

# SHBP Deduction File Layout

## Detail Record

Field #	Field Name	Data Type	Start	End	Width	Required	Justify	Pad	Comments
1	Payroll location	Numeric	1	5	5	Yes	Left	Space	Payroll Location
2	Record Type	Alpha	6	9	4	Yes	Left	Space	HARDCODED as: SHBP
3	Employee SSN	Numeric	10	18	9	Yes	Left	Space	Employee SSN
4	Employee ID	Alpha	19	30	12	No	Left	Space	(Blank)
5	Last name	Alpha	31	65	35	Yes	Left	Space	Employee last name
6	First name	Alpha	66	90	25	Yes	Left	Space	Employee first name
7	Middle name	Alpha	91	115	25	No	Left	Space	Employee middle name
8	Prefix	Alpha	116	125	10	No	Left	Space	(Blank)
9	Suffix	Alpha	126	135	10	No	Left	Space	(Blank)
10	Street Address 1	Alpha	136	190	55	Yes	Left	Space	Employee street address 1
11	Street Address 2	Alpha	191	245	55	Yes	Left	Space	Employee street address 2
12	City	Alpha	246	275	30	Yes	Left	Space	Employee city
13	State	Alpha	276	277	2	Yes	Left	Space	Employee state
14	Postal Code	Numeric	278	292	15	Yes	Right	Zero	Employee postal code
15	County of residence	Alpha	293	307	15	Yes	Left	Space	Employee county
16	Country	Alpha	308	310	3	Yes	Left	Space	Employee country
17	Phone number	Numeric	311	330	20	Yes	Right	Zero	Employee phone
18	Date of birth	Date	331	338	8	Yes	Right	Zero	Employee birthdate
19	Sex	Alpha	339	339	1	Yes	Left	Space	Employee gender
20	Unit/School code	Numeric	340	354	15	Yes	Right	Zero	Employee unit/school code
21	County of employment	Alpha	355	369	15	Yes	Left	Space	Employee county
22	SHBP eligible	Alpha	370	370	1	Yes	Left	Space	HARDCODED as: 'Y'
23	Retirement system	Numeric	371	375	5	No	Right	Zero	0 filled
24	Hire Date	Date	376	383	8	No	Right	Zero	0 filled
25	Deduction date	Date	384	391	8	Yes	Right	Zero	This date will be the 15th of the month prior to the coverage effective start date
26	Coverage effective date	Date	392	399	8	Yes	Right	Zero	Effective start date of coverage
27	Coverage end date	Date	400	407	8	Yes	Right	Zero	Effective end date of coverage
28	Option	Alpha	408	409	2	Yes	Left	Space	<b>See Reference Data</b>
29	Type/Tier	Alpha	410	411	2	No	Left	Space	<b>See Reference Data Blank when coverage is cancelling</b>
30	Premium (Employee portion)	Numeric	412	417	6	Yes	Right	Zero	Implied decimal
31	Premium Sign Character	Alpha	418	418	1	No	Left	Space	(Blank)
32	Deduction amount	Numeric	419	424	6	No	Right	Zero	0 filled
33	Deduction Sign Character	Alpha	425	425	1	No	Left	Space	(Blank)
34	Subsidized amount	Numeric	426	431	6	No	Right	Zero	0 filled
35	Subsidized Sign Character	Alpha	432	432	1	No	Left	Space	(Blank)
36	Date of death	Date	433	440	8	No	Right	Zero	0 filled
37	Employment End Date/Date of Last Deduction	Date	441	448	8	No	Right	Zero	0 filled
38	Insufficient earnings for deduction	Alpha	449	449	1	No	Left	Space	0 filled
39	Employee Status	Alpha	450	450	1	No	Left	Space	(Blank)
40	SSN of retiree (if ENSD or ENSS)	Numeric	451	459	9	No	Right	Zero	0 filled
41	Monthly Salary	Numeric	460	466	7	No	Right	Zero	0 filled
42	Hours scheduled per week	Numeric	467	470	4	No	Right	Zero	0 filled
43	Payroll Frequency	Alpha	471	471	1	No	Right	Zero	0 filled
44	Email	Alpha	472	599	128	No	Left	Space	(Blank)
45	Ethnicity	Alpha	600	600	1	No	Left	Space	(Blank)
46	Primary Language	Alpha	601	655	55	No	Left	Space	(Blank)

