REQUEST FOR PROPOSAL NO. JSD0124

CITY OF AUSTIN PURCHASING OFFICE

BENEFIT PLANS ADMINISTRATION

Exhibit 4 - Retiree Benefits Deduction Codes

Medical Deduction Codes		Deduction Code Description	
UnitedHealthcare HMO	**UnitedHealthcare PPO**	**Coverage Level**	**Years of Service**
9A1	8A1	Retiree without Medicare A & B	Less than 5
9A2	8A2		5 through 9
9A3	8A3		10 through 14
9A4	8A4		15 through 19
9A5	8A5		20 or more
9B1	8B1	Retiree with Medicare A & B	Less than 5
9B2	8B2		5 through 9
9B3	8B3		10 through 14
9B4	8B4		15 through 19
9B5	8B5		20 or more
9C1/9C6	8C1/8C6	Retiree and Spouse / Domestic Partner both without Medicare A & B	Less than 5
9C2/9C7	8C2/8C7		5 through 9
9C3/9C8	8C3/8C8		10 through 14
9C4/9C9	8C4/8C9		15 through 19
9C5/9C0	8C5/8C0		20 or more
9D1/9D6	8D1/8D6	Retiree and Spouse / Domestic Partner both with Medicare A & B	Less than 5
9D2/9D7	8D2/8D7		5 through 9
9D3/9D8	8D3/8D8		10 through 14
9D4/9D9	8D4/8D9		15 through 19
9D5/9D0	8D5/8D0		20 or more
9E1/9E6	8E1/8E6	Retiree without Medicare A & B, and Spouse / Domestic Partner with Medicare A & B	Less than 5
9E2/9E7	8E2/8E7		5 through 9
9E3/9E8	8E3/8E8		10 through 14
9E4/9E9	8E4/8E9		15 through 19
9E5/9E0	8E5/8E0		20 or more
9F1/9F6	8F1/8F6	Retiree with Medicare A & B, and Spouse / Domestic Partner without Medicare A & B	Less than 5
9F2/9F7	8F2/8F7		5 through 9
9F3/9F8	8F3/8F8		10 through 14
9F4/9F9	8F4/8F9		15 through 19
9F5/9F0	8F5/8F0		20 or more
9G1	8G1	Retiree with Medicare A & B and Children	Less than 5
9G2	8G2		5 through 9
9G3	8G3		10 through 14
9G4	8G4		15 through 19
9G5	8G5		20 or more

Exhibit 4 - Retiree Benefits Deduction Codes

Medical Deduction Codes		Deduction Code Description	
UnitedHealthcare HMO	**UnitedHealthcare PPO**	**Coverage Level**	**Years of Service**
9H1	8H1	Retiree without Medicare A & B and Children	Less than 5
9H2	8H2		5 through 9
9H3	8H3		10 through 14
9H4	8H4		15 through 19
9H5	8H5		20 or more
9I1/9I6	8I1/8I6	Retiree and Spouse / Domestic Partner both without Medicare A & B and Family	Less than 5
9I2/9I7	8I2/8I7		5 through 9
9I3/9I8	8I3/8I8		10 through 14
9I4/9I9	8I4/8I9		15 through 19
9I5/9I0	8I5/8I0		20 or more
9J1/9J6	8J1/8J6	Retiree without Medicare A & B, and Spouse / Domestic Partner with Medicare A & B and Family	Less than 5
9J2/9J7	8J2/8J7		5 through 9
9J3/9J8	8J3/8J8		10 through 14
9J4/9J9	8J4/8J9		15 through 19
9J5/9J0	8J5/8J0		20 or more
9K1/9K6	8K1/8K6	Retiree with Medicare A & B, and Spouse / Domestic Partner without Medicare A & B and Family	Less than 5
9K2/9K7	8K2/8K7		5 through 9
9K3/9K8	8K3/8K8		10 through 14
9K4/9K9	8K4/8K9		15 through 19
9K5/9K0	8K5/8K0		20 or more
9L1/9L6	8L1/8L6	Retiree and Spouse / Domestic Partner both with Medicare A & B and Family	Less than 5
9L2/9L7	8L2/8L7		5 through 9
9L3/9L8	8L3/8L8		10 through 14
9L4/9L9	8L4/8L9		15 through 19
9L5/9L0	8L5/8L0		20 or more
9Y1	8Y1	Surviving Spouse without Medicare A & B	Less than 5
9Y2	8Y2		5 through 9
9Y3	8Y3		10 through 14
9Y4	8Y4		15 through 19
9Y5	8Y5		20 or more
9Z1	8Z1	Surviving Spouse with Medicare A & B	Less than 5
9Z2	8Z2		5 through 9
9Z3	8Z3		10 through 14
9Z4	8Z4		15 through 19
9Z5	8Z5		20 or more

Exhibit 4 - Retiree Benefits Deduction Codes

Dental Deduction Codes		Deduction Code Description	
Assurant Employee Benefits - Heritage Plus	**Delta Dental**	**Coverage Level**	**Years of Service**
A1	I1	Retiree Only	N/A
A2	I2	Retiree and One Dependent	N/A
A3	I3	Retiree and Family or Domestic Partner and Children	N/A
A6	I6	Surviving Spouse	N/A

Vision Deduction Codes		Deduction Code Description	
Davis Vision Plan		**Coverage Level**	**Years of Service**
V1		Retiree Only	N/A
V2		Retiree and Spouse or Domestic Partner	N/A
V3		Retiree and Children	N/A
V4		Retiree and Family or Domestic Partner and Children	N/A
V6		Surviving Spouse	N/A