**Exhibit 2**

**Section 125 Debit Card File Format**

## HealthCare Transaction File Layout

**Version:** 1.51 **Last Updated Date:** 4/21/2020 11:28:00 AM

**Description:** WEX Health StandardFile layout for HealthCare transaction data

**Format:** ASCII; Carriage return and line feed terminations

**Record Length:** 250 bytes (followed by CRLF terminations, including the trailer record)

**HEADER**

Minimum Occurrences = 1; Maximum Occurrences = 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start POS** | **End POS** | **Required** | **Format** | **Description** |
| Record Type | 1 | 1 | Yes | X(1) | Always equal to “H” |
| File Date | 2 | 9 | Yes | 9(8) CCYYMMDD | File Transmission Date |
| File Time | 10 | 15 | Yes | 9(6) HHMMSS | Time File created (military clock) |
| TPA ID | 16 | 21 | Yes | X(6) | E1 TPA ID - Provided by Evolution |
| Filler | 22 | 250 | Yes | X(229) | Space Filler |

**DETAIL**

Minimum Occurrences = 0; Maximum Occurrences = Many

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start POS** | **End POS** | **Required** | **Format** | **Description** |
| Record Type | 1 | 1 | Yes | X(1) | Always equal to “D” |
| Participant ID | 2 | 31 | Yes | X(30) | Contract Holder Member ID  (left justify) |
| Client ID | 32 | 56 | Yes | X(25) | E1 Client Identifier – Provided by Evolution (left justify) |
| Carrier Claim Number | 57 | 81 | Yes | X(25) | The Carrier Claim Number of the original transactions must be Unique.(left justify) |
| Patient Responsibility CoPay Amount | 82 | 91 | Yes | 9(10) | Original Transaction Patient copay Responsibility Amount  or (\*Adjustment Amount that will be added to the original amount)  (right justify, zero filled, two implied decimals) |
| Transaction Code | 92 | 94 | Yes | X(3) | “MED”,“DEN”,”PHA”,”VIS” |
| Process Date | 95 | 102 | Yes | 9(8) CCYYMMDD | Payment Adjudication date |
| Carrier ID | 103 | 112 | Yes | 9(10) | E1 Carrier ID - Provided by Evolution (right justify) |
| \*Adjustment Flag | 113 | 113 | Yes | X(1) | ‘Y’ – Adjustment to a previous transaction  ‘N’ – Original transaction |
| Patient Responsibility Deductible Amount | 114 | 123 | Yes | 9(10) | Original Transaction Patient Deductible Responsibility Amount  or (\*Adjustment Amount that will be added to the original amount)  (right justify, zero filled, two implied decimals) |
| Patient Responsibility Coinsurance Amount | 124 | 133 | Yes | 9(10) | Original Transaction Patient Coinsurance Responsibility Amount or (\*Adjustment Amount that will be added to the original amount) (right justify, zero filled, two implied decimals) |
| Date of Service | 134 | 141 | Yes | 9(8) CCYYMMDD | The Date service was provided |
| Filler | 142 | 250 | Yes | X(109) | Space filler |

**TRAILER**

Minimum Occurrences = 1; Maximum Occurrences = 1

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Field Name** | **Start POS** | **End POS** | **Required** | **Format** | **Description** |
| Record Type | 1 | 1 | Yes | X(1) | Always equal to “T” |
| Total Record | 2 | 21 | Yes | 9(20) | Total number of service lines on file (right justify, zero filled) |
| Filler | 22 | 250 | Yes | X(229) | Space Filler |

**NOTES**

**\*Adjustments**

The adjustment flag indicates the type of transaction per a record. If there is to be an adjustment, two records are expected which are identical, with the exception of the Patient Responsibility Amounts and the Adjustment Flag. All original (non-adjustment) records will have the value of ‘N’ for the Adjustment Flag; Adjustments will have the value of ‘Y’. If no value is found in the Adjustment flag field the implied default value is ‘N’.

If the adjustment flag value = ‘Y’ then the Patient Responsibility Amounts within that record will be added to the Patient Responsibility Amounts associated to the original Carrier Claim Number. If the adjustment is to reduce the original transactions Patient Responsibility Amounts, a negative (-) amount should be sent in the adjustment records Patient Responsibility Amount fields. If the adjustment is to increase the original transaction Patient Responsibility Amounts, a positive amount should be sent in the adjustment records Patient Responsibility Amount fields. The carrier claim number field is used to associate an adjustment record to an original transaction record.