

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