

Delta Dental of Arizona

Electronic Submission of Enrollment

Current Assumptions

- The Reserved fields in your Excel worksheet have been included but the columns have been hidden and the sheet is locked so that they cannot be unhidden.
- ALL Eligibility requirements must be satisfied according to enrollment guidelines.
- If changing from active to COBRA, dependents must have been covered under active policy to be eligible for COBRA.
- Enrollment must be within 31 days of Qualifying Event (see below) and submitted to Delta Dental of Arizona within 45 days.
- Qualifying Event – Information codes as to why this change is being done outside of Open Enrollment.
 1. Marriage
 2. Divorce
 3. Birth of a child
 4. Placement for adoption
 5. Adoption
 6. Court Order
 7. Loss of other coverage (spouse lost coverage now being added)
 8. Child no longer qualifies as a dependent
 9. Child now qualifies as a dependent (is now a full time student)
- All termination requests will be processed. However, any termination requests of more than 60 days will only be adjusted for 60 days per contract specifications.
- **Status Codes** are used for add/changes and terms.
 - A – Add new subscriber and/or member
 - T – Terminate a member and/or subscriber
 - N – Name changes
 - L – Address changes

Electronic Enrollment Spreadsheet Layout

Required	Column Name	Column Description	MAXIMUM Length
All	Status	A = Add T = Term N = Name L = Address	1
All	Group Number	Group Number w/Leading Zeros	4
All	Sub Location	Sub Location w/Leading Zeros	4
All	Subscriber SSN	Subscriber's Social Security Number	9
All	Member SSN	Member's Social Security Number	9
All	Rel Code	Relationship Code -- E = Employee, S = Spouse, D = Dependent	1
All	Effective Date	Date coverage/eligibility is effective in CCYYMMDD format. -- EX: 20030421 (If the Class code changes, this will be the date of Class code change.)	8
All	DOB	DOB in CCYYMMDD Format -- EX: 20030421	8
All	Last name	Last Name	20
All	First name	First Name	16
All	MI	Middle Initial	1
Emp *	Address1	Address Line 1	30
	Address2	Address Line 2	30
Emp *	City	City	20
Emp *	State	State	2
Emp *	Zip	Zip Code (+ 4 Optional)	9
	Gender	Gender	1
Emp *	Rate Code	Rate Code (Class Code, this may vary by group) 1 = Employee Only 2 = Employee + Spouse 3 = Employee + Family 5 = Employee + 1 Child 6 = Employee + 2 Children or more 7 = Employee + domestic partner (if allowed by group) 9 = Employee + domestic partner + child(ren) if allowed by group	1
	Marital Status	Marital Status -- (S = Single, M = Married)	1
	Student	Student indicator -- (Y = Yes, N = No)	1

DeltaVision is offered through Canyon Insurance Services, Inc. a wholly owned subsidiary of Delta Dental of AZ, in partnership with EyeMed Vision Care, LLC

Required	Column Name	Column Description	MAXIMUM Length
	Phone	Phone Number -- AAAPPNNNN	10
	Retired	Retired Indicator -- (Y = Yes, N = No)	1
	Term Date	Date coverage/eligibility is terminated in CCYYMMDD format.	8
	Employee identifier	Employee ID used by group to identify record within file.	9
Emp *	Original Eligibility Date	Original date coverage/eligibility is effective in CCYYMMDD format. (This date will not change; it will remain the same through all file transmissions.)	8
Emp *	Hire Date	Hire Date. Date employee was hired in CCYYMMDD format.	8
All	Qualifying Event	Addition information as to why this change is being done outside of Open Enrollment. 1 – Marriage 2 – Divorce 3 – Birth of a child 4 – Placement for adoption 5 – Adoption 6 – Court Order 7 – Loss of other coverage (spouse lost coverage now being added) 8 – Child no longer qualifies as a dependent 9 – Child now qualifies as a dependent (is now a full time student)	1
All	Coordination of Benefits	Do you or any member of your family have coverage under another group dental insurance plan? -- (Y = Yes, N = No)	1
* Needed for Employee Only (Not Dependents)			