

Deduction Code Definitions and Screens

Title	Deduction Code Definitions and Screens in Banner
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Process Owner	Human Resources/Benefits/BOP
Dept/Division	HR/Benefits
Get help with this process	Carl Gutzman
Processes	PTRBDCA
	PTRBCAT
	PDAEDN, PHICHEK, PEIDHIS, PDIDLST
	BOP Benefits
	PZRHTLW and PZRHLTA (Interfaces)

PTRBCAT-

This rule form is the rule form that allows certain Benefit Categories to use a PTRBDCA benefit. If PTRBCAT is not completed, employees in a BCAT will not be able to gain access on PDAEDN. This is also the rule form that allows BDCA codes to be turned off. So, while they may exist on BDCA for history, the effective dates can be turned off in BCAT.

Enter the Benefit Category, select Next Block. If a benefit does not exist on the benefit category, it cannot be used by the employee.

Benefit or Deduction	Required Indicator	Quick Setup	Payroll Begin Date Indicator	Coverage End Date Indicator	Check Sequence Number	Defaults Exist
010 Federal Income Tax	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified	1	<input type="checkbox"/>
015 Earned Income Credit	<input type="checkbox"/>	Manual	User Specified	User Specified	2	<input type="checkbox"/>
020 Social Security	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified	3	<input type="checkbox"/>
025 Medicare	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified	4	<input type="checkbox"/>
030 Worker's Compensation	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified		<input type="checkbox"/>
035 Unemployment Insurance	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified		<input type="checkbox"/>
0F1 FOR Fed Income Tax for Dep Ser	<input type="checkbox"/>	Manual	User Specified	User Specified	1	<input type="checkbox"/>
0F2 FOR Fed Income Tax Teaching	<input type="checkbox"/>	Manual	User Specified	User Specified	1	<input type="checkbox"/>
0F3 FOR Fed Income Tax Students	<input type="checkbox"/>	Manual	User Specified	User Specified	1	<input type="checkbox"/>
100 South Dakota Retirement	<input checked="" type="checkbox"/>	Auto	User Specified	User Specified	5	<input type="checkbox"/>
101 SDRS EE Purchase LOA	<input type="checkbox"/>	Manual	User Specified	User Specified	5	<input type="checkbox"/>
102 Federal Appropriated Retire 1	<input type="checkbox"/>	Manual	User Specified	User Specified		<input type="checkbox"/>

PTRBPDG-

This rule form is the rule form that allows certain benefits to be displayed on Self Service.

Primary Group: HL Health

	Display	Insert	Update	Delete
<input checked="" type="checkbox"/> Display Employer Amounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Include in Open Enrollment				
Beneficiary Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Group: BOP State Health Benefits

	Display	Insert	Update	Delete
<input checked="" type="checkbox"/> Display Employer Amounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Include in Open Enrollment				
Beneficiary Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Secondary Group Associated Benefits Deductions Setup

Benefit or Deduction: 200 EE Health Insurance Opt Out

	Display	Insert	Update	Delete
<input checked="" type="checkbox"/> Display Employer Amounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Include in Open Enrollment				
Beneficiary Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Benefit or Deduction: 201 Med Reimburse (1000/Opt Out)

	Display	Insert	Update	Delete
<input checked="" type="checkbox"/> Display Employer Amounts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Include in Open Enrollment				
Beneficiary Coverage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Display Employer Amounts; Check for Yes.
Record: 1/1 | ... | <OSC>

PDAEDN-

This is an application form in Banner HR. PDABDSU is usually set up for the new hires on the required benefits, BOP Default Benefits of 203/220, and institutional benefits. However, PZRHLTW (weekly benefit load from Banner) sets up all other benefits.

Enter the A_ID of the employee, enter the Deduction, enter the correct query date, select next block. This form dictates what comes into payroll for benefits.

Oracle Developer Forms Runtime - Web: Open > PDAEDN

File Edit Options Block Item Record Query Tools Help

Employee Benefit/Deduction PDAEDN 8.0.0.1 (PROD)

ID:

Benefit Category: 02 Eligible Last Paid Date: 21-JAN-2010

Deduction: 100 South Dakota Retirement Query Date: 22-JUN-2009

Deduction | Add or Replace and Arrears | Excluded Payroll ID | Premium History

Begin Date: 01-JUL-2006 End Date: Calculation Rule: 21 Bond Balance:

Effective Date: 01-JUL-2006 Status: Active Reference:

Options			Amounts		
Title	Value	Entry	Title	Amount	Entry
1 Plan:	A	Required	1 EE Ded:	6.0000	No Entry
2	<input type="text"/>	No Entry	2 ER Cont:	6.0000	No Entry
3	<input type="text"/>	No Entry	3	13,200.00	No Entry
4	<input type="text"/>	No Entry	4	13,200.00	No Entry
5	<input type="text"/>	No Entry			

Changes to this premium exist. [Premium History](#)
To view, select Premium History.

