



South Carolina PEBA  
Pharmacy 834 Companion Document  
Benefit Enrollment and Maintenance

Version 1.2

<b>PURPOSE OF THIS DOCUMENT .....</b>	<b>4</b>
<b>Overall Data Architecture .....</b>	<b>4</b>
<b>Definitions .....</b>	<b>5</b>
<b>Linking a Dependent to a Subscriber .....</b>	<b>5</b>
<b>Termination .....</b>	<b>6</b>
Subscriber Level Termination .....	6
Member Level Termination .....	6
<b>Updates Versus Full File Audits .....</b>	<b>7</b>
<b>Product Identifiers .....</b>	<b>7</b>
<b>Delimiters .....</b>	<b>8</b>
<b>Date Formats .....</b>	<b>8</b>
<b>SEGMENT: ISA INTERCHANGE CONTROL HEADER .....</b>	<b>9</b>
<b>SEGMENT: GS FUNCTIONAL GROUP HEADER .....</b>	<b>12</b>
<b>SEGMENT: ST TRANSACTION SET HEADER .....</b>	<b>14</b>
<b>SEGMENT: BGN BEGINNING SEGMENT .....</b>	<b>15</b>
<b>SEGMENT: N1 SPONSOR NAME .....</b>	<b>17</b>
<b>SEGMENT: N1 PAYER .....</b>	<b>19</b>
<b>SEGMENT: INS MEMBER LEVEL DETAIL .....</b>	<b>20</b>
<b>SEGMENT: REF SUBSCRIBER NUMBER .....</b>	<b>27</b>
<b>SEGMENT: REF MEMBER POLICY NUMBER .....</b>	<b>27</b>
<b>SEGMENT: REF MEMBER IDENTIFICATION NUMBER .....</b>	<b>28</b>
<b>SEGMENT: DTP MEMBER LEVEL DATES .....</b>	<b>31</b>
<b>SEGMENT: NM1 MEMBER NAME .....</b>	<b>33</b>
<b>SEGMENT: N3 MEMBER RESIDENCE STREET ADDRESS .....</b>	<b>36</b>
<b>SEGMENT: N4 MEMBER RESIDENCE CITY, STATE, ZIP CODE .....</b>	<b>37</b>
<b>SEGMENT: DMG MEMBER DEMOGRAPHICS .....</b>	<b>38</b>
<b>SEGMENT: NM1 MEMBER MAILING ADDRESS .....</b>	<b>40</b>
<b>SEGMENT: N3 MEMBER MAIL STREET ADDRESS .....</b>	<b>40</b>

Version 1.2

<b>SEGMENT: N4 MEMBER MAIL CITY, STATE, ZIP CODE .....</b>	<b>41</b>
<b>SEGMENT: HD HEALTH COVERAGE .....</b>	<b>42</b>
<b>SEGMENT: DTP HEALTH COVERAGE DATES .....</b>	<b>45</b>
<b>SEGMENT: COB COORDINATION OF BENEFITS .....</b>	<b>46</b>
<b>SEGMENT: N1 OTHER INSURANCE COMPANY NAME .....</b>	<b>48</b>
<b>SEGMENT: DTP COORDINATION OF BENEFITS ELIGIBILITY DATES .....</b>	<b>49</b>
<b>SEGMENT: GE FUNCTIONAL GROUP TRAILER .....</b>	<b>50</b>
<b>SEGMENT: IEA INTERCHANGE CONTROL TRAILER .....</b>	<b>51</b>
<b>SEGMENT: SE TRANSACTION SET TRAILER .....</b>	<b>52</b>
<b>APPENDIX 1 - REF SEGMENT LOOKUPS AND DECODES .....</b>	<b>53</b>
<b>State Group Numbers .....</b>	<b>53</b>
<b>Subscriber Types .....</b>	<b>53</b>
<b>Plan Type .....</b>	<b>54</b>
<b>Plan Categories .....</b>	<b>54</b>

Version 1.2

## Purpose of This Document

This companion guide has been written to assist those who will be implementing the ASC X12N 834 Benefit Enrollment and Maintenance Transaction Set for use with South Carolina Public Employee Benefit Authority (PEBA). By addressing trading partner-specific processing considerations, our hope is that this companion document will simplify your implementation as much as possible.

Please note that this guide is intended only as a supplement to and NOT a replacement for the ASC X12N 834 Benefit Enrollment and Maintenance Implementation Guide as mandated under HIPAA. The implementation specifications for the ASC X12N 834 Standard may be obtained from the Washington Publishing Company, PMB 161, 5284 Randolph Road, Rockville, MD, 20852-2116; telephone 301-949-9740; and FAX: 301949-9742. They are also available through the Washington Publishing Company on the Internet at <http://www.wpc-edi.com>.

## Overall Data Architecture

In conventional data processing terminology, each 834 is equivalent to an enrollment "file", beginning with an ST segment and ending with an SE segment. Within this "file", each occurrence of the INS loop is equivalent to either one subscriber or one dependent "record". The data elements passed in these "records" are roughly equivalent to "fields".

**ISA:** Interchange Control Header Segment **GS:**

Functional Group Header Segment

**ST:** Transaction Set Header ← beginning of 834 transaction

**BGN:** Beginning Segment

**INS:** Member Level Detail (max. 10.000 iterations per 834)

**HD:** Health Coverage (max. 99 iterations per INS) **HD:**  
Health Coverage

**INS:** Member Level Detail **HD:**  
Health Coverage

**SE:** Transaction Set Trailer ← end of 834 transaction

**GE:** Functional Group Trailer Segment

**IEA:** Interchange Control Trailer Segment

## Definitions

Users of this guide are reminded that the *State Plan of Benefits* is the definitive (and prevailing) source of definitions relating to eligibility for Pharmacy benefits.

**Dependent:** A dependent is an individual who is eligible for coverage because of his or her association with a subscriber. Typically, a dependent is a member of the

Version 1.2

subscriber's family and is specifically defined by PEBA as a spouse or a child of a covered subscriber.

**Enrollment:** As defined in the Final Rule for "Standards for Electronic transactions" (§162.1501), the enrollment and disenrollment in a health plan transaction is the transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.

**Member:** When used in this Companion Document, the term "member" can refer to either a subscriber or a subscriber's dependent. A **member** is referred to as a **covered person** in the *State Dental Plan of Benefits*. Each looping of the INS segment includes information on one member.

**Payer/Insurer:** The payer is the party that pays claims and/or administers the insurance coverage, benefit, or product.

**Providers:** Health care providers are individuals and organizations that provide health care services, which include Dental services. Health care providers can include physicians, dentists, hospitals, clinics, pharmacies, and long-term care facilities.

**Sponsor:** A sponsor is the party that ultimately pays for the coverage, benefit, or product. A sponsor can be an employer, union, government agency, association, or insurance agency. **Sponsors** are referred to as a **planholder** in the *State Plan of Benefits*.

**Subscriber:** The subscriber is an individual eligible for coverage because of his or her association with a sponsor. Examples of subscribers include the following: employees; retirees; surviving spouses / dependent children; or COBRA enrollees.

**Third Party Administrator (TPA):** A sponsor may elect to contract with a Third Party Administrator (TPA) or other vendor to handle collecting insured member data if the sponsor chooses not to perform this function.

### ***Linking a Dependent to a Subscriber***

Subscribers and dependents are sent as separate occurrences of Loop ID-2000. The initial enrollment for the subscriber must be sent before sending the initial enrollment for any of the subscriber's dependents. The enrollment of a dependent may follow the subscriber's enrollment in the same transmission, or it may be sent separately in a later transmission.

To allow linking between subscribers and dependents, use the code "0F," Subscriber Number, in the REF segment, Loop ID-2000, position 020. The subscriber's unique identifier is sent in this segment in both the subscriber's and the dependent's Loop ID2000. The member's SSN is sent and identified as such in NM108, Loop ID-2000, position 030. This applies to both subscribers and dependents. If the SSN is used for

Version 1.2

linking, then the subscriber's SSN is sent in both locations on the subscriber's Loop ID2000.

