

# Plan Benefit File

## Quick reference guide

Use this guide to review benefit details for a given product in a specific market. Details include limits, maximums, cost shares, and other product information that can be either consumed or analyzed. For technical assistance, please send an email to: [ca\\_hmosystemupdates@uhc.com](mailto:ca_hmosystemupdates@uhc.com).

Reference	Field name	Field description	Field format	Codes/Variables
A	STATE	State Abbreviation.	2 alpha characters	
B	UHC_BENEFIT_ID	Unique plan identifier.	4 alpha characters	
C	SEGMENT	Identifies the group size the benefit plan is available to.	2 alpha characters	KA - Key Account 101+ members SB - Small Business 2-50 members SE - Small Business Expanded 51-100 members
D	COCSERIES	This field contains the four numeric character plan year.	4 alpha-numeric characters	
E	PLANTYPE	Product Type	3 alpha characters	
F	HSAELIGIBLE	Indicates if the plan offers an HSA (True/False)	5 alpha characters	
G	DESCRIPTION	Plan Description	82 alpha characters	10/100% = \$10 copay, then 100% coverage 5000/100% = \$5000 individual deductible, then 100% coverage
H	TIER1INDDDED	Tier 1 - Individual Deductible (in dollars) for seeing a Tier 1 provider.	5 alpha characters \$XXXXXX	
I	TIER1FAMDED	Tier 1 - Family Deductible (in dollars) for seeing a Tier 1 provider.	5 alpha characters \$XXXXXX	
J	INDDDED	Tier 2 - INN Individual Deductible (in dollars).	5 alpha characters \$XXXXXX	
K	FAMDED	Tier 2 - INN Family Deductible (in dollars).	5 alpha characters \$XXXXXX	

Reference	Field name	Field description	Field format	Codes/Variables
L	OONINDDDED	Tier 3 - OON Individual Deductible (in dollars).	5 alpha characters \$XXXXXX	
M	OONFAMDED	Tier 3 - OON Family Deductible (in dollars).	5 alpha characters \$XXXXXX	
N	ACCUMULATORY PE	Medical deductible embedded type	82 alpha characters	DED NONEMB/OOPM EMB EMB N/A NONEMB NONEMB/OOPM EMB
O	TIER1INDOOPM	Tier 1 - Individual Out of Pocket Max (in dollars) for services with a Tier 1 provider.	5 alpha characters \$XXXXXX	
P	TIER1FAMOOPM	Tier 1 - Family Out of Pocket Max (in dollars) for services with a Tier 1 provider.	5 alpha characters \$XXXXXX	
Q	INDOOPM	Tier 2 - INN Individual Out of Pocket Max (in dollars).	5 alpha characters \$XXXXXX	You do not have to pay a medical deductible.
R	FAMOOPM	Tier 2 - INN Family Out of Pocket Max (in dollars).	5 alpha characters \$XXXXXX	You do not have to pay a medical deductible.
S	OONINDOOPM	Tier 3 - OON Individual Out of Pocket Max (in dollars). Null entry indicates no OON Out of Pocket Max.	5 alpha characters \$XXXXXX	
T	OONFAMOOPM	Tier 3 - OON Individual Out of Pocket Max (in dollars) Null entry indicates no OON Out of Pocket Max	5 alpha characters \$XXXXXX	
U	PRODUCT	The name of the product.	82 alpha characters	
V	BENEFITCATEGORY	Category of service the Benefit row represents	82 alpha characters	Ambulance Services - Emergency Ambulance Services - Non-Emergency Acupuncture Treatment Cellular and Gene Therapy Clinical Trials Congenital Heart Disease Dental Services - Accident Only Dental Services Diabetes Self Management and Training/Diabetic Eye Exams/Foot Care Diabetes Self Management Items Durable Medical Equipment (DME),

Reference	Field name	Field description	Field format	Codes/Variables
				Orthotics and Supplies Early Intervention Services External Nutrition Emergency Health Services - Outpatient Gender Dysphoria Habilitative Services Hearing Aids Home Health Care Hospice Care Hospital - Inpatient Stay Infertility Services Inpatient Habilitative Services Lab Testing Long-Term Antibiotic Therapy for Tick-Borne Illness Major Diagnostic and Imaging - Outpatient Mental Health Care and Substance - Related and Addictive Disorders Inpatient Mental Health Care and Substance - Related and Addictive Disorders Outpatient Mental Health Care and Substance - Related and Addictive Disorders Partial Hospitalization Obesity - Weight Loss Surgery Ostomy Supplies Outpatient Contraceptive Services Perflouroalkyls and Perflourinated Compounds Blood Testing Pharmaceutical Products - Outpatient Physician Fees for Surgical & Medical Services Physician's Office Services - Sickness and Injury Primary Care Physician Physician's Office Services - Sickness and Injury Specialist Pregnancy - Maternity Services

