

Service Request # 80919

Purpose

The purpose of this document is to request that data elements associated with DepCare and HCRA information be captured for display in the History data base.

Background

SHPS frequently requests historical information regarding DepCare/HCRA enrollments or deductions. Campuses must manually reconstruct this information because it is not contained in the History data base. Therefore, campuses have requested that PPS be modified to include historical data regarding these plans in the History data base.

Requested Changes

Currently, the DepCare/HCRA annual amount, monthly amount, effective date, and termination date are not captured for history processing. It is requested that the history process be modified to capture the DepCare/HCRA data for history processing and displayed on a history screen.

The DepCare/HCRA data elements are displayed below:

<u>Data Element Name</u>	<u>Data Element Number</u>
DepCare Annual	6335U
DepCare Monthly	6335G
Effective Date	7335E
Termination Date	0315
HCRA Annual	6338U
HCRA Monthly	6338G
Effective Date	7338E
Termination Date	0314

Screens

Screen samples will be provided when it is determined which HDB tables will carry the DepCare/HCRA information.

Summary of UC Benefits Enrollment (IDOC)

The IDOC for Benefits Enrollment should be modified to include the coverage effective date and the coverage end dates for both DepCare/HRCA. Please note that the annual amount and monthly contribution are already displayed. Attached is a copy of the IDOC displaying the suggested placement and format of these data elements.

Service Request # 80919

HEALTH AND WELFARE BENEFIT ENROLLMENT INFORMATION

You are enrolled in the following health and welfare plans:

- * Kaiser North
Family Coverage
Coverage Effective date: 01/01/90
Your monthly cost for this coverage is: \$ 74.92
Your contribution base is: 117

- * Delta Dental
W/Adult Coverage
Coverage Effective date: 01/01/90
Your monthly cost for this coverage is: \$ 0.00

- * Vision Services Plan
W/Adult Coverage
Coverage Effective date: 01/01/90
Your monthly cost for this coverage is: \$ 0.00

- * ARAG Legal Plan
Family Coverage
Coverage Effective date: 01/01/04
Your monthly cost for this coverage is: \$ 12.73

The following family members are enrolled:

Name	Relationship	Enrolled/Effective Date/End				
Date						
No.	Birthdate	Sex	Social Sec.No.	Medical	Dental	Vision
Legal						

S1 POWERS	Spouse			Yes	Yes	Yes
Yes						
01	02/02/42	Female	543-76-8091	01/01/93	01/01/93	01/01/93
01/01/04						

C1 POWERS	Child			Yes	No	No
Yes						
02	10/09/82	Female	489-03-9281	02/01/00		
01/01/04						

C2 POWERS	Child-Disabled			Yes	No	No
No						
03	12/28/51	Male	489-02-8048	02/01/00		

(It is your responsibility to ensure that all family members meet UC eligibility requirements. Contact your campus Benefit Representative for more information.)

Additionally, you are enrolled in the following:

- * Accidental Death & Dismemberment Insurance
Your coverage type is: Modified Family Plan
Amount of Coverage: \$ 200,000.00

June 23, 2004

Service Request # 80919

Coverage Effective Date: 01/01/90

Your monthly cost for this coverage is: \$ 4.40

- * Short Term Disability Insurance
- * Supplemental Disability Insurance
 - Waiting period: 7 days
 - Salary Base: \$ 9750.00
 - Coverage Effective Date: 02/01/04
 - Your monthly cost for this coverage is: \$ 114.08
- * Basic Life Insurance in the amount of \$ 50,000.00
- * Supplemental Life Insurance
 - Plan Type: 3 times your most recent January 1 Annual Salary Base
 - Annual Salary Base: \$ 117,000.00
 - Coverage Effective Date: 01/09/00
 - Your monthly cost for this coverage is: \$ 438.75
- * Dependent Care Assistance Program
 - You have signed up for a \$ 4800.00 annual payment
 - Your monthly pre-tax contribution is: \$ 400.00
 - ⇒ Coverage Effective Date: xx/xx/xx Coverage End Date: xx/xx/xx
- * Health Care Reimbursement Account
 - You have signed up for a \$ 4800 annual amount
 - Your monthly pre-tax contribution is: \$ 400.00
 - ⇒ Coverage Effective Date: xx/xx/xx Coverage End Date: xx/xx/xx

You are participating in the Executive Life Insurance Plan for 2 times your most recent January 1 annual salary.

You are participating in the Tax Savings on Insurance Premium (TIP) Plan. Any premiums you pay as an employee for health will be on a pre-tax basis.

June 23, 2004