

The ASC X12 Standards for Electronic Data Interchange  
 Technical Report Type 3-Benefit Enrollment and  
 Maintenance (834), August 2006, ASC X12N/005010X220  
 TN 834 - Field

Field	Data Type	Length	Sending Data Format	STTN Description	Comments
	Standard 834			NULL ()	
[REF_OF_02]	Standard 834			Edison ID (Employee ID)	Will be present on all records. This represents the Head of Contract (HOC)
	Standard 834			NULL ()	
	Standard 834			NULL ()	
[NM1_IL_09]	Standard 834			SSN	This is individual SSN
	Standard 834			NULL ()	
[NM1_IL_04]	Standard 834			First name	
[NM1_IL_05]	Standard 834			Middle name	
[NM1_IL_03]	Standard 834			Last name	
[DMG_02]	Standard 834			Birth Sequence Number	
[DMG_03]	Standard 834			Gender Code	
[INS_02]	Standard 834			Individual Relationship	
[DMG_04]	Standard 834			Marital Status Code	
[N3_01]	Standard 834			Address Information	<b>See note below*</b>
[N3_02]	Standard 834			Address Information	<b>See note below*</b>
[N4_01]	Standard 834			City Name	<b>See note below*</b>
[N4_03]	Standard 834			Postal Code	Substring first 5 characters - <b>See note below*</b>

[N4_03]	Standard 834	Postal Code	Substring last 4 characters - <b>See note below*</b>
[N4_02]	Standard 834	State	<b>See note below*</b>
[N4_04]	Standard 834	NULL ()	Will Default to US
[DMG_05]	Standard 834	Race or Ethnicity Code	
[PER_04]	Standard 834	Communication Number	No dashes, numbers only
[PER_06]	Standard 834	Communication Number	No dashes, numbers only
[PER_08]	Standard 834	Communication Number	No dashes, numbers only
	Standard 834	NULL ()	
	Standard 834	NULL ()	
[LUI_02]	Standard 834	Language Code	
[DTP_348_03]	Standard 834	348 - Health Coverage Begin Date	
[DTP_349_03]	Standard 834	349 - Health Coverage End Date	349 loop will only be present when end date exists. Otherwise, eligibility is open-ended(default 12/31/9999)
[HD_05]	Standard 834	Benefit Plan	
[INS_08]	Standard 834	Employment Status Code	
	Standard 834	NULL ()	N/A
	Standard 834	NULL ()	N/A
	Standard 834	NULL ()	N/A
	Standard 834	NULL ()	N/A
	Standard 834	NULL ()	N/A



	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
1	Relationship Code				Marital Status Code			Employee Status Code			Benefit Plan [HD_04]				
2	Member ID	Member Description			Marital ID	Marital Description		Status ID	Status Description		Plan	Descr		Benefit Program	
3	01	Spouse			W	Widowed		FT	Full time active employee		PPLV1E	PPO Limited BCBS East		CSA	
4	09	Adopted Child			R	Unknown		TE	Terminated		PPLV1M	PPO Limited BCBS Middle		CSO	
5	10	Foster Child			I	Single		L1	Leave of Absence		PPLV1W	PPO Limited BCBS West		FIR	
6	17	Stepson or Stepdaughter			M	Married		RT	Retired		PPLV3E	PPO Limited Cigna East		FML	
7	18	Self			U	Head Of Household					PPLV3M	PPO Limited Cigna Middle		GA1	
8	19	Child			S	Separated					PPLV3W	PPO Limited Cigna West		GA2	
9	23	Sponsored Dependent			D	Divorced					PPPV1E	Partnership PPO BCBS East		GA3	
10	25	Ex-Spouse			U	Common-Law					PPPV1M	Partnership PPO BCBS Middle		HED	
11	26	Guardian									PPPV1W	Partnership PPO BCBS West		MSC	
12	31	Court Appointed Guardian									PPPV3E	Partnership PPO Cigna East		OLA	
13	38	Collateral Dependent	See Note below*								PPPV3M	Partnership PPO Cigna Middle		OLC	
14											PPPV3W	Partnership PPO Cigna West		PAR	
15											PPOV1E	Standard PPO BCBS East		PTN	
16											PPOV1M	Standard PPO BCBS Middle		PTP	
17		* The Relationship of '38' denotes a Child claimed on Income Tax (CT) or Child Intended to be claimed on Income Tax (CI).										PPOV1W	Standard PPO BCBS West		RCS
18											PPOV3E	Standard PPO Cigna East		RG1	
19											PPOV3M	Standard PPO Cigna Middle		RG2	
20											PPOV3W	Standard PPO Cigna West		RG3	
21											WHSV1E	Wellness HealthSav BCBS East		RGF	
22											WHSV1M	Wellness HealthSav BCBS Middle		RSS	
23											WHSV1W	Wellness HealthSav BCBS West		RTE	
24											WHSV3E	Wellness HealthSav Cigna East		SUR	
25											WHSV3M	Wellness HealthSav Cigna Mid		TEA	
26											WHSV3W	Wellness HealthSav Cigna West		WCP	
27											WHHV1E	Wellness HlthSav HE BCBS East		ASA	
28											WHHV1M	Wellness HlthSav HE BCBS Middle		ASL	
29											WHHV1W	Wellness HlthSav HE BCBS West		ASM	
30											WHHV3E	Wellness HlthSav HE Cigna East		ASO	
31											WHHV3M	Wellness HlthSav HE Cigna Mid		ASP	
32											WHHV3W	Wellness HlthSav HE Cigna West		PAA	
33											HSV1E	HealthSavings BCBS East		PTA	
34											HSV1M	HealthSavings BCBS Middle		RAS	
35											HSV1W	HealthSavings BCBS West			
36											HSV3E	HealthSavings Cigna East			
37											HSV3M	HealthSavings Cigna Middle			
38											HSV3W	HealthSavings Cigna West			
39											HSIV1E	HealthSavings INS BCBS East			
40											HSIV1M	HealthSavings INS BCBS Middle			
41											HSIV1W	HealthSavings INS BCBS West			
42											HSIV3E	HealthSavings INS Cigna East			
43											HSIV3M	HealthSavings INS Cigna Middle			
44											HSIV3W	HealthSavings INS Cigna West			
45											MEDSUP	Medicare Supplement			
46											MSDUAL	Medicare Supplement - Dual Service			
47											BVIS	Basic Vision			
48											EVIS	Expanded Vision			
49											PDON	Dental Preferred Provider			
50											PDRN	Dental Preferred Provider Ret			
51											PPDN	Pre-Paid			
52											PPRN	Pre-Paid Retiree			
53											EAP	Employee Assistance Program			

