

Refuse Unit—SEIU

Summary of Benefits

2020

Health, Vision, and Dental Coverage

The City offers six (6) Health Plans, one (1) Vision plan and three (3) Dental plans. Vision coverage is provided through Vision Service Plan (VSP) and is automatically included with all health plan selections. Vision coverage is only available upon enrolling in a health plan.

Life Insurance Coverage

A basic amount of Life Insurance equal to \$10,000 is provided. The City pays for 100% of the cost of basic Life Insurance.

457 Deferred Compensation Plan

The City offers a 457 Deferred Compensation Plan. Contributions can be deducted on a pre-tax and/or after-tax (ROTH) basis. A minimum contribution of at least \$10 per pay period must be made to participate. Please refer to the Deferred Compensation plan summary for the maximum annual allowable contribution under IRS rules.

State Disability Insurance

Employees are automatically covered under State Disability Insurance (SDI)

which is administered by the Employee Development Department (EDD) of the State of California. This program is designed to partially replace wages because of disability that was NOT caused at your workplace. For more detailed information, visit the website at www.edd.ca.gov.

Retirement Plan

Employees are automatically covered under the City's Retirement Plan, which is offered through CalPERS. The retirement benefit factor is 2.7%@55 years of age for employees hired on or before December 31, 2012.

Effective December 6, 2013, employees hired on or before June 7, 2011 will begin paying a percentage of the Retirement Plan cost (refer to the MOU). Employees hired from June 8, 2011 to December 31, 2012 (Tier 2), pay the employee's share of 8%. Employees hired on or after January 1, 2013 (Tier 3) are subject to the Pension Reform Act with a benefit factor of 2% @ 62 years of age, pay the employee share of 7%; except for "Classic" members who may be placed in Tier 2. Please see

the CalPERS Retirement Plan booklet or visit the website at: www.calpers.ca.gov for more detailed information. Information is subject to change upon each fiscal year.

Additional Life Insurance, Flexible Spending Accounts, and Legal Services plans are available to all City employees for optional voluntary enrollment; please refer to the City's website for complete plan details.

IMPORTANT NOTE:

This benefit insert does not supersede any City policies, Summary of Benefits, or Evidence of Coverage (EOC). All documents can be found in the City's HR website.

BENEFICIARY INFORMATION

Be sure to keep beneficiary information up to date. Forms are available on the employee online homepage.

INSURANCE PREMIUMS

Health, Vision and Dental benefit premiums are pre-tax and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are post-tax for members of a registered domestic partnership. If a registered domestic partner qualifies as a dependent and meets the IRS requirements of section 152 deductions are pre-tax, verification is required annually.

For complete details on health, vision, and dental premium rates, please visit the City's Human Resources Benefits website at: <https://riversideca.gov/human/employee-hub>

Bi-Weekly Costs	Full Time Employee			3/4 Time Employee			1/2 Time Employee		
	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Blue Shield PPO	\$191.84	\$569.34	\$734.58	\$281.91	\$702.62	\$903.06	\$371.99	\$835.90	\$1,071.55
Blue Shield HMO 15	\$31.90	\$257.84	\$412.48	\$117.08	\$381.43	\$569.60	\$202.27	\$505.03	\$726.71
Blue Shield HMO 20	\$0.00	\$149.23	\$262.13	\$62.84	\$271.41	\$417.29	\$147.33	\$393.60	\$572.46
Blue Shield HMO 20 Trio	\$0.00	\$75.84	\$160.81	\$24.80	\$194.45	\$311.03	\$107.52	\$313.06	\$461.25
Kaiser HMO 15	\$0.00	\$161.74	\$252.37	\$68.14	\$281.11	\$403.43	\$151.24	\$400.48	\$554.49
Kaiser HMO 30	\$0.00	\$103.86	\$175.01	\$39.26	\$222.78	\$325.46	\$122.13	\$341.70	\$475.91
Local Advantage	\$12.02	\$40.14	\$65.70	\$17.64	\$45.76	\$71.32	\$23.27	\$51.39	\$76.95
Delta DPO	\$12.02	\$40.14	\$65.70	\$17.64	\$45.76	\$71.32	\$23.27	\$51.39	\$76.95
Delta Care HMO	\$0.00	\$0.00	\$1.46	\$0.00	\$0.00	\$7.09	\$0.00	\$4.84	\$12.71