



Health Compliance

Benefits Import File Specification

Creation Date: **04/18/2013**
Modified Date: **08/18/2016**
Version: **v3.0**

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Document Information

Document Revisions

Version	Date	Author	Description
3.0	08/18/2016	C. Murphy	<Plan> WaitPeriodIndicator element change to Optional.
3.0	06/13/2016	C. Murphy	Additional information added to “Benefits Data Interface” section of the document. <ACAHeader> SourceSystem element added. <ACAHeader> SourceSystemVersion element added. <ACAHeader> SpecVersion element added. <ACAHeader> Environment element added. <ACAHeader> ContactName element added. <ACAHeader> FileType element added. <EmployeeBenefits> EmployeeID element field length changed from 40 to 20. <EmployeeBenefits> Gender element changed to Optional. <Offer> Notes added. <Offer> Description updated for CoverageStartDate element. <Plan> Description updated for EmployeeOnlyCoverageLevel element. <Plan> Description updated for SpouseCoverageAvailable element. <Plan> Description updated for DependentCoverageAvailable element. <Plan> Description updated for SelfInsured element. <Plan> Removed WaivedCoverage element. <Plan> Description updated for MonthlyEmployeeCost element. <Plan> Description updated for MinimumEssentialCoverage element. <Plan> Description updated for MinimumValuePlan element. <SelectedCoverage> Description updated for EventReason element. <SelectedCoverage> Description updated for PlanCode element. <SelectedCoverage> Description updated for CoverageLevelCode element. <SelectedCoverage> Description updated for WaivedCoverage element. <SelectedCoverage> WaiverReasonCode element changed to Conditionally Required. <SelectedCoverage> WaiverReasonDescription changed to Conditionally Required. <SelectedCoverage> CoverageEndDate element change to Conditionally Required. <SelectedCoverage> Description updated for CoverageEndDate element. <DependentCoverage> Description updated for DependentIdentifier element. <DependentCoverage> Removed SSN element. <DependentCoverage> CoverageEndDate element change to Conditionally Required. <DependentCoverage> Description updated for CoverageEndDate element.

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			<DependentIndicative> Description updated for DependentIdentifier element. <DependentIndicative> Relationship element changed to Optional. <DependentIndicative> Description updated for SpouseIndicator element. <DependentIndicative> Removed Status element.
2.52	11/20/2015	C. Murphy	Added test file naming convention
2.51	09/18/2015	J. Cobbett	Expanded max field length from 10 to 64 on the PlanCode element located in the Benefits Offer Data and Benefits Coverage Data sections.
2.5	08/22/2015	J. Cobbett	TransactionDate child element added to Event Offering Data and Benefits Coverage Data elements. Certain Benefits Coverage Data elements updated to be optional when WaivedCoverage flag is set to "Y". WaivedCoverage child element is now deprecated under Benefit Offering Data parent element.
2.41	08/01/2015	J. Cobbett	Moved PlanYearStart and PlanYearEnd elements from the Plan parent element to the Offer parent element.

Benefits Data Interface

Overview

Medical benefits data is required by the ADP Health Compliance system in order to determine any potential penalties. An employer may be subject to Affordable Care Act (ACA) penalties if they do not meet certain thresholds related to benefit eligibility and affordability. **The ADP Health Compliance system uses the data received in the Benefit files for determining whether or not an ACA full-time employee has been offered affordable coverage.**

Data to Include

Only information pertinent to ACA related medical coverage specified in this document is to be included on the file.

ADP recommends sending all Plan Offerings at tier coverage level, for each event (Annual Enrollment, Marriage, Birth of Child, etc.) , that the employee has available to them to enroll in. It is expected that the Offer and Selected Coverage be sent in the same transmission. If the Offer and Selected Coverage cannot be sent in the same transmission, the Offer data must be received prior to the Selected Coverage data for ADP Health Compliance to match the Selected Coverage to the corresponding offer of coverage.

If unable to meet the recommendation above, at a minimum, ADP requires that the Offer contain the lowest cost EE Only Plan/Tier that meets Minimum Essential Coverage (MEC) and Minimum Value Plan (MVP) and the Plan/Tier being passed as the employee's Selected Coverage.