PEBA generates (and is responsible for maintaining) a non-SSN based identifier that is communicated in a REF (Loop ID-2000) segment (REF02 = '23'). This identifier is stored only on subscriber records and is to be assumed across all dependents of the subscriber. While PEBA is currently supporting two methodologies to identify a subscriber (SSN and PEBA generated identifier), it is possible that PEBA will transition to relying upon only the PEBA generated identifier and vendors are advised to take this into consideration when developing eligibility maintenance logic.

## ***Termination***

### **Subscriber Level Termination**

If the termination date is passed at the INS level for a subscriber (Loop 2000, DTP segment, position 040), then all coverage for that subscriber and for all dependents linked to that subscriber will be terminated, effective on that date. If the termination date is passed at the INS level for a dependent (Loop 2000, DTP segment, position 040), then all coverage for that dependent will be terminated, effective on that date. The coverage for the subscriber and any other dependents will not be affected. Terminating all insurance products for a subscriber at the HD level is different, in that there may be dependents that continue to be covered, i.e. - dependent only plans. A subscriber with all insurance product coverages terminated will be terminated as a member only if there are no dependents linked to that subscriber. In the case of a transfer from one coverage to another, it is necessary to terminate the old coverage and then add the new coverage. An add to a new coverage must never be assumed to result in the automatic termination of the prior coverage.

### **Member Level Termination**

If the termination date is passed at the HD level for any member (loop 2300, DTP segment, position 270), then coverage for that specific insurance product for that member will be terminated, effective on that date. Coverage for other insurance products for that member will not be affected nor will coverage for other members linked to the same subscriber. Termination dates are not to be sent at both the HD and the INS levels for a particular occurrence of loop 2000. Terminating all covered insurance products for a dependent at the HD level is the equivalent of terminating that dependent at the INS level.

Version 1.2

### ***Updates Versus Full File Audits***

The 834 transaction can be used to provide either updates to the enrollment database or full file audits. PEBA supports both versions of the 834.

An update is either an “add”, “terminate” or “change” request. The transaction only contains information about the changed members. This is identified in BGN08 by a code value of '2', Change (Update).

A full file audit lists all current members, whether involved in a change or not. This facilitates keeping the sponsor's and payer's systems in sync. This is not intended to contain a history of all previous enrollments. This type of transaction is identified by a BGN08 code value of '4', Verify. The most efficient and preferred method for regular maintenance of enrollment files is to use 'Change (Update)' transactions. Periodic audit files can be used to verify synchronization. When required, full audit files can be used to report all enrollees. Because of the size of the PEBA insured population, please be advised that full audit file processing requires considerable system resources and is to be used only on a limited basis.

### ***Product Identifiers***

The 834 allows three locations for insurance product identifiers, such as policy numbers and group numbers.

- If a single policy number applies to an entire transaction set (i.e., all members have the same policy number), then the product identifier should be passed in the situational header REF segment ("Master Policy Number"). This segment should never be passed if a policy number does not apply to the entire transaction.
- If the policy or group number applies to all coverage data for a given member, then the product identifier should be passed in the situational REF segment at the insured individual (INS) level ("Member Policy Number"). This method should be used when 1) not all members have the same policy number, AND 2) each member has one and only one policy number, regardless of health coverage. Most identifiers should be communicated at the insured level.
- If a member can have more than one policy number due to multiple coverage types, then the product identifier should be passed in the situational REF segment at the health insurance product (HD) level ("Health Coverage Policy Number"). This segment should be used to identify a policy or group number for a particular insurance product if this number has not already been passed at the header or INS levels.

NOTE: If PEBA is conveying coordination of benefit information in Loop 2320, the policy number of the coordinating benefits is sent, if known, via COB02.

Version 1.2

***Delimiters***

We use the following delimiters:

<b>CHARACTER</b>	<b>NAME</b>	<b>DELIMITER</b>
*	Asterisk	Data Element Separator
:	Colon	Sub-element Separator
~	Tilde	Segment Terminator

***Date Formats***

All 834 dates are 8-character dates in the format CCYYMMDD. The only date data element that is in format YYMMDD is the Interchange Date data element in the ISA segment.



Version 1.2

## Segment: **ISA** Interchange Control Header

**Position:** 005

**Loop:**

**Level:** Heading

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify information in response to a codified questionnaire document  
**Syntax Notes:** **Semantic Notes:**

**Comments:**

**Notes:** The ISA is a fixed record length segment and all positions within each of the data elements must be filled. The first element separator defines the element separator to be used through the entire interchange. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. Spaces in the example are represented by "." for clarity.

```
ISA*00*.....*01*SECRET....*ZZ*SUBMITTERS.ID..*ZZ*RECEIVERS.ID...*93060
2*1253*U*00401*000000905*1*T*::~~
```

### Data Element Summary

Ref.	Data	Element Name	Attributes
M	ISA01	I01 Authorization Information Qualifier	M ID 2/2
		Code to identify the type of information in the Authorization Information	
		00 No Authorization Information Present (No Meaningful Information in I02)	
		ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF ADDITIONAL IDENTIFICATION INFORMATION.	
		03 Additional Data Identification	
M	ISA02	I02 Authorization Information	M AN 10/10
		Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01)	
M	ISA03	I03 Security Information Qualifier	M ID 2/2
		Code to identify the type of information in the Security Information	
		00 No Security Information Present (No Meaningful Information in I04)	
		ADVISED UNLESS SECURITY REQUIREMENTS MANDATE USE OF PASSWORD DATA.	
		01 Password	
M	ISA04	I04 Security Information	M AN 10/10
		This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03)	
M	ISA05	I05 Interchange ID Qualifier	M ID 2/2
		Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified	
		01 Duns (Dun & Bradstreet)	
		14 Duns Plus Suffix	
		20 Health Industry Number (HIN)	

**South Carolina Public Employee Benefit Authority  
834 Pharmacy Companion Guide**

**Version 1.2**

27 Carrier Identification Number as assigned by Centers for  
Medicare & Medicaid Services (CMS)

28 Fiscal Intermediary Identification Number as assigned by Centers for Medicare & Medicaid  
Services (CMS)

29 Medicare Provider and Supplier Identification Number (National Provider Identifier or NPI  
effective after May  
23, 2007) as assigned by Centers for Medicare &  
Medicaid Services (CMS)

30 U.S. Federal Tax Identification Number

33 National Association of Insurance Commissioners  
Company Code (NAIC)

ZZ Mutually Defined  
Recommended

**M ISA06 I06 Interchange Sender ID M AN 15/15**

Identification code published by the sender for other parties to use as the  
receiver ID to route data to them; the sender always codes this value in the  
sender ID element

**TO BE ESTABLISHED BY PEBA AND THE PHARMACY ASO VENDOR M ISA07 I05  
Interchange ID Qualifier M ID 2/2**

Qualifier to designate the system/method of code structure used to designate  
the sender or receiver ID element being qualified  
This ID qualifies the Receiver in ISA08.

01 Duns (Dun & Bradstreet)  
14 Duns Plus Suffix  
20 Health Industry Number (HIN)

27 Carrier Identification Number as assigned by Centers for  
Medicare & Medicaid Services (CMS)

28 Fiscal Intermediary Identification Number as assigned by  
Centers for Medicare & Medicaid Services (CMS)

29 Medicare Provider and Supplier Identification Number (National Provider Identifier or NPI  
effective after May  
23, 2007) as assigned by Centers for Medicare &  
Medicaid Services (CMS)

30 U.S. Federal Tax Identification Number 33 National Association of Insurance  
Commissioners

Company Code (NAIC)  
ZZ Mutually Defined  
Recommended

**M ISA08 I07 Interchange Receiver ID M AN 15/15**

Identification code published by the receiver of the data; When sending, it is  
used by the sender as their sending ID, thus other parties sending to them will  
use this as a receiving ID to route data to them

**TO BE ESTABLISHED BY PEBA AND THE PHARMACY ASO VENDOR**

**M ISA09 I08 Interchange Date M DT 6/6**

Date of the interchange  
The date format is YYMMDD.