# Data Mapping Reference Guide

TYPE/TIER	
Tier Criteria	Map To
Employee	10
Retiree only > 65 with no part B	12
Retiree with part B	15
Retiree < 65 with no Part B with Child(ren) with Part B	23
Retiree with Part B & Child(ren)	27
Retiree with Part B & Child(ren) with Part B	28
Retiree > 65 with no Part B & Child(ren)	29
Retiree & Spouse both > 65 no Part B & Child(ren)	33
Retiree & Spouse 1 < 65 & 1 > 65 no Part B & Child(ren)	35
Retiree & Spouse 1 Part B only & 1 No part B & Child(ren) with Part B	38
Retiree & Spouse both with Part B with Child(ren)	39
Employee with Tobacco Surcharge	40
Retiree & Spouse both with Part B with Child(ren) with Part B	43
Retiree & Spouse both < 65 with Child(ren) with part B	49
Retiree > 65 with no Part B & Child(ren) with Part B	53
Retiree & Spouse 1 < 65 & 1 with Part B & Child(ren)	54
Retiree & Spouse 1 Part B only & 1 No part B & Child(ren)	59
Retiree & Spouse 1 < 65 & 1 with Part B & Child(ren) with Part B	63
Retiree & Spouse both > 65 no Part B & Child(ren) with Part B	64
Retiree & Spouse 1 < 65 & 1 > 65 no Part B & Child(ren) with Part B	65
Retiree < 65 and Child(ren) some children with Part B	69
Retiree & Spouse both < 65 with Child(ren) some children with Part B	70
Retiree & Spouse 1 < 65 & 1 with Part B	83
Retiree & Spouse both > 65 no Part B	84
Retiree & Spouse 1 < 65 & 1 > 65 no Part B	85
Retiree & Spouse 1 Part B only & 1 No part B	86
Retiree & Spouse both with Part B	87
Employee & Spouse only	90
Employee & Spouse w/Tobacco Surcharge	91
Employee & Child(ren) only	94
Employee & Child(ren) w/Tobacco Surcharge	95
Employee & Spouse & Child(ren)	96
Employee & Spouse & Child(ren) w/Tobacco Surcharge	97

