





**Standard Companion Guide Transaction Information**

**Instructions related to the ASC X12 Benefit Enrollment and Maintenance (834) transaction, based on the 005010X220 Implementation Guide**

**Companion Guide Version Number: 1.6**

**IB0268 – ENA Inc**

# PREFACE

This Companion Guide to the v5010 Accredited Standards Committee (ASC) X12N Implementation Guides and associated errata adopted under Health Insurance Portability and Accountability Act (HIPAA) clarifies and specifies the data content when exchanging electronically. Transmissions based on this companion guide, used in tandem with the v5010 ASC X12N Implementation Guides, are compliant with both ASC X12 syntax and those guides. This Companion Guide is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. The Companion Guide is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides.

This Companion Guide is based on, and must be used in conjunction with, the ASC X12 X12N/005010X220 Type 3 Technical Report (TR3) and its associated A1 addenda. The Companion Guide clarifies and specifies specific transmission requirements for exchanging data. The instructions in this companion guide conform to the requirements of the TR3, ASC X12 syntax and semantic rules and the ASC X12 Fair Use Requirements. In case of any conflict between this Companion Guide and the instructions in the TR3, the TR3 takes precedence.

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# INTRODUCTION

## Companion Guides

Companion guides (CG) are documents created to supplement ASC X12 Type 3 Technical Reports (TR3). TR3s, commonly known as Implementation Guides (IG), define the data content and format for specific business purposes. This CG was created for distribution to health care issuers, clearinghouses, and software vendors. The instructions in this CG are not intended to be stand-alone requirements, the CG must be used in conjunction with the ASC X12/005010X220 Benefit Enrollment and Maintenance (834) TR3 and its associated A1 Addenda. ASC X12 TR3s are copyrighted documents and may be purchased at [http://store.x12.org.](http://store.x12.org/)

## Other Resources

The Websites provided in [Table 1](#_tyjcwt) contain additional information and documentation for adopted Electronic Data Interchange (EDI) transactions and code sets.

#### Table 1: Other Resources

|  |  |
| --- | --- |
| **Resource** | **Web Address** |
| ASC X12 TR3 Implementation Guides | [http://store.x12.org](http://store.x12.org/) |

## Minimum Eligibility Requirements

See Appendix, Table A

## Client Specific Data Requirements

See Appendix, Table B

# GETTING STARTED

In order to send and/or receive transactions with The Loomis Company, Trading Partners (clearinghouses, qualified health plan issuers (QHP issuers) and State-Based Exchanges (SBEs) must complete a trading partner agreement, exchange profile information and establish connectivity. The following sections outline the steps.

## Trading Partner Profile

Establishing a Trading Partner Profile is a simple process, the Trading Partner completes and signs a Trading Partner Agreement form and submits it to the Loomis team for processing. Electronic Data Interchange (EDI) interface should be set up and tested with the Trading Partner. The first step that the Loomis team will take is to establish Trading Partner Profile(s).

The Loomis team will configure a test profile for one or more EDI interfaces with the Trading Partner. A Trading Partner with multiple data centers must acquire multiple Trading Partner Profiles. Once the EDI interface(s) have been successfully tested, the Trading Partner Profile will be set to production status.

# TESTING

Syntax Integrity and Syntax Requirement specifications must be met in order for 834 transactions to be processed in a production mode.

## Testing Overview

Testing is conducted to ensure compliance with HIPAA guidelines as related to:

* + - Syntactical integrity: EDI files must pass verification checks related to valid segment use, segment order, element attributes, proper transmission of numeric values, validation of ASC X12 syntax, and compliance with ASC X12 rules.
    - Syntactical requirements: EDI files must be validated for compliance with HIPAA Implementation Guide-specific syntax requirements, such as limits on repeat counts and the use of qualifiers, codes, elements and segments. Testing will also verify intra-segment situational data elements, non-medical code sets and that values and codes are used according to the Implementation Guide instructions.

It’s important to know additional testing may be required when the system is upgraded, when business requirements change, or when new versions of the ASC X12 834 implementation guide are implemented.

# CONNECTIVITY

Connectivity will be discussed between Trading Partners based on individual needs.

## Transmission Specifics

#### Delimiters:

Standard X12 delimiters are utilized.