**M ISA10 I09 Interchange Time M TM 4/4**

Time of the interchange The time format is HHMM.

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

Version 1.2

<b>M</b>	<b>ISA11</b>	<b>I10</b>	<b>Interchange Control Standards Identifier</b>	<b>M ID 1/1</b>	Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer
					U U.S. EDI Community of ASC X12, TDCC, and UCS
<b>M</b>	<b>ISA12</b>	<b>I11</b>	<b>Interchange Control Version Number</b>	<b>M ID 5/5</b>	This version number covers the interchange control segments 00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997
<b>M</b>	<b>ISA13</b>	<b>I12</b>	<b>Interchange Control Number</b>	<b>M N0 9/9</b>	A control number assigned by the interchange sender The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.
<b>M</b>	<b>ISA14</b>	<b>I13</b>	<b>Acknowledgment Requested</b>	<b>M ID 1/1</b>	Code sent by the sender to request an interchange acknowledgment (TA1) See Section A.1.5.1 for interchange acknowledgment information.
					0 No Acknowledgment Requested
					1 Interchange Acknowledgment Requested
<b>M</b>	<b>ISA15</b>	<b>I14</b>	<b>Usage Indicator</b>	<b>M ID 1/1</b>	Code to indicate whether data enclosed by this interchange envelope is test, production or information
					P Production Data
					T Test Data
<b>M</b>	<b>ISA16</b>	<b>I15</b>	<b>Component Element Separator</b>	<b>M AN 1/1</b>	Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator

Version 1.2

## Segment: **GS** Functional Group Header

**Position:** 007  
**Loop:**  
**Level:** Heading  
**Usage:** Optional  
**Max Use:** 1

**Purpose:** To indicate the beginning of a functional group and to provide control information **Syntax Notes:**

- Semantic Notes:** 1 GS04 is the group date.  
2 GS05 is the group time.  
3 The data interchange control number GS06 in this header must be identical to the

same data element in the associated functional group trailer, GE02.

**Comments: 1** A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.

**Notes:** GS\*BE\*SENDER CODE\*RECEIVER CODE\*19940331\*0802\*1\*X\*004010X095~

### Data Element Summary

Ref.	Data	Attributes
<u>Des.</u>	<u>Element Name</u>	
M	<b>GS01 479 Functional Identifier Code</b>	M ID 2/2
	Code identifying a group of application related transaction sets BE Benefit Enrollment and Maintenance (834)	
M	<b>GS02 142 Application Sender's Code</b>	M AN 2/15
	Code identifying party sending transmission; codes agreed to by trading partners Use this code to identify the unit sending the information.	
<b>TO BE DETERMINED BY PEBA AND THE PHARMACY ASO VENDOR</b>		
M	<b>GS03 124 Application Receiver's Code</b>	M AN 2/15
	Code identifying party receiving transmission; codes agreed to by trading partners Use this code to identify the unit receiving the information.	
<b>TO BE DETERMINED BY PEBA AND THE PHARMACY ASO VENDOR</b>		
M	<b>GS04 373 Date</b>	M DT 8/8
	Date expressed as CCYYMMDD Use this date for the functional group creation date.	
M	<b>GS05 337 Time</b>	M TM 4/8
	Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Use this time for the creation time. The recommended format is HHMM.	
M	<b>GS06 28 Group Control Number</b>	M N0 1/9
	Assigned number originated and maintained by the sender	
M	<b>GS07 455 Responsible Agency Code</b>	M ID 1/2
	Code used in conjunction with Data Element 480 to identify the issuer of the standard	

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

**Version 1.2**

X Accredited Standards Committee X12

**M GS08 480** **Version / Release / Industry Identifier Code** **M AN 1/12** Code indicating the version, release, subrelease, and industry identifier of the

EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed  
When this draft is used to pilot the transaction set, this value is 004010X095A1

Draft Standards Approved for Publication by ASC X12  
Procedures Review Board through October 1997, as  
published in the Benefit Enrollment and Maintenance  
Implementation Guide approved for publication by ASC  
X12N, May 2000 and amended October, 2002.

Version 1.2

## Segment: **ST** Transaction Set Header

**Position:** 010

**Loop:**

**Level:** Heading

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the start of a transaction set and to assign a control number

**Syntax Notes:**

**Semantic Notes:** 1 The transaction set identifier (ST01) is used by the translation routines of the interchange partners to select the appropriate transaction set definition (e.g., 810 selects the Invoice Transaction Set).

**Comments:**

**Notes:** Example: ST\*834\*0001~

### Data Element Summary

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b><u>Des.</u></b>	<b><u>Element Name</u></b>	
M	<b>143 Transaction Set Identifier Code</b> Code uniquely identifying a Transaction Set  834 Benefit Enrollment and Maintenance	M ID 3/3
M	<b>329 Transaction Set Control Number</b> Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	M AN 4/9

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**BGN Beginning  
Segment**

020

Heading

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the beginning of a transaction set

**Syntax Notes:** 1 If BGN05 is present, then BGN04 is required.

**Semantic Notes:** 1 BGN02 is the transaction set reference number.

2 BGN03 is the transaction set date.

3 BGN04 is the transaction set time.

4 BGN05 is the transaction set time qualifier.

5 BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.

**Comments:**

**Notes:** Example: BGN\*00\*11227\*19970920\*1200\*ES\*\*\*2~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	BGN01	353	<b>Transaction Set Purpose Code</b> Code identifying purpose of transaction set	M ID 2/2
			If the original transaction has already been processed, an incoming transaction using this code may be rejected by the receiver. The rejection will be identified to the sender by telephone or other direct contact.	
		00	Original	
			The "00" indicates the first time the transaction is sent.	
		15	Re-Submission	
			Send the "15" when the original transmission was incorrect, has yet to be processed by the receiver, and a new corrected transmission is being sent. This transmission can then be pended by the receiver's translator for further review.	
		22	Information Copy	
			Send the "22" when the original transmission was lost or not processed, and the sender is passing another transmission that is the same as the original.	
M	BGN02	127	<b>Reference Identification</b> Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	M AN 1/30

South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide

Version 1.2

			Use the transaction set reference number assigned by the sender's application to uniquely identify this occurrence of the transaction for future reference.
<b>M</b>	<b>BGN03</b>	<b>373</b>	<b>Date</b> <b>M DT 8/8</b> Date expressed as CCYYMMDD  Use this date to identify the date that the submitter created the file.
<b>M</b>	<b>BGN04</b>	<b>337</b>	<b>Time</b> <b>M TM 4/8</b> Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) Use the time to identify the time of day that the submitter created the file. This element is used as a time stamp to uniquely identify the transmission.
	<b>BGN05</b>	<b>623</b>	<b>Time Code</b> <b>O ID 2/2</b>  Code identifying the time. In accordance with International Standards Organization standard 8601, time can be specified by a + or - and an indication in hours in relation to Universal Time Coordinate (UTC) time; since + is a restricted character, + and - are substituted by P and M in the codes that follow Use the time code if the sender and receiver are not in the same time zone.  Refer to 004010X095 Data Element Dictionary for acceptable code values.
<b>S</b>	<b>BGN06</b>	<b>127</b>	<b>Reference identification</b> <b>O AN 1/30</b> Reference identification information as defined by a particular transaction set or as specified by the reference identification qualifier  Industry: Transaction code set identifier code  Semantic: BGN06 is the transaction set reference number of a previously sent transaction affected by the current transaction.  <b>IF BGN01 equals 15 or 22, then BGN06 is used to cross reference to the previously sent transaction.</b>
<b>NOT USED</b>	<b>BGN07</b>	<b>640</b>	<b>Transaction type code</b> <b>O ID 2/2</b>
<b>M</b>	<b>BGN08</b>	<b>306</b>	<b>Action Code</b> <b>M ID 1/2</b> Code indicating type of action  2 Change (Update)  Used to identify a transaction of additions, terminations and changes to the current enrollment.  4 Verify  Used to identify a full enrollment transaction to verify that the sponsor's and payer's systems are synchronized.
<b>NOT USED</b>	<b>BGN09</b>	<b>786</b>	<b>Security level code</b> <b>O ID 2/2</b>



Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**N1 Sponsor Name**

070

1000A Mandatory

Heading

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To identify a party by type of organization, name, and code

- Syntax Notes:**
- 1 At least one of N102 or N103 is required.
  - 2 If either N103 or N104 is present, then the other is required.