Reference	Field name	Field description	Field format	Codes/Variables
				Preventative Care Services Prosthetic Devices Reconstructive Procedure Rehabilitation Services - Outpatient Therapy and Manipulative Treatment Rehabilitation Services - Vision Therapy Scopic Procedures - Outpatient Diagnostic and Therapeutic Skilled Nursing Facility/Inpatient Rehabilitation Facility Services Surgery - Outpatient Temporomandibular Joint (TMJ) Services Therapeutic Treatment - Outpatient Transplantation Services Urgent Care Center Services Urinary Catheters Virtual Care Services Vision Exams Wigs X-ray and other Diagnostic Testing
W	BENEFITCATEGORYDISPLAY	Benefit Category Display Name	82 alpha characters	Accidental Dental Acupuncture Treatment Cellular or Gene Therapy Clinical Trials Congenital Heart Disease Surgeries Dental Services - Hospital/Medical Diabetes SelfManagement and Training Diabetes SelfManagement Items Durable Medical Equipment, Orthotics and Supplies Early Intervention Services Enteral Nutrition Emergency Ambulance Emergency Room Gender Dysphoria Habilitative Services Hearing Aids Home Health Care Hospice Care Hospital Inpatient Stays Infertility Services

Reference	Field name	Field description	Field format	Codes/Variables
				Inpatient Inpatient Habilitative Services Lab Testing Long-Term Antibiotic Therapy for Tick-Borne Illness Major Diagnostic and Imaging Maternity Services Non-Emergency Ambulance Obesity and Morbid Obesity Treatment Ostomy Supplies Outpatient Outpatient Contraceptive Services Partial Hospitalization Perfluoroalkyls (PFAS) and Perfluorinated Compounds (PFCS) Blood Testing Pharmaceutical Products Physician Fees for Surgical & Medical Services Primary Care Physician Preventative Care Prosthetic Devices Reconstructive Procedure Rehabilitation Services Rehabilitation Services - Vision Therapy Scopic Procedures Skilled Nursing Facility & Inpatient Rehabilitation Facility Services Specialist Surgery Temporomandibular Joint (TMJ) Services Therapeutic Treatment Transplantation Services Urgent Care Urinary Catheters Virtual Visits Vision Exams Wigs X-ray and other Diagnostic Testing
X	PAYMENTLINE	Payment Line Value	82 alpha characters	Air All Other Facility All Other Office All Other PCP All Other SPEC

Reference	Field name	Field description	Field format	Codes/Variables
				All Other Therapies Allergy Arm and Leg Autism - Habilitative Bd Cert Behavior Anlyst Dependent upon - depPOS Diabetes Supplies Diabetic Early Intervention Education Eosinophilic Gastrointestinal Disorder ER Physician Freestanding FreestandingWithReferral FreestandingWOREferral Ground Group Hospital HospitalWithReferral HospitalWOREferral Individual Injections INJPCP INJSPEC Inpatient InpatientWithReferral InpatientWOREferral INPTFAC Insulin Pumps Kids KidsWithReferral KidsWOREferral Manip Metabolic Disorders MH_Inpat MRI Network only plan Occupational Therapist Office Office Free Standing Based OFFICESURG OFFICESURG FREE OFFICESURG FREE WOREF OFFICESURG FREE WREF OFFICESURG WOREF OFFICESURG WREF OFFICEVIS On Demand Natl Prov OPFAC OPSURG Other Diabetes SelfManagement Items Other Mental Health

Reference	Field name	Field description	Field format	Codes/Variables
				Other Practitioner Other Prosthetics OTHERINJ Outpatient Outpatient - Group Outpatient - Individual Outpatient Freestanding Outpatient FreeWOREferral Outpatient FreeWReferral Outpatient Hospital Outpatient HospWOREferral Outpatient HospWReferral Outpatient PCP Outpatient PCP Kids Outpatient SPEC Outpatient WithReferral Outpatient WOREferral Paraprofessional Partial Hosp PCP PCP_Housecall Ped_Vision 04 Ped Vision 05 Ped Vision 06 Ped Vision 07 Ped Vision 08 Radiation Therapy Fac Radiation Therapy Office Radiation Therapy PCP Radiation Therapy SPEC Renal Dialysis Facility Renal Dialysis Office Renal Dialysis PCP Renal Dialysis SPEC Scanning and Imaging Second Opinion SPEC SPEC With Referral SPEC Without Referral SPEC_Housecall Standard Standard2 Testing TESTPCP TESTSPEC Therapeutic Visits 1-3 Visits 4+ Visits1thru3 Visits4Plus WithReferral WOREferral

