# Group, Subgroup, and Class/Plan

Facets 5.0
Participant Guide

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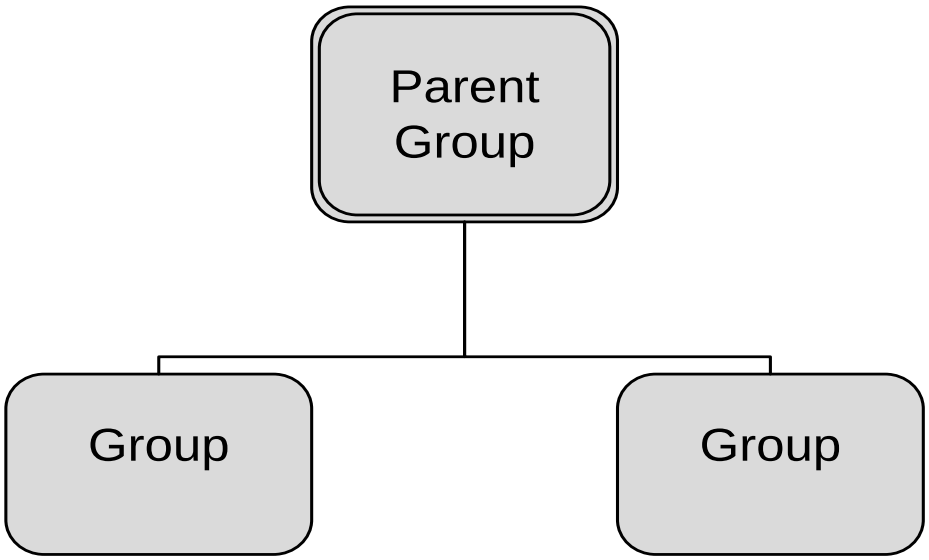
# Table of Contents

# Group Structure

## Parent Group Application

Use this application to define a logical superset of two or more employer groups, for informational and reporting purposes. It consists of five sections: Indicative, Related Groups, Contacts, Notes, and Attachments. Below is a graph illustrating the Parent Group/Group relationship.

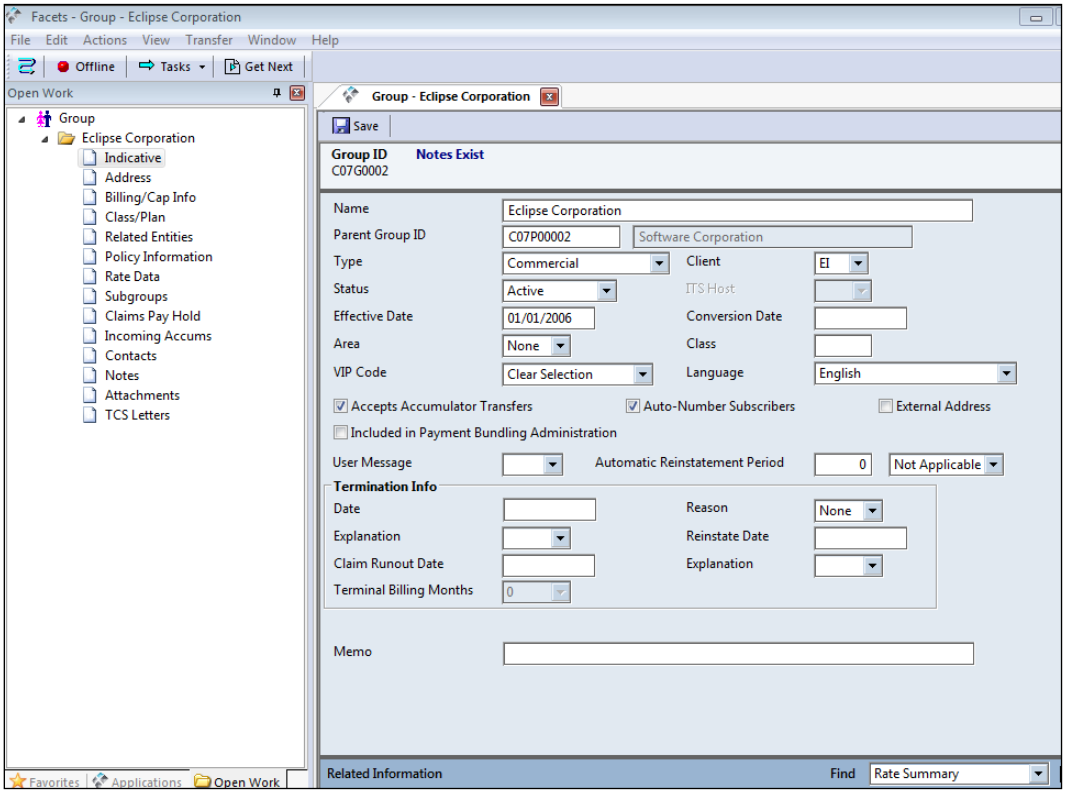


# Group Application

The Group application allows the user to establish or edit information regarding an employer group, as well as to link it to one or more plans.