Combined Limit Rule Code	Description	Employee Limit	Employer Limit	Combined Limit	Applicable Gross Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Deduction Begin Date; format DD-MON-YYYY.
Record: 1/1 | ... | <OSC>

PHICHEK –

PHICHEK is an inquiry form that allows HR to validate and review what was paid for the employee. You can view Check Detail, Earnings Information and Deduction Information on this form.

Enter A- ID
 Year is Calendar year (2007)
 Payroll ID MN
 Payroll Number 1-12
 Sequence 0
 Next Block

This will say if the check was direct deposit and how much
 Options Deduction Information – gives you the deduction codes and whether it was deducted from the employee check, or employer paid. This came from PDAEDN.

Employer	Deductions	Employee Amount	Employer Amount	Applicable Gross
SDSU	010 Federal Income Tax	195.22	.00	2,677.86
	020 Social Security	194.54	194.54	3,137.86
	025 Medicare	45.50	45.50	3,137.86
	030 Worker's Compensation	.00	17.50	3,500.00
	035 Unemployment Insurance	.00	2.28	3,500.00
	100 South Dakota Retirement	210.00	210.00	3,500.00
	201 Med Reimburse (1000/Opt Out)	.00	25.00	3,500.00
	203 ERHealth \$1000 Deductible (HC)	.00	416.66	3,500.00
	220 Health - \$1000 Deductible (HC)	.00	.00	3,500.00
	271 State Extra Life	11.34	.00	3,500.00
	275 Long Term Care Insurance	108.45	.00	3,500.00
	297 EE Med Reimbursement (w/201)	225.00	.00	3,500.00
	315 Deferred Comp Suppl Retirement	100.00	.00	3,500.00

PEIDHIS-

This form is an inquiry form that provides all deduction history information.

Oracle Developer Forms Runtime - Web: Open -> PEIDHIS

File Edit Options Block Item Record Query Tools Help

Employee Deduction History PEIDHIS 8.0 (PROD)

ID:

Deduction Code: Status: Effective Date: Reference Number:

Option 1: Amount 1: Arrear Balance:

Option 2: Amount 2:

Option 3: Amount 3: Combined Limit Rule Code:

Option 4: Amount 4:

Option 5:

Capture Date and Time:

User ID:

Deleted Arrear Status

Open Enrollment:

Begin Date:

End Date:

Add or Replace

Indicator:

Payroll ID:

Employee Amount:

Employer Amount:

Applicable Gross:

Name; Enter a name Last, First, Middle and press enter or tab. Use the wildcard "*" if needed.

Record: 1/1 | | ... | | | <OSC>

PDIDLST –

This form is an inquiry form that gives you the Deduction Code information.

Option 1 Plan Code Elected

Status A – Active

T- Terminated

Activity Date Date code last changed – NOTE: **not** the last deduction date

Oracle Developer Forms Runtime - Web: Open > PDIDLST

Employee Deduction Query PDIDLST 7.0 (PROD)

ID: Query Date: 14-JUN-2007

Deduction	Effective Date	Option 1	Option 2	Status	Begin Date	End Date	Activity Date
010 FIT	01-JUL-2006	M	1	A	01-JUL-2006		02-JAN-2007
020 Soc Sec	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
025 Medicare	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
030 WRK CMP	01-JUL-2006	S1		A	01-JUL-2006		02-JAN-2007
035 UNEMPLO	01-JUL-2006	01		A	01-JUL-2006		02-JAN-2007
100 SDRS	01-JUL-2006	A		A	01-JUL-2006		02-JAN-2007
201 MEDC	01-JUL-2006	01		A	01-JUL-2006		02-JAN-2007
203 ER1000 D	01-JUL-2006	01		A	01-JUL-2006		02-JAN-2007
220 1000 Ded	01-JUL-2006	01		A	01-JUL-2006		02-JAN-2007
271 ST X Lit	22-JAN-2007	3X		A	01-JUL-2006		28-FEB-2007
275 LTC INS	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
297 MEDC EMR	01-JUL-2006	01		A	01-JUL-2006		09-FEB-2007
298 MEDC PMR	01-JUL-2006	01		T	01-JUL-2006		09-FEB-2007
299 MEDC SMR	01-JUL-2006	01		T	01-JUL-2006		09-FEB-2007
315 DEF CMP	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
332 PRINCOR	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
403 BRKGS LWV	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
450 AF Pre	01-JUL-2006			A	01-JUL-2006		02-JAN-2007
S00 PEPLSDSU	01-JUL-2006	01		A	01-JUL-2006		02-JAN-2007
S99 SDU PCAR	01-JUL-2006			A	01-JUL-2006		02-JAN-2007

Deduction Code: Record: 1/20 <OSC>

GZAXWLK – for PTRBDCA, PZRHXWK

This is the interface connection between BOP and BOR for interfaces: PZRBFMF, PZRHLTW and PZRHLTA. This is a closed Banner form to only staff that have a need to access the form. Since this form deals directly with the interface it is very limited.