#### Control Numbers:

ISA, GS and ST control numbers - Control numbers must increment from one day to the next.

#### File Rejection Reasons:

The entire logical structure contained within a physical submission will be rejected in the following situations:

* + - Submission of data that is not valid
    - Submission of non-unique values in the ST02 or GS06 Control Number elements.

# ENROLLMENT 834 TRANSACTION FLOWS

834 Transaction Flow will be discussed between Trading Partners based on individual needs.

# ACKNOWLEDGEMENTS

Loomis will send a 999 acknowledgement for every inbound functional group in every inbound 834 file received when requested by the Trading Partner.

Loomis will receive a 999 acknowledgement for every functional group in every outbound 834 file sent.

# SPECIFIC BUSINESS RULES AND LIMITATIONS

* Table 1 outlines the situation when a member obtains coverage for multiple products. The situation depicts two separate Member Detail Loops repeating at the 2000 Member Level.

Table 1: Sample for Multiple Policy (Medical & Dental)

|  |  |
| --- | --- |
| **Example of One Qualified Individual – 2 types of coverage: One coverage for Medical Coverage and one coverage for Dental Coverage** | |
| ST  Header Information  Detail information  **Subscriber – John Anyman 2000 – Member Level Detail** INS – Member Level Detail REF – Subscriber Identifier  REF – Member Supplemental Identifier DTP – Member Level Dates  2100A – Member Name NM1 – Member Name  PER – Member Communication Numbers N3 – Member Residence, Street Address N4 – Member City, State, ZIP code  DMG – Member Demographics  **2300 – Health Coverage**  HD – Health Coverage - Medical  DTP – Health Coverage Dates  REF – Health Coverage Policy Number LS  **2000 – Member Level Detail**  INS – Member Level Detail | **2000 – Member Level Detail** INS – Member Level Detail REF – Subscriber Identifier REF – Member Supplemental Identifier  DTP – Member Level Dates 2100A – Member Name NM1 – Member Name  PER – Member Communication Numbers  N3 – Member Residence, Street Address  N4 – Member City, State, ZIP code DMG – Member Demographics  **2300 – Health Coverage**  HD – Health Coverage - DentalDTP – Health Coverage Dates REF – Health Coverage Policy Number |

## Enrollment Business Rules

* Enrollment periods are considered “open ended” until a triggering event results in an end to the individual’s enrollment with a QHP.
* An **Enrollment Period End Date** is not sent on initial enrollment transactions.
* An **Enrollment Period End Date** is sent when cancelling or terminating an enrollment period.
* Except for initial enrollments, the old enrollment must always be terminated with an end date before a new enrollment can be processed.
* **Communication Contacts**. The implementation guide limits the number of member communication contacts that can be sent to 3. Communication contacts will be sent in the following order:
  + Primary Phone (TE)
  + Secondary Phone (AP)
  + Preferred Communication Method (EM for email)

