

Mayor and City Council

Summary of Benefits

2009

The City of Riverside shares the cost of Medical/Vision and Dental plans and pays 100% of the cost of basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with the medical plan selection.

This insert details bi-weekly costs for Medical/Vision and Dental coverage. In addition, this insert includes a description of Life Insurance, the City's monthly contribution to the 457 Deferred Compensation Plan and the benefit formula for calculating retirement benefits.

Life Insurance Coverage

The City provides a basic amount of Life Insurance equal to twice the annual salary, rounded the next higher multiple of \$1,000. The maximum amount of coverage is \$700,000. In addition, the City provides Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of the Life Insurance policy.

LTD Coverage

The City offers a voluntary Long-Term Disability (LTD) Plan with coverage equal to 60% of monthly pay up to a \$7,000 maximum. If this benefit is elected, it is paid for out of the City's contribution to the 457 Deferred Compensation Plan. To qualify for benefits, the recipient must meet the plan's definition of a disability. See the LTD insurance certificate for more details.

457 Deferred Compensation Plan

The City makes a monthly contribution of \$250 to a 457 Deferred Compensation Plan. An employee MUST contribute at least \$25 per pay period to the plan in order to receive the City's contribution. Contributions are deducted from compensation on a pre-tax basis.

Retirement Plan

Employees are automatically covered under the City's Retirement Plan, which is offered through CalPERS. The Contract is 2.7% @55 years of age.

Once retirement age has been reached, the retirement benefit is based on 2.7% of the highest average salary for the last consecutive 12 months, multiplied by the number of years of service. The retirement benefit is paid monthly starting the month after retirement. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of the Retirement Plan cost.

See the CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time
Blue Cross PPO	\$00.00	\$246.17	\$333.02
Blue Cross HMO Preferred	\$00.00	\$3.39	\$64.53
Blue Cross HMO Standard	\$00.00	\$00.00	\$46.40
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00
Kaiser Preferred	\$0.00	\$3.86	\$47.99
Kaiser Standard	\$00.00	\$00.00	\$00.00
Kaiser Value (Select)	\$00.00	\$00.00	\$00.00
Local Advantage	\$6.26	\$29.70	\$51.00
Delta DPO	\$6.26	\$29.70	\$51.00
Delta Care HMO	\$00.00	\$00.00	\$00.00

Salary Information

City Council Member monthly salary: \$3,284
 City Council Member monthly car allowance : \$350
 Mayor's monthly salary: \$6,569
 Mayor's monthly car allowance: \$500

Important Note!

Medical and dental benefit premiums are pre-taxed and are deducted from 24 biweekly pay periods during the calendar year. Bi-weekly deductions are paid after-tax for a Registered Domestic Partnership.

Beneficiary Information

Be sure to keep beneficiary information up to date. Otherwise, in the event of death, benefits may not be paid to the intended person. Forms are available at: <http://www.riversideca.gov/human/benefits/benefits-forms.asp>

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance Coverage, Long-Term Disability (LTD) Coverage, Deferred Compensation Plans and Retirement Plan.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City offers you a voluntary Long-Term Disability (LTD) Plan with coverage equal to 60% of your monthly pay up to a \$7,000 maximum. If you elect to participate in this LTD benefit, it is paid for on a after-tax basis. To qualify for benefits, you must meet the plan's definition of disability. Other rules apply. See your insurance booklet for details.

Your 401(a) and 457 Deferred Compensation Plans

The City offers a **ONE-TIME** opportunity to enroll in a 401(a) deferred compensation plan. You may **"IRREVOCABLY"** defer a certain percentage or dollar amount of your salary on a pre-tax basis.

Also, you may participate in a 457 deferred compensation plan. Your contributions to the 457 plan are deducted from your salary on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate in the

457 plan. Both plans are subject to IRS contribution limits.

