Accident, Hospital and Critical Illness

Interface Requirements Specification

# AllHealth Network

# Contact Information

## Customer Contact

| **Name** | **Phone** | **Email** |
| --- | --- | --- |
| Jennifer Carey |  | [jcarey@AllHealthNetwork.org](mailto:jcarey@AllHealthNetwork.org) |

## Vendor Contact

| **Name** | **Phone** | **Email** |
| --- | --- | --- |
|  |  |  |

## Integration Contact

| **Name** | **Phone** | **Email** |
| --- | --- | --- |
| **Lea King** |  | **lking@tekpartners.com** |

## 

# Revision History

|  | Date | Version | Revision Description | Comments | Author |
| --- | --- | --- | --- | --- | --- |
| 1 | 08/06/2021 | 1.0 | Initial Draft |  | Lea King |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

# Customer Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Vendor Name:**Aflac
2. **Group or Policy Number: 343569**
3. **Will you have employees that are active in multiple component companies?**

☒ No ☐ Yes

1. **Are there any Employee Types, Pay Groups, Org Levels, etc. that need to be excluded?**

☐No ☒ Yes

If Yes, please list field and values to exclude or include *(whichever is a shorter list)*:

Exclude emptype TES

1. **Which Employees would you like to include on this export?**☒ Employees Active on Applicable Deduction Code
2. **When did you start coverage with this provider:**01/01/2022
3. **Confirm the applicable UltiPro Deduction Codes for each that apply:**

| **Deduction Code** | **Benefit Plan Name** |
| --- | --- |
| AFACC | Aflac Accident |
| AHAL2 | Aflac Hospital 50-59 (All) |
| AHAL3 | Aflac Hospital 60-75 (All) |
| AHALL | Aflac Hospital 18-49 (All) |
| AHBA2 | Aflac Hospital 50-59 (Base) |
| AHBA3 | Aflac Hospital 60-75 (Base) |
| AHBAS | Aflac Hospital 18-49 (Base) |
| AHEB2 | Aflac Hospital 50-59 (EBR) |
| AHEB3 | Aflac Hospital 60-75 (EBR) |
| AHEBR | Aflac Hospital 18-49 (EBR) |
| AHOS1 | Aflac Hospital Opt 1 |
| AHOS2 | Aflac Hospital Opt 2 |
| AHOS3 | Aflac Hospital Opt 3 |
| AHSU2 | Aflac Hospital 50-59 (Surgery) |
| AHSU3 | Aflac Hospital 60-75 (Surgery) |
| AHSUR | Aflac Hospital 18-49 (Surgery) |

1. **Confirm how you would like to send termination of coverage on this file:**

**☒** Terminations sent one time only - based on the actual (audit) date entered into UltiPro.

1. **Open Enrollment Option = 2 files will be built based on the two Open Enrollment Sessions – one Active and one Passive.**

**What month is your OE effective?** 01/01/2022

Enrollment window will be 10/31/2021 to 11/13/2021

**What type of enrollment will you be offering? –** Active for 2022

# Mapping/Notes to Developer

File format - fixed

Full file send monthly on 20th

Terms – send once and drop off

New ded codes will be added for all 3 plans in late August to be ready for the open enrollment window Oct 31st to Nov 13th. We will have to make updates to the file once the new codes are added.

# Vendor Confirmation

Health and Welfare Exports (Medical, Dental, and Vision)

1. **Do you allow for future-dated coverage START dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

1. **Do you allow for future-dated coverage STOP dates on the file?**

☐ No X Yes

If Yes, please include the number of days in the future that are accepted. We will default to 30 days.

1. **Do you require a minimum coverage start date on the file (Ex. We cannot send any effective dates older than 1/1/2018 on the file)? If so, what is that date?**

01/01/2022

1. **Benefit Change Effective Date Option:**

☒ Actual Benefit Coverage Start Date as keyed on the EMP and DEP Record.