# DETAILED 834 INFORMATION

## **8.1** Initial Enrollment

Transmissions will be created according to the instructions in the 005010X220 TR3, please refer to that TR3 for a complete understanding of 834 transmission requirements.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** | **Mapping Notes** |
| **Header** | ISA | Interchange Control Header | R |  |  |
|  | ISA01 | Authorization Information Qualifier | R | 00 | 00 |
|  | ISA02 | Authorization Information | R | Space fill | Space fill |
|  | ISA03 | Security Information Qualifier | R | 00 | 00 |
|  | ISA04 | Security Information | R | Space fill | Space fill |
|  | ISA05 | Sender Interchange ID Qualifier | R | ZZ | ZZ |
|  | ISA06 | Interchange Sender ID | R | Trading Partner | CmmFedtaxId |
|  | ISA07 | Interchange Receiver ID Qualifier | R | ZZ | ZZ |
|  | ISA08 | Interchange Receiver ID | R | LOOMIS | LOOMIS |
|  | ISA09 | Interchange Date | R | YYMMDD | YYMMDD |
|  | ISA10 | Interchange Time | R | HHMM | HHMM |
|  | ISA11 | Repetition Separator | R | ^ | ^ |
|  | ISA12 | Interchange Control Version | R | 00501 | 00501 |
|  | ISA13 | Interchange Control Number | R |  |  |
|  | ISA14 | Acknowledgement Requested | R | 0 = No Interchange acknowledgement requested. Note: A TA1 acknowledgement will be sent when an ASC X12 005010 834 transaction set fails Interchange validation | 0 |
|  | ISA15 | Usage Indicator | R | P = Production T = Test | If export code = FULLFILE then T  Else P |
|  | ISA16 | Component element Separator | R | : | : |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
|  | GS | Functional Group Header | R | One GS per file |  |
|  | GS01 | Functional Identifier Code | R | BE | BE |
|  | GS02 | Application Senders Code | R | Same as ISA06 (Note: DO NOT PAD) | Same as ISA06 (Note: DO NOT PAD) |
|  | GS03 | Application Receiver's Code | R | Same as ISA08 (Note: DO NOT PAD) | Same as ISA08 (Note: DO NOT PAD) |
|  | GS04 | Date | R | CCYYMMDD | Current date as CCYYMMDD |
|  | GS05 | Time | R | Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD | Current time as HHMMSS |
|  | GS06 | Group Control Number | R | Assigned by Sender. Note: As the Health Care Insurance (999) transaction does not reflect the ISA control number, we strongly recommend that one or both of the GS and ST control numbers increment from day to day |  |
|  | GS07 | Responsibility Agency Code | R | X | X |
|  | GS08 | Version/Release/Industry Identifier Code | R | 005010X220A1 | 005010X220A1 |
|  |  |  |  |  |  |
|  | ST | Transaction Set Control Number | R |  |  |
|  | ST01 | Transaction Set Identifier Code | R | 834 | 834 |
|  | ST02 | Transaction Set Control Number | R | Unique number assigned by sender, ST02 and SE02 must be equivalent | Unique number assigned by sender, ST02 and SE02 must be equivalent |
|  | ST03 | Implementation Convention Reference | R | 005010X220A1 | 005010X220A1 |
|  |  |  |  |  |  |
|  | BGN | Beginning Segment | R |  |  |
|  | BGN01 | Transaction Set Purpose Code | R | 00 = Original | 00 |
|  | BGN02 | Reference Identification | R | Unique string assigned by Sender |  |
|  | BGN03 | Date | R | CCYYMMDD | Current date as CCYYMMDD |
|  | BGN04 | Time | R | HHMM Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD | Current time as HHMMSS |
|  | BGN05 | Time Code | S | Sending Entity’s Time Zone Code | ET |
|  | BGN08 | Action Code | R | 2 = Change4 = Verify | 4 |
|  |  |  |  |  |  |
|  | REF | Transaction Set Policy Number | R | Specifies the Exchange Assigned Group ID for this transaction set |  |
|  | REF01 | Reference Identification Qualifier | R | 38 = Master Policy Number | 38 |
|  | REF02 | Reference Identification | R | Group ID |  |
|  | DTP | File Effective Date | S | Required on all transactions except Initial Enrollment | Current date as CCYYMMDD |
|  | DTP01 | Date/Time Qualifier | R | 303 = Maintenance Effective Date | 303 |
|  | DTP02 | Date Time Period Format Qualifier | R | D8 | D8 |