Historical (Initial Load) File

It is expected that clients implementing Affordability for the current plan year include employee plan offering and selected coverage history dating back to the beginning of the plan year, usually corresponding with the Annual Enrollment event. Subsequent changes in eligibility, adding or dropping dependents and/or the addition of new hires, up to the selected evaluation date, are also to be included on the initial load file. All changes for an employee should be nested within the same Employee Benefits node, ordered chronologically by event. Clients implementing Affordability for an upcoming plan year are to begin the transmittal of data upon the trigger of the Annual Enrollment event.

Ongoing Change File

It is expected that on an ongoing basis the Benefits system will provide only records for employee's that experienced a change in eligibility and/or selected coverage. All changes for an employee should be nested within the same Employee Benefits node, ordered chronologically by event. Records should be sent whenever a change occurs, including but not limited to:

- Employee experiences a change in eligibility.

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- Employee is provided an opportunity to enroll in an ACA related medical plan.
- A change in any of the election attributes (e.g., plan cost change, change in attestation).
- A dependent of the employee has a change in coverage (e.g., termination, dependent age out, loss of eligibility).

ADP Health Compliance does not support passive enrollment. Annual Enrollment files, containing all active benefit offers, elections and dependents covered, must be provided for each new plan year.

Frequency of Data

In order to perform accurate eligibility and affordability calculations, as well as annual filings, it is important that the ADP Health Compliance system frequently receives medical benefit related data. It is expected that the Benefits system of record will provide data to the ADP Health Compliance system on a time sensitive schedule. These schedules vary in frequency and cannot be received less frequently than once month in order for ADP to perform affordability calculations.

It is recommended that Benefits systems that produce Full Files transmit on a monthly basis, while systems that produce Change Files transmit weekly.

Loss of Eligibility

If an employee loses eligibility for medical benefits, an Offer should be sent for the event triggering the loss in eligibility, without any plans listed within the offer.

Only the EventReason and EventDate are required in the Offer node for this scenario.

Termination of Coverage

When coverage is terminated, the effective coverage end date shall be provided in the Coverage End Date element under the Selected Coverage parent element. Corresponding dependent coverage shall be terminated using the same effective end date.

To terminate coverage for an employee and all dependents, only the Event Reason, Event Date and CoverageEndDate elements are required in the SelectedCoverage node.

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Removal of Dependents

When terminating coverage for a previously reported dependent, a Selected Coverage record for the employee should be passed with all dependents that are covered, and the Coverage End Date element populated for the dependent losing coverage, identifying the last date that the dependent was covered. It is expected that dependents removed from coverage shall no longer appear on subsequent files.

If terminating coverage for all dependents, but the employee is continuing coverage, a new SelectedCoverage node for the Plan/Coverage Level the employee is covered under can be passed, without the dependents. This will result in all dependent records being end dated as of the EventDate received in the SelectedCoverage node.

If the employee and all covered dependents are terminating coverage, only a SelectedCoverage node, populated with EventDate, EventReason and CoverageEndDate is required.

File Naming Convention

Please reference the SDG transmission summary document provided by the ADP implementation specialist.

Companion Documentation

This is a supplemental document which outlines scenarios, provides schema examples and additional information related to the elements contained in the specification.

File Specification Structure

The ADP Health Compliance system consumes XML files specifically formatted to the specifications below. The XML tree is comprised of parent structure elements and child elements containing supporting attributes/values. Optional elements may contain null values or be excluded from the file completely.