## Indicative Section

This section holds identifying information for an employer group. Requests for ID cards for an entire group or class, product, category, or plan within the group may be entered and viewed in this section.




| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Name | * | Name of the Group |
| Parent Group ID | | Links a group to a parent group; Parent Group name will text-out |
| Type | | User defined type of group; may be used for reporting. |
| Client | * | Database information user defined on SA side of Facets; security is attached to this (required |

| Field | | Description |
|---|---|---|
| | | to save). |
| Status | | Status of the group. |
| ITS Host | | If this group is being used for ITS Host processing, select the proxy group ID that should be used. |
| Effective Date | * | Effective date of the group |
| Conversion Date | | Date the group was converted to Facets. |
| Area | | Select the previously created Area ID, which identifies a user-defined ZIP Code area used for reporting. The Area ID is a range of ZIP Codes that defines a geographic area of service for a subscriber, network, facility, or practitioner. This area is based on one or more of the following:<br>• A subscriber's home address<br>• The location of a practitioner<br>• The location of a facility |
| Class | | This field defines the class of benefits for members linked to this Group ID. Define Class at the group level using this field. It is used to determine global eligibility for all members of the group for claims, pre-pricing, and Utilization Management. It does not create eligibility at the subscriber or member level. |
| VIP Code | | Information generally regarding the group size. |
| Language | | Primary language spoken by the group. |
| Accepts Accumulator Transfers | | Check this box if the group accepts accumulator transfers. |
| Auto-Number Subscribers | | Select this check box to have all subscribers in the group have ID numbers assigned to them via Facets auto-numbering. To enable auto-numbering for all new subscriber/members associated with a Group ID, open that Group ID in the **Indicative** section of this application and select this field/checkbox.<br>**Note**: If the user wants to auto-generate the SBSB_ID during the conversion process, they need a KEYGEN row whose type is “SBSB”. When that |

| Field | | Description |
|---|---|---|
| | | row exists, the “Auto-Number Subscribers” checkbox is enabled. |
| External Address | | Check this box if a record of this group’s address is maintained outside of Facets. |
| Included in Payment Bundling Administration | | Select this check box to have the claims for this group processed by Payment Bundling Administration (available by separate license). |
| User Message | | This warning message will appear in all processing applications. |
| Automatic Reinstatement Period (value) | | These values control the maximum gap in coverage a member is allowed to have while still being eligible for automatic reinstatement. For example, to indicate a reinstatement period of three months, the user would enter a value of 3 in the Automatic Reinstatement Period value field and select the type M – Month. The automatic reinstatement period applies to the Group if an automatic reinstatement period has not been applied to the Subgroup. |
| Automatic Reinstatement Period (type) | | Select the type that corresponds with the Automatic Reinstatement Period value.<br>**Note**: A selection of “N - Not Applicable” indicates that automatic reinstatement always applies. |
| Termination Info:<br>Termination Date and Reason | | Enter the termination date of the group and reason; reason is required if a termination date is entered. If a group (or subgroup) termination date applies to a subscriber, Facets displays the information in ultra-blue in the **Record Information** area of the **Subscriber** section of that subscriber’s Subscriber/Family record, as well as in the **Record Information** area of the Eligibility Inquiry application for that subscriber. |
| Termination Info:<br>Explanation | | Select the explanation code describing the overall eligibility and claims processing status for the group or subgroup. |
| Termination Info:<br>Reinstate Date | | Enter the date this group or subgroup reestablished its link to a specific plan. When a plan link is reinstated, all subscribers and members in that plan are reinstated |

| Field | | Description |
|---|---|---|
| | | automatically.<br>**Note:** This date must be on or after the group and provider agreement dates for the plan. Remember to change the status to active. |
| Termination Info:<br>Claim Run-out Date | | Enter the last date (in MM/DD/YY format) that claims will be accepted for processing. This allows users to establish a run-out period that extends beyond a group's termination date. If run-out dates are not being used, leave this field blank. |
| Termination Info:<br>Explanation | | Select an explanation code that will display for disallowed claims received after the run-out date. |
| Termination Info:<br>Terminal Billing Months | | Select the number of months the group will be billed beyond termination |
| Memo | | User input memo (up to 70-characters). |

## Creating a New Group

| Step | Creating a New Group Procedures |
|---|---|
| **1** | Select **New** from the **File** menu (**Ctrl+N**) and enter a user-defined Group ID (8-characters) in the ***New*** dialog box. |
| **2** | Select **OK** to view the new ID in the **Record Information** area (top of the screen). |
| **3** | Complete the appropriate fields in the **Indicative** section. |
| **4** | Select the **Address** section to enter an address for this group.<br>**Note**: An address is required to save a group record. Select the other sections to enter additional information. |
| **5** | Select **Save** from the **File** menu (**Ctrl+S**) to save this record. |

To request or view requests for ID Cards for this entire group, follow these steps:

## Requesting Group ID Cards

| Step | Requesting Group ID Cards Procedures |
|---|---|
| **1** | Select **ID Cards** from the **Actions** menu (**Alt+A+I**). |
| **2** | Enter information in the **ID Card Request** dialog box and select |

| | |
|---|---|
| | **OK**. |
| **3** | Select the **Requests** button from the **ID Card Request** dialog box to view prior ID card requests located in the **View ID Card Requests** dialog box. |

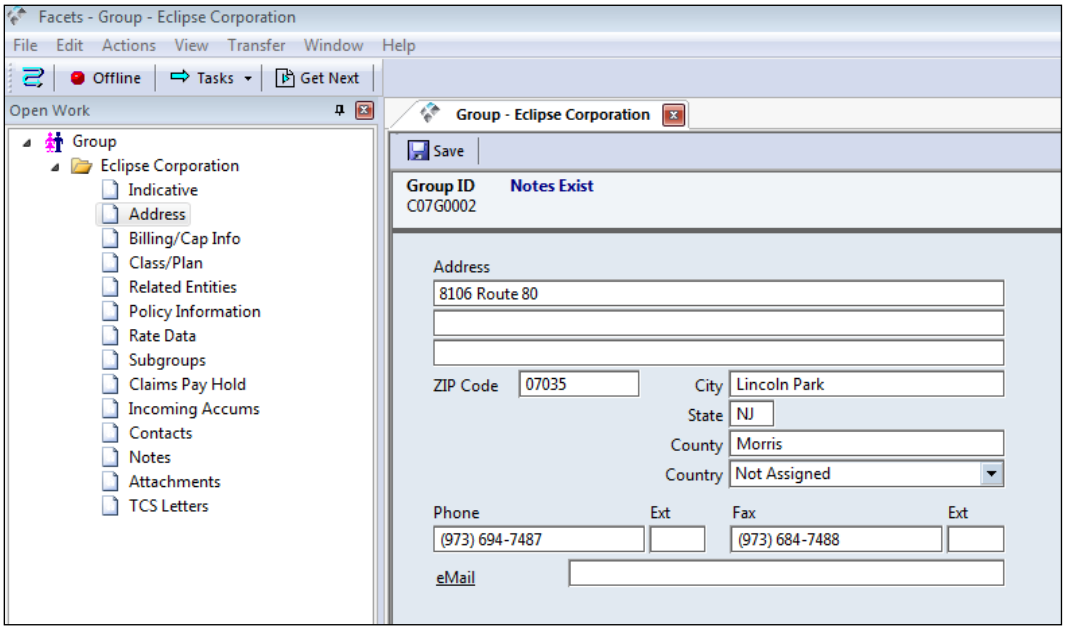
**Note**: The User ID of the person who entered an ID Card request can be viewed in the **View ID Card Requests** dialog box via the Subscriber/Family, Enrollment, Group, and Subgroup applications.