|  | DTP03 | Date Time Period | R | Date is following format CCYYMMDD | Current date as CCYYMMDD |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
| **1000A** | N1 | Sponsor Name | R | Trading Partner |  |
|  | N101 | Entity Identifier Code | R | P5 = Plan Sponsor | P5 |
|  | N102 | Name | S | Trading Partner Name | NECCO Inc |
|  | N103 | Identification Code Qualifier | R | FI = Federal TIN | FI |
|  | N104 | Identification Code | R | TIN | CmmFedtaxId |
| **1000B** | N1 | Payer |  |  |  |
|  | N101 | Entity Identifier Code |  | IN = Insurer | IN |
|  | N102 | Name |  | LOOMIS TPA | LOOMIS TPA |
|  | N103 | Identification Code Qualifier | R | FI = Federal TIN | FI |
|  | N104 | Identification Code | R | TIN |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
| **2000** | INS | Member Level Detail | R |  |  |
|  | INS01 | Subscriber Indicator (Yes/No) | R | N = No Y = Yes | if BdmRecType = 'EMP' send Y else send N |
|  | INS02 | Individual Relationship Code | R | 01 = Spouse 18 = Self 19 = Child 53 = Life Partner G8 = Other Related | If employee, send 18 if ConRelationship = SPS send 01  if ConRelationship = DOP or DP, send 53  if ConRelationship = CHL, DIS, DPC or STC, send 19 |
|  | INS03 | Maintenance Type Code | R | 001 = Change 021 = Add 024 = Cancelation or Termination | 030 |
|  | INS04 | Maintenance Reason Code | R | 01 = Divorce 02 = Birth  03 = Death 05 = Adoption  AI = No Reason Given  **Note:** Any valid Maintenance Reason Code may be sent | XN |
|  | INS05 | Benefit Status Code | R | A = Active | A |
|  | INS08 | Employment Status Code | S | AC = Active | AC |
|  | INS11 | Date Time Period Format Qualifier | S | D8 | D8 |
|  | INS12 | Member Individual Death Date | S | Date is following format CCYYMMDD | EepDateDeceased or ConDeathDate else blank |
|  | REF | Subscriber Identifier | R |  |  |
|  | REF01 | Reference Identification Qualifier | R | 0F = Subscriber Number | 0F |
|  | REF02 | Reference Identification | R | SSN | eepssn |
|  | REF | Member Supplemental Identifier | R |  |  |
|  | REF01 | Reference Identification Qualifier | R | 17 = Loomis Assigned | 17 |
|  | REF02 | Reference Identification | R | "See Appendix B" | 1 |
|  | REF | Member Supplemental Identifier | R |  |  |
|  | REF01 | Reference Identification Qualifier | R | ZZ = TBD | ZZ |
|  | REF02 | Reference Identification | R | "See Appendix B" |  |
|  | DTP | Member Level Dates | S |  |  |
|  | DTP01 | Date/Time Qualifier | R | 050 = Received (Initial Enrollment and Effectuated Response) Used to identify the date an enrollment application is received. Required when INS03 = 021 336= Effective Date (Changes) |  |
|  | DPT02 | Date Time Period Format Qualifier | R | D8 |  |
|  | DPT03 | Date Time Period | R | Date is following format CCYYMMDD |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
| **2100A** | NM1 | Member Name | R |  |  |
|  | NM101 | Entity Identifier Code | R | 74 = Corrected Insured IL = Insured or Subscriber | IL |
|  | NM102 | Entity Type Qualifier | R | 1 = Person | 1 |
|  | NM103 | Name Last or Organization Name | R | Member’s Last Name or Organization Name | EepNameLast or ConNameLast |
|  | NM104 | Name First | S | Member’s First Name | EepNameFirst or ConNameFirst |
|  | NM105 | Name Middle | S | Member’s Middle Name or Initial | EepNameMiddle or ConNameMiddle |
|  | NM107 | Name Suffix | S | Member’s Name Suffix | leave blank |
|  | NM108 | Identification Code Qualifier | S | 34 = Social Security Number The SSN is allowed for this Federally administered program based on confidentiality regulations | 34 |
|  | NM109 | Identification Code | S | Member’s Social Security Number (0 Pad, Numeric Values Only) | eepSSN or ConSSN   If dependent SSN is not available, do not send 34 in NM108 |
|  | PER | Member Communications Numbers | S | **Note:** The following is the preferred sequence |  |
|  | PER01 | Contact Function Code | R | IP=Insured Party | IP |
|  | PER02 |  |  |  |  |