**Semantic Notes:**

- Comments:**
- 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
  - 2 N105 and N106 further define the type of entity in N101.

**Notes:** Use this loop to identify the sponsor. See section 1.3 for the definition of sponsor.  
Example: N1\*P5\*\*FI\*12356799~

**Data Element Summary**

	<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element Name</u>	
M	N101	98 Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual P5 Plan Sponsor	M ID 2/3
	N102	93 Name Free-form name  This element may be used at the sender's discretion.	X AN 1/60

South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide

Version 1.2

			<b>SC PUBLIC EMPLOYEE BENEFIT AUTHORITY</b>	
<b>M</b>	<b>N103</b>	<b>66</b>	<b>Identification Code</b>	<b>M ID ½</b>
			<b>Qualifier</b>	system/method of code structure used for Identification
			Code designating the Code (67)	Federal Taxpayer's Identification Number
			FI	The developers recommend that this code be used until the HIPAA standard identifier is implemented.
			ZZ	Mutually Defined
<b>M</b>	<b>N104</b>	<b>67</b>		The Employer Identification Number (EIN) issued by the Internal Revenue Service (IRS) USED BY PEBA
			<b>Identification Code</b>	<b>M AN 2/80</b>
			Code identifying a party or other code	
			<b>TO BE ESTABLISHED BY PEBA AND THE PHARMACY ASO VENDOR</b>	

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**N1 Payer**

070

1000B Mandatory

Heading

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To identify a party by type of organization, name, and code

- Syntax Notes:**
- 1 At least one of N102 or N103 is required.
  - 2 If either N103 or N104 is present, then the other is required.

**Semantic Notes:**

- Comments:**
- 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
  - 2 N105 and N106 further define the type of entity in N101.

**Notes:** Use this loop to identify the payer. See section 1.3 for the definition of a payer.  
Example: N1\*IN\*\*FI\*12356799~

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
M	<p><b>N101</b>      <b>98</b>      <b>Entity Identifier Code</b></p> <p>Code identifying an organizational entity, a physical location, property or an individual</p> <p>IN                      Insurer</p> <p>TV                      Third party administrator</p>	<b>M ID 2/3</b>
	<p><b>N102</b>      <b>93</b>      <b>Name</b></p> <p>Free-form name</p> <p>This element may be used at the sender's discretion.</p>	<b>X AN 1/60</b>

Version 1.2

			NAME OF INSURER / TARGET SYSTEM	
M	N103	66	<b>Identification Code Qualifier</b>	M ID 1/2
Code designating the system/method of code structure used for Identification Code (67)				
			FI	Federal Taxpayer's Identification Number
			XV	CMS National PlanID Required if the National PlanID is mandated for use.
M	N104	67	<b>Identification Code</b>	M AN 2/80
Code identifying a pa code				
TO BE ESTABLISHED BY PEBA AND THE PHARMACY ASO VENDOR				

## INS Member Level Detail

010

2000 Mandatory

Detail

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To provide benefit information on insured entities

**Syntax Notes:** 1 If either INS11 or INS12 is present, then the other is required.

- Semantic Notes:**
- 1 INS01 indicates status of the insured. A "Y" value indicates the insured is a subscriber; an "N" value indicates the insured is a dependent.
  - 2 INS10 is the handicapped status indicator. A "Y" value indicates an individual is handicapped; an "N" value indicates an individual is not handicapped.
  - 3 INS12 is the date of death.
  - 4 INS14, INS15, and INS16 identify where the employee works.

### Comments:

**Notes:** Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.

No more than 10,000 INS segments can occur in a single 834 transaction. Multiple transactions within a single interchange can be used to transfer information on larger numbers of members.

Example: INS\*Y\*18\*030\*\*T\*\*\*RT\*\*N~

### Data Element Summary

Ref.	Data	Attributes
<u>Des.</u>	<u>Element Name</u>	
M	INS01 1073 Yes/No Condition or Response Code	M ID 1/1
Code indicating a Yes or No condition or response		

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

ALIAS: Subscriber Indicator

N No

**Indicates Dependent Record**

Y Yes

**Indicates Subscriber Record**

**M INS02 1069 Individual Relationship Code M ID 2/2**

Code indicating the relationship between two individuals or entities This value should be 18 for the subscriber.

For dependents, use this value to identify the relationship to the subscriber. For example, a daughter would be value 19. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.

01 Spouse

**03** Father or Mother

**04** Grandfather or Grandmother

**05** Grandson or Granddaughter

**06** Uncle or Aunt

**07** Nephew or Niece

**08** Cousin

**09** Adopted Child

**10** Foster Child

11 Son-in-law or Daughter-in-law

12 Brother-in-law or Sister-in-law

13 Mother-in-law or Father-in-law

14 Brother or Sister

15 Ward

17 Stepson or Stepdaughter

18 Self

19 Child

Dependent between the ages of 0 and 19; age qualifications may vary depending on policy

23 Sponsored Dependent

Dependents between the ages of 19 and 25 not attending school; age qualifications may vary depending on policy

Dependents between the ages of 19 and 25 not attending school age qualifications may vary depending on policy.

24 Dependent of a Minor Dependent



**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

Version 1.2

			025	a subscriber or dependent. Reinstatement To place in force again, without the usual probationary or service period, a group contract or an individual's group insurance that for some reason has terminated Use this code for reinstatement of a cancelled subscriber/dependent record.
			030	Audit or Compare Use this code when sending a full roster to verify that the sponsor and payer databases are synchronized.
<b>S</b>	<b>INS04</b>	<b>1203</b>	<b>Maintenance Reason Code</b>	<b>O ID 2/3</b>
	Code identifying the reason for the maintenance change			Recommended: To be sent unless the trading partner agreement between the sponsor and payer allow this data element to not be sent. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.
01	Divorce			
02	Birth			
03	Death			
04	Retirement			
05	Adoption			
06	Strike			
07	Termination of Benefits			
08	Termination of Employment			
09	Consolidated Omnibus Budget Reconciliation Act (COBRA)			A federal act that enables an insured, spouse, or dependent to continue benefits after a qualifying event which would otherwise cause them to lose their benefits
10	Consolidated Omnibus Budget Reconciliation Act (COBRA) Premium Paid			
11	Surviving Spouse			
14	Voluntary Withdrawal			
15	Primary Care Provider (PCP) Change			
16	Quit			
17	Fired			
18	Suspended			
20	Active			
21	Disability			A physical or mental condition that makes an insured incapable of performing one or more duties of his or her own occupation
			22	Plan Change This is used when a member changes from one Plan to a different Plan. This is not intended to identify changes to a Plan.