The City makes a monthly contribution of \$250 to your Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the deferred compensation plan.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @55 years of age. Once you have reached retirement age, your retirement is based on 2.7% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time
Blue Cross PPO	\$00.00	\$246.17	\$333.02	\$62.66	\$343.17	\$452.52
Blue Cross HMO Preferred	\$00.00	\$3.39	\$64.53	\$00.00	\$100.39	\$184.63
Blue Cross HMO Standard	\$00.00	\$00.00	\$46.40	\$00.00	\$87.26	\$165.90
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00	\$00.00	\$48.25	\$111.82
Kaiser Preferred	\$00.00	\$3.86	\$47.99	\$00.00	\$100.86	\$167.49
Kaiser Standard	\$00.00	\$00.00	\$00.00	\$00.00	\$61.68	\$93.54
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$27.69	\$73.98
Local Advantage	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63
Delta DPO	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$4.09

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date.

Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Management I/II

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City offers you a voluntary Long-Term Disability Plan with coverage equal to 60%

of your monthly pay up to a \$7,000 maximum. If you elect to participate in this benefit, it is paid for out of the City's contribution to your 457 Deferred Compensation Plan. To qualify for benefits, you must meet the plan's definition of disability. Other rules apply. See your LTD insurance booklet for details.

Your 457 Deferred Compensation Plan

Each month, the City makes a contribution of \$250 on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @55 years of age.

Once you have reached retirement age, your retirement is based on 2.7% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retire benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

IMPORTANT NOTE

Medical and dental premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Insurance Plan	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$00.00	\$246.17	\$333.02	\$62.66	\$343.17	\$452.52	\$147.78	\$440.17	\$572.02
Blue Cross HMO Preferred	\$00.00	\$3.39	\$64.53	\$00.00	\$100.39	\$184.03	\$24.09	\$197.39	\$303.53
Blue Cross HMO Standard	\$00.00	\$00.00	\$46.40	\$00.00	\$87.26	\$165.90	\$17.60	\$184.26	\$285.40
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00	\$00.00	\$48.25	\$111.82	\$0.00	\$145.25	\$231.32
Kaiser Preferred	\$00.00	\$3.86	\$47.99	\$00.00	\$100.86	\$167.49	\$38.09	\$197.86	\$286.99
Kaiser Standard	\$00.00	\$00.00	\$00.00	\$00.00	\$61.68	\$93.54	\$12.42	\$158.68	\$213.04
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$27.69	\$73.98	\$00.00	\$124.69	\$193.48
Local Advantage	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta DPO	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$4.09	\$00.00	\$2.84	\$9.71

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a description of your Life Insurance, State Disability Insurance (SDI), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan, and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to one year of your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$500,000.

Your SDI Coverage

You 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.

Your 457 Deferred Compensation Plan

The City makes a monthly contribution of \$150 on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @ 55 years of age.

Once you have reached retirement age, your retirement is based on 2.7% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

Insurance Plan	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$00.00	\$246.17	\$333.02	\$62.66	\$343.17	\$452.52	\$147.78	\$440.17	\$572.02
Blue Cross HMO Preferred	\$00.00	\$3.39	\$64.53	\$00.00	\$100.39	\$184.03	\$24.09	\$197.39	\$303.53
Blue Cross HMO Standard	\$00.00	\$00.00	\$46.40	\$00.00	\$87.26	\$165.90	\$17.60	\$184.26	\$285.40
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00	\$00.00	\$48.25	\$111.82	\$00.00	\$145.25	\$231.32
Kaiser Preferred	\$0.00	\$3.86	\$47.99	\$00.00	\$100.86	\$167.49	\$38.09	\$197.86	\$286.99
Kaiser Standard	\$00.00	\$00.00	\$00.00	\$00.00	\$61.68	\$93.54	\$12.42	\$158.68	\$213.04
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$27.69	\$73.98	\$00.00	\$124.69	\$193.48
Local Advantage	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta DPO	\$6.26	\$29.70	51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$4.09	\$00.00	\$2.84	\$9.71

IMPORTANT NOTE

Medical and dental premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, State Disability Insurance (SDI), 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to \$10,000.

Your SDI Coverage

You 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.

Your 457 Deferred Compensation Plan

The City has a 457 Deferred Compensation Plans available for your participation. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @55 years of age. Once you have reached retirement age, your retirement is based on 2.7%

of your highest average salary for the last consecutive 12 months, multiplied by your years of service.

The retirement benefit is paid monthly starting the month after you retire.

