

Mayor & City Council

2014 Rate Sheet



Rates effective Pay Period 4/11/14

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	\$22.13	\$325.38	\$426.14
Blue Cross HMO (Preferred)	\$0.00	\$115.18	\$214.76
Blue Cross HMO (Standard)	\$0.00	\$92.69	\$183.71
Blue Cross HMO (Value)	\$0.00	\$29.10	\$95.62
Kaiser (Preferred)	\$0.00	\$131.36	\$212.59
Kaiser (Standard)	\$0.00	\$80.39	\$144.50
Kaiser (Value)	\$0.00	\$54.47	\$109.88
Local Advantage	\$10.41	\$37.22	\$61.59
Delta DPO	\$10.41	\$37.22	\$61.59
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)	\$212.59
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$212.59

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Phone - (951) 826-5639

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Executive 2014 Rate Sheet



Rates effective Pay Period 4/11/14

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	\$22.13	\$325.38	\$426.14
Blue Cross HMO (Preferred)	\$0.00	\$115.18	\$214.76
Blue Cross HMO (Standard)	\$0.00	\$92.69	\$183.71
Blue Cross HMO (Value)	\$0.00	\$29.10	\$95.62
Kaiser (Preferred)	\$0.00	\$131.36	\$212.59
Kaiser (Standard)	\$0.00	\$80.39	\$144.50
Kaiser (Value)	\$0.00	\$54.47	\$109.88
Local Advantage	\$10.41	\$37.22	\$61.59
Delta DPO	\$10.41	\$37.22	\$61.59
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)	\$212.59
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$212.59

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Management I/II

2014 Rate Sheet



Rates effective Pay Period 4/11/14

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	\$22.13	\$325.38	\$426.14	\$110.38	\$431.13	\$558.77	\$198.63	\$536.88	\$691.39
Blue Cross HMO (Preferred)	\$0.00	\$115.18	\$214.76	\$2.11	\$220.93	\$347.39	\$90.36	\$326.68	\$480.01
Blue Cross HMO (Standard)	\$0.00	\$92.69	\$183.71	\$0.00	\$198.44	\$316.34	\$79.25	\$304.19	\$448.96
Blue Cross HMO (Value)	\$0.00	\$29.10	\$95.62	\$0.00	\$134.85	\$228.25	\$47.92	\$240.60	\$360.87
Kaiser (Preferred)	\$0.00	\$131.36	\$212.59	\$10.65	\$237.11	\$345.22	\$98.90	\$342.86	\$477.84
Kaiser (Standard)	\$0.00	\$80.39	\$144.50	\$0.00	\$186.14	\$277.13	\$73.68	\$291.89	\$409.75
Kaiser (Value)	\$0.00	\$54.47	\$109.88	\$0.00	\$160.22	\$242.51	\$60.85	\$265.97	\$375.13
Local Advantage	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta DPO	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.26	\$0.00	\$3.62	\$10.88

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)	\$212.59
Delta DPO - (Family)	\$61.59
TOTAL BI-WEEKLY COST	\$274.18

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citybenefits@riversideca.gov
 Phone - (951) 826-5639
 Fax - (951) 826-2421

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Confidential

2014 Rate Sheet



Rates effective Pay Period 4/11/14

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	\$22.13	\$325.38	\$426.14	\$110.38	\$431.13	\$558.77	\$198.63	\$536.88	\$691.39
Blue Cross HMO (Preferred)	\$0.00	\$115.18	\$214.76	\$2.11	\$220.93	\$347.39	\$90.36	\$326.68	\$480.01
Blue Cross HMO (Standard)	\$0.00	\$92.69	\$183.71	\$0.00	\$198.44	\$316.34	\$79.25	\$304.19	\$448.96
Blue Cross HMO (Value)	\$0.00	\$29.10	\$95.62	\$0.00	\$134.85	\$228.25	\$47.92	\$240.60	\$360.87
Kaiser (Preferred)	\$0.00	\$131.36	\$212.59	\$10.65	\$237.11	\$345.22	\$98.90	\$342.86	\$477.84
Kaiser (Standard)	\$0.00	\$80.39	\$144.50	\$0.00	\$186.14	\$277.13	\$73.68	\$291.89	\$409.75
Kaiser (Value)	\$0.00	\$54.47	\$109.88	\$0.00	\$160.22	\$242.51	\$60.85	\$265.97	\$375.13
Local Advantage	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta DPO	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.26	\$0.00	\$3.62	\$10.88