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

**Version 1.2**

25	Change in Identifying Data Elements	A change has been made to the primary elements that identify a specific employee. Such elements are first name, last name, social security number, date of birth, and employee identification number Use this code when a change has been made to the primary elements that identify an individual. Such primary elements include the following: first name, last name, Social Security Number, date of birth, and employee identification number.
26	Declined Coverage	The subscriber declined a previously active coverage.
27	Pre-Enrollment	This code can be used to enroll newborns prior to receiving the newborn's application.
28	Initial Enrollment	
29	Benefit Selection	This is used when a member changes benefits within a Plan.
31	Legal Separation	
32	Marriage	
33	Personnel Data	
	General information about the participant	Use this code for any data change that is not included in any of the other allowed codes. An example would be change in Coordination of Benefits information.
37	Leave of Absence with Benefits	
38	Leave of Absence without Benefits	
39	Lay Off with Benefits	
40	Lay Off without Benefits	
41	Re-enrollment	
	43	Change of Location Use this code to indicate a change of address.
	AI	No Reason Given
	XN	Notification Only
	XT	Transfer To be used in complete enrollment transmissions. This is used when INS03 is equal to 030 (Audit/Compare). This is used when an employee has an organizational change (i.e. a location change within the organization) with no change in benefits or Plan.

<b>M</b>	<b>INS05</b>	<b>1216</b>	<b>Benefit Status Code</b>	<b>M ID 1/1</b>
			The type of coverage under which benefits are paid	
			A	Active
			C	Consolidated Omnibus Budget Reconciliation Act



**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

Version 1.2

(COBRA)

A federal act that enables an insured, spouse, or dependent to continue benefits after a qualifying event which would otherwise cause them to lose their benefits

S Surviving Insured

T Tax Equity and Fiscal Responsibility Act (TEFRA)

**S INS06 1218 Medicare Plan Code O ID 1/1**

Code identifying the Medicare plan. Not used for the SCPEBA Dental 834

A Medicare Part A B Medicare Part B

C Medicare Part A and B

D Medicare Part Unknown

E No Medicare

**S INS07 1219 COBRA Qualifying O ID 1/2**

A qualifying event is any of the following which result in the loss of coverage for a qualified beneficiary.

- 1 Termination of employment
- 2 Reduction of work hours
- 3 Medicare
- 4 Death
- 5 Divorce
- 6 Separation
- 7 Ineligible child
- 8 Bankruptcy of retired employee

**S INS08 584 Employment Status Code O ID 2/2**

Code showing the general employment status of an employee / claimant.

Required for a subscriber.

- AO Active military - overseas
- AU Active military – USA
- FT Full time active employee
- L1 Leave of absence
- PT Part time employee
- RT Retired
- TE Terminated

**S INS09 1220 Student Status Code O ID 1/1**

Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured

Only use the Student Status Code when describing a non-spouse dependent whose age requires a qualifying condition for enrollment (e.g., being an active student). See the Plan contract for details of the age requirements for student status usage.

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

**Version 1.2**

			F	Full-time	
			N	Not a Student	
			P	Part-time	
<b>S</b>	<b>INS10</b>	<b>1073</b>	<b>Yes / No Condition or Response Code</b>		<b>O ID 1/1</b>
			PEBA utilizes this field for the reporting of handicap status.		
			N	No	
			Y	Yes	

# REF

020

## Subscriber Number

2000 Mandatory

Detail

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To specify identifying information

- Syntax Notes:**
- 1 At least one of REF02 or REF03 is required.
  - 2 If either C04003 or C04004 is present, then the other is required.
  - 3 If either C04005 or C04006 is present, then the other is required.

**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.

**Comments:**

**Notes:** If the subscriber's/dependent's Social Security Number is known, it should be passed in the NM108 segment (position 2-030).

This segment must contain a unique SUBSCRIBER identification number (SSN or other). This occurrence is identified by the OF qualifier (REF01). This identifier is used for linking the subscriber with dependents as required under many policies.

The developers recommend using the identifier developed under the HIPAA legislation, when that becomes available.

Example: REF\*OF\*99999999~

### Data Element Summary

	<b>Ref.</b>	<b>Data</b>		<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>		
M	REF01	128 Reference Identification Qualifier		M ID 2/3
		Code qualifying the Reference Identification		
		OF Subscriber Number		
M	REF02	127 Reference Identification		M AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier		
		<b>PEBA utilizes this field for the transmission of social security number</b>		

## Segment: Member Policy Number

**Position:**

**Loop:** 2000 Mandatory

**Level:** Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify identifying information

- Syntax Notes:**
- 1 At least one of REF02 or REF03 is required.
  - 2 If either C04003 or C04004 is present, then the other is required.
  - 3 If either C04005 or C04006 is present, then the other is required.

Version 1.2

## Segment: REF

**Position:** 020  
**Loop: Level:**  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**

**Notes:** This segment should be used if the policy or group number applies to all coverage data (all 2300 loops) that apply for this member.

This segment is required unless the policy number is sent in the REF segment, loop 2300 position 290.

Example: REF\*1L\*STATESC01~

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification  1L Group or Policy Number  Recommended	M ID 2/3
M	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier <b>TO BE ESTABLISHED BY PEBA AND THE PHARMACY ASO VENDOR</b>	M AN 1/30

### Member Identification Number

2000 Mandatory  
Detail

**Usage:** Optional  
**Max Use:** 5  
**Purpose:** To specify identifying information  
**Syntax Notes:** 1 At least one of REF02 or REF03 is required.  
 2 If either C04003 or C04004 is present, then the other is required.  
 3 If either C04005 or C04006 is present, then the other is required.  
**Semantic Notes:** 1 REF04 contains data relating to the value cited in REF02.  
**Comments:**

**Notes:** This segment is used to pass further identifying information on the member. It should be used if the data is available. See REF01 for data elements that can be passed.

### Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128	Reference Identification Qualifier	M ID 2/3

## REF

020

Code qualifying the Reference Identification. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.

17

Client Reporting Category

Code assigned by the client to categorize participants for reporting requirements

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

23

Client Number. PEBA will use this segment and qualifier value to communicate the member's social security number or the member's (if a subscriber) PEBA generated identifier.

To be used to pass a payer specific identifier for a member. Not to be used after the HIPAA standard National Identifier for Individuals is implemented.

3H

Case Number

6O

Cross Reference Number

DX

Department/Agency Number

Use when members in a coverage group are set up as different departments or divisions under the terms of the insurance policy.

F6

Health Insurance Claim (HIC) Number

A unique number assigned by the government to each person entitled to Medicare benefits

Use when reporting Medicare eligibility for a member until the National Identifier is mandated for use.

Q4

Prior Identifier Number

Use to pass the Identifier Number under which the member had previous coverage with the payer. This could be the result of a change in employment or coverage that

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

resulted in a new ID number being assigned but left the member covered by the same payer.

QQ

Unit Number

Use when members in a coverage group are setup as different units under the terms of the insurance policy.

Units may exist within another grouping such as division or department.

ZZ

Mutually Defined

Use this code to transmit the title of the members employment position.

M

REF02

127

**Reference Identification**

M AN 1/30

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier

**PEBA uses this field to store the PEBA generated subscriber identification number (REF01='23'). Note that this value pair is only populated on subscriber records and that related dependents are attached through the subscriber's SSN. Please refer to appendix 1 for decodes and other information pertaining to REF02 values.**

Version 1.2

## DTP Member Level Dates

025

2000 Mandatory

Detail

**Usage:** Optional

**Max Use:** 20

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** Applicable dates, as listed in DTP01, are REQUIRED when enrolling a member or when the sponsor is informed of any change to those dates. Only those dates that apply to the particular insurance contract need to be sent.

While many of the dates listed for DTP01 are related to termination, the only code that is used to actually terminate a Member is 357 (Eligibility End). Similarly, the only date that identifies the start of coverage for an initial enrollment is 356 (Eligibility Begin).

### Data Element Summary

Ref.	Data			
<u>Des.</u>	<u>Element Name</u>		<u>Attributes</u>	
M	DTP01	374	Date/Time Qualifier	M ID 3/3

Code specifying type of date or time, or both date and time. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.