The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

	Single	2 - Party	Family	Single	2 - Party	Family	Single	2 - Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$40.53	\$271.67	\$366.02	\$109.91	\$362.30	\$477.27	\$179.28	\$452.92	\$588.52
Blue Cross HMO Preferred	\$00.00	\$28.89	\$97.53	\$00.00	\$119.52	\$208.78	\$55.59	\$210.14	\$320.03
Blue Cross HMO Standard	\$00.00	\$15.76	\$79.40	\$00.00	\$106.39	\$190.65	\$49.10	\$197.01	\$301.90
Blue Cross Value	\$00.00	\$00.00	\$25.32	\$00.00	\$67.38	\$136.57	\$29.90	\$158.00	\$247.82
Kaiser Preferred	\$00.00	\$29.36	\$80.99	\$00.21	\$119.99	\$192.24	\$69.59	\$210.61	\$303.49
Kaiser Standard	\$00.00	\$00.00	\$7.04	\$00.00	\$80.81	\$118.29	\$43.92	\$171.43	\$229.54
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$46.82	\$98.73	\$26.40	\$137.44	\$209.98
Local Advantage	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta Care DPO	\$6.26	\$29.70	\$51.00	\$11.89	\$35.33	\$56.63	\$17.51	\$40.95	\$62.25
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$4.09	\$00.00	\$2.84	\$9.71

Public Utilities Field Unit-IBEW

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to \$75,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City automatically enrolls you into a Long-Term Disability (LTD) Plan with coverage equal to 66 and 2/3% of your monthly pay up to a \$3,000 maximum. To qualify for benefits, you must meet the plan's definition of disability. Other rules apply. See your insurance booklet for details.

Your 457 Deferred Compensation Plan

The City has a 457 Deferred Compensation Plan available for your participation. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @55 years of age. Once you have reached retirement age, your retirement is based on 2.7% of your highest average salary for the last consecutive 12 months, multiplied by your years of

service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$56.30	\$284.17	\$336.02	\$121.73	\$371.67	\$454.77	\$187.17	\$459.17	\$573.52
Blue Cross HMO Preferred	\$00.00	\$41.39	\$67.53	\$00.00	\$128.89	\$186.28	\$63.48	\$216.39	\$305.03
Blue Cross HMO Standard	\$00.00	\$28.26	\$49.40	\$00.00	\$115.76	\$168.15	\$56.99	\$203.26	\$286.90
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00	\$00.00	\$76.75	\$114.07	\$37.79	\$164.25	\$232.82
Kaiser Preferred	\$00.00	\$41.86	\$50.99	\$12.04	\$129.36	\$169.74	\$77.47	\$216.86	\$288.49
Kaiser Standard	\$00.00	\$2.68	\$00.00	\$00.00	\$90.18	\$95.79	\$51.80	\$177.68	\$214.54
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$56.19	\$76.23	\$34.28	\$143.69	\$194.98
Local Advantage	\$1.26	\$24.70	\$46.00	\$8.14	\$31.58	\$52.88	\$15.01	\$38.45	\$59.75
Delta DPO	\$1.26	\$24.70	\$46.00	\$8.14	\$31.58	\$52.88	\$15.01	\$38.45	\$59.75
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$00.34	\$00.00	\$00.34	\$7.21

Public Utilities Field - IBEW Supervisory

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's contribution on your behalf to the 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City offers you a voluntary Long-Term Disability (LTD) Plan with coverage equal to 60% of your monthly pay up to a \$7,000

maximum. If you elect to participate in this benefit, it is paid for out of the City's contribution to your 457 Deferred Compensation Plan. To qualify for benefits, you must meet the plan's definition of disability. Other rules apply. See your insurance booklet for details.

Your 457 Deferred Compensation Plan

The City makes a monthly contribution of \$250 on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 2.7% @55 years of age. Once you have reached retirement age, your retirement is based on 2.7%

