General Unit - SEIU

Summary of Benefits 2026

Health, Vision, and Dental Coverage
The City offers seven (7) 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 $100,000 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. The City will make a contribution of $50 a month on your behalf. To qualify for the City contribution you must contribute a minimum of $12.50 semi-monthly to the plan. Please refer to the Benefits website 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 by your work. For more detailed information, visit the website at www.edd.ca.gov.

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

Employees hired between October 19, 2011 and December 31, 2012 (Tier 2), have a benefit factor of 2.7%@55 years of age and pay the employee 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 each fiscal year.

Medical Opt-Out Option
Employees may elect to waive the Health insurance coverage offered by the City and receive a $2,000 annual stipend under the "Health Opt-Out" program. Employees hired mid-year will receive a pro-rated amount. Please review the "Fringe Benefits and Salary Resolution" for complete details.

Additional Life Insurance, Flexible Spending Accounts, Critical Illness, and Legal Services
plans are available to all City employees for optional enrollment; please refer to the City's website for 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. A beneficiary checklist is available on the Benefits website below.

INSURANCE PREMIUMS
Health, Vision and Dental benefit premiums are pre-tax and are deducted from **24** semimonthly pay periods during the calendar year.

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

Semimonthly Costs	Full Time Employee			3/4 Time Employee			1/2 Time Employee		
Insurance Plan	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Blue Shield PPO	$271.57	$808.77	$1,040.02	$408.20	$1,015.17	$1,301.77	$544.83	$1,221.58	$1,563.51
Blue Shield HDHP	$104.42	$474.44	$613.62	$241.05	$680.84	$875.37	$377.68	$887.25	$1,137.11
Blue Shield HMO 15	$38.62	$352.37	$543.11	$146.97	$502.63	$737.05	$255.33	$652.89	$931.00
Blue Shield HMO 20	$0.00	$229.33	$372.78	$83.62	$374.10	$559.12	$189.26	$518.88	$745.47
Blue Shield HMO 20 Trio	$0.00	$144.86	$256.15	$38.56	$282.93	$433.24	$140.89	$421.00	$610.33
Kaiser HMO 15	$0.00	$197.32	$299.99	$71.03	$347.50	$492.22	$179.38	$497.68	$684.46
Kaiser HMO 30	$0.00	$190.71	$291.16	$66.18	$337.69	$479.11	$172.94	$484.67	$667.06
Local Advantage	$0.00	$15.44	$42.64	$0.05	$26.06	$53.26	$10.69	$36.69	$63.89
Delta DPO	$0.00	$15.44	$42.64	$0.06	$26.06	$53.26	$10.69	$36.69	$63.89
Delta Care HMO	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.98