**Note**: Based on the user's security permissions, the user's access to the **ID Cards** option on the **Actions** menu can be restricted in the Group, Subgroup, Subscriber/Family, and Enrollment applications. Only authorized users will be able to add or delete ID Card Requests in these applications.

## Address Section

This section allows users to assign an address for this group. Depending upon the options chosen in System Administration, not all fields will display. Tab into the fields to enter address information.

**Note**: An address is required to save a group record.




| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Address | * | Three lines exist for street address, floor, suite, box number, etc. |

| Field | | Description |
|---|---|---|
| ZIP Code | * | Enter the ZIP code for the address. If the address entered is located in the US, the user must type the first five digits of the ZIP Code. |
| City | * | Enter the name of the city. If a ZIP Code is entered, Facets will populate this field. If there is more than one city name associated with the ZIP Code, the **City Name Selection** dialog box automatically appears. Select the city name and select **OK.** |
| State | * | . Enter the state initials (two characters). If a ZIP Code is entered, this will fill in. |
| County | | Facets will enter this information if a ZIP Code is entered. |
| Country | | Select a country from the drop-down list. |
| Phone/Fax | | Type the telephone and/or fax number, as well as an extension, if desired. |
| eMail | | Enter the eMail address for the group. |

## Billing/Cap Info Section

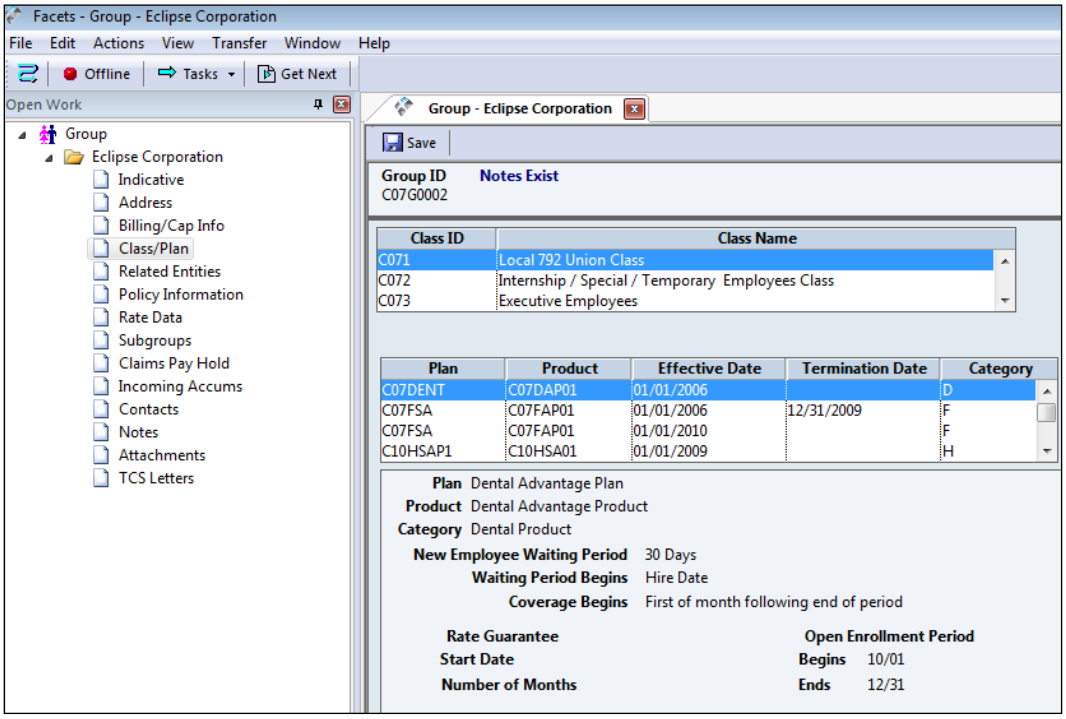
This section holds billing and capitation information for a group. Select the level for which the bill is generated. Also, indicate if capitation calculations will be performed for members in this group.

**Note**: This field is unavailable once a bill has been generated.

**Note**: For more in depth information, see a TriZetto Representative regarding Billing and Capitation training.

## Class/Plan Section

This section is display only. It is updated through the Class/Plan Definition application.




The grid at the top of the screen displays all Class IDs and their corresponding descriptions/names.

The plan list/grid in the middle of the screen displays the following information about the Class selected from the grid: Plan ID, Product ID, Effective and Termination Dates, and the code for the Category of the plan.

The text-out area below the grid displays information about the selected plan.