XML Tree Structure:

```
<?xml version="1.0" encoding="utf-8"?>
<ACAEnvelope>
  <ACAHeader>
    <!-- Client Metadata -->
  </ACAHeader>
  <ACABody>
    <EmployeeBenefits>
      <!-- Employee indicative data -->
      <Offer>
        <!-- Offer Metadata -->
        <Plan>
          <!-- Medical plan offer 1 data -->
        </Plan>
        <Plan>
          <!-- Medical plan offer 2 data -->
        </Plan>
      </Offer>
      <SelectedCoverage>
        <!-- Employee medical plan election data -->
        <DependentCoverage>
          <!-- Dependent coverage 1 metadata -->
        </DependentCoverage>
        <DependentCoverage>
          <!-- Dependent coverage 2 metadata -->
        </DependentCoverage>
      </SelectedCoverage>
      <Dependent>
        <!--Dependent indicative 1 data -->
      </Dependent>
    </EmployeeBenefits>
  </ACABody>
</ACAEnvelope>
```

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```

    <Dependent>
      <!--Dependent indicative 2 data -->
    </Dependent>
  </EmployeeBenefits>
</ACAbody>
<ACAFooter>
  <!-- End-file Metadata -->
</ACAFooter>
</ACAEnvelope>
```

Fields Included on the Interface

Header Record(required)

The Header Record element <ACAHeader> contains client metadata used by the ADP Health Compliance system to identify the source of the file.

Element	Description	Req?	Length	Example
COID	The 16 character company GUID assigned by ADP.	Y	16	2FA6CFC739A34284
ClientId	The NetSecure ID assigned by ADP.	N	16	COMPABC
ClientName	Company Name. Client defined value.	N	50	Company ABC
SourceSystem	The name of the system the data is being sent from (examples: SAP, PeopleSoft, Enterprise).	N	100	PeopleSoft
SourceSystemVersion	Name or Version of the source system.	N	100	9.2
SpecVersion	The version of the file spec the extract was coded to.	N	50	3.0
Environment	Source of the data in the file; “Production” or “Test” environment.	N	10	Production
ContactName	Name or UserID of the system or person who ran the export.	N	50	

Employee Indicative Data (required)

The Employee Indicative Data element <EmployeeBenefits> contains indicative employee data as well as applicable medical plan offerings, selected coverage, and dependent indicative information.

Element	Description	Req?	Length	Example
AOID	A unique 16 character GUID assigned to the employee by ADP. ADP Internal Use	N	16	5AF08B78F3C54FEA
EmployeeID	The Employee ID assigned to the employee by the client system of record. If records are matched to HR data using this value, the employee ID needs to be the same value sent from the client's HR and Payroll systems. Client defined value.	N	20	114781
SSN	The social security number of the employee.	Y	11	Format: XXXXXXXXXX (Preferred) Or XXX-XX-XXXX
FirstName	The first name of the employee.	Y	50	Benedict
MiddleName	The middle name of the employee.	N	50	Timothy
LastName	The last name of the employee.	Y	50	Cumberbatch
Gender	The gender of the employee.	N	1	M = Male F = Female

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Element	Description	Req?	Length	Example
				U = Unknown
DOB	The date of birth of the employee.	Y	10	07/19/1976

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Event Offering Data (conditionally required)

The Event Offering Data element <Offer> is required when an employee experiences any change in eligibility or is provided an opportunity to enroll in an ACA related medical plan. These changes are typically associated with, but are not limited to: Qualifying Life Event (QLE), Work Event, or System Event.

*Offers are matched in the Health Compliance system by Event Reason and Event Date. If order to correct data for a previously loaded event, the same Event Reason and Event Date should be sent, with the correct plans available to the employee, so that the previously loaded data will be overwritten by the new file.

Element	Description	Req?	Length	Example
EventReason*	The reason for the event. Client defined value.	Y	50	AnnualEnrollment
EventDate*	The date of the event.	Y	10	01/01/2015
OpportunityToEnrollStartDate	For events with a window duration, the duration start date.	N	10	10/15/2014
OpportunityToEnrollEndDate	For events with a window duration, the duration end date.	N	10	10/31/2014
CoverageStartDate	<p>The date coverage would become effective if elected.</p> <p>If the Coverage Start Date varies by plan, this should be the Coverage Start Date for the lowest cost, employee only coverage that meets the MEC and MVP attestations.</p> <p>This date cannot be prior the event date.</p>	Y	10	01/01/2015
OfferMethod	The method in which the offer was made to the employee.	Y	50	Electronic
PlanYearStartDate	Represents the first day of the plan year.	Y	10	01/01/2015

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Element	Description	Req?	Length	Example
PlanYearEndDate	Represents the last day of the plan year.	Y	10	12/31/2015