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**

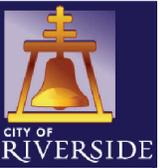
"Full-Time" Example of Benefit Calculations	
Insurance Plan	Bi-Weekly Cost
Kaiser Preferred - (Family)	\$212.59
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$212.59

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General Unit (SEIU) 2014 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	\$97.63	\$350.88	\$461.64	\$167.01	\$450.26	\$585.39	\$236.38	\$549.63	\$709.14
Blue Cross HMO (Preferred)	\$0.00	\$140.68	\$250.26	\$58.74	\$240.06	\$374.01	\$128.11	\$339.43	\$497.76
Blue Cross HMO (Standard)	\$0.00	\$118.19	\$219.21	\$47.63	\$217.57	\$342.96	\$117.00	\$316.94	\$466.71
Blue Cross HMO (Value)	\$0.00	\$54.60	\$131.12	\$16.30	\$153.98	\$254.87	\$85.67	\$253.35	\$378.62
Kaiser (Preferred)	\$0.00	\$156.86	\$248.09	\$67.28	\$256.24	\$371.84	\$136.65	\$355.61	\$495.59
Kaiser (Standard)	\$0.00	\$105.89	\$180	\$42.06	\$205.27	\$303.75	\$111.43	\$304.64	\$427.50
Kaiser (Value)	\$0.00	\$79.97	\$145.38	\$29.23	\$179.35	\$269.13	\$98.60	\$278.72	\$392.88
Local Advantage	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta DPO	\$10.41	\$37.22	\$61.59	\$16.04	\$42.85	\$67.22	\$21.66	\$48.47	\$72.84
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5.26	\$0.00	\$3.62	\$10.88

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)	\$248.09
Delta Care HMO - (Family)	\$0.00
TOTAL BI-WEEKLY COST	\$248.09

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Refuse Unit (SEIU)

2014 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	\$97.63	\$355.88	\$466.64	\$167.01	\$454.01	\$589.14	\$236.38	\$552.13	\$711.64
Blue Cross HMO (Preferred)	\$0.00	\$145.68	\$255.26	\$58.74	\$243.81	\$377.76	\$128.11	\$349.43	\$511.51
Blue Cross HMO (Standard)	\$0.00	\$123.19	\$224.21	\$47.63	\$221.32	\$346.71	\$117.00	\$319.44	\$469.21
Blue Cross HMO (Value)	\$0.00	\$59.60	\$136.12	\$16.30	\$157.73	\$258.62	\$85.67	\$255.85	\$381.12
Kaiser (Preferred)	\$0.00	\$161.86	\$253.09	\$67.28	\$259.99	\$375.59	\$136.65	\$358.11	\$498.09
Kaiser (Standard)	\$0.00	\$110.89	\$185.00	\$42.06	\$209.02	\$307.50	\$111.43	\$307.14	\$430.00
Kaiser (Value)	\$0.00	\$84.97	\$150.38	\$29.23	\$183.10	\$272.88	\$98.60	\$281.22	\$395.38
Local Advantage	\$0.41	\$27.22	\$44.09	\$8.54	\$35.35	\$54.09	\$16.66	\$43.47	\$64.09
Delta DPO	\$0.41	\$27.22	\$44.09	\$8.54	\$35.35	\$54.09	\$16.66	\$43.47	\$64.09
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2.13

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)	\$253.09
Delta DPO- (Family)	\$44.09
TOTAL BI-WEEKLY COST	\$297.18

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Public Utilities - IBEW (Field & Supervisory)