		286	Retirement	
			Date on which the subscriber became retired	
296			Return to Work	
297			Date Last Worked	
300			Enrollment Signature Date	
			Date subscriber or dependent signed policy enrollment	

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

card

301 Consolidated Omnibus Budget Reconciliation Act

(COBRA) Qualifying Event

Date of the qualifying event which initiated COBRA

benefits

303

Maintenance Effective

Date on which the maintenance is effective

**336** Employment Begin

Date on which the subscriber or dependent became

employed

**337** Employment End

Date on which the subscriber or dependent ceased to be

employed

**338** Medicare Begin

Date on which Medicare benefits went into effect

**339** Medicare End

Date on which Medicare benefits ceased to be in effect

**340** Consolidated Omnibus Budget Reconciliation Act

(COBRA) Begin

Date on which COBRA benefits begin

341

Consolidated Omnibus Budget Reconciliation Act  
(COBRA) End

Date on which COBRA benefits end

350

Education Begin

Date on which the subscriber or dependent became a  
student

This is the start date for the student at the current  
educational institution.

351

Education End

Date on which the subscriber or dependent ceased to be a  
student



Version 1.2

					This is the expected graduation date the student at the current educational institution.
		356	Eligibility Begin		Date on which eligibility begins
					This is used to convey the beginning date when a member could elect to enroll or begin benefits in any health care plan through the employer. This is not the actual begin date, which is conveyed in the DTP segment at position 270.
		357	Eligibility End		Date on which eligibility ends
					This code is used as the end of eligibility date (termination reason).
		383	Adjusted Hire		
					Date of rehire is adjusted to give an employee credit for prior years of service, after a break in service has occurred
		393	Plan Participation Suspension		
					Date the participant is suspended from the plan
		394	Rehire		
					Date the participant is rehired, after termination
		473	Medicaid Begin		
					Date patient became eligible for Medicaid benefits
		474	Medicaid End		
					Date patient no longer eligible for Medicaid benefits
<b>M</b>	<b>DTP02</b>	<b>1250</b>	<b>Date Time Period Format Qualifier</b>	<b>M</b>	<b>ID 2/3</b>
					Code indicating the date format, time format, or date and time format
			D8		Date Expressed in Format CCYYMMDD
<b>M</b>	<b>DTP03</b>	<b>1251</b>	<b>Date Time Period</b>	<b>M</b>	<b>AN 1/35</b>
					Expression of a date, a time, or range of dates, times or dates and times

## NM1 Member Name

030

2100A Mandatory

Detail

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To supply the full name of an individual or organizational entity

**Syntax Notes:** 1 If either NM108 or NM109 is present, then the other is required.  
2 If NM111 is present, then NM110 is required.

**Semantic Notes:** 1 NM102 qualifies NM103.

Version 1.2

## Segment:

**Position:**

**Loop: Level:**

**Comments:** 1 NM110 and NM111 further define the type of entity in NM101.

**Notes:** This segment is used to identify a member being enrolled or changing benefits or a member correcting identifier information and is transmitted when enrolling a new member, changing a member's demographic information, or terminating a member.  
Example: NM1\*IL\*1\*SMITH\*JOHN\*M\*\*\*34\*99999999~

### Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	NM101	98	<b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 74 Corrected Insured Use this code if this transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B. IL Insured or Subscriber Use this code for enrolling a new member or updating a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.	M ID 2/3
M	NM102	1065	<b>Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	M ID 1/1
M	NM103	1035	<b>Name Last or Organization Name</b> Individual last name or organizational name	M AN 1/35
M	NM104	1036	<b>Name First</b> Individual first name	M AN 1/25
	NM105	1037	<b>Name Middle</b> Individual middle name or initial Send if supplied by subscriber.	O AN 1/25
	NM106	1038	<b>Name Prefix</b> Prefix to individual name	O AN 1/10
	NM107	1039	<b>Name Suffix</b> Suffix to individual name Send if supplied by subscriber.	O AN 1/10
	NM108	66	<b>Identification Code Qualifier</b>	O ID 1/2

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

**Version 1.2**

Code designating the system/method of code structure used for Identification Code (67)

Send when required by X12 syntax.

34 Social Security Number  
The social security number may not be used for any Federally administered programs such as Medicare or CHAMPUS.

ZZ Recommended Mutually Defined  
Value is required if National Individual Identifier is mandated for use. Otherwise, one of the other listed codes may be used.

**NM109 67 Identification Code O AN 2/80**

Code identifying a party or other code

Until the HIPAA Individual Identifier is available the SSN is to be sent when available and allowed under confidentiality regulations. PEBA is currently populating this element with the member's social security number.

**NOT USED NM110**

Version 1.2

**Segment:**

**Position:**  
**Loop: Level:**

**N3 Member Residence Street Address**

050

2100A Mandatory

Detail

**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.  
 Example: N3\*50 ORCHARD STREET~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element Name</u></b>	
M	N301	166 Address Information Address information	M AN 1/55
	N302	166 Address Information Address information	O AN 1/55

Version 1.2

**Segment:**

**Position:**  
**Loop:**  
**Level:**

**N4 Member Residence City, State, ZIP Code**

060

2100A Mandatory  
Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To specify the geographic place of the named party

**Syntax Notes:** 1 If N406 is present, then N405 is required.

**Semantic Notes:**

**Comments:** 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.

2 N402 is required only if city name (N401) is in the U.S. or Canada.

**Notes:** REQUIRED when enrolling subscriber, when enrolling a dependent and the dependent's address is different from the subscriber and when changing a member's address.

Example: N4\*ROCK HILL\*FL\*33131~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	N401	19	City Name Free-form text for city name	M AN 2/30
M	N402	156	State or Province Code Code (Standard State/Province) as defined by appropriate government agency	M ID 2/2
M	N403	116	Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	M ID 3/15
	N404	26	Country Code Code identifying the country  Required only if country is not USA.	O ID 2/3
	N405	309	Location Qualifier Code identifying type of location  Send when required by X12 syntax.  60 Area  The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.  CY County/Parish	X ID 1/2
	N406	310	Location Identifier	O AN 1/30

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

Code which identifies a specific location

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

**DMG Member Demographics**

080

2100A Mandatory

Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply demographic information

**Syntax Notes:** 1 If either DMG01 or DMG02 is present, then the other is required.

**Semantic Notes:** 1 DMG02 is the date of birth.

2 DMG07 is the country of citizenship.

3 DMG09 is the age in years.

**Comments:**

**Notes:** REQUIRED when enrolling a new member or when changing a member's demographic information.

This segment is REQUIRED for dependent changes records until the National Individual Identifier is mandated.

Example: DMG\*D8\*19450915\*F\*M~

**Data Element Summary**

Ref.	Data										
<u>Des.</u>	<u>Element</u>	<u>Name</u>					<u>Attributes</u>				
M	DMG01	1250	<b>Date Time Period Format Qualifier</b>					<b>M ID 2/3</b>			
			Code indicating the date format, time format, or date and time format								
			D8	Date Expressed in Format CCYYMMDD							
M	DMG02	1251	<b>Date Time Period</b>					<b>M AN 1/35</b>			
			Expression of a date, a time, or range of dates, times or dates and times								
M	DMG03	1068	<b>Gender Code</b>					<b>M ID 1/1</b>			
			Code indicating the sex of the individual								
			F	Female							
			M	Male							
			U	Unknown							

Version 1.2

This code is to be used when the gender is unknown or when it cannot be report for any other reason. Unknown should only be used when there is no way of obtaining the gender of the member. This may cause problems in some systems and should be avoided.

**DMG04 1067 Marital Status Code O ID 1/1**

Code defining the marital status of a person

This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.

- B Registered Domestic Partner
- D Divorced
- I Single
- M Married
- R Unreported
- S Separated
- U Unmarried (Single or Divorced or Widowed)

This code should be used if the previous status is unknown.

- W Widowed
- X Legally Separated

Version 1.2

## Segment: **NM1** Member Mailing Address

**Position:** 030  
**Loop:** 2100C  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To supply the full name of an individual or organizational entity  
**Syntax Notes:** 1 P0809 if either NM108 or NM109 is present, then the other is required.  
 2 C1110 if NM111 is present, then NM110 is required.