last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a retirement benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$56.30	\$284.17	\$336.02	\$121.73	\$371.67	\$454.77	\$187.17	\$459.17	\$573.52
Blue Cross HMO Preferred	\$00.00	\$41.39	\$67.53	\$00.00	\$128.89	\$186.28	\$63.48	\$216.39	\$305.03
Blue Cross HMO Standard	\$00.00	\$28.26	\$49.40	\$00.00	\$115.76	\$168.15	\$56.99	\$203.26	\$286.90
Blue Cross HMO Value	\$00.00	\$00.00	\$00.00	\$00.00	\$76.75	\$114.07	\$37.79	\$164.25	\$232.82
Kaiser Preferred	\$00.00	\$41.86	\$50.99	\$12.04	\$129.36	\$169.74	\$77.47	\$216.86	\$288.49
Kaiser Standard	\$00.00	\$2.68	\$00.00	\$00.00	\$90.18	\$95.79	\$51.80	\$177.68	\$214.54
Kaiser Value	\$00.00	\$00.00	\$00.00	\$00.00	\$56.19	\$76.23	\$34.28	\$143.69	\$194.98
Local Advantage	\$1.26	\$24.70	\$46.00	\$8.14	\$31.58	\$52.88	\$15.01	\$38.45	\$59.75
Delta Dental DPO	\$1.26	\$24.70	\$46.00	\$8.14	\$31.58	\$52.88	\$15.01	\$38.45	\$59.75
Delta Care HMO	\$00.00	\$00.00	\$00.00	\$00.00	\$00.00	\$00.34	\$00.00	\$00.34	\$7.21

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your monthly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan, and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect an employee

from losing his/her ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the Standard. Please contact your association for specific details on eligibility, enrollment, and benefits.

Your 457 Deferred Compensation Plan

The City makes a monthly contribution of \$215 (\$200, if enrolled in LTD) on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 3% @50 years of age. Once you have reached retirement age, your retirement is based on 3% of your highest average salary for the

last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Calculation of your Monthly Insurance Costs... Items to Consider:

1. Select the Applicable City Contribution
2. Deduct Combined Medical and/or Dental Plan Cost
3. Monthly Cost to Employee
4. Employee Monthly Cost will be Deducted on a Monthly Basis

Insurance Plan (2)	Single	2-Party	Family
	Full Time	Full Time	Full Time
Blue Cross PPO	\$636.06	\$1,268.34	\$1,622.04
Blue Cross HMO Preferred	\$388.68	\$782.78	\$1,085.06
Blue Cross HMO Standard	\$375.70	\$756.52	\$1,048.80
Blue Cross HMO Value	\$337.30	\$678.50	\$940.64
Kaiser Preferred	\$416.67	\$783.72	\$1,051.97
Kaiser Standard	\$365.33	\$705.36	\$904.08
Kaiser Value	\$330.29	\$637.38	\$864.96
Local Advantage	\$57.52	\$104.40	\$147.00
Delta Dental DPO	\$57.52	\$104.40	\$147.00
Delta Care HMO	\$18.58	\$28.18	\$41.92

Type	City Contribution (1)
Single	\$480.00
2-Party	\$850.00
Family	\$1,122.00

Example

Insurance Plan	Employee Cost (3)
Kaiser Value -Family	\$864.96
DeltaCare HMO - Family	\$41.92
Total Cost	\$906.88
Monthly Cost to Employee (4)	\$00.00

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your monthly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to \$6,000.

Your LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect an employee from losing his/her ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the Standard. Please contact your association for specific details on eligibility, enrollment, and benefits.

Your 457 Deferred Compensation Plan

The City has 457 Deferred Compensation Plans available for your participation. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 3% @50 years of age. Once you have reached retirement age, your retirement is based on 3% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at

www.calpers.ca.gov for more detailed and valuable plan information including a benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Calculation of your Monthly Insurance Costs... Items to Consider:

1. Select the Applicable City Contribution
2. Deduct Combined Medical and/or Dental Plan Cost
3. Monthly Cost to Employee
4. Employee Cost will be Deducted on a Bi-weekly Basis

Insurance Plan (2)	Single	2-Party	Family	Type	City Contribution (1)
	Full Time	Full Time	Full Time		
Blue Cross PPO	\$636.06	\$1,268.34	\$1,622.04	Single	\$480.00
Blue Cross HMO Preferred	\$388.68	\$782.78	\$1,085.06	2-Party	\$850.00
Blue Cross HMO Standard	\$375.70	\$756.52	\$1,048.80	Family	\$1,122.00
Blue Cross HMO Value	\$337.30	\$678.50	\$940.64	Example	
Kaiser Preferred	\$416.67	\$783.72	\$1,051.97	Insurance Plan	Employee Cost (3)
Kaiser Standard	\$365.33	\$705.36	\$904.08	Kaiser Value - Family	\$864.96
Kaiser Value	\$330.29	\$637.38	\$864.96	Delta Care HMO-Family	\$41.92
Local Advantage	\$57.52	\$104.40	\$147.00	Total Cost	\$906.88
Delta Dental DPO	\$57.52	\$104.40	\$147.00	Monthly Cost to Employee (4)	\$00.00
Delta Care HMO	\$18.58	\$28.18	\$41.92		

