: GE Functional Group Trailer (Required)</b>					
Number of Transaction Sets Included	GE01	R	<Number>	Count of All Transaction Sets in Functional Group	
Group Control Number	GE02	R	<Number>	Same Number as in GS segment, element GS06	
<b>Loop: None Segment: IEA Interchange Control Trailer (Required)</b>					
Number of Transaction Sets Included	IEA01	R	<Number>	Count of All Functional Groups in Interchange	
Group Control Number	IEA02	R	<Number>	Same Number as in ISA segment, element ISA13	



Reference Tables

CARRIER- CODE in HD04	Ins. Line Codes (HD03)	Carrier TIN in 1000B-N103	Carrier Name in 1000B-N102	Customized Code by Carrier in REF02*(38)	Carrier Name for Code in HD04
C	HLT		Group Health Classic		
CV	HLT		Group Health Value		
CHSA	HLT		Group Health CDHP		
CMED	HLT		Group Health Medicare		
CW	HLT		Group Health Classic SmartHealth		
CVW	HLT		Group Health Value SmartHealth		
CHSW	HLT		Group Health CDHP SmartHealth		
C1	HLT		Group Health Sound Choice		
C1W	HLT		Group Health Sound Choice SmartHealth		
D	HLT		Kaiser Classic		
DHSA	HLT		Kaiser CDHP		
DW	HLT		Kaiser Classic SmartHealth		
DHSW	HLT		Kaiser CDHP SmartHealth		
F	HLT		PBC Medicare Supp Plan F		
U	HLT		Uniform Medical Plan	10003948	UMP Classic
UHSA	HLT		Uniform Medical Plan	10003948	UMP CDHP
UW	HLT		Uniform Medical Plan	10003948	UMP Classic SmartHealth
UHSW	HLT		Uniform Medical Plan	10003948	UMP CDHP SmartHealth
U1	HLT		Uniform Medical Plan Accountable Care Plan (ACP)		UMP Plus UW Medicine Accountable Care Network (ACN)
U1W	HLT		Uniform Medical Plan Accountable Care Plan (ACP) SmartHealth		UMP Plus UW Medicine Accountable Care Network (ACN)
U2	HLT		Uniform Medical Plan Accountable Care Plan (ACP)		UMP Plus Puget Sound High Value Network
U2W	HLT		Uniform Medical Plan Accountable Care Plan (ACP) SmartHealth		UMP Plus Puget Sound High Value Network
1	DEN		Uniform Dental Plan	ET03000	
3	DEN		Willamette Dental		
4	DEN		DeltaCare	ET03100	

**Eligibility Type Codes in 2000-REF02\*(1L) at 1st Position**

Y = State employee	C = COBRA
X = K-12 or employer group employee	S = Self-pay
R = Retiree	E = Self-pay dental-only
K = K-12 retiree	T = COBRA dental-only
G = COBRA retiree	N = not enrolled
D = COBRA K-12 retiree	

## Reference Tables

### Coverage Level in 2300-HD05

FAM = Family	DEP = Dependent only
EMP = Employee	SPO = Spouse only
ESP = Employee and Spouse	SPC = Spouse and Dependents
ECH = Employee and Dependents	

### Maint. Reason Codes in 2000-INS04

01 - Divorce	09 - COBRA
02 - Birth	20 - Active
03 - Death	21 - Disable
04 - Retire	22 - Plan Change
07 - Terminate	