

Mayor & City Council

2011 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$0.00	\$298.69	\$394.11
Blue Cross HMO (Preferred)	\$0.00	\$74.24	\$158.09
Blue Cross HMO (Standard)	\$0.00	\$54.82	\$131.28
Blue Cross HMO (Value)	\$0.00	\$0.00	\$54.95
Kaiser (Preferred)	\$0.00	\$54.33	\$110.53
Kaiser (Standard)	\$0.00	\$8.48	\$23.99
Kaiser (Value)	\$0.00	\$0.00	\$1.66
Local Advantage	\$9.14	\$34.92	\$58.35
Delta DPO	\$9.14	\$34.92	\$58.35
Delta Care HMO	\$0.00	\$0.00	\$0.00

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$110.53
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$110.53

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Executive 2011 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$0.00	\$298.69	\$394.11
Blue Cross HMO (Preferred)	\$0.00	\$74.24	\$158.09
Blue Cross HMO (Standard)	\$0.00	\$54.82	\$131.28
Blue Cross HMO (Value)	\$0.00	\$0.00	\$54.95
Kaiser (Preferred)	\$0.00	\$54.33	\$110.53
Kaiser (Standard)	\$0.00	\$8.48	\$23.99
Kaiser (Value)	\$0.00	\$0.00	\$1.66
Local Advantage	\$9.14	\$34.92	\$58.35
Delta DPO	\$9.14	\$34.92	\$58.35
Delta Care HMO	\$0.00	\$0.00	\$0.00

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$110.53
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$110.53

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Management I/II 2011 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	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	\$0.00	\$298.69	\$394.11	\$87.04	\$399.44	\$519.86	\$175.29	\$500.19	\$645.61
Blue Cross HMO (Preferred)	\$0.00	\$74.24	\$158.09	\$0.00	\$174.99	\$283.84	\$60.25	\$275.74	\$409.59
Blue Cross HMO (Standard)	\$0.00	\$54.82	\$131.28	\$0.00	\$155.57	\$257.03	\$50.66	\$256.32	\$382.78
Blue Cross HMO (Value)	\$0.00	\$0.00	\$54.95	\$0.00	\$100.48	\$180.70	\$23.52	\$201.23	\$306.45
Kaiser (Preferred)	\$0.00	\$54.33	\$110.53	\$0.00	\$155.08	\$236.28	\$66.51	\$255.83	\$362.03
Kaiser (Standard)	\$0.00	\$8.48	\$23.99	\$0.00	\$109.23	\$149.74	\$36.47	\$209.98	\$275.49
Kaiser (Value)	\$0.00	\$0.00	\$1.66	\$0.00	\$69.89	\$127.41	\$16.20	\$170.64	\$253.16
Local Advantage	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta DPO	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.09	\$0.00	\$2.84	\$9.71

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$110.53
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$110.53

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Confidential

2011 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	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	\$0.00	\$298.69	\$394.11	\$87.04	\$399.44	\$519.86	\$175.29	\$500.19	\$645.61
Blue Cross HMO (Preferred)	\$0.00	\$74.24	\$158.09	\$0.00	\$174.99	\$283.84	\$60.25	\$275.74	\$409.59
Blue Cross HMO (Standard)	\$0.00	\$54.82	\$131.28	\$0.00	\$155.57	\$257.03	\$50.66	\$256.32	\$382.78
Blue Cross HMO (Value)	\$0.00	\$0.00	\$54.95	\$0.00	\$100.48	\$180.70	\$23.52	\$201.23	\$306.45
Kaiser (Preferred)	\$0.00	\$54.33	\$110.53	\$0.00	\$155.08	\$236.28	\$66.51	\$255.83	\$362.03
Kaiser (Standard)	\$0.00	\$8.48	\$23.99	\$0.00	\$109.23	\$149.74	\$36.47	\$209.98	\$275.49
Kaiser (Value)	\$0.00	\$0.00	\$1.66	\$0.00	\$69.89	\$127.41	\$16.20	\$170.64	\$253.16
Local Advantage	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta DPO	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.09	\$0.00	\$2.84	\$9.71

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$110.53
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$110.53