|  | PER03 | Communication Number Qualifier | R | TE=Telephone | TE |
|  | PER04 | Communication Number | R | Subscriber Telephone Number (Numeric Values Only) | EepPhoneHomeNumber |
|  | PER05 | Communication Number Qualifier | S | AP = Alternate Telephone | AP |
|  | PER06 | Communication Number+++ | S | Secondary Telephone Number (Numeric Values Only) | if efoPhoneType is CEL, send efoPhoneNumber from table EmpMPhon |
|  | PER07 | Communication Number Qualifier | S | EM = Electronic | EM |
|  | PER08 | Communication Number | S | Email Address | eepAddressEMail |
|  | N3 | Member Residence Street Address | S | Required on Subscriber record |  |
|  | N301 | Member Address Line | R | Subscriber Address Line 1 | **EepAddressLine1** |
|  | N302 | Member Address Line | S | Subscriber Address Line 2 | **EepAddressLine2** |
|  | N4 | Member Residence City, State, Zip | S | Required on Subscriber record |  |
|  | N401 | City name | R | Subscriber’s City Name | **EepAddressCity** |
|  | N402 | State or Province Code | R | Subscriber’s State | **EepAddressState** |
|  | N403 | Postal code | R | Subscriber’s Zip Code | **EepAddressZipCode** |
|  | DMG | Member Demographics | R |  |  |
|  | DMG01 | Date Time Period Format Qualifier | R | D8 = Date Expressed in Format CCYYMMDD | **D8** |
|  | DMG02 | Date Time Period | R | Member Birth Date - CCYYMMDD | **EepDateOfBirth or Condateofbirth** |
|  | DMG03 | Gender Code | R | F = Female M = Male | **EepGender or congender** |
|  | DMG04 | Marital Status Code | S | M = Married I = Single | **if eepMaritalStatus = S send I if eepMaritalStatus is blank send U else send eepMaritalStatus** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
| **2300** | HD | Health Coverage | R |  |  |
|  | HD01 | Maintenance Type code | R | 030 = Audit/Full Replace | 030 |
|  | HD03 | Insurance Line Code | R | "See Appendix B" | HLT |
|  | HD04 | Plan Coverage Description | R | "See Appendix B" | If eeddedcode = MECEE send OH268A7  If eeddedcode = MECHP send OH268B7 |
|  | HD05 | Coverage Level | R | EMP = Employee ECH = Employee + Child(ren)  ESP = Employee + Spouse FAM = Employee + Spouse + Child(ren) | If EedBenOption = EE, send EMP  if EedBenOption = EES send ESP  if EedBenOption = EEC, EEC2 or EEC3 send ECH  if EedBenOption = EEF send FAM |
|  | DTP | Health Coverage Dates | R |  |  |
|  | DTP01 | Date/Time Qualifier | R | 348 = Benefit Begin 349 = Benefit End (Only if termed) | 348 and 349 |
|  | DTP02 | Date Time Period Format Qualifier | R | D8 | D8 |
|  | DTP03 | Date Time Period | R | Date is following format CCYYMMDD | 348 = EedBenStartDate  349 = EedBenStopDate |
|  | REF | Health Coverage Policy Number | R |  |  |
|  | REF01 | Reference Identification Qualifier | R | CE = Policy/Network Identifier | CE |
|  | REF02 | Reference Identification | R | Coverage Policy/Plan/Network  “See Appendix B” | If eeddedcode = MECEE send FHNPO  If eeddedcode = MECHP send BZGLI |
|  | REF | Health Coverage Policy Number | R |  |  |
|  | REF01 | Reference Identification Qualifier | R | E8 = Account (if applicable) | E8 |
|  | REF02 | Reference Identification | R | Loomis Account# or other information  “See Appendix B” | 1 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Loop ID** | **Reference** | **Name** | **Req** | **Notes/Comments** |  |
| **Trailer** | SE | Transaction Set Trailer | R | SE |  |
|  | SE01 | Number of Included Segments | R | Transaction Segment Count |  |
|  | SE02 | Transaction Set Control Number | R | Transaction Set Control Number, ST02 and SE02 must be equivalent |  |
|  | GE | Functional Group Trailer | R | GE |  |
|  | GE01 | Number of Transaction Sets Included | R | Number of Transaction Sets Included |  |
|  | GE02 | Group Control Number | R | Group Control Number |  |
|  | IEA | Interchange Control Number | R | IEA |  |
|  | IEA01 | Number of Included Functional Groups | R | Number of Included Functional Groups |  |
|  | IEA02 | Interchange Control Number | R | Identical to ISA13 |  |

