Refuse Unit—SEIU

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 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 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	$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 HMO 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	$00.00	$19.70	$33.50	$4.39	$27.83	$43.50	$12.51	$35.95	$53.50
Delta DPO	$00.00	$19.70	$33.50	$4.39	$27.83	$43.50	$12.51	$35.95	$53.50
Delta Care HMO	$00.00	$00.00	$00.00	$00.00	$00.00	$00.00	$00.00	$00.00	$00.96