Below is an example of what the form looks like:

Oracle Developer Forms Runtime - Web: Open > GZAXWLK

File Edit Options Block Item Record Query Tools Help

Crosswalk Values Form GZAXWLK 8.0 [MC:9.0] (PROD)

Process ID: PZRBFMF Crosswalk Label/Table: BOP PLAN Source Column: PTRBDCA_CODE

Banner Value	State Value	User ID	Activity Date
200	HLTH	DELIVERED VALUE	15-DEC-2006
201	MEDC	DELIVERED VALUE	15-DEC-2006
202	ELER	DELIVERED VALUE	15-DEC-2006
203	ELER	DELIVERED VALUE	15-DEC-2006
204	ELER	DELIVERED VALUE	15-DEC-2006
205	HLTU	DELIVERED VALUE	15-DEC-2006
207	HLTU	JKMINDER	06-MAR-2007
208	ELER	JKPRICE	15-DEC-2006
210	HLTH	DELIVERED VALUE	15-DEC-2006
212	HLTH	JKMINDER	06-MAR-2007
220	HLTH	DELIVERED VALUE	15-DEC-2006
222	HLTH	JKMINDER	06-MAR-2007
230	HLTH	DELIVERED VALUE	15-DEC-2006
232	HLTH	JKMINDER	06-MAR-2007
251	DNTL	DELIVERED VALUE	15-DEC-2006
252	VISN	DELIVERED VALUE	15-DEC-2006
253	MJIN	DELIVERED VALUE	15-DEC-2006
254	HOSP	DELIVERED VALUE	15-DEC-2006
255	DIST	DELIVERED VALUE	15-DEC-2006

SCT Banner Value; SCT Banner source column value.

Record: 1/? | | | | <OSC>

This form crosses the Banner Values to that of the State Values in the interface. You will note in the codes below, how BOP sends over benefit codes. So, for example, ELER for BOP is Banner PTRBDCA 200, 202, 203 and 204.

CODES FOR HEALTH INSURANCE

ELER 200 – Opt Out

ELER 202 – Provider Network 210/211p/212s

HLTH

ELER 203 - \$1,000 Deductible 220/221p/222s

HLTH – DEFAULT PLAN

ELER 204 - \$2,000 Deductible 230/231p/232s HLTH

PLANS

- 01 Employee Only
- 11 Spouse <30
- 12 Spouse 30-39
- 13 Spouse 40-44
- 14 Spouse 45-49
- 15 Spouse 50-54
- 16 Spouse 55-59
- 17 Spouse 60+
- 21 Spouse <30 + 1 child
- 22 Spouse 30-39 + 1 child
- 23 Spouse 40-44 + 1 child
- 24 Spouse 45-49 + 1 child
- 25 Spouse 50-54 + 1 child
- 26 Spouse 55-59 + 1 child
- 27 Spouse 60+ + 1 child
- 31 Spouse <30 + 2+ children
- 32 Spouse 30-39 + 2+ children
- 33 Spouse 40-44 + 2+ children
- 34 Spouse 45-49 + 2+ children
- 35 Spouse 50-54 + 2+ children
- 36 Spouse 55-59 + 2+ children
- 37 Spouse 60+ + 2+ children
- C1 1 Child
- C2 2 Children
- C3 3+ Children

205/206p/207s - SMOKER INDICATOR HLTU

- 01 = Employee Only
- 02 = Spouse Only
- 03 = Employee & Spouse

CODES/PLANS FOR FLEXIBLE BENEFITS

- 00 = Employee Only
- 01 = Employee/1 Dep
- 02 = Employee/2 Dep
- 03 = Employee/3+ Dep

DNTL 251/241p/261s - Dental

VISN 252/242p/262s - Vision

MJIN 253/243p/263s - Major Injury

HOSP 254/244p/264s - Hospital Ind

DIST Stort Term Disability

Employee Only \$11.40 x 12 = 136.80

6 mo waiting period for coverage and for deduction

MEDR 256/246p/266s - Medical Reimbursement

Annual Max Contribution \$5,000

DEPR 257/247p/267s - Dependent DayCare

Max Contributions

Married - Filing Sep. Tax \$2,500

Single – Head of House \$5,000

Married – Filing Joint Tax \$5,000

<u>Prescriptions</u>	<u>Up to 30 Day</u>	<u>31-90</u>
Generic	\$11.00	\$17.00
Tier 2	\$25.00	\$40.00
Tier 3	\$40.00	\$60.00