APPENDIX - A

#### Table A: Minimum Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee** | | | | **Comments** |
| **Data Element** | **Max length** | **A/N** | **Dec. Pos.** |  |
| Member ID Number | 10 | A |  | ID# assigned by Loomis |
| Social Security # | 9 | N | 0 | Of employee/subscriber |
| Last name | 20 | A |  |  |
| First name | 17 | A |  |  |
| Middle initial | 1 | A |  |  |
| Address 1 | 40 | A |  |  |
| Address 2 | 40 | A |  |  |
| Address 3 | 40 | A |  |  |
| City | 29 | A |  |  |
| State | 2 | A |  |  |
| Zip | 9 | N | 0 |  |
| Marital Status | 1 | A |  |  |
| Sex | 1 | A |  |  |
| Date of Birth | 8 | N | 0 | CCYYMMDD |
| Identification number | 12 | A |  | Other identifying ID# from client |
| Account # | 5 | N | 0 | Not required – identifies entities within a group |
| Over all effective date | 8 | N | 0 | Of employee/subscriber CCYYMMDD |
| Over all term date | 8 | N | 0 | Of employee/subscriber CCYYMMDD |
| Location # | 7 | N | 0 | Not required – identifies entities within a group or account |
| Location effective date | 8 | N | 0 | CCYYMMDD |
| Hire date | 8 | N | 0 | CCYYMMDD |
| **Dependents** | | | | **Comments** |
| Dep. Social Security # | 9 | N | 0 | Of dependent/member |
| Dep. Sequence # | 2 | N | 0 | Unique# |
| Last name | 20 | A |  |  |
| First name | 17 | A |  |  |
| Middle initial | 1 | A |  |  |
| Date of Birth | 8 | N | 0 | CCYYMMDD |
| Sex | 1 | A |  |  |
| Relationship to Employee | 1 | A |  | S – Spouse C – Child O - Other |
| **Products (medical/dental/vision etc)** | | | | **Comments** |
| Social Security # | 9 | N | 0 | Of employee/subscriber |
| Account # | 5 | N | 0 | Same as employee level above |
| Product id | 7 | A |  | Medical/Dental/Vision Network (agreed upon code) |
| Effective date | 8 | N | 0 | Effective date of product ID - CCYYMMDD |
| Termination date | 8 | N | 0 | Term date of product ID - CCYYMMDD |
| Coverage option | 1 | A |  | E=Employee, S=Employee + Spouse, C=Employee + Child(ren), F=Employee + Spouse + Child(ren) |
| Plan code | 7 | A |  | Medical/Dental/Vision plan (further identifies product ID) |

APPENDIX - B

#### Table B: Client Specific Information

|  |  |  |  |
| --- | --- | --- | --- |
| **ISA06** | **Sender ID** | **IB0268** | **ENA Inc** |
|  |  |  |  |
| **Member Level Detail** |  |  |  |
| **Loop 2000** |  | **Value** | **Notes** |
| REF01 | Reference Identification Qualifier | 17 | Categorization of Members |
| REF02 | Location | 1 | Active (or other if needed) |
|  |  |  |  |
| REF01 | Reference Identification Qualifier | ZZ | Various Purposes |
| REF02 | Open |  | TBD (e.g. Client ID number) |
| **Health Coverage** |  |  |  |
| **Loop 2300** |  | **Value** | **Notes** |
| HD03 | Insurance Line Code | HLT |  |
| HD04 | Plan Coverage Description | MEC | Minimum Essential Coverage |
| REF01 | Reference Identification Qualifier | CE |  |
| REF02 | Plan or Network | FHNPO | MEC Plan |
|  |  |  |  |
|  |  |  |  |
| **Health Coverage** |  |  |  |
| **Loop 2300** |  | **Value** | **Notes** |
| HD03 | Insurance Line Code | HLT |  |
| HD04 | Plan Coverage Description | OH268A7 | Custom Beazley Plan 1 |
|  |  | OH268B7 | Custom Beazley Plan 2 |
| REF01 | Reference Identification Qualifier | CE |  |
| REF02 | Plan or Network | BZGLI | Limited Medical Plan |
|  |  |  |  |
| **Health Coverage Policy Number** | |  |  |
| **Loop 2300** |  | **Value** | **Notes** |
| REF01 | Reference Identification Qualifier | E8 |  |
| REF02 | Account | 1 | MEC Plan |
|  |  |  |  |