

# Police Unit-RPOA

## Summary of Benefits

# 2017

This benefit insert provides a **BRIEF** description of Benefits offered to employees in the **RPOA 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 \$6,000 is provided. The City pays 100% of the cost of basic Life Insurance.

### 457 Deferred Compensation Plan

The City has two 457 Deferred Compensation Plans available 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.

### 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](http://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; 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 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

- Select the Applicable City Contribution
- Determine Combined Medical and/or Dental Plan Cost
- Monthly Cost to Employee (subtract total cost from City contribution)
- 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 dependent	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