Out of Pocket Max \$800 per person
+ \$50 Deductible per person per plan year

Co-Pays on PCP

\$30 - Primary \$40 – Specialist

\$15 – PT \$20 – Chiro

\$200 – ER

\$450 – Outpatient \$550 – Inpatient

OOP \$2,500 PCP

OOP \$3,500 - \$1,000 plan

OOP \$4,000 or \$8,000 - \$2,000 plan

LIFE

ELSU 271/277p/ 287s - State provides \$25,000

DLSU 272/278p/288s - Dependent \$10,000

Plans FOR SUPPLEMENTAL LIFE

INSURANCE – Max \$400,000 ELSU

Dep only (270/276p/286s) No longer available

1 X No longer available

2 X

3 X

4 X

5 X

Supplemental Life Rates – effective 7/1/10 ELSU

.05 = <30

.05 = 30 to 34

.08 = 35 to 39

.12 = 40 to 44

.15 = 45 to 49

.25 = 50 to 54

.28 = 55 to 59

.46 = 60 to 64

1.03 = 65 to 69

1.99 = 70 and Up

275/279p/274s - LONG TERM CARE LTC

280/281p/283s - RELIASTAR LIFE

100 - SDRS

101 – SDRS Purchase while on LWOP

120 – 6.2% paid by ER

130 – Spouse Option

140 – Repurchase

160 – Special Pay Plan

165 – Special Pay Plan

168 – Special Pay Plan

Banker’s Life Retirement Plan

4-1-44 to 7-1-64

BOR Joined SDRS

Career Service - 7-1-67

Faculty/Exempt – BOR 7-1-75

Required BDCA 315 8/22/2009.

Overview of the Plans

The following is a summary of the key features of your Health Plan options.

Plan Details	\$300 Deductible/Copay Plan		\$1,000 Deductible Plan		\$2,000 Deductible Plan	
	Network Provider	Out-of-network Provider ¹	Network Provider	Out-of-network Provider ¹	Network Provider	Out-of-network Provider ¹
Eligible Preventive Services	Coverage ²	65% coverage	Coverage ²	65% coverage	Coverage ²	65% coverage
Plan Year Deductible	<ul style="list-style-type: none"> • \$300 per person • \$750 for family of three or more 	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 for family of three or more 	<ul style="list-style-type: none"> • \$1,000 per person • \$2,500 for family of three or more 		<ul style="list-style-type: none"> • \$2,000 for single coverage • \$4,000 for dependent coverage <p>If you have single/family coverage, the full single/family deductible must be met before benefits are paid for any family member.</p>	
Copayments ³	<ul style="list-style-type: none"> • Office visit: \$30 • Specialist office visit: \$40 • Inpatient hospital: \$550 • Emergency room: \$200 • Outpatient surgery: \$450 • Global maternity care: \$300 (\$450 OBGyn) • MRI: \$200 • CT scan: \$100 • Physical therapy: \$15 • Chiropractic: \$20 	<ul style="list-style-type: none"> • Chiropractic: \$25 	<ul style="list-style-type: none"> • Chiropractic: \$20 	<ul style="list-style-type: none"> • Chiropractic: \$25 	N/A	N/A
Coinsurance	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35% 	<ul style="list-style-type: none"> • Plan pays 75% after deductible • You pay 25% 	<ul style="list-style-type: none"> • Plan pays 65% after deductible • You pay 35%
Out-of-Pocket Maximum ⁴ (Per person per plan year)	\$2,500	\$5,000	\$3,500	\$5,000	<ul style="list-style-type: none"> • \$4,000 per person • \$8,000 per family <p>All eligible charges, including prescription drugs are included.</p>	<ul style="list-style-type: none"> • \$6,000 per person • \$12,000 per family
HSA Contribution from the State	N/A	N/A	N/A	N/A	\$300 for employee only with proof of HSA	

1 Out-of-network provider means: • A network provider did not provide care; or • You did not receive approval from HCMTI for a referral to an out-of-network provider; or • You failed to obtain preauthorization when necessary.

3 The bolded copayments apply to the out-of-pocket maximum.

4 The following charges do NOT apply to the out-of-pocket maximum:

- Expenses that are not covered by the Plan;
- Penalties for not receiving preauthorization from HCMTI when required;
- Any charges above usual, customary, and reasonable (UCR) or the Plan's allowed maximums.

Prescription drug copayments and coinsurance apply toward the pharmacy out-of-pocket maximum.

5 When insured under the \$2,000 Deductible Plan, all costs of prescription drugs apply to the deductible. There are no prescription copayments. See page 10.

More information on all plans found at: <https://www.bopweb.com/> and this should be the primary source. The documentation above will change annually.

Related Documents:

NA

Links:

NA