**Notes:** This loop is to be sent if the member has a mailing address different from the residence address sent in loop 2100A or sent when the enrolled member has an address that is different from the enrolled subscriber. Please note the PEBA will provide this loop for all subscriber records.

Example: NM1\*31\*1~

### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element Name</b>	<b>Attributes</b>
M	NM101	<b>98 Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual 31 Postal mailing address	<b>M ID 2/3</b>
M	NM102	<b>1065 Entity Type Qualifier</b> Code qualifying the type of entity 1 Person	<b>M ID 1/1</b>

## Segment: **N3** Member Mail Street Address

**Position:** 050  
**Loop:** 2100C  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1  
**Purpose:** To specify the location of the named party  
**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** Send when needed for address in loop 2100C. Please note that PEBA will provide this loop for all subscribers.

Example: N3\*50 ORCHARD STREET~

### Data Element Summary

	<b>Ref. Des.</b>	<b>Data Element Name</b>	<b>Attributes</b>
M	N301	<b>166 Address Information</b> Address information	<b>M AN 1/55</b>
	N302	<b>166 Address Information</b>	<b>O AN 1/55</b>



Version 1.2

Address information

## Segment: **N4 Member Mail City, State, ZIP Code**

**Position:** 060  
**Loop:** 2100C  
**Level:** Detail  
**Usage:** Situational  
**Max Use:** 1

**Purpose:** To specify the geographic place of the named party  
**Syntax Notes: 1** C0606 - If N406 is present, then N405 is required.  
**Semantic Notes:**

**Notes:** Send when needed to for address in loop 2100C. Please note that PEBA will provide this loop for all subscribers.  
Example: N4\*ROCK HILL\*FL\*33131~

### Data Element Summary

Ref.	Data	Element Name	Attributes
M	N401	19 City Name Free-form text for city name	M AN 2/30
M	N402	156 State or Province Code Code (Standard State/Province) as defined by appropriate government agency	M ID 2/2
M	N403	116 Postal Code Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	M ID 3/15
	N404	26 Country Code Code identifying the country Required only if country is not USA.	O ID 2/3
	N405	309 Location Qualifier Code identifying type of location Send when required by X12 syntax.	X ID 1/2
		60 Area The area code indicates that N406 will contain an out-of-area indicator for this member. The meaning of that indicator is defined in the trading partner agreement.	
		CY County/Parish	
	N406	310 Location Identifier Code which identifies a specific location This data should only be transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information.	O AN 1/30

Version 1.2

## Segment: **HD** Health Coverage

**Position:** 260  
**Loop:** 2300 Optional  
**Level:** Detail  
**Usage:** Optional  
**Max Use:** 1  
**Purpose:** To provide information on health coverage  
**Syntax Notes:**

- Semantic Notes:**
- 1 HD06 is the number of collateral dependents for the primary insured. A collateral dependent is a relative related by blood or marriage who resides in the home and is dependent on the employee for support.
  - 2 HD07 is the number of sponsored dependents for the primary insured. A sponsored dependent is a dependent between the ages of 19 and 25 who is not in school.
  - 3 HD09 is a late enrollee indicator. A "Y" value indicates the insured is a late enrollee, which can result in a reduction of benefits; an "N" value indicates the insured is a regular enrollee.
  - 4 HD11 is a prescription drug service coverage indicator. A "Y" value indicates that prescription drug service coverage applies; an "N" value indicates that prescription drug service coverage does not apply.

**Comments:**

**Notes:** Send this segment is REQUIRED when enrolling a new member or when adding, updating or removing coverage from an existing member. Example:  
 HD\*021\*\*HLT\*PLAN A BCD\*FAM~

### Data Element Summary

Ref.	Data Element	Name	Attributes
M	HD01	875 Maintenance Type Code	M ID 3/3
		Code identifying the specific type of item maintenance. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.	
		001	Change
		002	Delete
			Use this code for deleting an incorrect coverage record.
		021	Addition
		024	Cancellation or Termination
			Use this code for cancelling/terminating a coverage.
		025	Reinstatement
			To place in force again, without the usual probationary or service period, a group contract or an individual's group insurance that for some reason has terminated
		026	Correction
			This code is used to correct an incorrect record.
		030	Audit or Compare

South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide

Version 1.2

032 Employee Information Not Applicable

Certain situations such as military duty and CHAMPUS classify the subscriber ineligible for coverage or benefits. However, dependents of the subscriber are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents

Certain situations, such as military duty and CHAMPUS, classify the subscriber as ineligible for coverage or benefits. However, dependents of the subscribers are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents.

**M HD03 1205 Insurance Line Code M ID 2/3**

Code identifying a group of insurance products. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary.

AG Preventative Care/Wellness

AH 24 Hour Care

AJ Medicare Risk

AK Mental Health

DCP Dental Capitation

This identifies a Dental managed care organization (DMO).

DEN Dental – Value supplied on PEBA Dental file.

EPO Exclusive Provider Organization

HE Hearing

HLT Health

HMO Health Maintenance Organization An organization that provides a wide

range of

comprehensive health care services for a specified group at a fixed periodic payment

LTC Long-Term Care

A plan that provides a specified dollar benefit or more commonly a percent of expenses charged if a covered person suffers a loss of functional capacity due to an accidental injury or sickness

LTD Long-Term Disability

A plan that provides a source of monthly income for covered employees who are unable to work because of total disability; benefits are payable for a period of 5 to 10 years, or more commonly to the employee's normal age of retirement

MM Major Medical

MOD Mail Order Drug

PDG Prescription Drug

POS Point of Service

PPO Preferred Provider Organization

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

Version 1.2

STD	Short-Term Disability A plan that provides a source of income for covered employees who are unable to work because of disability; benefits are payable for a period of 13, 26, or 52 weeks
UR	Utilization Review A committee of professionals in the medical field who review cases involving extended duration of hospitalization and patterns of care in order to establish guidelines in terms of actual medical necessity; their review will also include the efficiency of institutional use, the appropriateness of admission, services ordered and provided, length of stay, and discharge practices
VIS	Dental

**HD04      1204      Plan Coverage Description      O AN 1/50**

A description or number that identifies the plan or coverage information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element in the contract. Use this element when additional information is needed by the insurer to

**HD05      1207      Coverage Level Code      O ID 3/3**

Code indicating the level of coverage being provided for this insured transmitted when such transmission is required under the insurance contract between the sponsor and payer and allowed by federal and state regulations. This element is NOT USED when the member identified in the related INS segment is not the subscriber. See section 2.7, "Coverage Levels and Dependents", for additional information. While the list presented in this table is exhaustive, PEBA does not currently utilize all values of this code and reserves the right to add valid codes to its 834 files when necessary. This data should only be

CHD	Children Only
DEP	Dependents Only
E1D	Employee and One Dependent For this code, the dependent is a non-spouse dependent. This code is not used for identification of Employee and Spouse. See code ESP.
E2D	Employee and Two Dependents
E3D	Employee and Three Dependents
E5D	Employee and One or More Dependents
E6D	Employee and Two or More Dependents
E7D	Employee and Three or More Dependents
E8D	Employee and Four or More Dependents
E9D	Employee and Five or More Dependents
ECH	Employee and Children
EMP	Employee Only
ESP	Employee and Spouse
FAM	Family
IND	Individual
SPC	Spouse and Children
SPO	Spouse Only
TWO	Two Party

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**DTP Health Coverage Dates**

270

2300 Optional

Detail

**Usage:** Optional (Required By PEBA)

**Max Use:** 10

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** This segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage or line of business. PEBA will communicate...

Example: DTP\*348\*D8\*19961001~

**Data Element Summary**

Ref.	Data			Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>		
M	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both date and time	
		303	Maintenance Effective	
			Date on which the maintenance is effective	
			This is the effective date of a change where a member's coverage is not being added or removed.	
		348	Benefit Begin	
			Date on which the subscriber's or dependent's benefit begin	
			This is the effective date of coverage. This code should always be sent when adding coverage.	
		349	Benefit End	
			Date on which the subscriber's or dependent's benefit ends	

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

This is the date the coverage specified in the 2300 loop is being terminated. Termination of specified coverage is identified by HD01 code 024 - Cancellation or Termination. This code should always be sent when removing coverage from a member. This code should not be used when a member is terminating all eligible coverage.