TransactionDate	The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence if there are two or more events that occur on the same day for an employee.	Y	29	10/15/2015 02:11:24.158000 PM

Benefits Offer Data (conditionally required)

The Benefits Offer Data element <Plan> is required whenever the parent <Offer> element exists (excluding loss of eligibility). The <Plan> structure element is unbound and nested within the parent <Offer> element. This section contains pertinent medical plan information. Each tier coverage level within the plan must be supplied within its own <Plan> element. For example, your typical medical plan has four tier coverage levels: Employee Only, Employee plus spouse, Employee plus child(ren), and Employee plus family. This would equate to 4 separate Plan elements.

If an employee loses eligibility (including termination), a new <Offer>node and event date needs to be sent, with no plan information nested within it.

Element	Description	Req?	Length	Example
PlanCode	A unique short name for identifying the plan. Client defined value.	Y	64	BCBSOPT1
PlanDescription	The full name of the plan. Client defined value.	Y	100	Blue Cross Blue Shield Option 1
CoverageLevelCode	A unique code for identifying the level of coverage. Client defined value.	Y	20	EEOnly
CoverageLevelDescription	The full name of the coverage level. Client defined value.	Y	100	Employee Only
EmployeeOnlyCoverageLevel	A flag indicating if the plan and coverage level code represents Employee Only coverage. If sending a waived/no coverage plan, this indicator must be "N".	Y	1	Y = Yes N = No

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Element	Description	Req?	Length	Example
SpouseCoverageAvailable	If the spouse can be covered under this medical plan, the flag must be set to “Y” for all coverage levels (including employee only). This includes Domestic Partners.	Y	1	Y = Yes N = No
DependentCoverageAvailable	If dependents can be covered under this medical plan, the flag must be set to “Y” for all coverage levels (including employee only). Dependent indicates children.	Y	1	Y = Yes N = No
SelfInsured	A flag indicating if the plan is a self-insured plan. Y = Yes, it is a self-insured medical plan. N = No, it is not a self-insured medical plan. It is a fully insured medical plan.	Y	1	Y = Yes N = No
MonthlyEmployeeCost	The monthly cost associated to the employee. This cost must correctly reflect the cost to the employee and inclusion/exclusion of, but not limited to: tobacco cost differences, wellness credits, etc, per IRS guidelines.	Y	10	Format: x.xx Examples: 174.68 0.00
MonthlyEmployerCost	The monthly cost associated to the employer.	Y	10	Format: x.xx Examples: 261.92 0.00
MinimumEssentialCoverage	An employer attestation flag to indicate the plan meets Minimum Essential Coverage (MEC) requirements. This flag must be set consistently for all coverage levels within the same plan. If sending a waived/no coverage plan, this indicator must be “N”.	Y	1	Y = Yes N = No
MinimumValuePlan	An employer attestation flag to indicate the plan meets the Minimum Value Plan (MVP) standard.	Y	1	Y = Yes N = No

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Element	Description	Req?	Length	Example
	This flag must be set consistently for all coverage levels within the same plan. If sending a waived/no coverage plan, this indicator must be "N".			
WellnessIndicator	A flag to indicate the plan has a wellness component.	N	1	Y = Yes N = No
WaitPeriodIndicator	A flag to indicate whether the plan has a 90 day or less waiting period.	N	1	Y = Yes N = No
BasePlanActuarialValue	The plans percentage share of total spending on essential benefits.	N	6	84.00

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Benefits Coverage Data (conditional required)

The Benefits Coverage Data element <SelectedCoverage> is required whenever an employee and/or dependent has a change in coverage. When reporting “Waived Coverage” or “Opt-out” elections by the employee, elements marked with a red asterisk * become optional and any values passed within the elements shall be ignored.

It is important to emphasize that selected benefit coverage records must match an existing eligible plan/coverage level offering, either within the same interface file or on a previous offering.

Element	Description	Req?	Length	Example
EventReason	The reason for the event. Client defined value. This is not linked to the offer.	Y	50	AnnualEnrollment
EventDate	The date of the event.	Y	10	01/01/2015 MM/DD/CCYY
PlanCode*	A unique short name for identifying the plan. Client defined value. System must find a matching Plan Code and Coverage Level Code in the offer node of the current file or in the system from a previous load.	Y	64	BCBSOPT1
PlanDescription*	The full name of the plan. Client defined value.	Y	100	Blue Cross Blue Shield Option 1
CoverageLevelCode*	A unique code for identifying the level of coverage. Client defined value. System must find a matching Plan Code and Coverage Level Code in the offer node of the current file or in the system from a previous load.	Y	20	EEOnly