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General Unit (SEIU) 2011 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	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	\$74.29	\$324.19	\$429.61	\$143.67	\$418.57	\$546.49	\$213.04	\$512.94	\$663.36
Blue Cross HMO (Preferred)	\$0.00	\$99.74	\$193.59	\$28.63	\$194.12	\$310.47	\$98.00	\$288.49	\$427.34
Blue Cross HMO (Standard)	\$0.00	\$80.32	\$166.78	\$19.04	\$174.70	\$283.66	\$88.41	\$269.07	\$400.53
Blue Cross HMO (Value)	\$0.00	\$25.23	\$90.45	\$0.00	\$119.61	\$207.33	\$61.27	\$213.98	\$324.20
Kaiser (Preferred)	\$0.00	\$79.83	\$146.03	\$34.89	\$174.21	\$262.90	\$104.26	\$268.58	\$379.78
Kaiser (Standard)	\$0.00	\$33.98	\$59.49	\$4.85	\$128.35	\$176.37	\$74.22	\$222.73	\$293.24
Kaiser (Value)	\$0.00	\$0.00	\$37.16	\$0.00	\$89.01	\$154.03	\$53.95	\$183.39	\$270.91
Local Advantage	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta DPO	\$9.14	\$34.92	\$58.35	\$14.77	\$40.55	\$63.98	\$20.39	\$46.17	\$69.60
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4.09	\$0.00	\$2.84	\$9.71

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations

Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$146.03
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$146.03

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Refuse Unit (SEIU) 2011 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	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	\$74.29	\$309.19	\$407.11	\$143.67	\$407.32	\$529.61	\$213.04	\$505.44	\$652.11
Blue Cross HMO (Preferred)	\$0.00	\$84.74	\$171.09	\$28.63	\$182.87	\$293.59	\$98.00	\$280.99	\$416.09
Blue Cross HMO (Standard)	\$0.00	\$65.32	\$144.28	\$19.04	\$163.45	\$266.78	\$88.41	\$261.57	\$389.28
Blue Cross HMO (Value)	\$0.00	\$10.23	\$67.95	\$0.00	\$108.36	\$190.45	\$61.27	\$206.48	\$312.95
Kaiser (Preferred)	\$0.00	\$64.83	\$123.53	\$34.89	\$162.96	\$246.03	\$104.26	\$261.08	\$368.53
Kaiser (Standard)	\$0.00	\$18.98	\$36.99	\$4.85	\$117.10	\$159.49	\$74.22	\$215.23	\$281.99
Kaiser (Value)	\$0.00	\$0.00	\$14.66	\$0.00	\$77.76	\$137.16	\$53.95	\$175.89	\$259.66
Local Advantage	\$0.00	\$24.92	\$40.85	\$7.27	\$33.05	\$50.85	\$15.39	\$41.17	\$60.85
Delta DPO	\$0.00	\$24.92	\$40.85	\$7.27	\$33.05	\$50.85	\$15.39	\$41.17	\$60.85
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.96

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$123.53
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$123.53

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Public Utilities - IBEW (Field & Supervisory)



2011 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	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	\$0.00	\$339.19	\$402.11	\$87.95	\$429.82	\$525.86	\$175.90	\$520.44	\$649.61
Blue Cross HMO (Preferred)	\$0.00	\$114.74	\$166.09	\$0.00	\$205.37	\$289.84	\$60.86	\$295.99	\$413.59
Blue Cross HMO (Standard)	\$0.00	\$95.32	\$139.28	\$0.00	\$185.95	\$263.03	\$51.27	\$276.57	\$386.78
Blue Cross HMO (Value)	\$0.00	\$40.23	\$62.95	\$0.00	\$130.86	\$186.70	\$24.13	\$221.48	\$310.45
Kaiser (Preferred)	\$0.00	\$94.83	\$118.53	\$0.00	\$185.46	\$242.28	\$67.12	\$276.08	\$366.03
Kaiser (Standard)	\$0.00	\$48.98	\$31.99	\$0.00	\$139.60	\$155.74	\$37.08	\$230.23	\$279.49
Kaiser (Value)	\$0.00	\$9.64	\$9.66	\$0.00	\$100.26	\$133.41	\$16.80	\$190.89	\$257.16
Local Advantage	\$4.14	\$29.92	\$53.35	\$11.02	\$36.80	\$60.23	\$17.89	\$43.67	\$67.10
Delta DPO	\$4.14	\$29.92	\$53.35	\$11.02	\$36.80	\$60.23	\$17.89	\$43.67	\$67.10
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.34	\$0.00	\$0.34	\$7.21

