

POLICE UNIT - RPOA

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.

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 \$75 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.

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.

LTD COVERAGE

The Long Term Disability (LTD) plan is designed to protect employees from losing their ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the Police Association. Please contact RPOA for specific details on eligibility, enrollment, and benefits.

LIFE INSURANCE COVERAGE

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



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

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

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. 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-semi-monthly pay periods during the calendar year.

Calculation of the Monthly/Bi-Weekly Insurance Costs

1. Determine Combined Medical and/or Dental Plan Cost
2. Select the Applicable City Contribution
3. Month Cost to Employee (subtract total cost from City Contribution)
4. Employee Cost will be Deducted on a Bi-weekly Basis (24 pay periods)

(STEP 1) INSURANCE PLAN Plan Includes Vision	Full-Time Employee (Monthly Premiums)		
	Employee (Only)	Employee +1	Family
Blue Shield PPO	\$1,806.30	\$3,608.97	\$4,607.94
Blue Shield HDHP	\$1,437.09	\$2,870.52	\$3,666.09
Blue Shield HMO 15	\$1,062.96	\$2,147.50	\$2,970.21
Blue Shield HMO 20	\$901.89	\$1,820.76	\$2,517.82
Blue Shield HMO 20 Trio	\$777.94	\$1,569.93	\$2,171.52
Blue Shield HMO 40 Trio	\$657.52	\$1,326.30	\$1,835.15
Kaiser HMO 15	\$856.52	\$1,726.10	\$2,311.64
Kaiser HMO 30	\$835.64	\$1,683.92	\$2,255.26
Local Advantage	\$63.85	\$115.87	\$170.27
Delta DPO	\$66.23	\$120.19	\$176.62
Delta Care HMO	\$25.74	\$39.04	\$58.46

(STEP 2) MONTHLY CITY CONTRIBUTION			
Coverage Type	Employee (Only)	Employee +1	Family
Blue Shield PPO	\$966.53	\$1,823.15	\$2,375.12
Blue Shield HDHP	\$949.08	\$1,788.25	\$2,330.60
Blue Shield HMO 15	\$735.22	\$1,365.18	\$1,832.86
Blue Shield HMO 20	\$705.45	\$1,304.78	\$1,749.20
Blue Shield HMO 20 Trio	\$672.67	\$1,238.45	\$1,657.62
Blue Shield HMO 40 Trio	\$672.67	\$1,238.45	\$1,657.62
Kaiser HMO 15	\$714.00	\$1,321.47	\$1,756.79
Kaiser HMO 30	\$700.46	\$1,294.16	\$1,720.29

EXAMPLE OF BENEFIT CALCULATIONS

Plan	Coverage Level	Cost
Kaiser HMO 30	EE + 1	\$1,683.92
Delta DPO	EE + 1	\$120.19
Total Monthly Cost		\$1,804.11
Applicable City Contribution		1294.16
(STEP 3) EMPLOYEE MONTHLY COST		\$509.95
(STEP 4) BI-WEEKLY		\$ 254.98