

SUMMARY OF BENEFITS

2027

HEALTH, VISION, AND DENTAL COVERAGE

The City offers eight (8) 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.

VOLUNTARY STD/LTD

As of 2027, employees also have the option to enroll in a voluntary short-term disability plan. Visit the City's website for full details. **Long-Term Disability, Additional Life Insurance, Flexible Spending Accounts, & other voluntary plans such as Critical Illness, Accident insurance, and hospital insurance** are available for voluntary enrollment. Visit the City's website below for full details.

RETIREMENT PLAN

Employees are automatically covered under the City's Retirement Plan, CalPERS. 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.

LIFE INSURANCE COVERAGE

A basic amount of Life Insurance equal to twice your annual salary, rounded to the next higher multiple of \$1,000 is provided, up to a maximum amount of \$700,000. The City pays 100% of the cost of basic life insurance. In addition, Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of Life Insurance is provided.

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 Plan" for complete details.

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. Each month the City will make a contribution of \$125 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 Deferred Compensation plan summary for the maximum annual allowable contribution under IRS rules.

Semimonthly Costs	Full-Time Employee		
Insurance Plan	Employee (Only)	Employee +1	Family
Blue Shield PPO	\$225.86	\$855.89	\$1,094.83
Blue Shield HDHP	\$51.73	\$507.61	\$650.62
Blue Shield HMO 15	\$0.00	\$366.31	\$563.64
Blue Shield HMO 20	\$0.00	\$221.09	\$362.50
Blue Shield HMO 20 Trio	\$0.00	\$109.46	\$208.50
Blue Shield HMO 40 Trio	\$0.00	\$0.00	\$40.31
Kaiser HMO 15	\$0.00	\$153.55	\$236.69
Kaiser HMO 30	\$0.00	\$140.46	\$219.33
Local Advantage	\$0.00	\$15.44	\$42.64
Delta DPO	\$0.00	\$17.60	\$45.81
Delta Care HMO	\$0.00	\$0.00	\$0.00

IMPORTANT NOTE:

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

BENEFICIARY INFORMATION

Be sure to keep beneficiary information up to date. Scan the QR Code below to access our Beneficiary Checklist.

INSURANCE PREMIUMS

Health, Vision and Dental benefit premiums are pre-tax and are deducted from 24-semi-monthly pay periods during the calendar year.



For complete details, including health and dental premium rates, scan the code to review the **2027 City of Riverside Employee Benefits Guide**.