Police Supervisory Unit-RPOA Supervisory

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your monthly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan, and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary, rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect an employee from

losing his/her ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the Standard. Please contact your association for specific details on eligibility, enrollment, and benefits.

Your 457 Deferred Compensation Plan

The City makes a monthly contribution of \$215 (\$200, if enrolled in LTD) on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 3% @50 years of age. Once you have reached retirement

age, your retirement is based on 3% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Calculation of your Monthly Insurance Costs... Items to Consider:

1. Select the Applicable City Contribution
2. Deduct Combined Medical and/or Dental Plan Cost
3. Monthly Cost to Employee
4. Employee Monthly Cost will be Deducted on a Bi-weekly Basis

Insurance Plan (2)	Single	2-Party	Family	Type	City Contribution (1)
	Full Time	Full Time	Full Time	Single	\$480.00
Blue Cross PPO	\$636.06	\$1,268.34	\$1,622.04	2-Party	\$850.00
Blue Cross HMO Preferred	\$388.68	\$782.78	\$1,085.06	Family	\$1,122.00
Blue Cross HMO Standard	\$375.70	\$756.52	\$1,048.80	Example	
Blue Cross HMO Value	\$337.30	\$678.50	\$940.64	Insurance Plan	Employee Cost (3)
Kaiser Preferred	\$416.67	\$783.72	\$1,051.97	Kaiser Value - Family	\$864.96
Kaiser Standard	\$365.33	\$705.36	\$904.08	Delta Care HMO - Family	\$41.92
Kaiser Value	\$330.29	\$637.38	\$864.96	Total Cost	\$906.88
Local Advantage	\$57.52	\$104.40	\$147.00	Monthly Cost to Employee (4)	\$00.00
Delta Dental DPO	\$57.52	\$104.40	\$147.00		
Delta Care HMO	\$18.58	\$28.18	\$41.92		

Fire Unit-RCFA

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), 457 Deferred Compensation Plan and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to \$10,000.

Your LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect an employee from losing his/her ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the

Standard. Please contact your association for specific details on eligibility, enrollment, and benefits.

Your 457 Deferred Compensation Plan

The City has 457 Deferred Compensation Plans available for your participation. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 3% @ 50 years of age. Once you have reached retirement age, your retirement is based on 3% of your highest average salary for the last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid

monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$55.03	\$279.17	\$396.02	\$120.78	\$367.92	\$499.77	\$186.53	\$456.67	\$603.52
Blue Cross HMO Preferred	\$00.00	\$36.39	\$127.53	\$00.00	\$125.14	\$231.28	\$62.84	\$213.89	\$335.03
Blue Cross HMO Standard	\$00.00	\$23.26	\$109.40	\$00.00	\$112.01	\$213.15	\$56.35	\$200.76	\$316.90
Blue Cross HMO Value	\$00.00	\$00.00	\$55.32	\$00.00	\$73.00	\$159.07	\$37.15	\$161.75	\$262.82
Kaiser Preferred	\$00.00	\$36.86	\$110.99	\$11.09	\$125.61	\$214.74	\$76.84	\$214.36	\$318.49
Kaiser Standard	\$00.00	\$00.00	\$37.04	\$00.00	\$86.43	\$140.79	\$51.17	\$175.18	\$244.54
Kaiser Value	\$00.00	\$00.00	\$17.48	\$00.00	\$52.44	\$121.23	\$33.65	\$141.19	\$224.98
Local Advantage	\$11.26	\$34.70	\$56.00	\$15.64	\$39.08	\$60.38	\$20.01	\$43.45	\$64.75
Delta Dental DPO	\$11.26	\$34.70	\$56.00	\$15.64	\$39.08	\$60.38	\$20.01	\$43.45	\$64.75
Delta Care HMO	\$00.00	\$00.00	\$3.46	\$00.00	\$00.97	\$7.84	\$00.54	\$5.34	\$12.21

Fire Management

Summary of Your Benefits

2009

The City of Riverside shares the cost of your Medical/Vision and Dental plans and pays 100% of the cost of your basic Life Insurance. Vision coverage is provided through Vision Service Plan (VSP) and is included with your medical plan selection.

