|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Loop ID | Seg ID | Element ID | Element Descriptions | Element Values | Elements Description | Required or Situational |
|  | ISA | 01 | Authorization Info Qualifier | 00 | No Auth Info | R |
|  | ISA | 02 | Authorization Info | BLANK |  | R |
|  | ISA | 03 | Security Info Qualifier | 00 | No Security Info | R |
|  | ISA | 04 | Security Info | BLANK |  | R |
|  | ISA | 05 | Sender ID Qualifier | 30= Federal Tax ID | 🡨 VSP’S PREFERENCE | R |
|  | ISA | 06 | Sender ID | 133008567 |  | R |
|  | ISA | 07 | Receiver ID Qualifier | 30 |  | R |
|  | ISA | 08 | Receiver ID | 94-16321821 |  | R |
|  | ISA | 09 | Interchange Date | YYMMDD |  | R |
|  | ISA | 10 | Interchange Time | HHMM |  | R |
|  | ISA | 11 | Repetition Separator | “=” | The separator is a delimiter and not a data element. The value must be different than the data element separator, component element separator and the segment terminator. | R |
|  | ISA | 12 | Interchange Control Ver # | 00501 |  | R |
|  | ISA | 13 | Interchange Control # |  | The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02. | R |
|  | ISA | 14 | Acknowledgement Requested | 0 | 0= No Acknowledgement Requested | R |
|  | ISA | 15 | Usage Indicator | P= Prod |  | R |
|  | ISA | 16 | Component Element Separator | “ > ” | Component Element Separator may not be a Carriage Return, Line Feed, New Line or any combination thereof. | R |
|  |  |  | <SEGMENT TERMINATOR> | “ ~ ” | Segment terminator may not a Carriage Return, Line Feed, New Line or any combination thereof. | R |
|  | GS | 01 | Functional ID Code | BE |  | R |
|  | GS | 02 | Sender ID | 133008567 |  | R |
|  | GS | 03 | Receiver ID | 94-16321821 |  | R |
|  | GS | 04 | Date | CCYYMMDD |  | R |
|  | GS | 05 | Time | HHMM |  | R |
|  | GS | 06 | Group Control Number |  |  | R |
|  | GS | 07 | Responsible Agency Code | X |  | R |
|  | GS | 08 | Version/Release Code | 005010X220A1 |  | R |
|  | ST | 01 | Transaction ID Code | 834 |  | R |
|  | ST | 02 | Transaction Set Control # |  |  | R |
|  | ST | 03 | Implementation Convention Reference | 005010X220A1 |  | R |
|  | BGN | 01 | Transaction Set Purpose | 00 | 00= Original  15= Re-submission  22= Information copy | R |
|  | BGN | 02 | Reference Number |  | Unique Reference ID code | R |
|  | BGN | 03 | Date | CCYYMMDD | Transaction set creation date | R |
|  | BGN | 04 | Time | HHMM | Transaction set creation time | R |
|  | BGN | 08 | Action Code | 4= total population/Full file | VSP prefers to continue reporting ‘4’ | R |
|  | REF | 01 | Reference Number Qualifier | 38 | 38= Master Policy Number | R |
|  | REF | 02 | Reference Number | 8006179 | Client’s Media ID- a seven-digit ID assigned by VSP | R |
| 1000A | N1 | 01 | Entity Identifier Code/Sponsor | P5 | Plan Sponsor- The party that ultimately pays for the coverage | R |
|  | N1 | 02 | Name | UNICARRIERS AMERICAS | Free Form Name (IN ALL CAPS) | R |
|  | N1 | 03 | Identification Code Qualifier | FI | Federal Taxpayer’s Identification Number | R |
|  | N1 | 04 | Identification Code | 133008567 | Sponsor’s Federal Tax ID | R |
| 1000B | N1 | 01 | Entity Identifier Code | IN= Insurer | Insurer/payer is the party that pays claims and/or administers the insurance benefit. | R |
|  | N1 | 02 | Name | VISION SERVICE PLAN | Free Form Name (IN ALL CAPS) | R |
|  | N1 | 03 | Identification Code Qualifier | FI | Federal Taxpayer’s Identification Number | R |
|  | N1 | 04 | Identification Code | 94-1632821 | VSP Tax ID | R |
| 2000 | INS | 01 | Yes/No Condition | If employee, send Y, else send N | Subscriber Indicator  N= No  Y= Yes | R |
|  | INS | 02 | Individual Relationship Code | If employee, send 18  if ConRelationship = SPS, send 01  if ConRelationship = DP, send 53  if ConRelationship = CHL, DIS, STC, DPC, DAU or SON send 19 | 18= Self  01= Spouse  19= Child  38= Collateral Dependent  53= Life Partner | R |