OPTION			
DESCRIPTION	MEDICAL	DEPMEDICAL	MAP TO
ANTHEM GOLD	MEDICAL-B1	DEPMEDICAL-WAIVE	B1
ANTHEM SILVER	MEDICAL-B2	DEPMEDICAL-WAIVE	B2
ANTHEM BRONZE	MEDICAL-B3	DEPMEDICAL-WAIVE	B3
TRICARE	MEDICAL-88	DEPMEDICAL-WAIVE	88
NO COVERAGE	MEDICAL-WAIVE	DEPMEDICAL-WAIVE	NC
ANTHEM HMO	MEDICAL-B6	DEPMEDICAL-WAIVE	B6
KAISER HMO	MEDICAL-K1	DEPMEDICAL-WAIVE	K1
UHC HMO	MEDICAL-H1	DEPMEDICAL-WAIVE	H1
UHC HDHP	MEDICAL-H2	DEPMEDICAL-WAIVE	H2
UHC MA PREMIUM	MEDICAL-H3	DEPMEDICAL-WAIVE	H3
UHC MA STANDARD	MEDICAL-H4	DEPMEDICAL-WAIVE	H4
RETIREE UHC HMO, DEPENDENT UHC MA PREMIUM	MEDICAL-H2	DEPMEDICAL-H3	1H
RETIREE UHC MA PREMIUM, DEPENDENT UHC HMO	MEDICAL-H3	DEPMEDICAL-H1	9H
RETIREE UHC HMO, DEPENDENT UHC MA STANDARD	MEDICAL-H1	DEPMEDICAL-H4	2H
RETIREE UHC MA STANDARD, DEPENDENT UHC HMO	MEDICAL-H4	DEPMEDICAL-H1	H0
RETIREE UHC HDHP, DEPENDENT UHC MA PREMIUM	MEDICAL-H2	DEPMEDICAL-H3	3H
RETIREE UHC MA PREMIUM, DEPENDENT UHC HDHP	MEDICAL-H3	DEPMEDICAL-H2	0H
RETIREE UHC HDHP, DEPENDENT UHC MA STANDARD	MEDICAL-H2	DEPMEDICAL-H4	4H
RETIREE UHC MA STANDARD, DEPENDENT UHC HDHP	MEDICAL-H4	DEPMEDICAL-H2	U1
RETIREE KAISER HMO, DEPENDENT UHC MA STANDARD	MEDICAL-K1	DEPMEDICAL-H4	K2
RETIREE UHC MA STANDARD, DEPENDENT KAISER HMO	MEDICAL-H4	DEPMEDICAL-K1	U2
RETIREE KAISER HMO, DEPENDENT UHC MA PREMIUM	MEDICAL-K1	DEPMEDICAL-H3	K3

