Benefit Groups Level I & II

Level I Includes: Para-Professional & Supervisory
Level II Includes: Sr. Management, Management, Professional

Summary of Benefits

2026

Level I includes employees in the Para-professional and Supervisory units. Level II includes employees in the Sr. Management, Management and Professional units. Employees in Level I are Non-Exempt under FLSA and eligible for overtime; employees in Level II are Exempt and not eligible for overtime.

Health, Vision, and Dental Coverage

The City offers seven (7) 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. Vision coverage is only available upon enrolling in a health plan.

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 a maximum amount of $700,000. 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

The City offers a voluntary Long-Term Disability (LTD) Plan with coverage equal to 60% of the employees' monthly pay, up to a $11,000 maximum. Premiums are employee paid (after-tax). Eligibility is based on the plan's definition of disability. See the LTD insurance booklet for details.

Retirement Plan

Employees are automatically covered under the City's Retirement Plan, CalPERS. The retirement benefit factor is 2.7%@55 years of age for employees hired on or before December 31, 2012.

Employees hired between October 19, 2011 and December 31, 2012 (Tier 2) have a benefit factor of 2.7%@55 years of age, and pay the 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 pay the employee share of 7%; 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. Information is subject to change each fiscal year.

Medical Opt-Out Option

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, Flexible Spending Accounts, Critical Illness and Legal Services plans are available for voluntary enrollment. Visit the City's website below for full details.

457 Deferred Compensation Plan The City offers a 457 Deferred Compensation Plan. Contributions can be deducted on a pre-tax and/or after-tax (ROTH) basis. To qualify for the City contribution, you must contribute a minimum of $12.50 semi-monthly to the plan.

Monthly City contributions vary by benefit group:

Level I (All Groups): $125
Level II (Management/Professional): $150
Level II (Sr. Management Only): $175

Please refer to the Benefits website for the current IRS annual contribution limits.

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. A beneficiary checklist is available on the Benefits website below.

INSURANCE PREMIUMS
Health, Vision and Dental benefit premiums are pre-tax and are deducted from **24** semimonthly pay periods during the calendar year.

For complete details on health, vision, and dental premium rates, please visit the City's Human Resources Benefits website at:
https://riversideca.gov/human/employee-hub

Semimonthly Costs	Full Time Employee			3/4 Time Employee			1/2 Time Employee		
Insurance Plan	**Employee (Only)**	**Employee +1**	**Family**	**Employee (Only)**	**Employee +1**	**Family**	**Employee (Only)**	**Employee +1**	**Family**
Blue Shield PPO	$191.84	$787.85	$1,008.04	$348.41	$999.48	$1,277.79	$504.97	$1,211.12	$1,547.53
Blue Shield HDHP	$24.69	$453.52	$581.64	$181.26	$665.15	$851.39	$337.82	$876.79	$1,121.13
Blue Shield HMO 15	$0.00	$318.18	$497.15	$82.30	$476.99	$702.58	$212.21	$635.79	$908.02
Blue Shield HMO 20	$0.00	$180.31	$306.20	$13.28	$337.34	$509.19	$142.37	$494.37	$712.18
Blue Shield HMO 20 Trio	$0.00	$74.33	$159.99	$0.00	$230.03	$361.12	$88.69	$385.74	$562.25
Kaiser HMO 15	$0.00	$127.55	$201.94	$0.00	$295.18	$418.69	$127.34	$462.80	$635.44
Kaiser HMO 30	$0.00	$115.12	$185.47	$0.00	$281.00	$399.85	$119.47	$446.87	$614.22
Local Advantage	$0.00	$15.44	$42.64	$0.05	$26.06	$53.26	$10.68	$36.69	$63.89
Delta DPO	$0.00	$15.44	$42.64	$0.05	$26.06	$53.26	$10.68	$36.69	$63.89
Delta Care HMO	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$7.98