|  | INS | 03 | Maintenance Type Code | 030= Full Replace File | When BGN08=4, 030 should be used in all INS03 segments in the file, to indicate a full replace/audit file.  When BGN08=2, INS03 can be 001, 021 or 024 to indicate the proper maintenance type. | R |
|  | INS | 05 | Benefit Status Code | A | Benefit Status Code | R |
|  | INS | 08 | Employment Status Code | if EecEmplStatus = T, send TE, else send AC | Use only on the subscriber (18=Self) record.  AC= Active  FT= Full-time  TE= Terminated | S |
|  | INS | 09 | Student Status Code | Leave blank | Student status code. -DO NOT REPORT THESE VALUES WHEN ENTITY IS THE SUBSCRIBER(18=SELF) | S |
|  | INS | 10 | Yes/No Condition | If eepIsDisabled or ConIsDisabled = Y, send Y, else send N | Handicap Indicator | S |
|  | REF | 01 | Reference Number Qualifier | 0F | Subscriber Number | R |
|  | REF | 02 | Reference Number | eepssn | Subscriber SSN | R |
|  | REF | 01 | Reference Number Qualifier | DX | Department | R |
|  | REF | 02 | Reference Number | 0018 | VSP division indicator for each subscriber and dependent. | R |
| 2100A | NM1 | 01 | Entity Identifier Code | IL | IL= Insured or Subscriber | R |
|  | NM1 | 02 | Entity Type Qualifier | 1 | 1= Person | R |
|  | NM1 | 03 | Name Last | EepNameLast or ConNameLast | Last Name | R |
|  | NM1 | 04 | Name First | EepNameFirst or ConNameFirst | First Name | R |
|  | NM1 | 05 | Name Initial | EepNameMiddle or ConNameMiddle | Middle Initial | S |
|  | NM1 | 08 | Identification Code Qualifier | 34 | Social Security Number | S |
|  | NM1 | 09 | Identification Code | eepSSN or ConSSN If dependent SSN is not available, do not send 34 in NM108 | Dependent SSN when entity is a dependent | S |
|  | N3 | 01 | Residential Address Line 1 | EepAddressLine1 | Residential Address Line 1 | R |
|  | N3 | 02 | Residential Address Line 2 | EepAddressLine2 | Residential Address Line 2 | S |
|  | N4 | 01 | Residential City | EepAddressCity | Residential City | R |
|  | N4 | 02 | Residential State | EepAddressState | Residential State | R |
|  | N4 | 03 | Residential Zip | EepAddressZipCode | ZIP or ZIP +4 (DO NOT INCLUDE ANY PUNCTUATION) | R |
|  | DMG | 01 | Date/Time Format Qualifier | D8 | Date expressed in Format CCYYMMDD | R |
|  | DMG | 02 | Date/Time Period | EepDateOfBirth | Date of birth= CCYYMMDD | R |
|  | DMG | 03 | Gender Code | EepGender | Gender  M= Male  F=Female  U= Unknown | R |
| 2300 | HD | 01 | Maintenance Type Code | 030= Full Replace File | **When BGN08 =4**, 030 should be used in all INS03 segments in the file, to indicate a full replace/audit file.  **When BGN08 =2**, INS03 can be 001, 021, or 024 to indicate the proper maintenance type. | R |
|  | HD | 03 | Insurance Line Code | VIS | Indicates Vision Service Plan | R |
|  | HD | 05 | Coverage Level Code | If EedBenOption = EE, send EMP if EedBenOption = EES, send ESP if EedBenOption = EEC send ECH if EedBenOption = EEF send FAM | Coverage Code. Required when entity is the subscriber. DO NOT USE WHEN ENTITY IS DEPENDENT. | R |
|  | DTP | 01 | Date/Time Qualifier | 348 = EedBenStartDate  349 = EedBenStopDate  303 = EedDatetimeCreated | User qualifier ‘303’ to indicate the effective date of a Coverage-Level Code change (HD05) only. Coverage-Level Code is also known as the Family Indicator.  348= Benefit Begin  349= Benefit End  **303= Maintenance Effective** | R |
|  | DTP | 02 | Date/Time Format | D8 | Date expressed in Format CCYYMMDD | R |
|  | DTP | 03 | Date/Time Period | 348 = EedBenStartDate  349 = EedBenStopDate  303 = EedDatetimeCreated | Coverage Begin Date= CCYYMMDD  Coverage End Date= CCYYMMDD  Coverage-Level Change Date= CCYYMMDD | R |
|  | SE | 01 | Number of Included Segments |  |  | R |
|  | SE | 02 | Transaction Set Control Number |  |  | R |
|  | GE | 01 | Number of Transaction Sets Included |  |  | R |
|  | GE | 02 | Group Control Number |  |  | R |
|  | IEA | 01 | Number of Functional Groups Included |  |  | R |
|  | IEA | 02 | Interchange Control Number |  |  | R |