**OPTION**

DESCRIPTION	MEDICAL	DEPMEDICAL	MAP TO
RETIREE UHC MA PREMIUM, DEPENDENT KAISER HMO	MEDICAL-H3	DEPMEDICAL-K1	H5
RETIREE ANTHEM GOLD, DEPENDENT UHC MA STANDARD	MEDICAL-B1	DEPMEDICAL-H4	B9
RETIREE UHC MA STANDARD, DEPENDENT ANTHEM GOLD	MEDICAL-H4	DEPMEDICAL-B1	H6
RETIREE ANTHEM GOLD, DEPENDENT UHC MA PREMIUM	MEDICAL-B1	DEPMEDICAL-H3	B0
RETIREE UHC MA PREMIUM, DEPENDENT ANTHEM GOLD	MEDICAL-H3	DEPMEDICAL-B1	5H
RETIREE ANTHEM SILVER, DEPENDENT UHC MA STANDARD	MEDICAL-B2	DEPMEDICAL-H4	7B
RETIREE UHC MA STANDARD, DEPENDENT ANTHEM SILVER	MEDICAL-H4	DEPMEDICAL-B2	H7
RETIREE ANTHEM SILVER, DEPENDENT UHC MA PREMIUM	MEDICAL-B2	DEPMEDICAL-H3	8B
RETIREE UHC MA PREMIUM, DEPENDENT ANTHEM SILVER	MEDICAL-H3	DEPMEDICAL-B2	6H
RETIREE ANTHEM BRONZE, DEPENDENT UHC MA STANDARD	MEDICAL-B3	DEPMEDICAL-H4	9B
RETIREE UHC MA STANDARD, DEPENDENT ANTHEM BRONZE	MEDICAL-H4	DEPMEDICAL-B3	H8
RETIREE ANTHEM BRONZE, DEPENDENT UHC MA PREMIUM	MEDICAL-B3	DEPMEDICAL-H3	0B
RETIREE UHC MA PREMIUM, DEPENDENT ANTHEM BRONZE	MEDICAL-H3	DEPMEDICAL-B3	7H
RETIREE ANTHEM HMO, DEPENDENT UHC MA STANDARD	MEDICAL-B6	DEPMEDICAL-H4	C1
RETIREE UHC MA STANDARD, DEPENDENT ANTHEM HMO	MEDICAL-H4	DEPMEDICAL-B6	H9
RETIREE ANTHEM HMO, DEPENDENT UHC MA PREMIUM	MEDICAL-B6	DEPMEDICAL-H3	C2
RETIREE UHC MA PREMIUM, DEPENDENT ANTHEM HMO	MEDICAL-H3	DEPMEDICAL-B6	8H
ANTHEM MA PREMIUM	MEDICAL-B7	DEPMEDICAL-WAIVE	B7
ANTHEM MA STANDARD	MEDICAL-B8	DEPMEDICAL-WAIVE	B8
ANTHEM MA PREMIUM, DEPENDENT UHC HMO	MEDICAL-B7	DEPMEDICAL-H1	C3
ANTHEM MA STANDARD, DEPENDENT UHC HMO	MEDICAL-B8	DEPMEDICAL-H1	C4
ANTHEM MA PREMIUM, DEPENDENT UHC HDHP	MEDICAL-B7	DEPMEDICAL-H2	C5
ANTHEM MA STANDARD, DEPENDENT UHC HDHP	MEDICAL-B8	DEPMEDICAL-H2	C6
ANTHEM MA STANDARD, DEPENDENT KAISER HMO	MEDICAL-B8	DEPMEDICAL-K1	C7
ANTHEM MA PREMIUM, DEPENDENT KAISER HMO	MEDICAL-B7	DEPMEDICAL-K1	C8
ANTHEM MA STANDARD, DEPENDENT ANTHEM GOLD	MEDICAL-B8	DEPMEDICAL-B1	C9
ANTHEM MA PREMIUM, DEPENDENT ANTHEM GOLD	MEDICAL-B7	DEPMEDICAL-B1	C0
ANTHEM MA STANDARD, DEPENDENT ANTHEM SILVER	MEDICAL-B8	DEPMEDICAL-B2	1C
ANTHEM MA PREMIUM, DEPENDENT ANTHEM SILVER	MEDICAL-B7	DEPMEDICAL-B2	2C
ANTHEM MA STANDARD, DEPENDENT ANTHEM BRONZE	MEDICAL-B8	DEPMEDICAL-B3	3C
ANTHEM MA PREMIUM, DEPENDENT ANTHEM BRONZE	MEDICAL-B7	DEPMEDICAL-B3	4C
ANTHEM MA STANDARD, DEPENDENT ANTHEM HMO	MEDICAL-B8	DEPMEDICAL-B6	5C
ANTHEM MA PREMIUM, DEPENDENT ANTHEM HMO	MEDICAL-B7	DEPMEDICAL-B6	6C
UHC HMO, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-H1	DEPMEDICAL-B7	U3
UHC HMO, DEPENDENT ANTHEM MA STANDARD	MEDICAL-H1	DEPMEDICAL-B8	U4
UHC HDHP, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-H2	DEPMEDICAL-B7	U5
UHC HDHP, DEPENDENT ANTHEM MA STANDARD	MEDICAL-H2	DEPMEDICAL-B8	U6
KAISER HMO, DEPENDENT ANTHEM MA STANDARD	MEDICAL-K1	DEPMEDICAL-B8	K4
KAISER HMO, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-K1	DEPMEDICAL-B7	K5
ANTHEM GOLD, DEPENDENT ANTHEM MA STANDARD	MEDICAL-B1	DEPMEDICAL-B8	7C
ANTHEM GOLD, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-B1	DEPMEDICAL-B7	8C
ANTHEM SILVER, DEPENDENT ANTHEM MA STANDARD	MEDICAL-B2	DEPMEDICAL-B8	9C
ANTHEM SILVER, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-B2	DEPMEDICAL-B7	0C
ANTHEM BRONZE, DEPENDENT ANTHEM MA STANDARD	MEDICAL-B3	DEPMEDICAL-B8	1S
ANTHEM BRONZE, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-B3	DEPMEDICAL-B7	2S
ANTHEM HMO, DEPENDENT ANTHEM MA STANDARD	MEDICAL-B6	DEPMEDICAL-B8	3S
ANTHEM HMO, DEPENDENT ANTHEM MA PREMIUM	MEDICAL-B6	DEPMEDICAL-B7	4S