CoverageLevelDescription*	The full name of the coverage level.	Y	100	Employee Only

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Element	Description	Req?	Length	Example
	Client defined value.			
MonthlyEmployeeCost*	The monthly cost of the plan associated to the employee.	Y	10	Format: x.xx Examples: 261.92 0.00
MonthlyEmployerCost*	The monthly cost of the plan associated to the employer.	Y	10	Format: x.xx Examples: 261.92 0.00
WaivedCoverage	A flag indicating that the employee has “Waived” or “Opted-out” of coverage.	Y	1	Y = Yes N = No
WaiverReasonCode	The reason the employee decided to waive coverage or opt out. Required if WaivedCoverage equals “Y”.	CR	2	01 = Public Exchange 02 = Private Coverage 03 = Medicaid Coverage 04 = Medicare Coverage 05 = No Coverage 06 = Unknown
WaiverReasonDescription	The reason description the employee decided to waive coverage or opt out. Required if WaivedCoverage equals “Y”). Client defined value.	CR	100	Unknown
CoverageStartDate	The effective date coverage starts.	Y	10	01/01/2015
CoverageEndDate	The last full day that coverage was effective for the employee. Required when terminating coverage.	CR	10	05/22/2015

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Element	Description	Req?	Length	Example
TransactionDate	The timestamp of which the offer was created in the system of record. This field is used to determine which event takes precedence in the event there are two or more events that occur on the same day for an employee.	Y	29	10/15/2015 02:11:24.158000 PM

Dependent Coverage Data (conditionally required)

The Dependent Coverage Data element <DependentCoverage> is required when a dependent experiences a change in coverage (e.g., added, modified, terminated). The Dependent Coverage element is unbound and nested within the parent <SelectedCoverage> element. Due to this nesting, if coverage for the employee is modified, resulting in an updated <SelectedCoverage> node, a <DependentCoverage> node is required for all covered dependents. The DependentIdentifier element is used to link the dependents coverage record to the dependents indicative data <Dependent>.

Element	Description	Req?	Length	Example
DependentIdentifier	The unique identifier assigned to the dependent by the client system of record. Client defined value. This identifier must match the corresponding field in the <Dependent> record	Y	40	114781-01
CoverageStartDate	The effective start date for dependent coverage.	Y	10	01/01/2015
CoverageEndDate	The last full day that coverage was effective for the dependent. Required when terminating dependent coverage.	CR	10	05/22/2015

Dependent Indicative Data (conditionally required)

The Dependent Indicative Data element <Dependent> is required when the dependent is listed under the Dependent Coverage element <DependentCoverage>.

Element	Description	Req?	Length	Example
DependentIdentifier	The unique identifier assigned to the dependent by the client system of record. Client defined value. This identifier must match the corresponding field in the <DependentCoverage> record.	Y	40	1146572-01
SSN	The social security number of the dependent. Should be sent if available.	N	11	XXXXXXXXX (Preferred) OR XXX-XX-XXXX
FirstName	The first name of the dependent.	Y	50	Sophie
MiddleName	The middle name of the dependent.	N	50	Irene
LastName	The last name of the dependent.	Y	50	Hunter
Relationship	The relationship of the dependent to the employee. Text in this field will be the relationship displayed in ADP Health Compliance. Client defined value.	N	50	Spouse
SpouseIndicator	A flag that specifies if the relationship represents that of a spouse, including Domestic Partners. Should be set to N for dependents who are not a spouse.	Y	1	Y = Yes N = No

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Element	Description	Req?	Length	Example
BirthDate	The date of birth of the dependent.	Y	10	04/16/1978
Disabled	A flag that represents if the dependent is disabled.	N	1	Y = Yes N = No
Gender	The gender of the dependent.	Y	1	M = Male F = Female U = Unknown

Footer Record (required)

The Footer Data element <ACAFooter> is required and contains end-file metadata.

Element	Description	Req?	Length	Example
NumRecords	For reconciliation purposes, provide the number of employee records on the interface file.	Y	6	3981

Appendix

Sample Data

In this example, Homer Simpson who works for the Spring Field Nuclear Plant was offered five medical plans, each with four tier coverage levels as part of the Annual Enrollment event. Mr. Simpson elected the BCBS Smart Choice Standard plan with family tier coverage. Homer then included coverage for his spouse, Marge, and three dependents Bart, Lisa, and Maggie.

Social Security Numbers have been replaced with "XXX-XX-XXXX" in this sample to permit transmission through corporate security measures.