This insert details your bi-weekly costs for Medical/Vision and Dental coverage. In addition, you will find a brief description of your Life Insurance, Long-Term Disability (LTD), the City's monthly contribution on your behalf to the 457 Deferred Compensation Plan, and the benefit formula for calculating your retirement benefit.

Your Life Insurance Coverage

You receive a basic amount of Life Insurance equal to twice your annual salary rounded the next higher multiple of \$1,000. The maximum amount is \$700,000. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of your Life Insurance.

Your LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect an employee from losing his/her ability to earn a living

due to a long term or permanent disability. The LTD plan is administered through the Standard. Please contact your association for specific details on eligibility, enrollment, and benefits.

Your 457 Deferred Compensation Plan

The City makes a monthly contribution of \$210 (\$200, if enrolled in LTD) on your behalf to the 457 Deferred Compensation Plan. You **MUST** match the City's contribution by contributing at least \$25 per pay period to the plan. Your contributions are deducted from your pay on a pre-tax basis. You **MUST** contribute at least \$10 per pay period to participate.

Your Retirement Plan

You are automatically covered under the City's Retirement Plan, which is offered through CalPERS. Your Contract is 3% @ 50 years of age. Once you have reached retirement age, your retirement is based on 3% of your highest average salary for the

last consecutive 12 months, multiplied by your years of service. The retirement benefit is paid monthly starting the month after you retire. The plan also provides disability, death, and survivor benefits.

The City of Riverside pays 100% of your Retirement Plan cost.

See your CalPERS Retirement Plan booklet or visit their website at www.calpers.ca.gov for more detailed and valuable plan information including a benefit calculator.

BENEFICIARY INFORMATION

Be sure to keep your beneficiary information up to date. Otherwise, in the event of your death, benefits may not be paid to the person you wish to receive them. Forms are available at: <http://www.riversideca.gov/human/benefits/benefit-forms.asp>

IMPORTANT NOTE

Medical and dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are after-tax for Registered Domestic Partnership.

Your Bi-weekly Deductions for Medical (Vision) and Dental Options

	Single	2-Party	Family	Single	2-Party	Family	Single	2-Party	Family
Insurance Plan	Full Time	Full Time	Full Time	3/4 Time	3/4 Time	3/4 Time	1/2 Time	1/2 Time	1/2 Time
Blue Cross PPO	\$00.00	\$209.17	\$386.02	\$00.00	\$315.42	\$492.27	\$105.53	\$421.67	\$598.52
Blue Cross HMO Preferred	\$00.00	\$00.00	\$117.53	\$00.00	\$72.64	\$223.78	\$00.00	\$178.89	\$330.03
Blue Cross HMO Standard	\$00.00	\$00.00	\$99.40	\$00.00	\$59.51	\$205.65	\$00.00	\$165.76	\$311.90
Blue Cross HMO Value	\$00.00	\$00.00	\$45.32	\$00.00	\$20.50	\$151.57	\$00.00	\$126.75	\$257.82
Kaiser Preferred	\$00.00	\$00.00	\$100.99	\$00.00	\$73.11	\$207.24	\$00.00	\$179.36	\$313.49
Kaiser Standard	\$00.00	\$00.00	\$27.04	\$00.00	\$33.93	\$133.29	\$00.00	\$140.18	\$239.54
Kaiser Value	\$00.00	\$00.00	\$7.48	\$00.00	\$00.00	\$113.73	\$00.00	\$106.19	\$219.98
Local Advantage	\$18.76	\$42.20	\$63.50	\$21.26	\$44.70	\$66.00	\$23.76	\$47.20	\$68.50
Delta Dental DPO	\$18.76	\$42.20	\$63.50	\$21.26	\$44.70	\$66.00	\$23.76	\$47.20	\$68.50
Delta Care HMO	\$00.00	\$4.09	\$10.96	\$1.79	\$6.59	\$13.46	\$4.29	\$9.09	\$15.96