

Public Utilities Field Unit-IBEW

Summary of Benefits

2017

This benefit insert provides a **BRIEF** description of Benefits offered to employees in the **Public Utilities (IBEW) Field** unit. Also, below is the information concerning bi-weekly costs for Health/Vision and Dental coverage.

Health, Vision, and Dental Coverage

The City offers five (5) Health Plans, one (1) Vision plan and three (3) Dental plans. Vision coverage is provided through Vision Service Plan (VSP) and is automatically included with all health plan selections.

Life Insurance Coverage

A basic amount of Life Insurance equal to \$75,000 is provided. The City pays 100% of the cost of basic Life Insurance. In addition, Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of Life Insurance is provided.

LTD Coverage

Employees are automatically enrolled into a Long-Term Disability (LTD) Plan with coverage equal to 66 and 2/3% of the employees' monthly pay up to a \$3,000 maximum. See the LTD insurance booklet for details.

457 Deferred Compensation Plan

The City offers two 457 Deferred Compensation Plans for participation. Contributions can be deducted on a pre-tax and/or after-tax (ROTH) basis. A minimum contribution of at least \$10 per pay period **MUST** be made to participate. Please refer to the Deferred Compensation plan summary for the maximum annual allowable contribution under IRS rules.

Retirement Plan

Employees are automatically covered under the City's Retirement Plan, which is offered through CalPERS. The retirement benefit factor is 2.7%@55 years of age for employees hired on or before December 31, 2012 and the City pays the employee share of 8% for employees hired on or before October 18, 2011 (Tier 1). Employees hired between October 19, 2011 and December 31, 2012 (Tier 2) also have a benefit factor of 2.7%@55 years of age, but pay their employee share of 8%. Employees hired on or after January 1, 2013 (Tier 3) are subject to the Pension Reform Act with a benefit factor of 2% @ 62 years of age and must pay 50% of the normal cost; except for "Classic" members who may be placed in Tier 2. Please see

the CalPERS Retirement Plan booklet or visit the website at: www.calpers.ca.gov for more detailed information.

Other Benefit Information

Employees may elect to waive the Health insurance coverage offered by the City and receive a \$2,100 annual stipend under the "Health Opt-Out" program. Employees hired mid-year will receive a pro-rated amount. Please review the "Fringe Benefits and Salary Resolution" for complete details.

Additional Life Insurance and Flexible Spending Account plans are available to all City employees for optional enrollment; please refer to the City's website for complete plan details.

IMPORTANT NOTE:

This benefit insert does not supersede any City policies, Summary of Benefits, or Evidence of Coverage (EOC). All documents can be found in the City's HR website.

BENEFICIARY INFORMATION

Be sure to keep beneficiary information up to date. Forms are available in the City's HR website under Benefit Forms.

INSURANCE PREMIUMS

Health, Vision and Dental benefit premiums are pre-taxed and are deducted from 24 bi-weekly pay periods during the calendar year. Deductions are post-tax for a Registered Domestic Partnership.

For complete details on health, vision, and dental premium rates, please visit the City's Human Resources Benefits website at: <http://www.riversideca.gov/human/benefits/>

Bi-Weekly Costs	Full Time Employee			3/4 Time Employee			1/2 Time Employee		
	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family	Employee (Only)	Employee +1	Family
Anthem Blue Cross PPO	\$0.00	\$481.44	\$577.79	\$113.22	\$587.07	\$722.17	\$226.44	\$692.69	\$866.54
Anthem Blue Cross 15 HMO	\$0.00	\$222.27	\$314.98	\$0.00	\$327.90	\$459.36	\$93.08	\$433.52	\$603.73
Anthem Blue Cross 20 HMO	\$0.00	\$124.44	\$179.55	\$0.00	\$230.07	\$323.93	\$44.85	\$335.69	\$468.30
Kaiser 15 HMO	\$0.00	\$154.32	\$195.65	\$0.00	\$259.95	\$340.03	\$60.09	\$365.57	\$484.40
Kaiser 30 HMO	\$0.00	\$100.45	\$123.64	\$0.00	\$206.08	\$268.02	\$33.41	\$311.70	\$412.39
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	\$3.34	\$0.00	\$2.34	\$10.21