Exhibit 3 - Employee Benefits Deduction Codes

Medical Deduction Codes	Deduction Code Description	Plan Codes & Description
UH1 (30+ hrs)	UnitedHealthcare PPO Plan	EO = Employee Only
HM1 (30+ hrs)	UnitedHealthcare HMO Plan	EC = Employee and Children
UH2 (20-29 hrs)	UnitedHealthcare PPO Plan	EF = Employee and Family
HM2 (20-29 hrs)	UnitedHealthcare HMO Plan	ES = Employee and Spouse
UH3 (< 20 hrs)	UnitedHealthcare PPO Plan (plan codes PT, FT, CT, and ST do not apply)	PN = Employee & DP
HM3 (< 20 hrs)	UnitedHealthcare HMO Plan (plan codes PT, FT, CT, and ST do not apply)	FN = Employee & DP & Children
		PT = Employee & DP w/Fringe *
		FT = Employee & DP & Children - Family w/Fringe *
		CT = Employee & DP & Children - Children w/Fringe *
		ST = Employee & DP & Children - DP w/Fringe *
FM1 (30+ hrs) *	Medical taxable fringe coding for both PPO Plan & HMO Plan	15=UH (EE & DP) w/Fringe
FM2 (20-29 hrs) *	Medical taxable fringe coding for both PPO Plan & HMO Plan	16=UH (EE & DP & Children) DP w/Fringe
**** To be used in conjunction with UH1 / UH2 or HM1 / HM2***		17=UH (EE & DP & Children) Children w/Fringe
only if the Employee has plan codes: PT, FT, ST, or CT		18=UH (EE & DP & Children) Family w/Fringe
		19=HMO (EE & DP) w/Fringe
		20=HMO (EE & DP & Children) DP w/Fringe
		21=HMO (EE & DP & Children) Children w/Fringe
		22=HMO (EE & DP & Children) Family w/Fringe
WVM	Waive Medical Coverage	N/A
Dental Deduction Codes	**Deduction Code Description**	**Plan Codes & Description**
DT1 (30+ hrs)	Dental	EO = Employee Only
DT2 (20-29 hrs)	Dental	EC = Employee and Children
DT3 (< 20 hrs)	Dental (plan codes PT or FT do not apply)	EF = Employee and Family
		ES = Employee and Spouse
		PN = Employee & DP
		FN = Employee & DP & Children
		PT = Employee & DP w/Fringe *
		FT = Employee & DP & Children - Family w/Fringe *
FD1 (30+ hrs) *	Dental taxable fringe coding for Dental Plan	02=DT(EE & DP) w/Fringe
FD2 (20-29 hrs) *	Dental taxable fringe coding for Dental Plan	03=DT(EE & DP & Children) Family w/Fringe
**** To be used inconjunction with DT1 or DT2***		
only if the Employee has plan codes: PT or FT		
WVD	Waive Dental Coverage	N/A
Vision Deduction Code	**Deduction Code Description**	**Plan Codes & Description**
SVP	Davis Vision Plan	EO = Employee Only
		EC = Employee and Children
		EF = Employee and Family/Domestic Partner
		ES = Employee and Spouse/Domestic Partner

Legal Deduction Code	Deduction Code Description	Plan Codes & Description
LG1	TX Legal Protection Plan	EO = Employee Only EF = Employee and Family/Domestic Partner & Children
Flextra Deduction Code	**Deduction Code Description**	**Plan Codes & Description**
FDC	Flextra Dependent Care Account Per Pay Period Deduction - $208.00; Annual Limit - $4,992	N/A
FHC	Flextra Health Care Account Per Pay Period Deduction - $250.00; Annual Limit - $6,000	N/A
Life Insurance Deduction Code	**Deduction Code Description**	**Plan Codes & Description**
LBA (30+ hrs)	Basic Life 1x's Annual Salary	N/A
LBB (20-29 hrs) LBC (20-29 hrs)	Basic Life 1x's Annual Salary - Employee's portion Basic Life 1x's Annual Salary - City's portion	N/A
LBF (<20 hrs)	Basic Life 1x's Annual Salary	N/A
LBH (30+ hrs)	Basic Life Capped $50,000	N/A
LBI (20-29 hrs) LBJ (20-29 hrs)	Basic Life Capped $50,000 - Employee's portion Basic Life Capped $50,000 - City's portion	N/A
LBK (<20 hrs)	Basic Life Capped $50,000	N/A
LX1 or LBA	Executive Life - (City Manager) - $200,000	N/A
LX2 or LBA	Executive Life - Class 16 (Asst City Mgr/Directors) - $100,000	N/A
LX3 or LBA	Executive Life - Class 17 (Asst Dir/Charter-Exempt) - $50,000	N/A
LSF	Supplemental Life - **Pre-tax**	L1=One Times Salary L2=Two Times Salary L3=Three Times Salary L4=Four Times Salary
LSN	Supplemental Life - **Not Pre-tax**	L1=One Times Salary L2=Two Times Salary L3=Three Times Salary L4=Four Times Salary
LID	Dependent Life Insurance	LS=Spouse/Domestic Partner ($10,000) LC=Children ($5,000) LF=Family/Domestic Partner & Children ($10,000,$5,000) 2S=Spouse/Domestic Partner ($20,000) 2C=Children ($10,000) 2F=Family/Domestic Partner & Children ($20,000, $10,000)
Disability Deduction Code	**Deduction Code Description**	**Plan Codes & Description**
STD	Short Term Disability	N/A
LTD	Long Term Disability	N/A