	O	P	Q	R	S
1	Benefit Program [REF_1L]			Coverage Code [HD_05]	
2	Benefit Program Description	Insurance Group (used for reporting entity)	Coverage Code	Coverage Code Description	
3	Central State Active	State	EMP	Employee Only	
4	Central State Out of State	State	FAM	Family	
5	Full Time Irregular Officer Cd	State	ESP	Employee plus Spouse	
6	FML Benefits Billing	State	ECH	Employee + Child(ren)	
7	Local Gov Active Prem Level 1	Local Gov	SPO	Spouse Only	
8	Local Gov Active Prem Level 2	Local Gov	IND	Dependent Only	
9	Local Gov Active Prem Level 3	Local Gov	DEP	Multiple Dependents Only	
10	Higher Education	State	CHD	Children Only	
11	Limited Term (i.e. Legislators)	State	SPC	Spouse + Children	
12	Offline Actives	State			
13	Offline Closed	State			
14	Part Time Non-1450 Hours	State			
15	Local Education 25 Hours	Local Ed			
16	Part Time 1450 Hours	State			
17	Retiree Central State	State			
18	Local Gov Retiree Prem Level 1	Local Gov			
19	Local Gov Retiree Prem Level 2	Local Gov			
20	Local Gov Retiree Prem Level 3	Local Gov			
21	Retiree Grandfathered	State			
22	Loc Ed Retiree Support Staff	Local Ed			
23	Loc Ed Retiree Teacher	Local Ed			
24	Survivor Benefit Program	State			
25	Local Education	Local Ed			
26	Worker's Compensation	State			
27	ASD Central State Active	Local Ed			
28	ASD FMLA Benefits Billing	Local Ed			
29	ASD Central State Limited Term	Local Ed			
30	ASD Central State Out of State	Local Ed			
31	ASD Worker's Compensation	Local Ed			
32	ASD Part Time Non-1450 Hours	Local Ed			
33	ASD Part Time 1450 Hours	Local Ed			
34	ASD Retiree Central State	State			
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**Dependent Only Coverage**

Head of Contact records indicating Dependent Only coverage shall be identified by the below Coverage Codes:

- SPO            Spouse Only
- IND            Dependent Only
- TWO           2 Dependent Coverage
- DEP           Multiple Dependents Only
- CHD           Children Only
- SPC           Spouse + Children

**Relationship Codes**

The below relationship codes are considered to be valid codes for the corresponding relationship.

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<u>Employee</u>	18
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<u>Spouse</u>	01
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<u>Dependent</u>	19
	09
	10
	23
	38

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**Enrollment Status Codes**

All Enrollment Status Codes shall be accepted as valid.