Police Unit - RPOA

Summary of Benefits 2026

Health, Vision, and Dental Coverage

The City offers six (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 $100,000 is provided. The City pays 100% of the cost of basic Life Insurance.

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. Each month the City will make a contribution of $50 a month on your behalf. To qualify for the City contribution you must contribute a minimum of $12.50 per pay period to the plan. Please refer to the Benefits website for the maximum annual allowable contribution under IRS rules.

LTD Coverage

The 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, CalPERS. The retirement benefit factor is 3%@50 years of age for employees hired on or before December 31, 2012. Employees hired on or before February 16, 2012 will begin paying a percentage of the Retirement Plan cost (refer to the MOU). 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. Information is subject to change upon 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 Account, Critical Illness, and Legal Services plans are available to all City employees for optional voluntary 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 **riversideca.gov/human/employee-hub**

BENEFICIARY INFORMATION

Be sure to keep beneficiary information up to date. A beneficiary checklist is available on the Benefits website above.

INSURANCE PREMIUMS

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

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
Blue Shield PPO	$1,636.20	$3,268.76	$4,171.02
Blue Shield HDHP	$1,301.90	$2,600.10	$3,321.22
Blue Shield HMO 15	$944.06	$1,906.82	$2,637.76
Blue Shield HMO 20	$801.12	$1,616.86	$2,236.32
Blue Shield HMO 20 Trio	$691.12	$1,394.28	$1,929.00
Kaiser HMO 15	$792.18	$1,596.10	$2,137.88
Kaiser HMO 30	$772.94	$1,557.24	$2,085.94
Local Advantage	$63.85	$115.87	$170.27
Delta DPO	$63.85	$115.87	$170.27
Delta Care HMO	$25.74	$39.04	$58.46

(1) MONTHLY CITY CONTRIBUTION			
Coverage Type	Employee	Employee +1	Family
Blue Shield PPO	$881.48	$1,653.04	$2,158.16
Blue Shield HDHP	$881.48	$1,653.04	$2,158.16
Blue Shield HMO 15	$675.77	$1,244.84	$1,666.63
Blue Shield HMO 20	$655.06	$1,202.83	$1,608.45
Blue Shield HMO 20 Trio	$629.26	$1,190.29	$1,536.36
Kaiser HMO 15	$681.83	$1,256.47	$1,669.91
Kaiser HMO 30	$669.11	$1,230.82	$1,635.63

Example of Benefit Calculations

Plan	(3) Employee Cost
Kaiser 15 HMO (Family)	$2,120.16
Delta Care HMO (Family)	$58.46
Total Monthly Cost	$2,196.34
Employee Monthly Cost (with City Contribution)	$526.43 ($2,196.34 - $1,669.91)
Semimonthly Cost	$263.22