### Viewing Benefit Summary

| Step | Viewing Benefit Summary Procedures |
|---|---|
| **1** | If a Benefit Summary exists for the plan/product, this selection is available under the **View** menu through the Class/Plan section only of the Group application. |
| **2** | Select a plan in the grid and select **Benefit Summary** from the **View** menu (**F6**). |

## Related Entities Section

The Related Entity application allows the user to add or edit identifying information about any individual or organization with which the group has a relationship. The entity may be linked to a group, subscriber/member, claims payer, or utilization review firm. Generally, a related entity provides services to members linked to a group. This could include, but is not limited to Third Party Administrators (TPAs) such as medical institutions, claim payers, vision vendors or other group related entities.

The grid at the top of the section lists identifying information about each firm. The area below displays detailed information for the selected row.

In order to select or specify related entities in the **Related Entities** section of the Group application, they must first be added to Facets through the Related Entity application also found in the Subscriber/Member application group.

## Policy Information Section

This section holds data regarding policy information for the Group including a **Teledoc** tab  for dates that Teledoc services were available for the Group.

## Rate Data Section

This section holds data that allows Facets to recognize specific group billing rates. The grid at the top displays a one-line summary of rate bands attached to the group. When the row is selected, detailed information displays below.

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**Note**: State, County, Area and SIC/NAICS Code will be used if none are found at the subgroup or subscriber level.

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## Subgroups Section

This section lists all subgroups affiliated with the group. The grid at the top shows the ID and name of each subgroup. When a row is selected, detailed information displays below. This section is view-only and updated automatically when subgroups are added.

## Claims Pay Hold Section

In this section, the user may place a date sensitive hold on claims for this group and establish parameters to automatically generate letters pertaining to the claims payment hold conditions. If applicable, warning messages for each claims payment hold condition will display in Claims Processing to notify claims processors of the pend condition in effect at that time.

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**Note**: Claims are pended and accumulators will not be updated.

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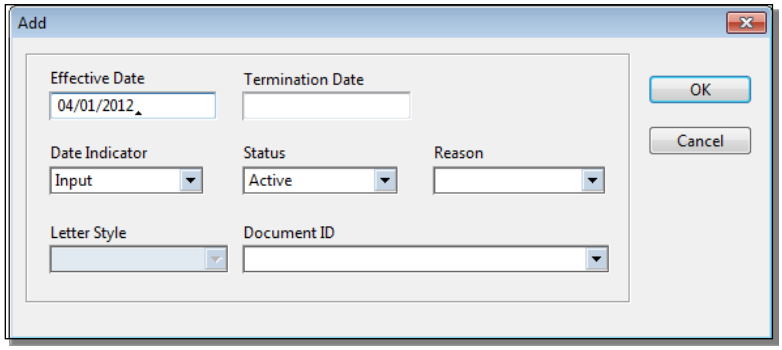
## Adding Claims Pay Hold

| Step | Adding Claims Pay Hold Procedures |
|---|---|
| **1** | Select **Add** from the **Edit** menu (**Alt+E+A**). The **Add** dialog box displays. |
| **2** | To change an existing claims payment hold, select **Change** from the **Edit** menu (**Alt+E+H**). The **Change** dialog box displays. |




| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Effective Date | * | MM/DD/CCYY format. Enter the beginning date of the claims payment hold on this record. |
| Termination Date | | MM/DD/CCYY format. If this claims payment hold row has been terminated, enter the ending date of the hold. |
| Date Indicator | * | Indicate which date on the claim the claims payment hold will apply; I/Input date, R/Received Date or S/Service Date. |
| Status | * | Indicate if the claims payment hold is active or inactive. |
| Reason | | Indicate the user-defined reason for the claims payment hold. |
| Letter Style | | Select the style ID of the letter header to be used. Facets will only return values pertaining to claim styles and their corresponding descriptions. |
| Document ID | | Select the form letter ID code. |

## Incoming Accumulators Section

This section allows users to carry forward member and family accumulators when a subscriber moves from one group to another. These accumulators include Limits, Deductibles, COB, and Dental Incentive Coinsurance.

### Adding Incoming Accumulators

| Step | Adding Incoming Accumulators Procedures |
|---|---|
| **1** | Highlight the accumulators to carry forward in the **Available** box for the appropriate tab. |
| **2** | Select the forward arrow to transfer the accumulators into the **Accepts** box. |
| **3** | To deselect accumulators, select the appropriate accumulators in the **Accepts** box and select the backward arrow to move them back to the **Available** box. |

**Note**: When transferring accumulators, remember that entries made at the subgroup-level will supersede entries made at the group-level. In addition, when the subscriber moves from one group to another, the Subscriber ID must be reused.

### Limits

This tab allows the user to carry forward member and family limit accumulators when a subscriber moves from one group to another. The **Available** box displays the number and description of the Limit accumulators available in Facets. The “Accepts” box displays the number and description of the Limit accumulators that will be transferred into the new group.

### Deductibles

In this tab, the **Available** box displays the number and description of the Deductible accumulators available in the database. The **Accepts** box displays the accumulators to be transferred to the new group.

### Other

This tab allows the user to carry forward COB and Dental Incentive Coinsurance accumulators. The **Available** box shows the available accumulators and **Accepts** shows the number and description of accumulators to be transferred.

## Exceptions

This section tab allows users to enter exceptions when accumulators at the subscriber or member level will be transferred to a new group with different accumulator numbers and descriptions.