543 Last Premium Paid Date

M DTP02 1250 **Date Time Period Format Qualifier** M ID 2/3  
Code indicating the date format, time format, or date and time format

D8 Date Expressed in Format CCYYMMDD

M DTP03 1251 **Date Time Period** M AN 1/35  
Expression of a date, a time, or range of dates, times or dates and times

**COB Coordination of Benefits**

400  
2320 Optional  
Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To supply information on coordination of benefits

**Syntax Notes:**

**Semantic Notes:** 1 COB02 is the policy number.

**Comments:**

**Notes:** Use this loop whenever an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. Always provide this information when provided to the sponsor. Provide the COB information by individual, not by subscriber.

Send this data when such transmission is required under the insurance contract between the sponsor and the payer.

**Data Element Summary**

<u>Ref.</u>	<u>Data</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u> <u>Name</u>	
COB01	1138 Payer Responsibility Sequence Number Code	O ID 1/1

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

Code identifying the insurance carrier's level of responsibility for a payment of a claim

P	Primary
S	Secondary
T	Tertiary
U	Unknown

**COB02 127 Reference Identification O AN 1/30**

Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier  
Always supply the policy number when it is available.

**COB03 1143 Coordination of Benefits Code O ID 1/1**

Code identifying whether there is a coordination of benefits

1	Coordination of Benefits
	A method of integrating benefits payable under more than one group health insurance plan so that the insured's benefits from all sources do not exceed 100 percent of the allowable medical expenses
5	Unknown
6	No Coordination of Benefits

Use this code to verify that it was determined that there is no COB.

**N1 Other Insurance Company Name**

410

2320 Optional

Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To identify a party by type of organization, name, and code

- Syntax Notes:**
- 1 At least one of N102 or N103 is required.
  - 2 If either N103 or N104 is present, then the other is required.

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**Semantic Notes:**

**Comments:** 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.

2 N105 and N106 further define the type of entity in N101.

**Notes:** Use this segment to send the name of the insurance company when provided to the sponsor.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>	
M	N101	98 <b>Entity Identifier Code</b> Code identifying an organizational entity, a physical location, property or an individual IN Insurer	M ID 2/3
S	N102	93 <b>Name</b> Free-form name Send the insurance company name if no standard identifier is available to pass in N104.	X AN 1/60
S	N103	66 <b>Identification Code Qualifier</b> Code designating the system/method of code structure used for Identification Code (67) Send when required by X12 syntax. FI Federal Taxpayer's Identification Number NI National Association of Insurance Commissioners (NAIC) Identification XV Health Care Financing Administration National Payer Identification Number (PAYERID) Required if the National Payer ID is mandated for use. Otherwise, one of the other listed codes may be used.	X ID 1/2
S	N104	67 <b>Identification Code</b> Code identifying a party or other code Use the National Payer ID until that ID is available the Federal Tax ID should be used.	X AN 2/80



Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

Send when supplied by the employee to the sponsor.

**DTP Coordination of Benefits Eligibility Dates**

450

2320 Optional

Detail

**Usage:** Optional

**Max Use:** 2

**Purpose:** To specify any or all of a date, a time, or a time period

**Syntax Notes:**

**Semantic Notes:** 1 DTP02 is the date or time or period format that will appear in DTP03.

**Comments:**

**Notes:** This segment contains the dates for which coordination of benefits is in effect. Send the eligibility date when provided to the sponsor.

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
	<b><u>Des.</u></b>	<b><u>Element Name</u></b>	
M	DTP01	374 <b>Date/Time Qualifier</b>	M ID 3/3
		Code specifying type of date or time, or both date and time	
		344 Coordination of Benefits Begin	
		Date on which Coordination of Benefits begin	
		345 Coordination of Benefits End	
		Date on which Coordination of Benefits end	
M	DTP02	1250 <b>Date Time Period Format Qualifier</b>	M ID 2/3
		Code indicating the date format, time format, or date and time format	
		D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251 <b>Date Time Period</b>	M AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times	

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**GE Functional Group Trailer**

688

Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To indicate the end of a functional group and to provide control information

**Syntax Notes:**

**Semantic Notes:** 1 The data interchange control number GE02 in this trailer must be identical to the same data element in the associated functional group header, GS06.

**Comments:** 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.

**Notes:** GE\*1\*1~

**Data Element Summary**

<b>Ref.</b>	<b>Data</b>	<b>Attributes</b>
<b>Des.</b>	<b>Element Name</b>	
M	97 <b>Number of Transaction Sets Included</b>	M N0 1/6
	Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	
M	28 <b>Group Control Number</b>	M N0 1/9
	Assigned number originated and maintained by the sender	

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**IEA Interchange Control Trailer**

689

Detail

**Usage:** Optional

**Max Use:** 1

**Purpose:** To define the end of an interchange of zero or more functional groups and interchange related control segments

**Syntax Notes:**

**Semantic Notes:**

**Comments:**

**Notes:** IEA\*1\*000000905~

**Data Element Summary**

	<b>Ref.</b>	<b>Data</b>		<b>Attributes</b>
	<b>Des.</b>	<b>Element Name</b>		
M	IEA01	I16	<b>Number of Included Functional Groups</b> A count of the number of functional groups included in an interchange	M N0 1/5
M	IEA02	I12	<b>Interchange Control Number</b> A control number assigned by the interchange sender	M N0 9/9

Version 1.2

**Segment:**

**Position:**

**Loop: Level:**

**SE Transaction Set Trailer**

690

Detail

**Usage:** Mandatory

**Max Use:** 1

**Purpose:** To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

**Syntax Notes:**

**Semantic Notes:**

**Comments:** 1 SE is the last segment of each transaction set.

**Notes:** Example: SE\*39\*0001~

**Data Element Summary**

<b>Ref.</b>	<b>Des.</b>	<b>Data Element Name</b>	<b>Attributes</b>
M	SE01	96 Number of Included Segments	M N0 1/10
		Total number of segments included in a transaction set including ST and SE segments	
M	SE02	329 Transaction Set Control Number	M AN 4/9
		Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
		The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research. For example, start with the number 0001 and increment from there. This number must be unique within a specific group and interchange, but the number can repeat in other groups and interchanges.	

Version 1.2

## Appendix 1 - REF Segment Lookups and Decodes

### ***State Group Numbers***

A01 – Z99	Stage agencies
G01 – G99, T01 – T99, Y080000 – Y990000	Other entities
5000000 – 5990000	School Districts
7000000 – 7999999	Local Subdivisions (LSD)
1000000	*R,C,S from State agency
2000000	*R,C,S from School District
4000000	*R,C,S from LSD

### ***Subscriber Types***

AR	Active subscriber
VH	Variable Hour subscriber
NP	Non-Permanent FT sub
FS	Former Spouse
RR	Retired subscriber
RBI	Buy-in Retiree
R05	5 – 10 year retiree
R25	25 year retiree
R15	15-25 Partially funded
SRR	Survivor
RPF	Partially funded survivor
SRF	Funded Survivor
C18	Cobra 18 month
C29	Cobra waiting Disability
C36	Cobra 36 month
F18	FS Cobra 18 months
F29	FS Cobra 29 months
F36	FS Cobra 26 months

**South Carolina Public Employee Benefit Authority  
834 Dental Companion Guide**

**Version 1.2**

***Plan Type***

BB	State Health Plan
BC	Medicare Supplement
BD	Savings Plan
BP	MUSC

***Plan Categories***

1	Subscriber only
2	Subscriber and Spouse
3	Subscriber and Child(ren)
4	Full Family
5	Child only

\*R,C,S = Retirees, Cobras and Survivors