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$118.53
Delta Care HMO - (Family)	\$00.00
TOTAL BI-WEEKLY COST	\$118.53

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Fire Unit - RCFA 2011 Rate Sheet

Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$76.29	\$334.19	\$469.61
Blue Cross HMO (Preferred)	\$0.00	\$109.74	\$233.59
Blue Cross HMO (Standard)	\$0.00	\$90.32	\$206.78
Blue Cross HMO (Value)	\$0.00	\$35.23	\$130.45
Kaiser (Preferred)	\$0.00	\$89.83	\$186.03
Kaiser (Standard)	\$0.00	\$43.98	\$99.49
Kaiser (Value)	\$0.00	\$4.64	\$77.16
Local Advantage	\$14.14	\$39.92	\$63.35
Delta DPO	\$14.14	\$39.92	\$63.35
Delta Care HMO	\$0.00	\$0.00	\$3.46

Calculation of Your Insurance Plan Costs:

1. **Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
2. **Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
3. **Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$186.03
Delta Care HMO - (Family)	\$3.46
TOTAL BI-WEEKLY COST	\$189.49

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Fire Management 2011 Rate Sheet



Important Note: Bi-weekly deductions are taken from 24 pay checks per year.

Bi-Weekly Costs	Employee (Only)	Employee +1	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$0.00	\$264.19	\$459.61
Blue Cross HMO (Preferred)	\$0.00	\$39.74	\$223.59
Blue Cross HMO (Standard)	\$0.00	\$20.32	\$196.78
Blue Cross HMO (Value)	\$0.00	\$0.00	\$120.45
Kaiser (Preferred)	\$0.00	\$19.83	\$176.03
Kaiser (Standard)	\$0.00	\$0.00	\$89.49
Kaiser (Value)	\$0.00	\$0.00	\$67.16
Local Advantage	\$21.64	\$47.42	\$70.85
Delta DPO	\$21.64	\$47.42	\$70.85
Delta Care HMO	\$0.00	\$4.09	\$10.96

Calculation of Your Insurance Plan Costs:

- Select the Appropriate Health, Vision, and/or Dental Plan selection** (Vision enrollment is **AUTOMATIC** with ALL health plan selections)
- Add the Combined Health and/or Dental Plan Bi-Weekly Cost from the TABLE ABOVE** (ALL health plan costs include Vision Service Plan premiums)
- Total Equals Health and/or Dental Plan Bi-Weekly Cost to Employee**

Example of Benefit Calculations

Insurance Plan	Bi-Weekly Cost
Kaiser Value - (Family)	\$67.16
Delta Care HMO - (Family)	\$10.96
TOTAL BI-WEEKLY COST	\$78.12

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RPOA, RPOA Supervisory, & RPAA

2011 Rate Sheet

Calculation of your Monthly Insurance Costs:

1. Select the Applicable City Contribution

* If you are selecting different coverage types for health & dental, use the greater of the two.

2. Deduct Combined Medical and/or Dental Plan Cost (All medical plan costs include VSP rates)

3. Remaining Balance Equals Monthly Cost to Employee

* Divide your monthly cost by 2, to calculate your bi-weekly deduction.

Coverage Type	City Contribution (1)
Employee (Only)	\$480.00
Employee+1	\$850.00
Family	\$1,122.00

Plan (2)	Employee (Only)	Employee + 1 dependent	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$703.58	\$1,403.38	\$1,794.22
Blue Cross HMO (Preferred)	\$473.50	\$954.48	\$1,322.18
Blue Cross HMO (Standard)	\$454.32	\$915.64	\$1,268.56
Blue Cross HMO (Value)	\$400.04	\$805.46	\$1,115.90
Kaiser (Preferred)	\$486.02	\$914.66	\$1,227.05
Kaiser (Standard)	\$425.94	\$822.95	\$1,053.98
Kaiser (Value)	\$385.39	\$744.27	\$1,009.31
Local Advantage	\$63.28	\$114.84	\$161.70
Delta DPO	\$63.28	\$114.84	\$161.70
Delta Care HMO	\$18.58	\$28.18	\$41.92

Example of Benefit Calculations

Plan	Employee Cost (3)
Kaiser Preferred (Family)	\$1,227.05
Delta Care HMO (Family)	\$41.92
TOTAL MONTHLY COST	\$1,268.97
Monthly Cost to Employee	\$146.97 (\$1,268.97-\$1,122)

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