**Note**: Refer to Customer Exchange for more information on accumulator transfers.

# Contacts Section

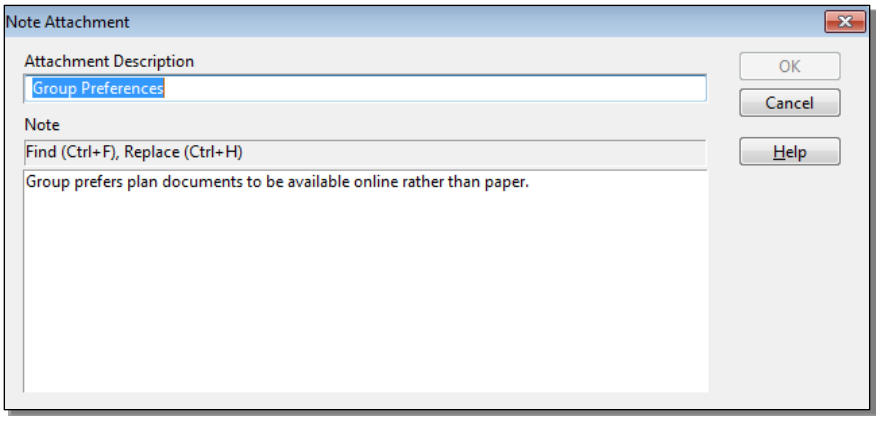
Use this section to view or update the list of individuals the user may contact for information concerning this group. Select a row in the contacts section grid to view the contact name and telephone numbers in the text-out area below.

# Notes Section

This section allows the user to attach a note regarding this group. When the user adds a note in this section, a Notes Exist ultra-blue message will display in the **Record Information** area (top of the screen).

## Adding Notes

| Step | Adding Notes Procedures |
|---|---|
| **1** | Select **Add** from the **Edit** menu (**Alt+E+A**). |
| **2** | Complete the **Note Attachment** dialog box and select the **OK** button. |



## Attachments Section

Use this section to manually generate letters for this group that will be printed through a batch process. Text number, money, and date fields not stored anywhere in Facets may be captured here (e.g. a Group ID number used in the legacy system).

### Adding Attachments

| Step | Adding Attachments Procedures |
|---|---|
| **1** | From the menu, select **Add** from the **Edit** menu (**Alt+E+A**) and select an Attachment Style from the **Add Attachment** dialog box. Select **OK**. |
| **2** | Enter the desired text and select **OK** to add this information to the grid. |
| **3** | From the **Letter Attachment** dialog box, the user may select a document style and enter information to be printed on a letter. |
| **4** | When done creating a new group record or updating an existing record, select **Save** from the **File** menu (**Ctrl+S**) to save this Group application. |
| **5** | Then select **Close** from the **File** menu (**Alt+F+C**). |

## TCS Letters

Facets customers may select to use the TriZetto Communications System (TCS) for letter generation and management. Once enabled, the TCS Letters page appears as a page or section tab in Facets applications that are enabled for letters.

Using the ***TCS Letters*** page, users can view correspondence by entity/addressee or individual transaction. In addition, the user can add, change or delete requests for correspondence and view status history, depending on security permissions.

A health plan must opt to use either TCS or Facets letters exclusively. TCS is a system-wide integrated product; a Facets product parameter establishes TCS as the correspondence generation engine within the entire Facets implementation. Health plans are not able to limit TCS letter functionality by application.

When TCS is established for letters, the existing Letter attachment page or section tab in Facets applications becomes unavailable for use in creating new letters, although existing letters can still be viewed.

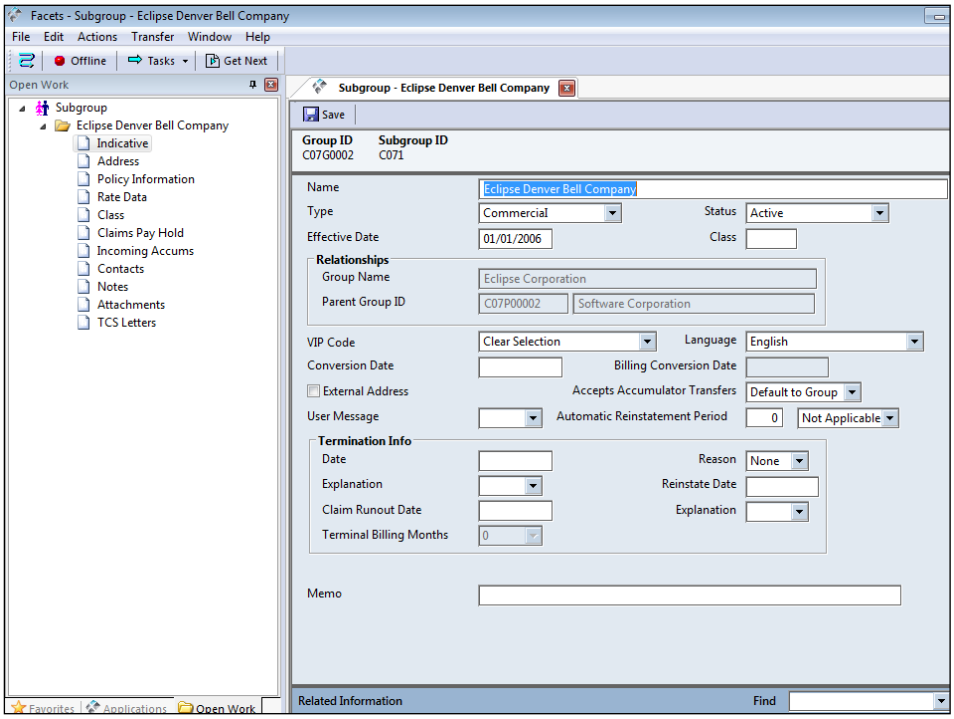
For more information on the TCS Letters system, see Customer Exchange or contact a TriZetto Representative.

# Subgroup Application

The Subgroup application allows the user to establish or edit information regarding a Subgroup. The Facets application defines a subgroup as a logical subset of an employer group, such as actively employed members of a group versus retired employees.

## Indicative Section

This section holds identifying information for a subgroup. Information entered here is similar to information entered in the Group application.




**Keep in Mind…**

A subgroup must be attached to an existing group. In other words, in order to create a subgroup, the group must first be created.