Reference	Field name	Field description	Field format	Codes/Variables
				Xray Xray Mammogram
Y	PAYMENTLINEDESCRIPTION	Payment Line Description	82 alpha characters	
Z	BUYUP	Indicates if the Benefit Category is a buy up (True/False)	5 alpha characters	
AA	INNCOVERED	Tier 2 - Indicates if the Benefit Category Line is covered INN (True/False)	5 alpha characters	
AB	Tier	Indicates the Tier for the Benefit Category Line Null Entries indicate N/A	1 alpha characters	1 2 3 Null Entry
AC	MBRINNCOIN	Tier 2 - Indicates the applicable member co-insurance percentage for the Benefit Category Payment Line INN Null entries indicate N/A	5 alpha characters \$XXXXXX	
AD	COPAY	Tier 2 - Indicates the applicable member copay (in dollars) for the Benefit category Line INN Null entries indicate N/A	5 alpha characters \$XXXXXX	
AE	POD	Per Occurrence Deductible (in dollars) Null entries indicate N/A	5 alpha characters \$XXXXXX	
AF	DEDAPPLIES	Indicates if the deductible applies to the Benefit Category Payment Line (True/False)	5 alpha characters	
AG	OONCOVERED	Tier 3 - Indicates if the Benefit Category Payment Line is covered OON (True/False)	5 alpha characters	
AH	MBROONCOIN	Tier 3 - Indicates the co-insurance percentage for the Benefit Category Payment Line OON Null entries indicate no	5 alpha characters \$XXXXXX	



Reference	Field name	Field description	Field format	Codes/Variables
		OON benefit		
AI	OONDEDAPPLIES	Tier 3 - Indicates if the Benefit Category Payment Line applies to the OON deductible. Null entries indicate no OON Benefit (True/False)	5 alpha characters	
AJ	LIMITVALUE	Indicates the Limit Value for the Benefit Category Payment Line. Null entries indicate N/A	5 alpha characters \$XXXXX	
AK	LIMITTYPE	Indicates the limit type for the Benefit Category Payment Line. Null entries indicate N/A	82 alpha characters	Day: Limited to XX day(s) DD: Limited to XX Definitive Drug Test(s) Exam: Limited to XX Exam(s) PDT: Limited to XX Presumptive Drug Test(s) Purchase: Limited to XX Purchase(s) Treatment: Limited to XX Treatment(s) Visit: Limited to XX visit(s)
AL	LIMITVARIABLE	Indicates the type of limit variable applies to the Benefit Category Payment Line. Null entries indicate N/A.	82 alpha characters	AdultVis AlcUse Alp Aniridia Aphakia ART ArtIns ArtIns ASD ASD/OT ASD/PT ASD/ST ASD_IP Aural BAHA Bariatric Basic-Major- PreventiveDiagnostic Bereavement BioMH Bite Both Brain Cancer Cardiac Cardiac-Pulm CataractSurg ChemoRad ChildbirthInitial

Reference	Field name	Field description	Field format	Codes/Variables
				ChildbirthRefresher Chiro CovPers CovPers CR CTP Dental DepoProv Detox Detox-AlcUse Dialysis DME DME/Brace DME/Orth DME-Orth EarMold EarMold/UnderAge2 Educational Egg EnterNut EnterNutr Eyeglasses/IOLenses FertPres Fluoride GymReimb GymReimb/Sp/Dep GymReimb/Sub HA HA/Age Habil Hearing Aids HHC HIT Hospice HospiceBP HSI HSI' Infert Infert/Life InfusTher Inpatient IntermedMH IntraInsem IPHospice IPMH IPRehab IP-SerMH IPStay IVF IVF/GIFT/ZIFT/LTOT KneeBrace Lymph Manip Manip/Dollar Manip-PT-OT-ST MH

Reference	Field name	Field description	Field format	Codes/Variables
				MH-SU MHSUIPOP Mold MS MT Neb NonBioMH NonRes OE/Diag OE/TheraFU Oocyte OP-AlcUse OP-SerMH Orth OrthReplace OstManip OT OvulInduct PainMgmt PDN PDN/Life PedVis PowWheel Pro Pros Pros/Orth Pros-Orth PT PT-OT PT-OT-Manip PT-OT-Manip-Chiro PT-OT-ST PT-OT-ST-Aural-CR PT-OT-ST-Aural-CR-Pulm PT-OT-ST-Cardiac-AuralCR- Pulm PT-OT-ST-CARDIAC-PULM PT-OT-ST-CARD-PULM PT-OT-ST-CR-Manip-Aural PT-OT-ST-Manip PT-OT-ST-Manip-Chiro PT-OT-ST-PULM PT-OT-ST-Pulm-CardAural PT-OT-ST-Pulm-CardAural- Manip PT-OT-ST-Pulm-Cardiac Pulm Pulm-Cardiac RC Replacement Res Res-AlcUse Respite Respite Care RTF-SN SerMH

Reference	Field name	Field description	Field format	Codes/Variables
				Shoes SmokingCess SN SNC SNF-IP Rehab Facility SN-IPRehab Spinal ST ST-CR ST-HT STPervDevDis SU Surgery TechSLF TheraFoot TherFood Tooth TR/Day TR/Year Train/Ed-MedNut VT Wigs
AM	LIMITFREQUENCY	Indicates the limit frequency for the Benefit Category Payment Line Null entries indicate N/A	3 alpha characters	
AN	FREQUENCYTYPE	Indicates the limit frequency type for the Benefit Category Payment Line. Null entries indicate N/A.	82 alpha characters	Benefit Period Day Month Year Lifetime

\*Note: The field format column represents max character length