2014 Rate Sheet

Rates effective pay period 07/04/2014

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	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	\$345.88	\$406.64	\$93.78	\$446.51	\$544.14	\$187.57	\$547.13	\$681.64
Blue Cross HMO (Preferred)	\$0.00	\$135.68	\$195.26	\$0.00	\$236.31	\$332.76	\$79.30	\$336.93	\$470.26
Blue Cross HMO (Standard)	\$0.00	\$113.19	\$164.21	\$0.00	\$213.82	\$301.71	\$68.19	\$314.44	\$439.21
Blue Cross HMO (Value)	\$0.00	\$49.60	\$76.12	\$0.00	\$150.23	\$213.62	\$36.86	\$250.85	\$351.12
Kaiser (Preferred)	\$0.00	\$151.86	\$193.09	\$0.00	\$252.49	\$330.59	\$87.84	\$353.11	\$468.09
Kaiser (Standard)	\$0.00	\$100.89	\$125.00	\$0.00	\$201.52	\$262.50	\$62.62	\$302.14	\$400.00
Kaiser (Value)	\$0.00	\$74.97	\$90.38	\$0.00	\$175.60	\$227.88	\$49.79	\$276.22	\$365.38
Local Advantage	\$5.41	\$32.22	\$56.59	\$12.29	\$39.10	\$63.47	\$19.16	\$45.97	\$70.34
Delta DPO	\$5.41	\$32.22	\$56.59	\$12.29	\$39.10	\$63.47	\$19.16	\$45.97	\$70.34
Delta Care HMO	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1.51	\$0.00	\$1.12	\$8.38

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)	\$220.59
Delta Care HMO - (Family)	\$00.00
TOTAL BI-WEEKLY COST	\$220.59

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Fire Unit - RCFA 2014 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	\$99.63	\$380.88	\$529.14
Blue Cross HMO (Preferred)	\$0.00	\$170.68	\$317.76
Blue Cross HMO (Standard)	\$0.00	\$148.19	\$286.71
Blue Cross HMO (Value)	\$0.00	\$84.60	\$198.62
Kaiser (Preferred)	\$0.00	\$186.86	\$315.59
Kaiser (Standard)	\$0.00	\$135.89	\$247.50
Kaiser (Value)	\$0.00	\$109.97	\$212.88
Local Advantage	\$15.41	\$42.22	\$66.59
Delta DPO	\$15.41	\$42.22	\$66.59
Delta Care HMO	\$0.00	\$0.00	\$4.63

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)	\$315.59
Delta Care HMO - (Family)	\$4.63
TOTAL BI-WEEKLY COST	\$320.22

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Fire Management 2014 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	\$310.88	\$519.14
Blue Cross HMO (Preferred)	\$0.00	\$100.68	\$307.76
Blue Cross HMO (Standard)	\$0.00	\$78.19	\$276.71
Blue Cross HMO (Value)	\$0.00	\$14.60	\$188.62
Kaiser (Preferred)	\$0.00	\$116.86	\$305.59
Kaiser (Standard)	\$0.00	\$65.89	\$237.50
Kaiser (Value)	\$0.00	\$39.97	\$202.88
Local Advantage	\$22.91	\$49.72	\$74.09
Delta DPO	\$22.91	\$49.72	\$74.09
Delta Care HMO	\$0.00	\$4.87	\$12.13

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)	\$202.88
Delta Care HMO - (Family)	\$12.13
TOTAL BI-WEEKLY COST	\$215.01

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RPOA, RPOA Supervisory, & RPAA

2014 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	Monthly City Contribution (1)
Employee (Only)	\$480.00
Employee+1	\$850.00
Family	\$1,122.00

Plan (2) Includes Vision	Employee (Only)	Employee + 1 dependent	Family
Insurance Plan (Options)	Full Time	Full Time	Full Time
Blue Cross PPO	\$750.26	\$1496.76	\$1913.28
Blue Cross HMO (Preferred)	\$533.72	\$1076.36	\$1490.52
Blue Cross HMO (Standard)	\$511.50	\$1031.38	\$1428.42
Blue Cross HMO (Value)	\$448.84	\$904.20	\$1252.24
Kaiser (Preferred)	\$550.80	\$1108.72	\$1486.18
Kaiser (Standard)	\$500.36	\$1006.78	\$1350.00
Kaiser (Value)	\$474.70	\$954.94	\$1280.76
Local Advantage	\$65.82	\$119.44	\$168.18
Delta DPO	\$65.82	\$119.44	\$168.18
Delta Care HMO	\$19.62	\$29.74	\$44.26

Example of Benefit Calculations

Plan	Employee Cost (3)
Kaiser Preferred (Family)	\$1,486.18
Delta Care HMO (Family)	\$44.26
TOTAL MONTHLY COST	\$1,530.44
Monthly Cost to Employee	\$408.44 (\$1,530.44-\$1,122)
Bi-weekly Cost	\$204.22

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