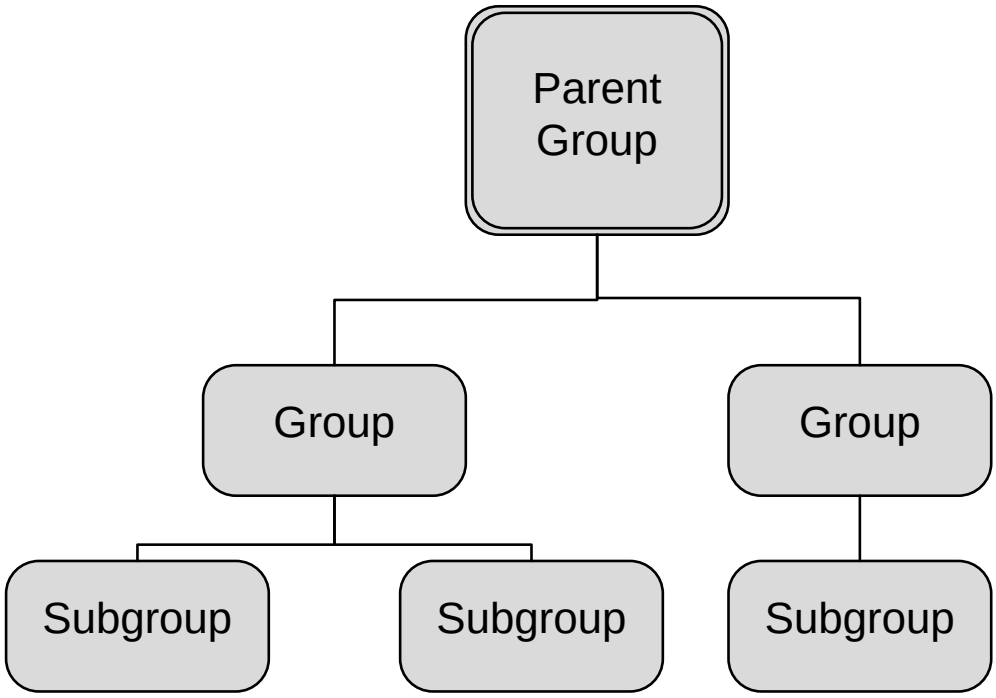
ID cards may be ordered for the subgroup through the **Actions** menu.

Subgroup is required when bill level is set to Subgroup on the Group application.

## Copying Subgroup

| Step | Copying Subgroup Procedures |
|---|---|
| **1** | To copy an existing Subgroup record into a new Subgroup ID, select **Save As** from the **File** menu. |
| **2** | Enter an existing Group ID. The new subgroup will be linked to in the ***Set Group*** dialog box. |
| **3** | Enter the new Subgroup ID in the **Save As** dialog box. |
| **4** | Select **OK**. |

Below is an illustration of the Subgroup's relationship with the Group and Parent Group



## Address Section

This section allows users to assign an address for this subgroup. Refer to the group application for field descriptions.

**Keep in Mind…**

An address is required to save this application. If the subgroup has the same address as the group, the address must still be entered.

## Class Section

This option gives an MCO the ability to limit the class/plans that display for selection in the Subscriber/ Family and Enrollment applications when billing is at the subgroup level.

**Note**: If billing is not done at the subgroup level, Facets will not even look at this section.

# Plan Descriptions Application

Use this application to create, maintain, and view all Plan ID's in the Facets database. The user creates and defines the Plan ID. After defined, the user may then associate a Plan ID with a Product ID using the Class/Plan Definition application.

## Indicative Section

This section is an enterable grid that does not require a dialog box to add, edit, or delete information.

| Column | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Plan | * | User-defined ID. |
| Description | * | A free-form field used to identify the marketing name for the plan ID (e.g., Platinum Premier Plan). |

# Class/Plan Definition Application (CSPI)

This application defines the various plans (and benefit offerings within each plan) available for a class of subscriber/members within a group. The benefits assigned to a particular class are linked in the **Plans** section of the Class/Plan Definition by identifying the Product ID. The Procedure, Revenue, and Service Code Conversion tables are pointed to by a prefix indicated in the **Indicative** section. The system accesses these tables when a procedure, revenue, or service code is used on the processing screens.

## Indicative Section

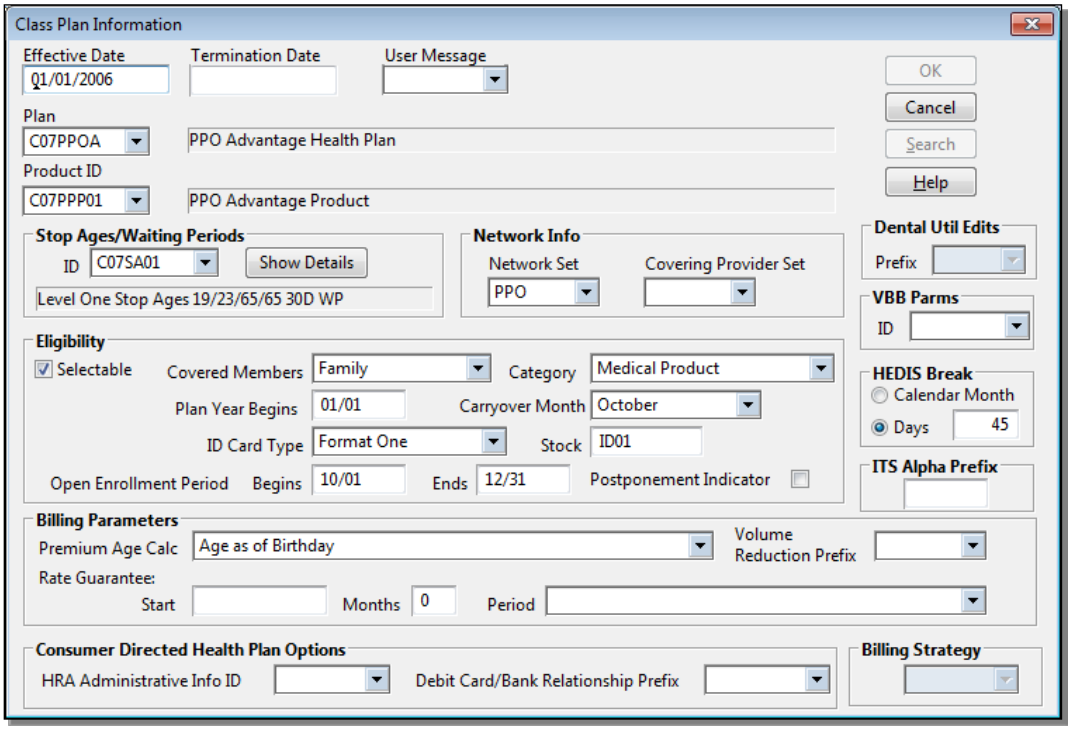
This section allows users to identify the class description and the prefix used for the Procedure, Revenue, and Service Code Conversions tables for subscribers in this class of benefits.

| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Group ID | * | The ID of the group that will utilize this class of benefits (previously created in the Group application). |
| Class ID | * | This user-defined code identifies the class linked to a group of subscribers for the purpose of eligibility. Subscribers are eligible for the plans in the class they are assigned. |
| Description | | User-defined description of the Class/Plan. |
| Procedure, Revenue and Service Code Conversion Prefix | | The prefix/ID used to link this class to the conversion tables used to determine a service code and product category based on the procedure, revenue, or service code entered on the claim or UM pre-authorization/referral. Whenever possible, one Service Conversion prefix may be shared among groups with similar benefits in order to ensure consistency of the codes. |
| Partner Banks Prefix | | Select a prefix for a set of partner banks to be linked to this group and class (this pertains to HSA accounts). |

## Plans Section

This section indicates all plans available to subscribers/members who belong to a specific class. Other information stored in this section includes the Product ID, Stop Ages/Waiting Periods information, eligibility, open enrollment, the Network Set prefix, the Covering Provider Set prefix, and billing information.

The summary grid at the top of this section displays each Plan ID along with its effective date and description. After selecting a row in the grid, information entered in the **Class Plan Information** dialog box displays.




| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| Effective Date | * | Enter the date when this plan/product combination for a specific class is offered to a group. The effective dates of the plans on this application may overlap. |
| Termination Date | | The date this plan/product is no longer available for this class. |
| User Message | | User-defined message about the plan/product. |
| Plan | * | Drop-down box; the plan is defined by the |

| Field | | Description |
|---|---|---|
| | | user in the Plan Description application. |
| Product ID | * | Select the appropriate Product from the drop-down box; previously created in the Product application in the Medical Plan application group. |
| Stop Ages/Waiting Periods: ID | * | Select the ID of the Stop Ages/Waiting Periods to be applied to this Class/Plan record. This Stop Ages/Waiting Periods ID defines stop ages and waiting period information for this plan/product.<br>**Note**: A Class/Plan record may not be saved unless a Stop Ages/Waiting Periods ID is entered. |
| Stop Ages/Waiting Periods: Show Details (button) | | Select this button to view more information about the selected Stop Ages/Waiting Periods record. |
| Network Info: Network Set | | Select the Network Set prefix that is attached to this Class/Plan. |
| Covering Network Info: Provider Set | | Select the Covering Provider Set prefix that is attached to this Class/Plan. |
| VBB Parms: ID | | Select the ID of the Value Based Benefits Parameters record that applies for this class. |
| Dental Util Edits: Prefix | | Select the dental utilization edit prefix to use that prefix for dental claims processing. |
| Eligibility: Selectable | | Select this check box to indicate whether the employee has the ability to select the plan or is automatically assigned simply by being enrolled in this class.<br>**Note**: The “Member” system parameter must be enabled in order for the automatic selection to work (this is set-up in Systems Administration). |
| Eligibility: Covered Members | | System-defined codes to indicate what level of coverage (within a family) is allowable for this plan. Establish the family indicator on the subscriber level eligibility (SBEL) table. |

| Field | | Description |
|---|---|---|
| Eligibility: Category | | Subscribers are eligible for one plan in each product category. |
| Eligibility: Plan Year Begins | | Enter the date in MM/DD format the year begins for this plan. Users may enter plan years beginning with dates other than 01/01. |
| Eligibility: Carryover Month | | Select the month when the carryover period begins. The default option is “October.” |
| Eligibility: ID Card Type | | Select the member ID card type. The codes displayed in this field are user-defined codes created in the User-Defined Codes application, in the Application Support application group, under the Category of “Plan Codes” and the Type of “Member ID Card Form Type.” |
| Eligibility: Stock | | Enter the user-defined member ID card stock identifier. |
| Eligibility: Open Enrollment Period Begins | | Enter the date in MM/DD format when the open enrollment period begins for this plan. If this field is completed, an end date must be entered in the **Period Ends** field. |
| Eligibility: Open Enrollment Period Ends | | Enter the date in MM/DD format when the open enrollment period ends for this plan. |
| Eligibility: Postponement Indicator | | Select this check box to apply a postponement indicator to this Plan/Product. This option allows users to define that a plan has an indicator for ‘open enrollment’ purposes. |
| HEDIS Break: Calendar Month | | Select the month to define monthly as the type of time period allowable for a break in continuous enrollment. |
| HEDIS Break: Days | | Enter the number of days for the time period allowable for a break in continuous enrollment. |
| HEDIS Break: ITS Alpha Prefix | | Stores the ITS Prefix when establishing BlueCard plans for ITS processing. Enter the 3-character ITS/BlueCard Prefix. |
| Billing Parameters: | | Select the age calculation method that is |