```
<?xml version="1.0" encoding="utf-8"?>
<ACAEnvelope>
  <ACAHeader>
    <COID>2FA6CFC739A34284</COID>
    <ClientName>Spring Field Nuclear Power Plant</ClientName>
    <SourceSystem>SAP</SourceSystem>
    <SourceSystemVersion>6.0</SourceSystemVersion>
    <SpecVersion>3.0</SpecVersion>
    <Environment>Production</Environment>
    <ContactName>John Smith</ContactName>
  </ACAHeader>
  <ACABody>
    <EmployeeBenefits>
      <AOID>5AF08B78F3C54FEA</AOID>
      <EmployeeID>1446572</EmployeeID>
      <SSN>XXXXXXXXXX</SSN>
      <FirstName>Homer</FirstName>
      <LastName>Simpson</LastName>
      <Gender>M</Gender>
      <DOB>07/19/1953</DOB>    <Offer>
      <EventReason>AnnualEnrollment</EventReason>
      <EventDate>01/01/2015</EventDate>
      <OpportunityToEnrollStartDate>10/15/2014</OpportunityToEnrollStartDate>
      <OpportunityToEnrollEndDate>10/31/2014</OpportunityToEnrollEndDate>
      <CoverageStartDate>01/01/2015</CoverageStartDate>
```

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```
<PlanYearStartDate>01/01/2015</PlanYearStartDate>
<PlanYearEndDate>12/31/2015</PlanYearEndDate>
<OfferMethod>Electronic</OfferMethod>
<TransactionDate>10/15/2015 02:11:24.158000 PM</TransactionDate>
<Plan>
  <PlanCode>BCBSSTD RD</PlanCode>
  <PlanDescription>BCBS Smart Choice Standard</PlanDescription>
  <CoverageLevelCode>EE</CoverageLevelCode>
  <CoverageLevelDescription>Employee Only</CoverageLevelDescription>
  <EmployeeOnlyCoverageLevel>Y</EmployeeOnlyCoverageLevel>
  <MonthlyEmployeeCost>82.38</MonthlyEmployeeCost>
  <MonthlyEmployerCost>184.12</MonthlyEmployerCost>
  <MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
  <MinimumValuePlan>Y</MinimumValuePlan>
    <SpouseCoverageAvailable>Y</SpouseCoverageAvailable>
  <DependentCoverageAvailable>Y</DependentCoverageAvailable>
  <WellnessIndicator>N</WellnessIndicator>
  <WaitPeriodIndicator>Y</WaitPeriodIndicator>
    <SelfInsured>N</SelfInsured>
</Plan>
  <Plan>
    <PlanCode>BCBSSTD RD</PlanCode>
    <PlanDescription>BCBS Smart Choice Standard</PlanDescription>
    <CoverageLevelCode>EESP</CoverageLevelCode>
    <CoverageLevelDescription>Employee + Spouse</CoverageLevelDescription>
    <EmployeeOnlyCoverageLevel>N</EmployeeOnlyCoverageLevel>
    <MonthlyEmployeeCost>164.76</MonthlyEmployeeCost>
    <MonthlyEmployerCost>368.24</MonthlyEmployerCost>
    <MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
    <MinimumValuePlan>Y</MinimumValuePlan>
      <SpouseCoverageAvailable>Y</SpouseCoverageAvailable>
    <DependentCoverageAvailable>Y</DependentCoverageAvailable>
    <WellnessIndicator>N</WellnessIndicator>
    <WaitPeriodIndicator>Y</WaitPeriodIndicator>
      <SelfInsured>N</SelfInsured>
```


