

Police Administrators—RPAA

Summary of Benefits

2017

This benefit insert provides a **BRIEF** description of Benefits offered to employees in the **RPAA** 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 twice the annual salary, rounded to the next higher multiple of \$1,000 is provided, up to the maximum amount of \$700,000. The City pays 100% of the cost of basic Life Insurance. In addition, you receive Accidental Death & Dismemberment (AD&D) coverage equal to the basic amount of Life Insurance is provided.

457 Deferred Compensation Plan

The City makes a monthly contribution of \$215 (\$200, if enrolled in LTD) to a 457 Deferred Compensation Plan provided a contribution of at least \$25 per pay period

to one of the two plans is made. 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.

LTD Coverage

The City's Long Term Disability (LTD) plan is designed to protect employees from losing their ability to earn a living due to a long term or permanent disability. The LTD plan is administered through the Police Association, please contact RPOA for specific details on eligibility, enrollment, and benefits.

Retirement Plan

Employees are automatically covered under the City's Retirement Plan, which is offered through CalPERS. The retirement benefit factor is 3% @ 50 years of age for employees hired on or before December 31, 2012 and the City pays the employee share of 9% for employees hired on or before February 16, 2012 (Tier 1). Employees hired between February 17, 2012 and December 31, 2012 (Tier 2) also have a benefit factor of 3% @ 50 years of age, but pay the employee share of 9%.

Employees hired on or after January 1, 2013 (Tier 3) are subject to the Pension Reform Act with a benefit factor of 2.7@57 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 \$2,000 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.

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 at <http://www.riversideca.gov/human/benefits/>

BENEFICIARY INFORMATION

Be sure to keep your 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 after-tax for a Registered Domestic Partnership.

Calculation of the Monthly/Bi-weekly Insurance Costs

1. Select the Applicable City Contribution
2. Determine Combined Medical and/or Dental Plan Cost
3. Monthly Cost to Employee (subtract total cost from City contribution)
4. Employee Cost will be Deducted on a Bi-weekly Basis (24 pay periods)

(2) Insurance Plan Plan Includes Vision	Full Time Employee (Monthly Premiums)		
	Employee (Only)	Employee + 1	Family
Anthem Blue Cross PPO	\$905.76	\$1807.89	\$2310.58
Anthem Blue Cross 15 HMO	\$639.04	\$1289.54	\$1784.96
Anthem Blue Cross 20 HMO	\$542.58	\$1093.88	\$1514.10
Kaiser 15 HMO	\$573.06	\$1153.64	\$1546.30
Kaiser 30 HMO	\$519.70	\$1045.90	\$1402.28
Local Advantage	\$65.82	\$119.44	\$168.18
Delta DPO	\$65.82	\$119.44	\$168.18
Delta Care HMO	\$21.24	\$32.18	\$47.92

Coverage Type	(1) Monthly City Contribution
Employee (Only)	\$540.00
Employee+1	\$970.00
Family	\$1287.00

Example of Benefit Calculations

Plan	(3) Employee Cost
Kaiser 15 HMO (Family)	\$1,546.30
Delta Care HMO (Family)	\$47.92
TOTAL MONTHLY COST (before City Contribution)	\$1,594.22
Employee Monthly Cost	\$307.22 (\$1,594.22-\$1,287.00)
BI-WEEKLY COST	\$153.61