| Field | | Description |
|---|---|---|
| Premium Age Calculation | | used for determining the member age (when the premium rating or volume calculation methods are contingent on the member's age). |
| Billing Parameters: Volume Reduction Prefix | | Prefix of age-banded Volume Reduction table. This prefix is entered if a group reduces volume-based benefits (e.g. life insurance) based on a member reaching a specific pre-defined age. The prefix entered here points to a Volume Reduction Calculation application. |
| Billing Parameters: Rate Guarantee Start | | Enter the beginning date for this Rate Guarantee.<br>**Note**: This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months. If left blank, Facets uses the original effective date of the billed entity being rated.<br>Rate guarantees do not apply to billing groups. |
| Billing Parameters: Rate Guarantee Months | | Enter the number of months in the rate guarantee period.<br>**Note**: This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months. |
| Billing Parameters: Rate Guarantee Period | | Select the rate guarantee period for the member.<br>**Note**: Rate guarantees are established in this record for selected plans. Such plans' rates will be guaranteed against date sensitive changes made to rates or factor tables. This is an optional field, however all fields in this section must be completed to hold the initial rate for a set period of months. |
| Consumer Directed Health Plan Options: HRA Administrative Info ID | | Select the ID for the set of rules used for processing reimbursements from Health Reimbursement Arrangement (HRA) accounts. |
| Consumer Directed Health Plan Options: Debit Card/Bank Relationship Prefix | | Select the prefix for the Debit Card/Bank Relationship to be used by this Class/Plan Definition application for CDH transactions. |
| Billing Strategy | | Select the Billing Strategy for the Plan. |

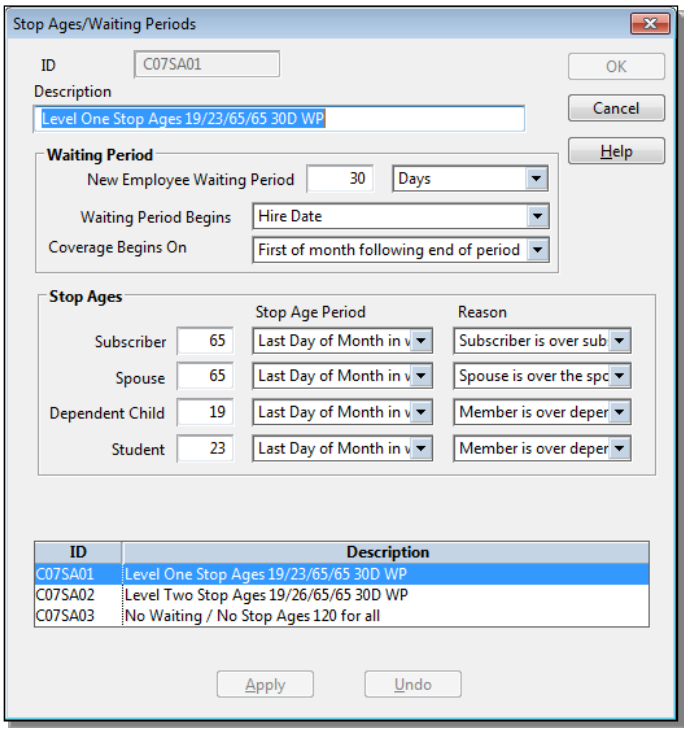
# Stop Ages/Waiting Periods Application (GPAI)

This application allows the user to create product eligibility rules for the subscribers, spouses, dependents, and students within a group. The user may create records identifying the waiting period before coverage begins and the ages at which benefit coverage stops. Each ID that is defined in this application may then be linked to all of the appropriate Class/Plan Definition records that share the same set of rules. Clients must define a Stop Ages/Waiting Periods ID for each combination of stop ages and waiting periods offered. Each Class/Plan record requires a Stop Ages/Waiting Periods ID.

The information entered in this application is used in processing claims and Utilization Management pre-authorizations and referrals in order to determine how much time must elapse after the member's effective date before claims should be paid. It also determines when a member is no longer eligible for benefits based on that member's age.

## Indicative Section

This section allows the user to create, change or delete stop age and waiting period rules. A summary grid at the top of this screen displays the ID and description of each set of rules. When users select a row in the grid, corresponding waiting period and stop age information displays in the text-out area below the grid.



| Field | | Description |
|---|---|---|
| **Fields denoted with an * are required.** | | |
| ID | | Required; ID for this set of rules. |
| Description | | Description of this set of rules |
| Waiting Period: New Employee Waiting Period (value) | | The number of months, days, weeks, or years (0-99) new employees must wait before benefits begin. A user with the appropriate level of security may override this waiting period at the subscriber-level by selecting the "Plan Override Event" in the Eligibility section of the Subscriber/Family application. If entered, a waiting period type must be selected. |
| Waiting Period: New Employee Waiting Period (type) | | Defines the waiting period value. |
| Waiting Period: Waiting Period Begins | | Select the starting point for this waiting period. |
| Waiting Period: Coverage Begins On | | This field displays the day coverage begins for the specific Group Administration Rule. The values possible are "Next day following end of period" and "First of month following end of period". If there is no waiting period, "Not Used" will indicate that there is no new employee waiting period. |
| Stop Ages: Stop Age and Stop Age Period | | For subscribers, spouse, dependent, and student. The age benefit coverage will stop (0-999). |
| Stop Ages: Reason | | User-defined; will display when age exceeds stop age. |

**Note:** In the **Stop Age Period** field, the value "E – Last Day of Month Preceding the Month in which Birthday Falls," is used to indicate the date the member's Medicare coverage becomes effective (the end of the month preceding the member's 65th birthday).