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```
</Plan>
  <Plan>
    <PlanCode>BCBSSTD</PlanCode>
    <PlanDescription>BCBS Smart Choice Standard</PlanDescription>
    <CoverageLevelCode>EECH</CoverageLevelCode>
    <CoverageLevelDescription>Employee + Child</CoverageLevelDescription>
    <EmployeeOnlyCoverageLevel>N</EmployeeOnlyCoverageLevel>
    <MonthlyEmployeeCost>142.11</MonthlyEmployeeCost>
    <MonthlyEmployerCost>284.22</MonthlyEmployerCost>
    <MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
    <MinimumValuePlan>Y</MinimumValuePlan>
    <SpouseCoverageAvailable>Y</SpouseCoverageAvailable>
    <DependentCoverageAvailable>Y</DependentCoverageAvailable>
    <WellnessIndicator>N</WellnessIndicator>
    <WaitPeriodIndicator>Y</WaitPeriodIndicator>
    <SelfInsured>N</SelfInsured>
  </Plan>
  <Plan>
    <PlanCode>BCBSSTD</PlanCode>
    <PlanDescription>BCBS Smart Choice Standard</PlanDescription>
    <CoverageLevelCode>FAMILY</CoverageLevelCode>
    <CoverageLevelDescription>Employee + Family</CoverageLevelDescription>
    <EmployeeOnlyCoverageLevel>N</EmployeeOnlyCoverageLevel>
    <MonthlyEmployeeCost>328.65</MonthlyEmployeeCost>
    <MonthlyEmployerCost>657.30</MonthlyEmployerCost>
    <MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
    <MinimumValuePlan>Y</MinimumValuePlan>
    <SpouseCoverageAvailable>Y</SpouseCoverageAvailable>
    <DependentCoverageAvailable>Y</DependentCoverageAvailable>
    <WellnessIndicator>N</WellnessIndicator>
    <WaitPeriodIndicator>Y</WaitPeriodIndicator>
    <SelfInsured>N</SelfInsured>
  </Plan>
  <Plan>
    <PlanCode>BCBSGOLD</PlanCode>
```

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```
<PlanDescription>BCBS Smart Choice Gold</PlanDescription>
<CoverageLevelCode>EE</CoverageLevelCode>
<CoverageLevelDescription>Employee Only</CoverageLevelDescription>
<EmployeeOnlyCoverageLevel>Y</EmployeeOnlyCoverageLevel>
<MonthlyEmployeeCost>82.38</MonthlyEmployeeCost>
<MonthlyEmployerCost>184.12</MonthlyEmployerCost>
<MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
<MinimumValuePlan>Y</MinimumValuePlan>
  <SpouseCoverageAvailable>Y</SpouseCoverageAvailable>
  <DependentCoverageAvailable>Y</DependentCoverageAvailable>
  <WellnessIndicator>N</WellnessIndicator>
  <WaitPeriodIndicator>Y</WaitPeriodIndicator>
  <SelfInsured>N</SelfInsured>
</Plan>
<Plan>
  <PlanCode>BCBSGOLD</PlanCode>
  <PlanDescription>BCBS Smart Choice Gold</PlanDescription>
  <CoverageLevelCode>EESP</CoverageLevelCode>
  <CoverageLevelDescription>Employee + Spouse</CoverageLevelDescription>
  <EmployeeOnlyCoverageLevel>N</EmployeeOnlyCoverageLevel>
  <MonthlyEmployeeCost>164.76</MonthlyEmployeeCost>
  <MonthlyEmployerCost>368.24</MonthlyEmployerCost>
  <MinimumEssentialCoverage>Y</MinimumEssentialCoverage>
  <MinimumValuePlan>Y</MinimumValuePlan>
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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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Benefits Import File Specification

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